MAPPING FOR COMMUNICABLE DISEASE INCLUSION HEALTH PROGRAMME, PUBLIC HEALTH WALES – CRIMINAL JUSTICE POPULATION GROUP

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1. Executive Summary

This report examines the inclusion health population group of 'people on probation' in Wales, which includes those supervised by probation on community sentences, as well as those subject to pre-release and post release custodial sentences. A mixed-methods exploratory research study involving desktop research and a survey with service providers, considered what is known about this population group, including demographics, relevant services, policies, health needs and barriers. Key points:

- The health of those subject to probation or prison sentences is thought to be worse than the general population and a factor in whether people go on to reoffend.
- Most research in this area is focussed on the health of prisoners and mental health disorders. Whilst there are specific challenges around the prison population, including disparities for minority groups and an aging population, there is a limited understanding of health needs for those under community supervision.
- There are gaps in Wales level and local population data but there is an emerging body of Welsh research on the Welsh Criminal Justice System and the health needs of people on probation in Wales.
- Mental health, chronic diseases, substance misuse and relatedly, communicable diseases, are the most common specific health needs of people on probation. A large proportion have overlaps in health needs, including dual diagnosis, as well as overlaps with other inclusion health groups.
- A high level of barriers exist in terms of access to health care. The literature, mainly prison-related, points to issues of communication, information sharing and joint-working; a lack of specialist response and lack of relevant staff training, knowledge and skills. Community-based survey respondents, indicate service waiting lists, absence of services or service availability and mistrust of professionals are key barriers to accessing health care in Wales.
- The key agency that works with the population group is HMPPS in Wales. They also commission and co-commission targeted services of which the majority relate to health, (particularly mental health and emotional well-being) and substance misuse.
- A broader set of services for adults (140 in total), mostly voluntary sector organisations, provide needs-related services to people on probation, prison leavers, those in conflict with the criminal justice system in Wales. Service provision mainly relates to general support, support in securing employment, and/or housing, and to a lesser extent, substance misuse and health.
- The survey respondent group (51 in total) contained a higher proportion of organisations supporting health of people on probation. 86% of respondents indicated that their service identifies and/or assess health needs or issues and 41% provide health-related services or clinics either directly or through a partnership/commissioned service.
- The most common health need for the population group identified by survey respondents as mental health and substance misuse related. Depression, stress and anxiety were most commonly cited mental health concerns. Respondents identified multiple wider social needs of the group, including finance issues and social isolation.
- A quarter of respondents said their service responded to communicable diseases and 63% had some understanding of communicable diseases.
- Recommendations include exploring opportunities to understand the cohort further; investigating how people on probation use health services and gaps in provision; seeking service collaboration in terms of professional development and delivery.

2. Introduction

2.1 Overview

This research supports the development of an understanding of health needs of inclusion health populations in Wales and associated communicable disease prevalence and incidence, as part of Public Health Wales's Communicable Disease Inclusion Health Programme. Inclusion health approaches work to 'prevent and redress health and social inequities among the most vulnerable and excluded populations' (Luchenski et al, 2018, p266). Population groups include those involved in the criminal justice system (the particular focus of this research), plus other groups including sex workers and men who have sex with men, substance misusers, homeless, asylum seekers and refugees, and travellers. It is acknowledged there will be overlaps with these groups who are subject to aligned research projects.

For the purposes of this study, the 'criminal justice' population group specifically includes adults supervised by the probation service in Wales – this includes those on community sentences, serving prison sentences and those on release on licence. In addition, there is a wider cohort – including ex-offenders accessing community services, those on remand or dealt with by out of court disposals for instance. There are also people held in a Welsh prison that are supervised by probation in England.

Evidence suggests that the health of those subject to probation or prison sentences is worse than the health of the general population (Brooker et al, 2020; Cumming, 2020; Williams & Perrett, 2023) and mortality rates of those with offending histories are higher than the general population (Piquero et al, 2014). Communicable diseases, which include HIV/AIDS, tuberculosis, viral hepatitis, and sexually transmitted infections (WHO, 2023), are one of the most common specific health needs of people who have offended (RCN, 2009). Plans are already in place to manage outbreaks in prisons in Wales (PHW, 2022) and expand health and justice partnership working (HMPPS 2022a). However, there is more to understand around the population demographics and health needs of those people on probation in the community, as well as ex-offenders no longer under the supervision of probation. Indeed, Lloyd (2013) has argued that there is more research, information and assessments to inform health services for those within custody than the community. People on probation therefore 'often face a double disadvantage of both health inequality and difficulty of access to health services' (Lloyd, 2013, p.4). Brooker et al (2008) suggested there is a lack of sufficient services for community-based offenders whose needs are greater than the general population.

Furthermore, mental and physical health have been identified as key factors in whether a person will reoffend (Social Exclusion Unit, 2002). Research suggests that people with offending histories believe there is 'a strong association' between their health and their involvement in offending behaviour (Lees et al, 2013). Therefore, this research has wider benefits beyond the Communicable Disease Inclusion Health Programme to support developing a wider understanding within Wales about health needs of those subject to probation and how they access health services (sometimes described as 'offender health' research). Indeed, it builds upon recent studies in South Wales (Irwin & Whitear 2020; Jones, 2022; Williams & Perrett, 2023) and adds to the developing picture of Wales health and justice research and data (see Jones, 2020; Perrett et al, 2020; Ford et al, 2019).

2.2 Research Aims and Objectives

This research project, carried out by Swansea University for Public Health Wales (PHW), aims to support a health needs assessment of inclusion health populations in Wales and associated communicable disease prevalence and incidence. The requirements, as set out by PHW, include to:

- Define the 'criminal justice' population group and their demographic breakdown
- Understand the health needs of this group, including the wider determinants of health
- Map the policies that are directed at the population group or impinge on the group
- Map the service providers for this group, where are they located and what services do they provide
- Understand the strengthens/weaknesses of current situation, including the gaps in service provision

3. Methodology

3.1 Research Design

This project consisted of a mixed methods approach to understand the population demographics, health needs and service provision across Wales that serve inclusion health populations. The methodology draws from suggested approaches to mapping populations and services from Public Health Wales. This includes community-led service mapping (Oxfam, 2021) and steps to mapping health service provision (Price et al., 2019). The research includes literature reviews, desktop research, submission of Freedom of Information Requests and a survey to meet the requirements of the commissioning organisation. Quantitative data was supported by qualitative findings (such as respondent comments) which were subject to a thematic analysis using six-phase approach from coding to defining themes (Braun and Clarke, 2006). The study received ethical approval and was conducted in line with Swansea University's Research Integrity policy, including strict requirements for storing confidential data, as well as the Data Protection Act 1998 and General Data Protection Regulation (GDPR).

3.2 Literature Review / Desktop Research

The Literature review / desktop research considered existing open access data of population demographics in Wales, available research and policy documentation on health needs and relevant policies and services linked to the target group (adults within the criminal justice system). This also included accessing open-source government and other relevant websites to gather information on policies that are directed at the population group or impinge on the group (see Appendix 5).

Desktop review of services

A service mapping exercise was carried out initially using the Dewis Cymru website to identify relevant services across Wales. Dewis Cymru was developed to support and improve the well-being of Welsh citizens through access to information about resources and services (Data Cymru, 2023). Keywords 'offenders', 'prisoners', 'probation' gave access to over 80 results. A further search was carried out via the Clinks Directory of voluntary sector

justice services which gave initial access to over 200 results for services in Wales (Clinks, 2023). The Clinks findings were cross referenced with the Dewis Cymru findings to avoid duplications. This was supported by google scholar searches including health board websites. The initial mapping was further triangulated against services provided by survey respondents and response from a Freedom of Information Request to HMPPS on commissioned services in Wales (see Appendix 3).

Subsequently, a matrix was completed detailing the services identified (see Appendix 4). This included - service provider name; funding stream; type of services; description of specific activities, location; operating hours; eligibility; referral; contact information including website and social media. Efforts were made to understand physical accessibility, but limited information was available. It was also difficult to understand if the services were new or established so this field was removed.

Systematic literature review of health needs

It was noted that a rapid literature review had been recently undertaken to establish what was known about the health needs of people on probation locally, nationally, and internationally (see Williams & Perrett, 2023). Therefore, a complimentary approach was taken searching relevant literature using Swansea University's iFind catalogue to access a comprehensive range of worldwide peer-reviewed academic journals. A further triangulation was undertaken via Google Scholar. Using he key phrase / keyword 'offender health' was deemed the most suitable approach to ascertain most relevant articles whilst providing a manageable sample for systematic review. Furthermore, it was able to build on recent work by Williams & Perret (2023) rather than duplicate it.

Inclusion criteria were:

- Papers in the language of English only

- Papers published since 2000

- Peer reviewed journals

- Papers that describe the health of people on probation or in custody

Applying these initial criteria to the search resulted in 252 papers (156 google / 96 i-find). Initial papers identified were screened by title, abstract and full text to ensure remaining papers met the eligibility criteria. A total of 163 articles were included in the final sample and 67 articles excluded (did not meet criteria, lacked relevance or access issues). Subsequently, a systematic review of the papers coded health needs, as well as barriers, enablers and wider determinants of health for the population group.

3.3 Survey (Questionnaire)

A survey was designed to gather information to develop an understanding of the service provision across Wales that serves inclusion health populations, as well as a better understanding of their service users and their needs. The survey was aimed at key service providers and included a mixture of closed and open-ended questions to gather quantitative and qualitative data (see survey questions in Appendix 1a). Respondents were provided with information about the survey and its purposes before they completed it. Informed consent was provided, and all questions were optional. No personal or identifiable data was gathered.

Survey Sample

The survey was aimed at professionals working with the population group in Wales. It was distributed to email addresses identified via the service mapping exercise, including the Clinks Wales stakeholder distribution list, plus the Wales Safer Communities Network and key stakeholders including Public Health Wales and probation contacts. The number of services mapped who work with the population group was 140 (see Appendix 4 - Service Mapping matrix). There were 51 surveys completed, however there were several submitted from the same organisations, albeit they may represent different teams / services / locations. Therefore, when accounting for potential duplications in services, there was a sample of 34 separate services, which equates to a 24% response rate. The survey was available in English and Welsh but all responses were received in English only.

3.4 Limitations

The survey sample was not reflective of all services working with the population group in Wales and respondents did not answer every question. The survey relied on key informants and health needs disclosed to them and therefore may not accurately represent the population group. Therefore, it is difficult to generalise findings. A particular limitation of the systematic literature review was the decision to focus on 'offender health' rather than a broader search. Furthermore, the review relies on use of secondary data where other sources of bias may have arisen.

4. Findings 1 - Population Mapping

4.1 Introduction and Policy review

Obtaining Wales level criminal justice data can be problematic, given the non-devolved status of the justice system and lack of understanding of the Wales Criminal Justice System as a distinct entity (Jones & Wyn Jones, 2022). For example, there is a lack of available data on Welsh-language speaking prisoners (Jones, 2018) with efforts to collate and act on the data being 'not as good as it could be' (Welsh Language Commissioner, 2018, p.10). However, there have been efforts to increase the understanding of the prison and probation data in Wales, such as by the Wales Governance Centre (see Jones 2018, Jones 2020 and Jones & Wyn Jones, 2022). Much of this was compiled for the Commission for Justice in Wales which recognised the 'jagged edge' of the current system (Welsh Government, 2019). Moreover, research by Jones & Wyn Jones (2023) highlights that Wales has the highest incarceration rate in Western Europe. They suggest this may be explained due to a combination of greater use of custodial sentences and an increase in average custodial sentence length. They also note that a higher percentage of Welsh pre-sentence reports by probation officers propose custody and there is a higher proportion of both community and prison sentences per head of population in Wales compared to England. Given the impact of poor health, substance misuse, poverty, homelessness and other social needs on offending (Social Exclusion Unit, 2022), there is still more work needed to understand the drivers of the probation and prison population in Wales.

In light of this 'jagged edge' and the complex social causes of crime, it follows that mapping the policies relating to the population group is challenging, spanning legal requirements, partnership arrangements and practice guidance across UK and Welsh Government. A

mapping exercise (see Appendix 5) includes UK Government justice policies and practice directly affecting the population group by the nature of their status as people on probation. This includes those from the Ministry of Justice and HM Prison & Probation Service (HMPPS) which directly impact on the service users, such as the Target Operating Model, Probation and Prison Instructions, National Standards, as well as policies of the Inspectorate and Ombudsman, for example. However, there is also a significant level of devolved policy and practice which impacts – or supports – the population group. This is also illustrated within the pages of the Welsh Government's (2022) *Delivering Justice* strategy and within the 18 additional pages dedicated to Wales when the Home Office (2022) introduced the Serious Violence Duty on Community Safety Partnerships.

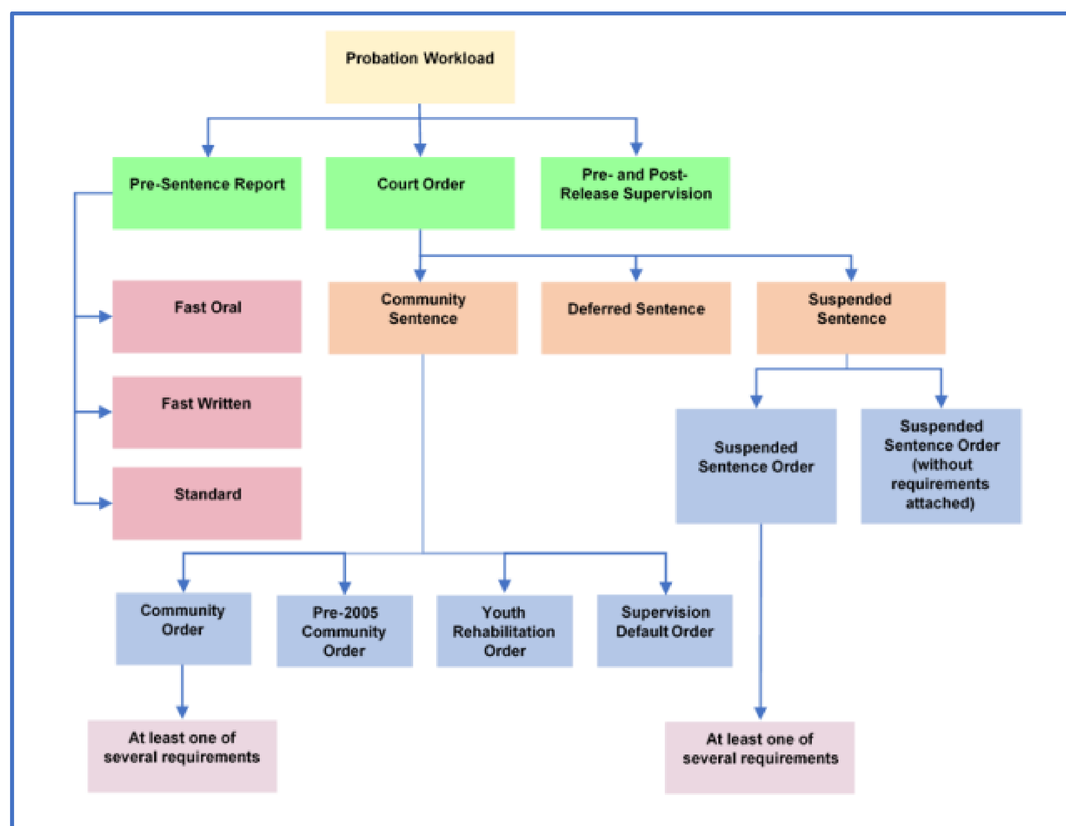
As the Thomas Commission stated, 'if criminal justice is to be effective…it must be closely integrated with services…for example, health, drug and alcohol misuse, housing, education, employment, accessing benefits and managing debt and other welfare services' (Welsh Government, 2019, p.135). Therefore, in mapping policy relevant to people on probation, Welsh Government policy and guidance including relating to substance misuse, health, education, housing and equalities are all relevant. There are also examples of specific arrangements for the population group in Wales, including joint agency policy, such as the 'female offending blueprint', prison health agreement and the Welsh Government's supporting people programme. A full range of relevant policies can be viewed in Appendix 5.

4.2 Definitions of the population groups

There is lack of consistency in defining criminal justice populations for inclusion health; Public Health England, for example, refer broadly to 'people in contact with the criminal justice system' (PHE, 2021), whilst other recent mapping exercises for inclusion groups in Wales have focused on people recently released from prison (Jones, 2022). For the purposes of this study, the 'criminal justice' population group includes adults supervised by the probation service in Wales – this includes those on community sentences (including community orders and suspended sentence orders), serving prison sentences (also known as 'pre-release supervision' probation cases) and those on release on licence from prison ('post-release supervision'). This is outlined in Figure 1 and explained in more detail (along with an overview of criminal justice data sources) within the Guide to Offender Management Statistics, England and Wales (MoJ, 2023c).

The population group also includes those held in a Welsh prison that are known to probation services in England. Furthermore, there is also a wider group of people on the fringes of offending or with offending histories accessing specialist services in Wales. They could include those recently completed probation supervision, or those not yet reached probation– such as those remanded in custody, subject to bail, on deferred sentences or diverted from probation. For example, there has been a growing use of 'out of court disposals' and the use of diversionary schemes for women and young adults (18 to 25s) (Welsh Government, 2022).

Figure 1: Depiction of Probation activity as outline by Ministry of Justice (2023c, p.34)



4.3 Estimated size of the population

Wales level

Despite the particular issues within Wales (as discussed in 4.1), trends show that the probation caseloads have decreased year-on-year since 2008, except during 2016 due to the introduction of post-release supervision for those receiving short term custodial sentences (MoJ, 2023c). The latest available figures state that as of December 2022, there are 14,353 people on probation in Wales (Ministry of Justice, 2023)[1]. This is slightly lower than a figure quoted by Williams & Perrett (2023) (14,805 people, as of October 2022). The figure of 14,353 includes 6,778 on Court Orders being supervised in the community, 3,699 post-release cases (prison leavers) and a further 4,230 cases subject to pre-release supervision (in prison). The 14,353 does not allow for double counting (where someone may be on multiple types of probation) so the total will not be the sum of the sub-totals. Further estimates suggest there are roughly 4700 Welsh prisoners, but a 1/3 of these will be held in England prisons (Jones 2022; Jones & Wyn Jones, 2023).

[1] The latest version of the quarterly published ‘offender management statistics’ provide figures for October to December 2022 (published by the Ministry of Justice, April 2023). A new version of the offender management statistics is due out end of July 2023.

Regional level – Probation Delivery Units

This study was unable to ascertain the latest population data at Probation Delivery Unit (PDU) level in Wales (see map of PDUs at figure 4), despite a Freedom of Information request. However other sources of information highlight that:

- *Swansea Neath Port Talbot* PDU has a total caseload of 2,202 people, with 40% of the caseload serving community sentences and 25% on post-release supervision as of October 2022 (Williams & Perrett, 2023)
- *Gwent* PDU's total caseload last year was 2,482 (HM Inspectorate Probation, 2022)
- *Cardiff & Vale* PDU has around 1,967 on post-release supervision from prison (Jones, 2022)

Figures were unavailable for the Cwm Taf Morgannwg area (Bridgend, Merthyr and Rhondda Cynon Taf), Dyfed and Powys, or North Wales.

Prison numbers across Wales's prisons

Prison populations fluctuate; for example, *HMP Cardiff* has a stable prison population fluctuating between 700 and 750 but due to the number of remand prisoners there is 'considerable transience' because of 'many prisoners being released or transferred after short stays' to other prisons (Jones, 2022, p.33). For example, in 2019, there were 2,459 first prison receptions at the prison and 1,560 releases (Jones, 2020).

Detailed up to date information on prisons, including prison numbers and latest inspection reports can be found via the Howard League website[2]. Latest figures are shown in Table 1. For example, *HMP Swansea*, is known to be a local prison holding adult and young adult males. Classified as category B/C Prison, it is one of the most overcrowded prisons in England and Wales (Howard League, 2023). At time of writing, the prison held 424 prisoners[3] but its certified normal capacity is 265. Like HMP Cardiff, there is high prison turnover; in the year preceding March 2023, 3,191 new prisoners were received, and 1,224 prisoners released into the community during the year (HM Inspectorate of Prisons, 2023). Only HMP Berwyn does not exceed Certified Normal Accommodation[4] (CNA) standards (see Table 1).

Table 1: Prison population in Wales's prisons (as of 23.07.23, Howard League)

	Swansea	*Cardiff*	*Parc*	*Berwyn*	*Usk/Prescoed*
Population	*394*	*756*	*1734*	*1948*	*519*
CNA	*265*	*534*	*1559*	*2000*	*373*

Other sub-categories

There are other sub-categories of people on probation. These influence the category of prison they are held in but also their management in the community. For example, Integrated Offender Management enables probation to work with other partners to manage cases where there is a high risk of reoffending, as well as other agreed priority groups (see MoJ/Home Office 2020). In Wales, the Integrated Offender Management Cymru approach

[2] The Howard League | Prisons
[3] 04/07/23
[4] Certified Normal Accommodation the figure at which the establishment is uncrowded and meets the expected accommodation standards - see Certified Prisoner Accommodation Policy Framework (publishing.service.gov.uk)

covers high risk of harm offenders (WISDOM / Wales Integrated Serious and Dangerous Offender Management), ex-armed services personnel, female offenders, and care leavers, amongst other groups (see IOM Cymru, 2023). There is no published data from IOM Cymru; one study of the Cardiff scheme noted 270 people were subject to these multi-agency arrangements (Hudson & Jones, 2016). In 2022, there were a total of 5380 serious sexual, violent and other dangerous offenders in Wales which fall under MAPPA (Multi-Agency Public Protection Arrangements) detailed within the four MAPPA Annual reports (for each police force area) in Wales (HMPPS, 2022b).

4.4 Demographics of the population

Ethnicity

According to Williams & Perrett (2023) the caseload for probation in Wales is 88% white ethnicity. However, there appears to be a higher number of individuals recorded as white starting community orders or prison sentence in 2022 (see Table 2). Research by Jones & Wyn Jones (2022) found an overrepresentation of individuals from a black, Asian or minority ethnic background within prison and probation in Wales. Furthermore, using Freedom of Information requests, the research found that 'prisoners from a BAME background are more likely to serve a higher proportion of their sentences in prison' (see Jones & Wyn Jones, 2022, p.36). In addition, Inspector's reports show the 'foreign national offender' prison population to range from 4% (HMP Berwyn) to almost 8% (HMP Cardiff) (HMIP, 2019; HMIP 2022).

Table 2: Ethnic group recorded by start of sentence in Wales, 2022[5]

Type of Supervision	Asian or Asian British	Black or Black British	Chinese or other ethnic group	Mixed	White	Missing
Starting Court Orders in 2022	1%	1%	1%	2%	94%	5%
Starting pre-release supervision in 2022	2%	2%	1%	2%	92%	15%

Age

In line with academic thinking around maturation (including the 'age-crime curve') and desistance theories (Weaver & McNeill, 2007), the age distribution of people subject to probation in the community and pre-release supervision in Wales is young. Indeed, according to data gathered by Williams & Perrett (2023), 64% are under the age of 40 years in Wales (see Table 3). However, within the prison population in England and Wales, older prisoners are the fastest growing cohort which brings particular challenges for health and social care (Prisons & Probation Ombudsman, 2022). Indeed, Moffitt's (1993) developmental taxonomy framework suggests that as well as the 'adolescent-limited offender', there is a 'life-course persistent offender', and recent studies have linked this typology to chronic, life limiting health outcomes (see Piquero et al, 2014). The Independent Advisory Panel on Deaths in Custody in collaboration with The Royal College of Nursing (2020) found a rapid rise in natural deaths in prison, which was not simply about the aging population but broader

[5] Adapted from Tables A4.11 & A4.12 in 'Probation 2022' in Offender Management Statistics quarterly: October to December 2022 (MoJ, 2023). Due to round up the percentages do not tally to 100%.

intersectional matters such as the black Asian and ethnic minority population, women, but also prison healthcare challenges.

Table 3: Age profile of probation caseload in Wales, 2022[6]

Age	18-20	21-29	30-39%	40-49	50-59	60+
Percentage of cases in age bracket	4%	26%	34%	20%	11%	5%

Gender

People supervised by probation in Wales are mostly male (90%) (Williams & Perrett, 2023). Nationally, 88% of individuals starting court orders or pre-release supervision in 2022 were male and 12% female (MoJ, 2023). The percentage of women (10%) within the Wales caseload appears to have reduced in few years (the figure of 12% was referred to within the 'Thomas Commission', Welsh Government, 2019 for example). Notably, the 'female offending blueprint' in Wales seeks to divert women from the criminal justice system (Welsh Government, 2021).

4.5 Population health needs

Mental health

The latest available statistics suggest only 2% of Community Orders and Suspended Sentence Orders in England and Wales have Mental Health Treatment requirements and there is evidence that such requirements are 'underused' in Wales (Welsh Government, 2019, p.221). However, nationally these requirements have increased by 63% (Community Orders) and 108% (Suspended Sentence Orders) on the previous year (MoJ, 2023a). Notably, the assessment tool used by probation to assess needs and risk, does not have a dedicated section for health (see MoJ, 2022). Although 62% of people on probation in Wales are assessed as having 'thinking and behaviour needs' (HMPPS, 2022; MoJ, 2022). Mental health issues in prison are better documented, most notably within prison inspection reports. For example, 65% of prisoners arriving at HMP Cardiff said they had a mental health problem (HMIP, 2019). There appear variations in mental health referrals within prisons in Wales; the average referrals per month per population in HMP Parc were on average 8% of population, compared to 34% in Swansea (HMIP, 2023; HMIP, 2022). Self-harm and suicide are a particular issue across the prison population; in the 12 months to December 2022 across England and Wales, there were 687 self-harm incidents per 1,000 prisoners and in the 12 months to March 2023 there were 82 self-inflicted deaths (MoJ, 2023b).

Substance misuse

Latest England and Wales figures show that 4% of Community Orders have a drug or alcohol treatment requirement and 3% have an alcohol abstinence and monitoring requirement (MoJ, 2023). Notably, these requirements have risen on the previous year, with drug requirements rising by 10%, alcohol treatment by 1% and alcohol abstinence and monitoring requirement (introduced in Winter 2020) by 37% (MoJ, 2023). Similar figures can

[6] Adapted from Figure 3, (Williams & Perret, 2023, p.16)

be seen for Suspended Sentence Orders, 4% of which had a drug or alcohol treatment requirement at end of 2021, with a 18% rise of drug requirements and 7% rise of alcohol treatment requirements on the previous year. Alcohol abstinence and monitoring requirements account for 2% of Suspended Sentence Orders, a 52% rise on the previous year (MoJ, 2023). According to the Wales Reducing Reoffending Plan (HMPPS, 2022a) and offender assessment system data (MoJ, 2022), 26% of people on probation in Wales have an identified alcohol misuse need and 37% have a drug misuse need. Prison inspection reports also capture the identified substance misuse need at each of the Welsh prisons; for example, there is high demand for the substance misuse service in HMP Parc, and HMP Swansea (HMIP 2022; HMIP 2023) and 38% of prisoners arriving at Cardiff said they had a drug or alcohol problem (HMIP, 2019).

Physical health

There is limited research (and no known government published data) on the physical health needs of people on probation. A study of over 1000 people on probation in the UK found that 49% described they 'currently had or expected to have certain long-term health problems or disabilities' (Mair and May 1997, p.17). More recent research is considered later; however, the health of prisoners is often used as a proxy to understand health needs of this population group. For example, 20% of prisoners arriving at HMP Cardiff describe a physical health problem and 44% have a disability (HMIP, 2019). Furthermore, aging prisoners have complex health problems which suggests that their physical health status is ten years older than the general population (Hayes, 2012).

Wider determinants of health

- *Education, training and employment* - In the recent study by Williams & Perrett (2023), the employment rate amongst people on probation (31%) was less than half that of the general population in Wales (74%). According to probation figures, 42% of people on probation in Wales have an education, training and employment need, which is slightly below the national average (around 45%) (HMPPS, 2022; MoJ, 2022).
- *Accommodation* - 4 in 10 prison leavers in Wales are assessed as having an accommodation need (HMPPS, 2022; MoJ, 2022). Findings by Williams & Perrett (2023) suggested that the majority of people on probation live in the most deprived areas, 11% of people on probation lived in shared accommodation, and 53% reporting sharing bathroom or kitchen facilities. 70% reported having access to an outdoor area or garden at home, slightly lower than the general population in Wales who reported 94%.
- *Family and relationships* – Pact (2023) suggest families play an important role in supporting the health needs of their loved ones involved in the criminal justice system. However, 6 in 10 people on probation in Wales have a need to address relationship issues (HMPPS, 2022; MoJ, 2022).

4.6 Overlaps in health needs

Whilst the particular focus of this research is people on probation, there has shown to be high degree of overlap when researching inclusion health populations with histories of imprisonment, substance use, sex work, and homelessness (Luchenski, 2018). When also

considering health needs in the context of age, gender, ethnicity and socio-economic status, it is useful to consider concepts of intersectionality and health equity, as well as inclusion (Kelly et al, 2022).

Homelessness – A recent survey of homeless people living in the Cwm Taf Morgannwg area found that 47% were prison leavers and 41% were subject to probation and community service (Irwin & Whitear, 2020). 46% of surveyed homeless adults reported at least one longstanding illness compared to 33% in the general population (Irwin & Whitear, 2020).

Travellers – It has been suggested there is an overrepresentation of Irish Traveller community needing mental health support in in prison settings (particularly in relation to learning difficulties and less severe mental illness), which is also reflective of their overrepresentation within the prison system (Linehan et al., 2002)

Substance misuse - There is a higher prevalence of substance misuse by people on probation compared to the general population (Brooker et al., 2008; Mair & May, 1997; Sirdifield et al., 2019; Sirdifield et al., 2020).

Sex workers – Research with sex workers in Wales found that the majority had been involved in the criminal justice system and they described it being easier to go into prison to 'get clean' from drugs (Sagar et al, 2014). Concerns also exist around the criminalisation of sex workers leading to behaviours which increase the risk of communicable disease (Piot et al, 2015)

Men who have sex with men - Senteio et al (2010) noted increased risky sexual behaviour for prisoners and prison leavers, including men who have sex with men but not identifying as gay or bisexual, limiting their access of support services.

5. Findings 2 - Systematic literature review

5.1 Introduction

The 163 articles in the sample included consisted of a mixture of empirical research studies, literature reviews, case studies and commentaries. Notably, 113 articles were UK derived; the rest were predominantly from USA, Australia, and Canada. Consistent with previous literature reviews, most of the articles concerned the healthcare of prisoners, rather than prison leavers or those supervised by probation. Indeed, of the 163, around a half (82 articles) referenced prison, with 62 articles referencing prison or community and only 19 articles (12%) referred to community only.

5.2 Health needs

154 of the 163 articles referenced health needs. 130 of 154 articles (84%) referenced mental health issues. 107 (69%) included physical health issues. A full list of the health issues identified within the articles are included in the appendix (2a) and the top 20 issues included in the graph overleaf (see figure 2). Four key themes have emerged from the literature review in terms of health issues – substance misuse, communicable diseases, mental health and chronic disease.

Substance misuse

The most significant, reoccurring health issue was responding to substance misuse and related health issues, which was referred to in 47% of the articles. There is a higher

prevalence of substance misuse by people on probation compared to the general population (Brooker et al., 2008; Mair & May, 1997; Sirdifield et al., 2019; Sirdifield et al., 2020). For example, people who inject drugs are at higher risk of blood borne viruses such as Hepatitus C (Crowley et al, 2019) (see also 'communicable diseases' below). However, Fitzpatrick & Thorne (2011) suggest there is a greater need for alcohol interventions for people on probation compared to drug treatment, given the scale of the alcohol use. Health issues relating to alcohol dependency are well-documented; for example, a study by Goodall et al (2016) to inform policy on violence prevention and alcohol monitoring in Scotland found blackouts and loss of memory were common harms. Other health issues highlighted included: weight loss, pre-cancerous conditions (including Barrett's oesophagus; vomiting), shaking, seizures, hallucinations, alcohol withdrawals.

Furthermore, it is thought that around 75-85% of all UK prisoners have a dual diagnosis of a mental health problem with alcohol or drug misuse (The Bradley Report, 2009). Hatfield et al (2004) found people on probation with mental health needs also have a more significant drug problem. Drug use can reduce with time; in a longitudinal study of male involved in the criminal justice system in London, found at 18 years, 32% were drug users, compared with 19% at 32 years (Piquero et al, 2014). However, a systematic literature review of community supervision and substance misuse found that much of the evidence is dated and new research is needed to better understand profile of needs and effective interventions (Sirdifield et al., 2020).

Communicable diseases

Relatedly, the second most mentioned health issue was communicable diseases – in 26% of articles. Communicable diseases are one of the most common specific health needs of people who have offended (RCN, 2009). Injecting drugs accounts for 80% of Hepatitis C infections and there is a heightened risk for prison leavers (Crowley et al, 2019). A high prevalence of the Hepatitis C virus has been reported in Irish prisons (16%), alongside a high proportion of people who inject drugs (26%) (Ward et al, 2021). This group is particularly marginalised and 'underserved by traditional health services', 'despite high rates of physical and psychiatric morbidity' (Crowley et al, 2019, p.6). When also considering further barriers to health (see page 16), links have been drawn between poor access to health care on release from prison and the increased transmission of disease, and even increased risk of death (see discussion in Eshareturi et al, 2013).

Mental Health

84% of the articles referenced mental health issues. In a study by Georgiadis (2016), 58% of men involved in offending had at least one common mental health problem, with only 26% reporting receiving treatment. Wider research suggests that despite many people on probation suffering from 'more than one mental illness (co-morbidity) or a combination of mental illness and a substance misuse problem (dual diagnosis),' it can be left undiagnosed or untreated (see Brooker et al, 2020, p.2).

Almost one in five articles (19%) referred to self-harm and suicidal ideation. Notably, self-harm is a significant issue for women prisoners who account for 5% of prisoners in the UK but around a fifth of self-harm cases (Mitchell et al, 2019).

18 % of articles referred to mental health illnesses of psychosis, schizophrenia, and bipolar disorder. When combined with personality disorders, accounted for over a fifth (23%) of articles. Indeed, estimates have suggested that '30-50% of a probation caseload and 60-

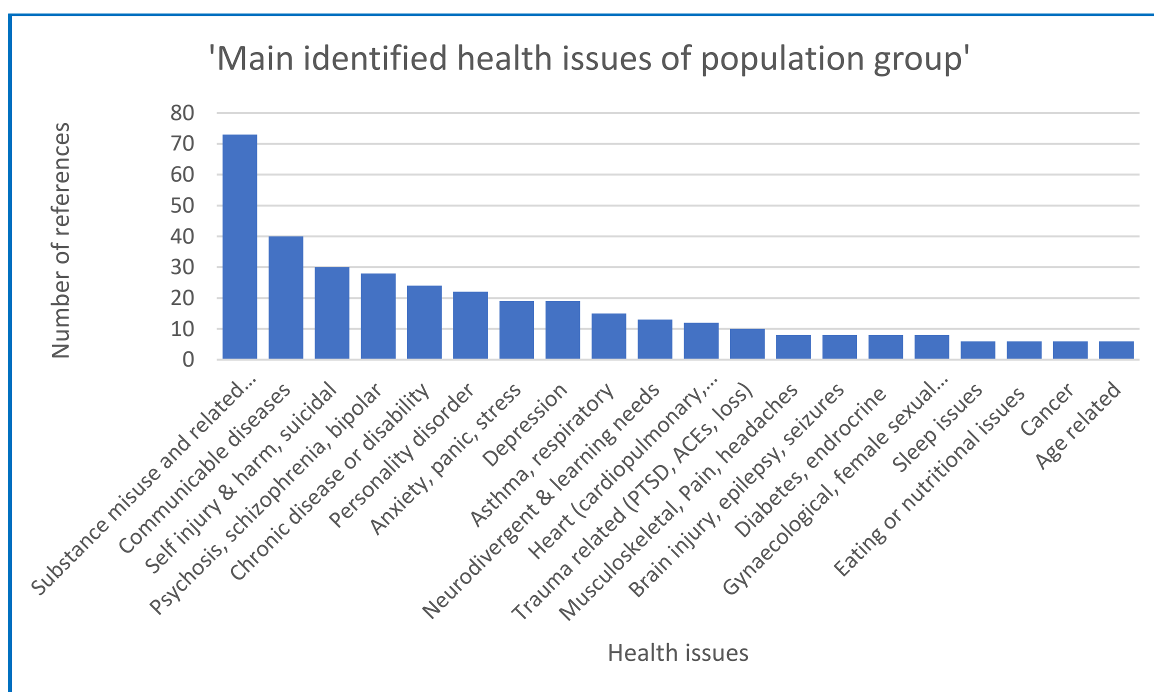
70% of a prison population may meet the criteria for one or more personality disorders' (HMPPS/ NHS England, 2020).

Anxiety and stress, and depression featured highly, when looked at together, were referenced in 17% of articles. Depression, for example, has been identified as a significant problem for people on probation who reside at approved premises (Hatfield et al, 2004).

Chronic disease

When considering physical health needs, references to various chronic diseases accounted for a 22% of articles, with 16% of articles referring to generally to 'chronic disease' or 'chronic condition'. Chronic disease is a particular issue for this population group; references commonly included - diabetes, respiratory conditions, chronic fatigue or sleep issues, heart issues, musculoskeletal problems. For example, 1/3 of deaths of natural causes in prison is due to cardiovascular disease and the prevalence of cardiovascular disease related illnesses is expected to increase due to the aging prison population (Williams et al, 2022). Hatfield et al (2004) 19% of people on probation in their study had one or more physical health problems identified, combined with high rates of mental health disorder.

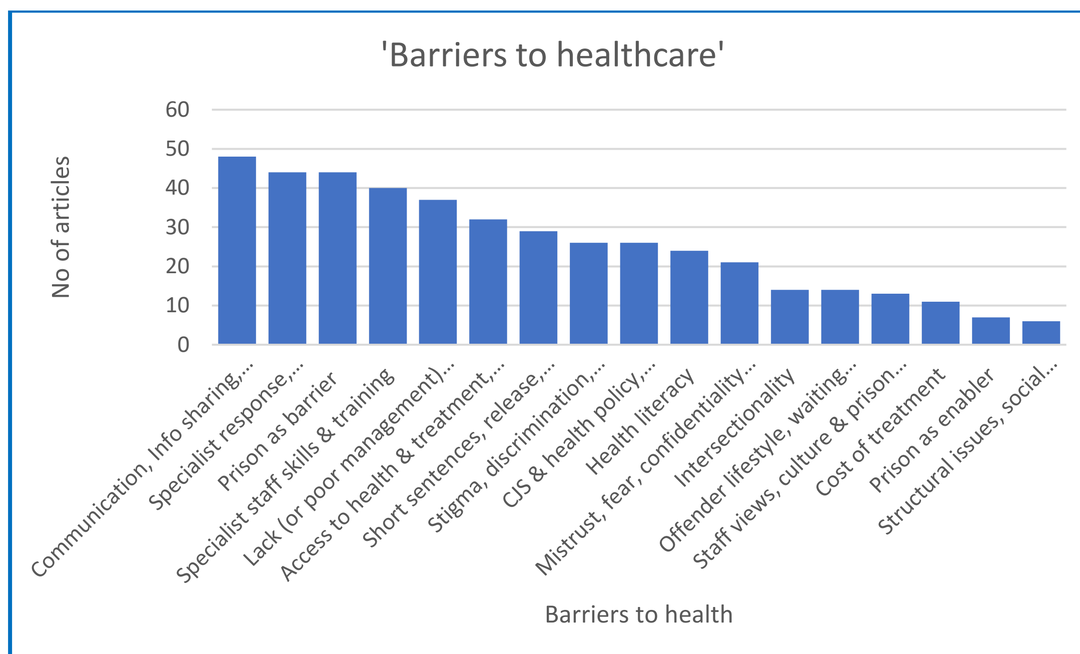
Figure 2: Main health issues of population group



5.3 Barriers to health for the population group

150 articles referenced barriers to healthcare or in a few cases, enablers. A full list of the health issues identified within the articles are included in appendix 2b and the graph overleaf shows the most common barriers identified within the literature (see figure 3).

Figure 3: Barriers to healthcare identified through the literature



The most common barrier described in almost 1/3 of articles was in relation to communication and joint working (including a lack of information sharing and continuity of care/support). For example, a study of 16 probation areas in England and Wales found that the 'main barrier' was 'poor communication between probation and the NHS in particular with Primary Care services' which a lack of service users registered with a GP and 'little joint working, understanding and education between primary care and probation' (Parkes et al, 2012).

The second most common barrier (29% of articles) was the lack of specialist response to understanding and dealing with health needs, including screening, support & mentoring. In equal second place was prison itself acting as a barrier. This includes the environment, regime, overcrowding, safety issues. For example, a UK study on tuberculosis and related infections, found the prison regime does not allow for much time for screening to occur and high turnover rate does not allow for thorough treatment (Story et al, 2020). Research on pharmaceutical services in prison settings has highlighted that whilst pharmacist-led services can be beneficial, proper medicines management is impacted by insufficient clinical information technology (Allgeier, 2012).

The third most common issue (27% of articles) was in relation to lack of staff training, in particular having specialist knowledge and skills to ensure healthcare needs were understood and met. Rennie et al (2009) observed that the primary focus of criminal justice is not healthcare, and there is a resultant gap in staff training and lack of information sharing, including partnership working.

The three main barriers identified in the literature are consistent with a study by Patel et al (2018) who reviewed mental health care provision within 36 unannounced prison inspection reports in England. Their analysis identified four main categories – 'managing the process; staffing; range of services; and quality of service'. Additional concerns included 'delays to service access' and limited specialist training.

Within the wider literature review, other reoccurring barriers include – lack of (or poor management of) resources; poor access to health and treatment (including waiting lists, eligibility issues); the impact of short sentences, poor release planning, and transfer issues in health care; stigma, discrimination and cultural sensitivities.

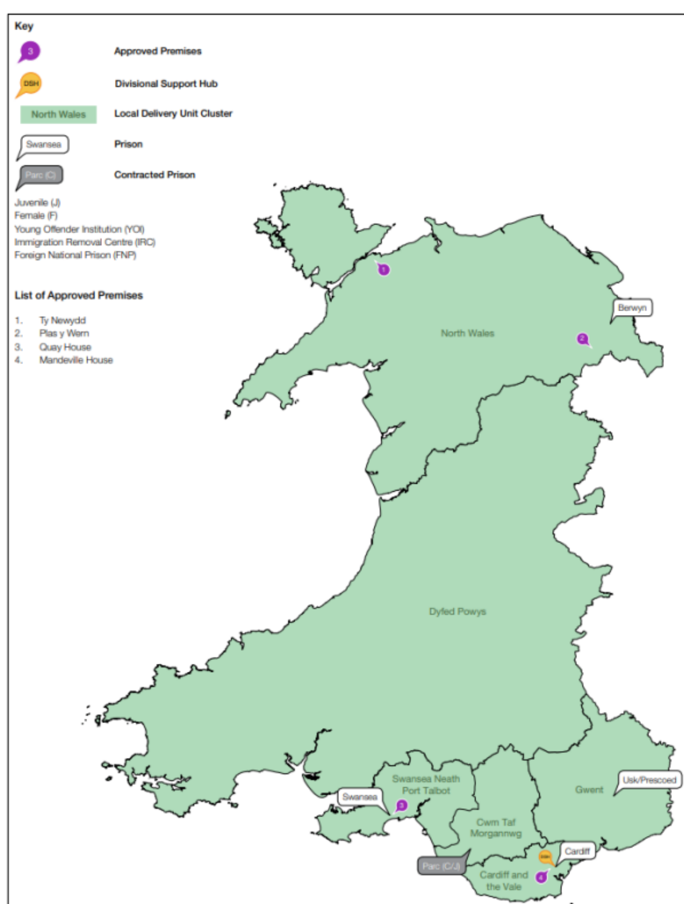
6. Findings 3 – Service Mapping including Survey results

6.1 Statutory services - HMPPS

Probation in Wales

Probation in Wales is divided into six Probation Delivery Units (see figure 4); these are offices serving particular geographic areas, usually aligned with local authority areas (HMPPS, 2022a). There are 25 probation offices across Wales and four Approved Premises which are detailed within a national 'probation finder' list[7]. Approved premises (currently subject to a separate health needs assessment in Wales) are secure living male accommodation which 'provide residential supervision for offenders at high and very high risk of serious harm, released on licence to the community (HMPPS, 2022a). There are plans for a Women's residential centre (Welsh Government 2021; HMPPS, 2022a).

Figure 4: Map of Wales indicating the six Probation Delivery Unit areas[8]



[7] Probation Finder - GOV.UK (www.gov.uk)

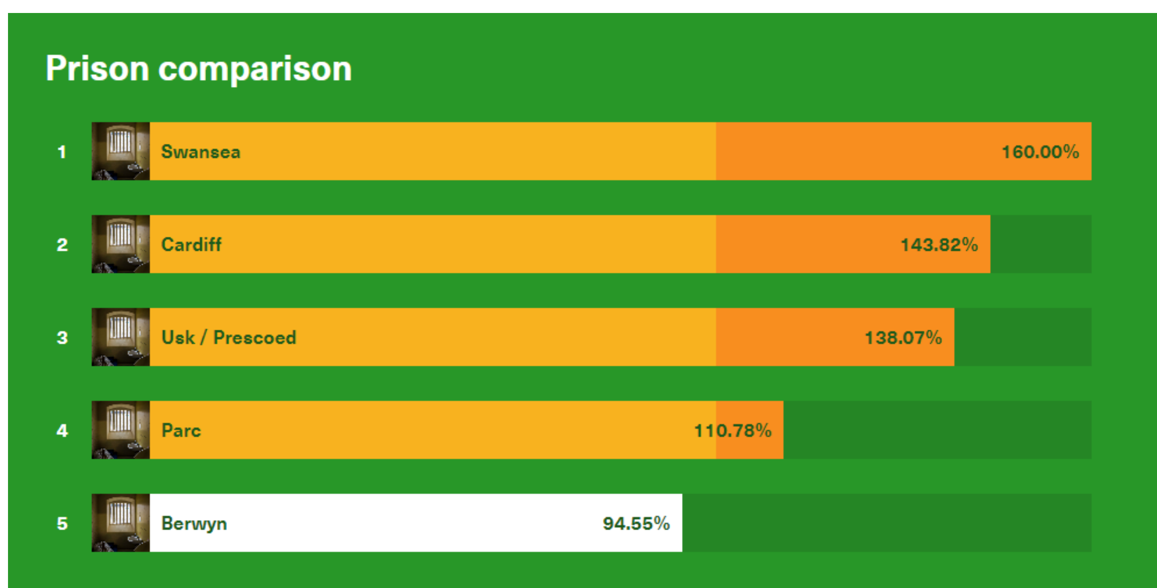
[8] HM Prison & Probation service and National Probation Service Wales Division Map (publishing.service.gov.uk)

Prisons in Wales

According to the Wales Reducing Reoffending Plan (HMPPS, 2022a) there are 5 male public prisons and 1 privately managed prison and young offender institution, with a total operational capacity of 5,234. There are no women's or high-risk prisons in Wales. Previous research has indicated that the majority of Welsh people being held in the Welsh prisons in 2019 were at HMP Parc (41%), followed by HMP Cardiff (19%), HMP Berwyn (16%), HMP Swansea (12%), HMP Usk (7%) and HMP Prescoed (5%) (Jones, 2020).

There are issues with prison overcrowding in Wales (see figure 5). HMP Swansea is amongst the most overcrowded prison in England and Wales (5th at time of writing, although this fluctuates).

Figure 5: Screenshot of prison overcrowding in Wales, as of 04.07.2023 (Howard League)



6.2 Other services supporting the population group

Commissioned services

Following a request under the Freedom of Information Act, a list of all the current commissioned rehabilitative services for people on probation in Wales has been collated (see Appendix 3). These include those commissioned solely by HMPPS, as well as co-commissioned services. Appendix 3 provides a summary of the commissioned service and referral criteria, date service commenced, length of contract and the location/area the service covers.

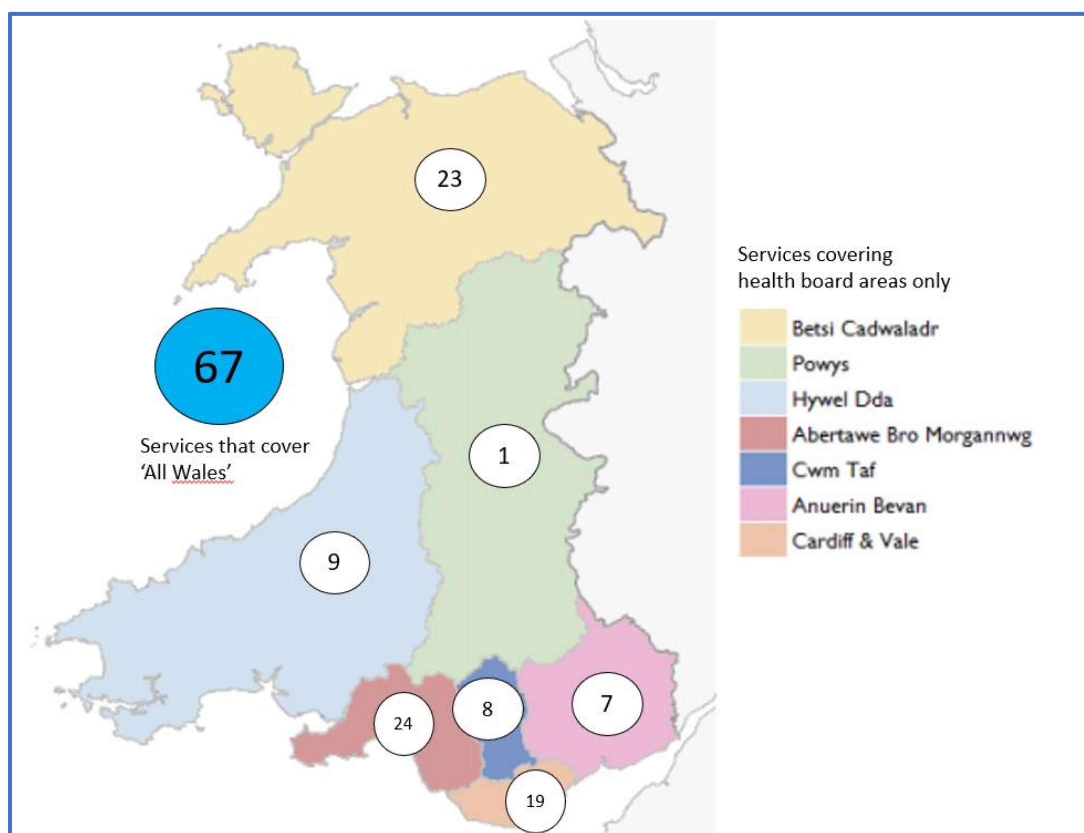
Of the commissioned services, 9 of the 10 services are related to health (mental health and emotional well-being) and substance misuse. This includes a new all Wales neurodiversity support service, well-being support for women and young adults and support for those with brain injury in HMP Swansea and HMP Cardiff. Of the co-commissioned services, 5 of the 10 services are co-commissioned substance misuse services which cover Wales (North Wales, South Wales, Dyfed, Powys and Gwent).

There are other services, 'internally commissioned', that do not feature on Appendix 3. For example, the Wales Offender Personality Disorder Pathway (OPDP) is a jointly commissioned service between NHS Wales and HMPPS to improve the psychological health and well-being of people on probation and reduce their risk of re-offending (see for example, North Wales MAPPA Annual Report, HMPPS 2022b).

Broader service provision for population group

Through the service mapping exercise, 140 services for adults (and young adults) were mapped, mainly consisting of voluntary organisations, who provide needs-related services to people on probation, prison leavers, those in conflict with the criminal justice system (Appendix 4). Almost half of the services were available on an all-Wales basis (see Figure 6). 41% were South Wales only, 16% were North Wales only and 7% in the Dyfed and Powys area.

Figure 6: Map showing distribution of services across health board areas in Wales



In relation to type of services, the majority of services provide multi-natured support. In terms of specialist support, the main provision was employment and training, housing support and substance misuse and addiction support (see table 4).

Table 4: Type of services provided to the population group across Wales

Service offer	No. of services
General / multiple support	39
Employment, education & training	29
Housing	25
Substance misuse & addictions	19
Offending behaviour-related	15
Health	10
Arts related	5
Finance & debt	2
Relationships	1

6.3 Service Mapping Survey results - Overview of Services

Sector

Of the 51 respondents, the majority (31 / 61%) represented the Voluntary or Not for Profit sector, with 13 (25%) providing a statutory service. Three respondents represented the private sector and four respondents selected 'other'. A list of the specific organisations are included in the Appendix 1b.

Core aspects of provision

When asked to describe the core aspects of provision, 21 respondents (41%) used the word 'support' (see auto-generated word cloud below). A further manual analysis of the qualitative responses coded and grouped the description of service provision into 11 categories. The top three types of service provision was general offender support (also capturing work to 'reduce reoffending') (20 responses / 39%), followed by mental health/ well-being (13 responses / 25%) and joint third - housing/ homelessness (11 responses / 22%) and employment and training (11 responses / 22%). Only 4 (8%) respondents provide a general / physical health service. See Appendix 1c for list of types of service provision.

Service eligibility criteria

Respondents were asked to describe the eligibility criteria of their service. A manual analysis of 48 qualitative responses coded and grouped the description of service provision into 10 categories. The highest response was person on probation / prison leaver / person involved in criminal justice system (22 respondents / 46%), followed by need related (12 / 25%), age (11 / 23%) offence or risk related (9 / 19%).

Service referral process

When asked about the referral process, respondents were able to select multiple options. All respondents answered this question. Responses indicated that agencies have multiple referral routes. The highest response was statutory referral (71% of service users referred this way), followed by self-referral (47%) and non-statutory referral (41%) (see figure 7).

Figure 7: Understanding the referral process

Location of service provision

When asked about the service location, and how the service was provided, all respondents answered this question. Respondents were able to select multiple options and indicated that agencies provide services in a multitude of ways. The highest response was in person at the service provider premises (90% of providers use this location), followed by in-person at community hub or similar (80%) and the third highest response was remote (telephone) (78%) (see figure 8).

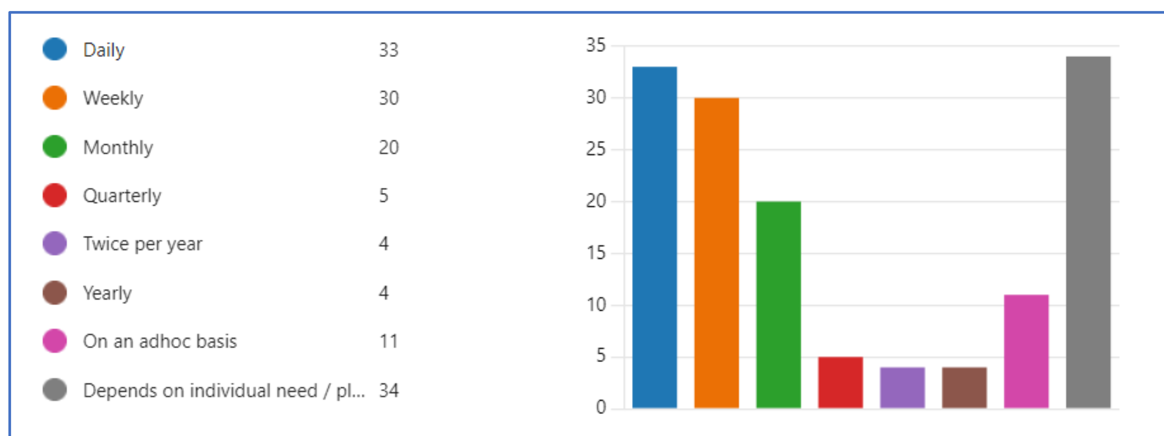
The survey was representative of all local authorities with most services covering multiple areas, in particular the South Wales area. Most (29) respondents covered Swansea (57% of respondents). The lowest representation was Gwynedd with only 16 out of the 51 (31%) respondents covering the area (see Appendix 1d for list of responses).

Figure 8: How the services are provided / service location

Frequency of service engagement

When asked about levels of contact with the service, respondents were able to select multiple options. All respondents answered this question. Responses indicated that agencies have multiple provisions. The highest response was depending on individual need /plan (67%), followed by daily (65%) and weekly contact (59%). Only 8% of respondents suggested that services engage once or twice each year (see figure 9).

Figure 9: How frequently people engage with the service



6.4 Identified needs of service users

Health needs

Most respondents (44 of 51 / 86%) indicated that their service identifies and/or assesses health needs or issues. Four (8%) respondents indicated that their service does not identify or assess health needs or issues and three (6%) were unsure. A total of 46 qualitative comments were provided to offer a further explanation in relation to how service identifies and/or assesses health needs or issues. These were grouped into six themes. Three larger themes involved responses about practical arrangements – including using initial screening / health needs assessment (28 comments), approaches to referrals and signposting (22 comments), and using a formal assessment (14 comments). Examples of respondent comments include:

> *Our service is two dimensional - part psychosocial and part clinical. The clinical nurses monitor, assess and evaluate health needs and sometimes our resilience staff are a pre-curser to any rising health concerns.*
>
> *Everyone has an initial assessment and from there is signposted to services either internally or externally or both*
>
> *[We] have a number of health and wellbeing champions who are trained to identify any health issues and signpost where applicable.*
>
> *Physical health: generally self-identified by the service user, or notified via prison health. Mental health: [the same], also Personality Disorder screenings and referrals, liaison with community and forensic mental health services*

Three smaller themes related to supporting the implementation of arrangements, including taking a partnership approach (11 comments), the importance of an individualised /tailored approach (10 comments) and providing a supported assessment (8 comments). Examples of comments from respondents include:

> *We deliver an enhanced GP service on a weekly basis for those who specify a need. We work alongside our partners at ABUHB and have a funded vehicle to remove barriers to accessing health services for those who struggle to gain access, we will also attend with the individual if they choose.*
>
> *[There is a] continual process of needs assessment as support is delivered to ensure it's tailored and appropriate… including referrals to other agencies*
>
> *[We are] working in partnership with health providers*
>
> *Our [service users] are often involved with other statutory services…organisations will share information about health needs as part of the referral and as part of ongoing joint working*

There were a few comments received about needing to improve identification and assessment of health needs. For example, one respondent said their risk assessment 'does not capture enough health data' and another explained that they 'can refer for assessments on a number of health issues but not directly responsible'. This respondent went on to suggest there was a 'need to be responsive to diverse needs'.

Provision of health-related services or clinics

The majority (53%) of respondents (27) do not provide any health-related services or clinics. 21 respondents (41%) do provide health-related services or clinics either directly or through a partnership/commissioned service. 3 respondents were unsure.

Respondents were able to provide qualitative comments to describe the type of health-related services or clinics provided. 22 comments were received. Most of the respondents (16 / 72%) described a mental health related service with 10 respondents (45%) offering counselling or similar services (see auto-generated word cloud overleaf). 6 (27%) respondents referred to drug treatment / prescribing clinics. A range of services are offered, with one respondent explaining that they provide:

> *'Access to counselling for those experiencing lower-level poor mental health as a result of what's happened to them and the impact it's had. We also offer advocacy where needed to speed up referrals to health services'.*

Another respondent described themselves as an 'Opioid Substitution Therapy prescribing service…plus blood-borne virus screening and referral to Health Board for treatment'. Whilst a further respondent gave an overview of their health-related provision as 'neurodiversity support, mental health teams, scripting facilities.'

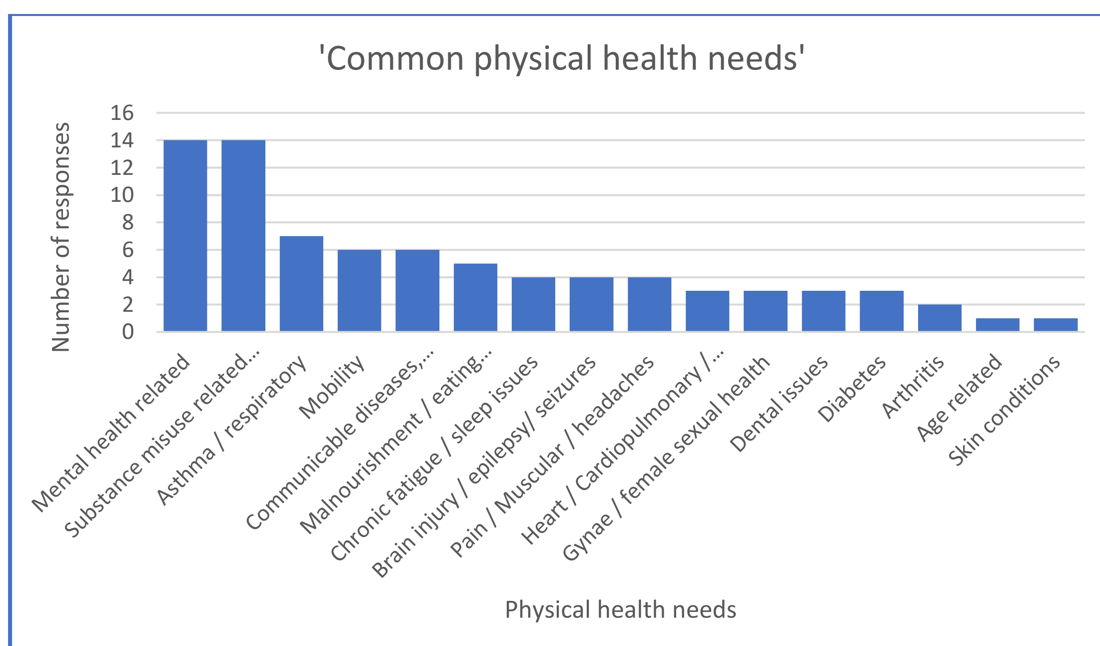
10 (45%) respondents referred to a physical health service and 8 (36%) respondents referred to a range of clinics including sexual health, blood-borne virus testing, physiotherapy, and vaccinations. A few respondents referred to developing provision, such as, by 'working with health to try and enhance provision in probation', as well as the lack of services, where one respondent stated they were 'meant to have a CAMHS nurse embedded in the team but haven't seen one of those for a while'.

Common health needs

When looking at common physical and mental health needs, respondents were able to provide qualitative responses, without prompts, which provided a range of detailed answers, as well as broad responses such as 'all, most' or 'common forms' of physical and mental health. Mental health issues featured as a key need within both physical health needs as well as mental health needs.

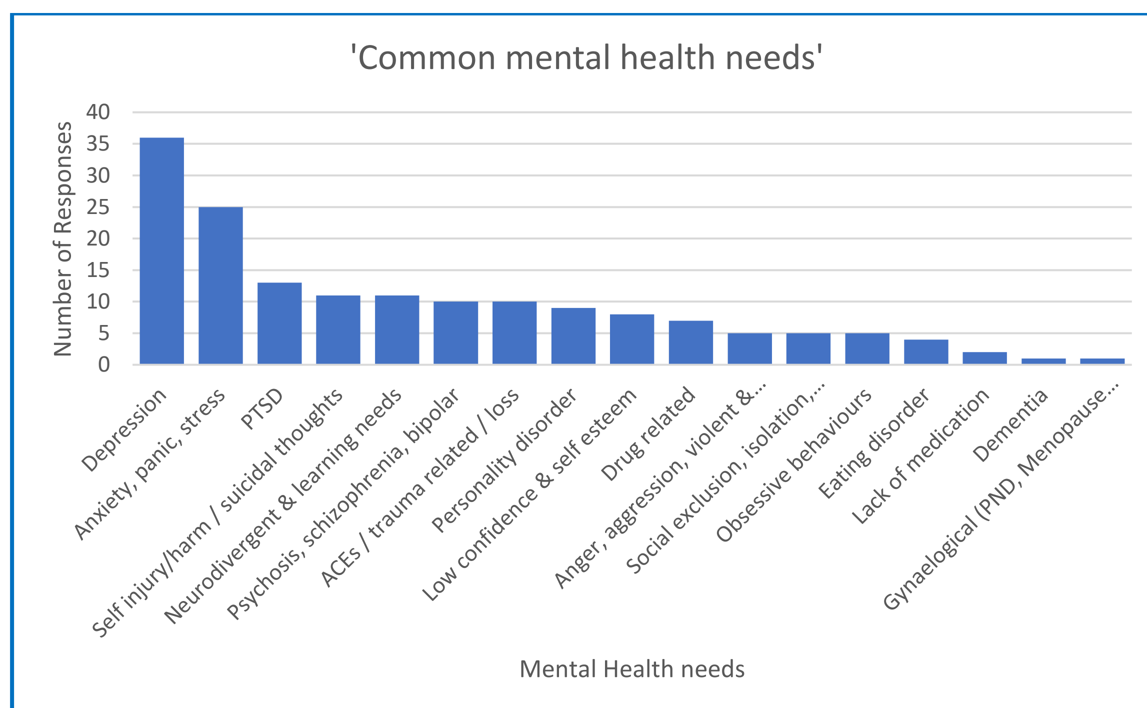
There were 41 responses describing the common physical health needs identified or reported by service users. Following coding and grouping of responses, 16 categories were identified (see figure 10). The most common responses mentioned in 39% comments (16 out of 41) were 'mental health related physical needs' and 'substance misuse related conditions or injuries'. 17% of comments described respiratory related conditions and 15% of comments described 'communicable diseases' and 'mobility issues'. The full range of responses can be found in appendix 1e and 1f.

Figure 10: Common physical health needs described by number of responses



When asked to consider common mental health needs identified or reported by service users, 48 responses were sorted into 17 categories (see figure 11). Considering the top five categories, the most common response was depression (75%), followed by stress and anxiety (52%). Post-Traumatic Stress Disorder (PTSD) featured highly (27%), followed by self harm/suicidal thoughts (23%) and neurodiversity / learning difficulties (23%). The full range of responses can be seen in appendix 1e and 1f.

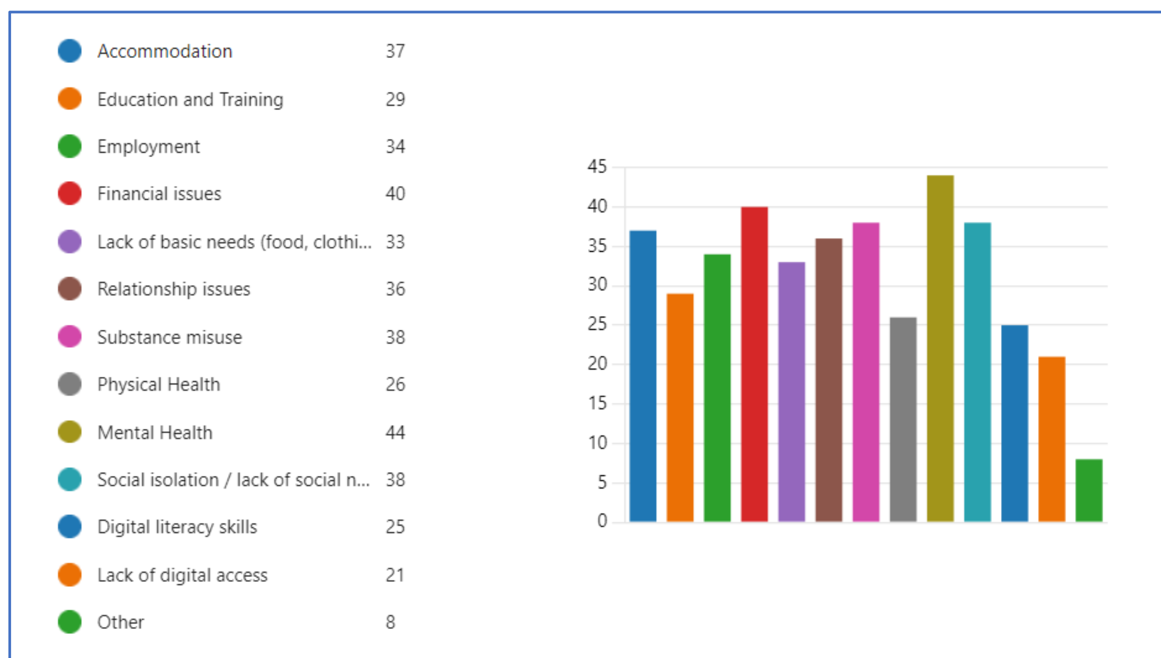
Figure 11: Common mental health needs described by number of responses



Wider needs of service user group

Considering the wider needs of the population group, respondents were asked to select as many as applied from a range of 13 needs. All survey respondents (51) answered this question. Each selected an average of 8 needs. Looking at the top five needs, most respondents selected mental health (86% of respondents in comparison to only 51% selecting physical health), followed by financial issues (78%), substance misuse (74%), social isolation (74%) and accommodation (73%). The lowest response, except for ‘other’, was lack of digital access (41%). Please see figure 12 for more responses.

Figure 12: Main needs of the service user group



Nineteen further comments were received in relation to the wider needs of the service users which were grouped into six themes – ‘individual needs and inclusivity’; ‘multiple needs’; ‘service provision’; ‘mental health’; and to a lesser extent - ‘social needs’ and ‘families’.

8 of the 19 comments (42%) talked about responding to *individual needs, being inclusive* and addressing issues of access and social justice – including access to health and justice. One respondent wrote ‘some of our most vulnerable patients are unable to access the help that they need at the time that they need it’. There was also reference to those disadvantaged through asylum seeker status. As one respondent commented ‘increasing number of people referred are asylum seekers…[have] limited English language knowledge and consequent difficulties in accessing local resources’.

6 of the 19 comments (32%) referenced the *multiple and varied needs* of this service user group. Indeed, there was no limit put on the number of needs selected by the respondents to the previous question and as stated an average of 8 needs selected per respondent. One respondent commented ‘people in criminal justice system have a wide and varied level of need’ and another stated - ‘we could be here all day’ in terms of listing needs.

5 of the 19 comments (26%) related to *service provision* – lack of services, lack of integration (particularly in relation to health), and lack of staff understanding of service user group. One respondent commented that a ‘better understanding [is] needed from frontline services in health’. There were some specific comments related to absence of services including accommodation for abstinence or insufficient through the gate support.

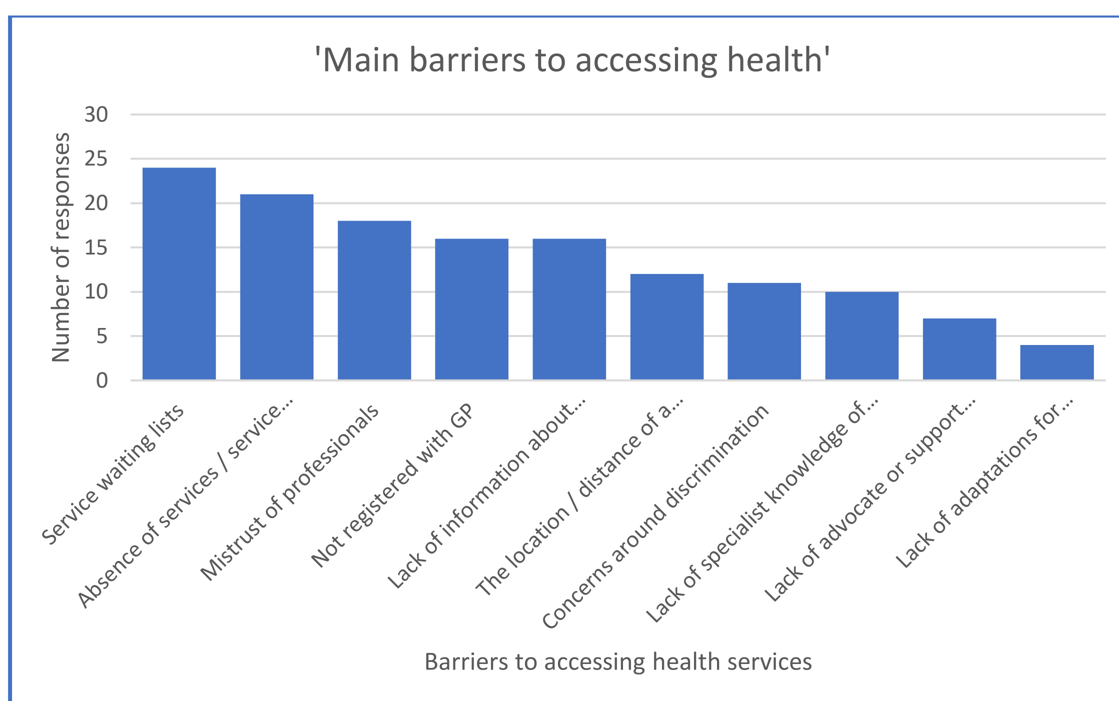
As a reoccurring theme throughout the survey responses, 5 of the 19 comments (26%) were related to *mental health*. One respondent commented that mental health needs to be considered alongside ‘wider social needs’ ‘which all contribute to the wellbeing of all individuals’. Indeed, 4 of the 19 comments (21%) related to *social needs* – employment, financial and barrier of having a criminal record.

A minor theme seen within 3 of the 19 comments (16%) talked about the impact on *families* and others of this service user group, including domestic violence. One describing health issues as causing a 'ripple effect' in families.

6.5 Barriers to accessing health care

Respondents were asked to select the three main barriers to accessing health services for their service user group from 19 options (see appendix 2b for full list). 48 respondents answered and the top ten responses can be viewed within figure 13. According to half of the respondents, the highest barrier to accessing health is 'service waiting lists'. 21 respondents (44%) saw 'absence of services / service availability' as a top barrier and 18 respondents (38%) selected 'mistrust of professionals'. Whilst 16 respondents (33%) selected 'not registered with a GP' and 'lack of information about services'.

Figure 13: Main barriers to accessing health care



Comments relating to service provision, support and access

Respondents were provided with an opportunity to add any further comments at the end of the survey in relation to health service provision or the particular needs of service users. Some prompts were given (examples of best practice, issues around quality or safety of services, issues around policy or professional guidance) but the 16 comments did not largely respond to these prompts and covered three areas relating to ongoing issues around 'support (or lack of)' (6 comments), 'barriers to access (and enablers)' (10 comments) and 'provision (or lack of)' (7 comments). The respondents were often referring to prison leavers or mental health needs. Examples of comments reflecting these themes include:

> 'We do find that they are less likely to access services due to the lack of knowledge to what is available locally to them and fear they will be judged if they access local

services and have been convicted of a crime that could mean they are recognised and possibly judged because of this.'

'People on probation face health inequalities. Provision for mental health in Wales is the worst it's been for years. Engagement from health isn't great, due to the demands on them.'

'Unfortunately, I have observed that some of the individuals that we support have been discriminated against because of their issues with substance misuse and offending.'

'Accessing good health service provision has steadily become more difficult over the past ten years.'

'Many health provisions do not always seem to come from a trauma informed/psychologically informed approach.'

'Many clients are struggling to gain GP appointments due to having to call at 8am in morning; many experience anxiety and this creates a barrier to support.'

A further comment referenced the challenge of working across devolved and non-devolved services:

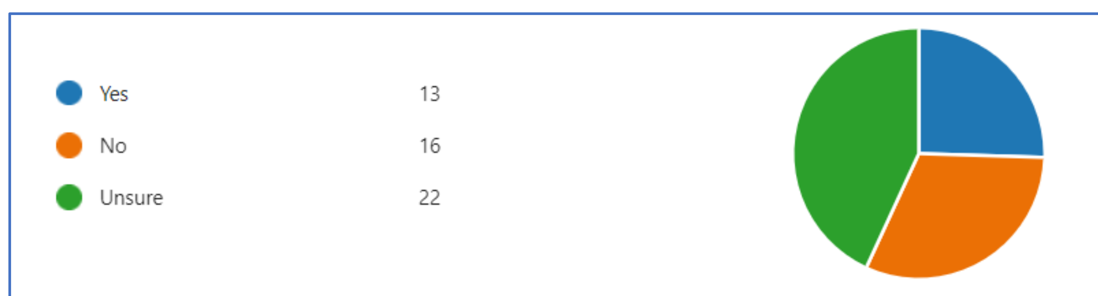
'Health Service provision is unable to assist as solution involves knowledge of criminal justice system which is simply not covered by government.'

6.6 Communicable diseases

Service policy and process on communicable diseases

Respondents were asked whether their service has a policy and/or process to detect or support the management of communicable diseases. A prompt was given stating that communicable diseases include HIV/AIDS, tuberculosis (TB), malaria, viral hepatitis, sexually transmitted infections and neglected tropical diseases (WHO, 2023). All respondents answered this question, with 13 (25%) replying that they did have a policy or process to detect or support the management of communicable diseases. Notably, 93% of those selecting yes had also said they identify or assess health needs in their service. 16 (31%) said they did not have a policy or process. Those answering no were also more likely to have said they do not provide a health related service or clinic. 22 (43%) of respondents were unsure whether their service have a policy or process on communicable diseases. Please see figure 14.

Figure 14: Does the service have a policy and/or process to detect or support the management of communicable diseases?



Supporting those with communicable diseases

16 comments were received on experiences of supporting those with communicable diseases. Comments span three themes which appear to reflect the level of experience of the respondents. Six comments reflect a 'lack of experience' or awareness on how their service deals with communicable diseases. One respondent said 'I am unaware of any internal policy or processes for this' and another said 'this is something I have not come across, recently Covid has been the main issue'.

Six comments reflect a 'developing understanding' of communicable diseases with specific reference to a blood-borne virus testing pilot between Public Health Wales and Probation. Those with a clearer understanding of this area (four comments), emphasised the need for individualised and respectful support for those with communicable diseases. One respondent commented:

> 'Although we have supported males with some communicable diseases, we don't mention this, as it is about the client and not the disease, it's about the client being respected and treated with the respect they deserve.'

Whilst another said:

> 'We would carry out an organisational assessment to make sure that we can continue to support the individual in the best way to meet their needs and protecting staff at the same time.'

7 Discussion, Conclusion and Recommendations

7.1 Discussion

Introduction and definitions

This report is based on a mixed-methods exploratory research study involving desktop research and a survey with service providers, and considered what is known about the 'criminal justice' inclusion health population group (including demographics, relevant services, policies, health needs and barriers). The population group primarily concerns 'people on probation' in Wales, which includes those supervised by probation on community sentences, as well as those subject to pre-release and post release custodial sentences. The term 'offender' is seen as an 'unhelpful label' but remains in use within certain contexts (HMPPS, 2021, p.4) and the phrase or keyword 'offender health' is typically found within research and practice. This discussion reflects on the research findings together to understand the strengths, weaknesses, and gaps in the current system to support the communicable disease inclusion health programme in Wales.

'Engagement isn't great': Challenges in health and justice research and practice in Wales

This study builds on an emerging body of Wales health and justice research and data (Irwin & Whitear 2020; Jones, 2020; Jones, 2022; Perrett et al, 2020; Williams & Perrett, 2023) and contributes to a current research programme on inclusion health, including work to understand health needs in HMPPS approved premises in Wales. There are gaps in the Wales level criminal justice population data but there are efforts to develop an understanding of the profile of people on probation and Welsh prisoners (Jones and Wyn Jones, 2022). A particular challenge is presented given the non-devolved position of justice, whilst people on

probation are supported by devolved agencies (Welsh Government 2019; Jones and Wyn Jones, 2022). This results in a complex policy landscape which impacts on the population group. This also extends to practice where criminal justice practitioners lack healthcare knowledge (see *barriers* overleaf) and the system faces continual high demand, with one survey respondent acknowledging ‘engagement from health isn’t great’. It has been suggested that ‘there is an inherent conflict in focussing on health in the criminal justice system, as healthcare delivery is not its main purpose’ (Rennie et al, 2009, p.6). People on probation, with substance misuse issues, and ‘high rates of physical and psychiatric morbidity’ are particularly marginalised and ‘underserved by traditional health services’ (Crowley et al, 2019, p.6). This is despite people with offending histories considering that there is ‘a strong association’ between their health and their involvement in offending behaviour (Lees et al, 2013). However, the Covid 19 pandemic has shone a light on the need to do more to improve health care for this population group as well as their families and community (Pact, 2023). Despite the challenges, there are developments in health and justice partnership working in Wales (HMPPS 2022a).

‘We could be here all day’: Health needs of people on probation and wider determinants of health

The health of those subject to probation or prison sentences is thought to be worse than the general population (Brooker et al, 2020; Cumming, 2020; Williams & Perrett, 2023) and a factor in whether people go on to reoffend (Social Exclusion Unit, 2002). Supporting conclusions of Williams & Perrett (2023), this study found much of the research in this area is focussed on mental health issues and prisoner health. The latter remains an important area of research, not least because Wales has the highest imprisonment rate in Western Europe (Jones, 2018). There are specific challenges around the prison population, including disparities for minority groups and an aging population. The Independent Advisory Panel on Deaths in Custody in collaboration with The Royal College of Nursing found a rapid rise in natural deaths in prison, which was not simply about the aging population but broader intersectional matters such as the black Asian and ethnic minority population, women, but also prison healthcare challenges (Shaw et al, 2020). Therefore, whilst this research responds to ‘inclusion health,’ concepts of intersectionality and health equity can be useful in health research (Kelly et al, 2022) as well as considering wider determinants of health. Survey respondents acknowledged the multiple social needs of people on probation, with one commenting that ‘we could be here all day’ in listing needs. Wider determinants of health such as unemployment and accommodation are key known needs (HMPPS, 2022) and survey respondents also considered financial challenges and social isolation were particular issues.

However, there is a lack of research and understanding of health issues for those under community supervision. In some areas (for example, substance misuse and probation) research is dated (Sirdifield, 2020). Williams & Perrett (2023) also recognised gaps within the research and found within their study that ‘people on probation are likely to have poorer self-reported health than that of the general population, a higher prevalence of unhealthy behaviours, and lower accessing of health services.’ Building on their work, this study involved a survey of key respondents who identified common health needs as mental health and substance misuse related. In addition, depression, stress and anxiety were most commonly cited mental health concerns. This is consistent with the literature concerning people on probation (Hatfield, 2004; Brooker et al, 2008; Brooker et al, 2020). Indeed,

survey respondents and the literature review considered together, suggest that mental health, chronic diseases, substance misuse and relatedly, communicable diseases are the most common specific health needs of people on probation. A substantial proportion have overlaps in health needs, including dual diagnosis, as well as overlaps with other inclusion health groups. Mental health was a reoccurring theme throughout the research. However, it is possible that the scale of physical health issues did not emerge, given for example, the lack of formal assessment by service providers, other barriers to reporting such issues (as noted below), as well as a potential lack of research/policy focus.

Service provision for this group: A gap in broad health-related support

The key agency that works with the population group is HMPPS in Wales. They also commission and co-commission services which the majority relate to health, (particularly mental health and emotional well-being) and substance misuse. Whilst it is a strength that HMPPS are commissioning health-related services, many of these are targeted to certain cohorts within the probation caseload. A broader set of services for adults (and young adults) were mapped (140 in total), primarily consisting of voluntary sector organisations, who provide needs-related services to people on probation, prison leavers, those in conflict with the criminal justice system in Wales. There was a good geographical spread of services. The services provided primarily relate to general support, employment and housing and to a lesser extent substance misuse and health. When also considering the commissioned services, there is a gap in providing health-related dedicated support for the population group. This may be particularly important given it is suggested people on probation have a 'lower uptake of proactive early intervention services and greater use of reactive services at crisis points' (Williams & Perrett, 2023, p.33). However, the survey respondent group (51 in total) contained a higher proportion of organisations supporting health of people on probation. 86% of respondents indicated that their service identifies and/or assess health needs or issues and 41% provide health-related services or clinics either directly or through a partnership/commissioned service. Collaborative examples include blood-borne virus testing, enhanced GP services and neurodiversity support. It is suggested integrated approaches can provide a more holistic response for supporting health needs of people on probation (Annison et al, 2019). For example, there are benefits of more integrated screening for this population group (Story et al, 2020). There is more to do to understand the service provision of health support, as well as developing health literacy and reducing barriers to encourage service access (Williams et al, 2022).

'They fear they will be judged': Barriers to healthcare and reporting communicable diseases

The literature indicates that a high level of barriers exist in terms of access to health care for the population group. When considering the literature review and survey together, the findings reflect the broad themes of 'managing the process' (including communication), 'staffing' (including training), and 'range and quality of service' as found by Patel et al (2018). The literature emphasises barriers within prison (as well as transfers and release). This includes - communication, information sharing and joint-working; a lack of specialist response, including screening and support offered; and lack of specialist staff training, knowledge and skills. Barriers around communication and information sharing are also known issues within the community (Parkes et al, 2012). Furthermore, the barriers described by survey respondents maybe more reflective of their position within the community.

According to half of the survey respondents, the highest barrier to accessing health is 'service waiting lists,' whilst 44% saw 'absence of services / service availability' and 38% saw 'mistrust of professionals' as top barriers. Whilst service pressures are unsurprising, the acknowledgement by over a third of respondents that 'mistrust' acts as a barrier is significant. As one respondent says people on probation are 'less likely to access services due to…fear they will be judged' and another had observed individuals being 'discriminated against because of their issues with substance misuse and offending.' Stigma and fear have been found to be barriers in accessing health checks in prison settings (Williams et al, 2022). When considering inclusion health populations, reducing barriers of stigma, such as through staff training is important (Luchenski et al, 2018). As identified through the survey, there is a gap in staff awareness around communicable disease. Only a quarter of respondents said their service has a policy or process to detect or support the management of communicable diseases and whilst 63% had an understanding or developing understanding of communicable diseases, this needs further consideration given the limits of the survey.

7.2 Concluding remarks

This report has considered what is known about people on probation in Wales through the lens of inclusion health. Health inequalities exist for this population group as a result of complex multiple and overlapping factors, including health issues (in particular mental health), substance misuse, offending behaviour, social and economic circumstances and exacerbated by barriers to accessing healthcare. Social isolation and stigma are particular issues. There are efforts to develop research, policy and practice in the area of health and justice in Wales and there is more to do to extend this further to provide specialist responses and achieve better outcomes for people on probation.

7.3 Recommendations

Based on the findings within this report, the following recommendations are made:

1. Deepen understandings of the probation caseload in Wales – their demographics, health needs and wider determinants of health – through research and practice, including screening and assessment.
2. Explore opportunities to investigate how people on probation use health services, gaps in provision of health-related support, and barriers to healthcare access, particularly around preventative services.
3. Explore opportunities for services to collaborate in terms of professional training and development to reduce barriers (including stigma) and increase information sharing, health promotion and signposting.
4. Pilot and evaluate integrated models of health service delivery including outcome and impact assessments, to enable wider learning.

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Appendices

Appendix 1a - Service survey outline / questions:

Which type of sector do you work for?

Statutory / Voluntary or Not for Profit / Private / Other

What is the name of specific organisation or service you work for?

Please describe the core aspects of your service provision

What is the eligibility criteria?

What is the referral process? (Select as many as applicable)

Statutory referral / Non statutory referral / self referral/ open access / other

How are the services provided ?

Remote (Online) / Remote (Telephone) / In person (Service provider premises) / In person (At home) / In person (Community Hub or similar)

How frequently do people engage with your service? (Select all that apply)

Daily / Weekly / Monthly/ Quarterly / Twice per year / Annually/ On an adhoc basis / Depends on individual need or treatment plan

Which local authority/authorities do you cover? (Please tick all that apply)

Does the service identify and/or assess health needs or issues?
Yes / No / Unsure

Please provide any comments in relation to how your service identifies and/or assesses health needs or issues

Does the service provide any health related services or clinics?
Yes - directly provides health related services
Yes - health services provided through partnership or commissioning
No
Unsure

If you answered Yes to question 12, what sort of health related services or clinics are provided?

What are common physical health needs identified or reported by service users?

What are common mental health needs identified or reported by service users?

What are the main identified needs of the service user group? (Select all that apply)

Accommodation / Education and Training / Employment / Financial Issues / lack of basic needs (food, clothing etc)) / Relationship Issues / Substance Misuse / Physical health / Mental health / Social isolation / lack of social networks / digital literacy skills / lack of digital access / other

Please provide any further comments in relation to the wider needs of the service users

What are the three main barriers to accessing services for your service user group?

Absence of services / service availability / lack of information about services available / Not registered with a GP / Service waiting lists / the cost of a service / the location / distance of a service / lack of transport / the service is online only / the service is not available online / access for physical disabilities / concerns around discrimination / problematic opening hours; the lack of available female staff / a lack of childcare / Lack of adaptations for neurodiversity mistrust of professionals / language needs / Lack of specialist knowledge of population group (e.g. working with those who have offended) / Lack of advocate or support worker to support access/attendance

Does the service have a policy and/or process to detect or support the management of communicable diseases? (*Communicable diseases include HIV/AIDS, tuberculosis (TB), malaria, viral hepatitis, sexually transmitted infections and neglected tropical diseases*)

Yes / No / Unsure

Please share any comments, if any, on your experiences of supporting those with communicable diseases

Finally, do you have any further comments in relation to health service provision or the particular needs of your service users? (e.g., examples of best practice, issues around quality or safety of services, issues around policy or professional guidance)

Appendix 1b - List of organisations responding to the survey

1. 3SC
2. Adferiad recovery
3. Barnardo's (in partnership with Children's services)
4. Cardiff Mind Ltd
5. Cardiff City Foundation
6. Careers Wales (Working Wales contract)
7. Cornerstone C.I.C
8. Crest Co-operative
9. Crimestoppers
10. Cwm Taf Morgannwg UHB
11. Egino Emerging
12. False Allegations Support Organisation
13. G4S
14. Gwent police force
15. HM Prison and Probation Service
16. Kaleidoscope
17. Llamau
18. Maximus
19. New Pathways
20. Neath Port Talbot Youth Justice and Early Intervention Service
21. NHS
22. PACT mentoring ex-offenders
23. Rhondda Hub for Veterans CIO
24. Safer Wales
25. St Giles Trust
26. Stop It Now! Wales
27. Swansea Bay University Health Board
28. The BOSS Project (The Wallich)
29. The Forward Trust
30. The Salvation Army
31. The Wallich
32. Trussell Trust
33. USW
34. Victim Support (Wales Hate Support Centre)

Appendix 1c – Survey findings – type of service provision

Service Type	Number of responses
General offender support / reducing reoffending	20
Mental health / well-being	13
Housing / Homelessness	11
Employment & Training	11
Public protection / Risk Management	9
Victim support	8
Finance, debt, poverty (inc Foodbank)	7
Safeguarding / family support / care leavers	7
Drug & Alcohol	6
Inequalities /cohesion / social justice	6

Appendix 1d – Survey findings – location of service provision

Local Authority	Number of service providers covering the area
Swansea	29
Neath Port Talbot	28
Cardiff	27
Bridgend	25
Merthyr Tydfil	25
Newport	23
Caerphilly	23
Vale of Glamorgan	22
Monmouthshire	22
Rhondda Cynon Taff	21
Denbighshire	20
Blaenau Gwent	20
Torfaen	19
Conwy	18

Ceredigion	18
Pembrokeshire	18
Carmarthenshire	18
Wrexham	17
Flintshire	17
Powys	17
Isle of Anglesey	17
Gwynedd	16

Appendix 1e – Survey findings – common physical health needs

Identified physical health needs	**Number of responses**
Mental health related	14
Substance misuse related conditions inc. liver disease, injection wounds, self-medication	14
Asthma / respiratory	7
Mobility	6
Communicable diseases, BBV/hepatitis /STIs	6
Malnourishment / eating disorder / obesity	5
Chronic fatigue / sleep issues	4
Brain injury / epilepsy/ seizures	4
Pain / Muscular / headaches	4
Heart / Cardiopulmonary / high blood pressure	3
Gynae / female sexual health	3
Dental issues	3
Diabetes	3
Arthritis	2
Age related	1
skin conditions	1

Appendix 1f Survey findings – common mental health needs

Identified Mental Health needs	**Number of Responses**
Depression	36
Anxiety, panic, stress	25
PTSD	13
Self injury/harm / suicidal thoughts	11
Neurodivergent & learning needs	11
Psychosis, schizophrenia, bipolar	10
ACEs / trauma related / loss	10

Personality disorder	9
Low confidence & self esteem	8
Drug related	7
Anger, aggression, violent & challenging behaviours	5
Social exclusion, isolation, relationships issues	5
Obsessive behaviours	5
Eating disorder	4
Lack of medication	2
Dementia	1
Gynaelogical (PND, Menopause related)	1

Appendix 1g Survey findings – barriers to healthcare access

Main barriers to accessing health services	Number of responses
Service waiting lists	24
Absence of services / service availability	21
Mistrust of professionals	18
Not registered with GP	16
Lack of information about services available	16
The location / distance of a service /lack of transport	12
Concerns around discrimination	11
Lack of specialist knowledge of population group (e.g. working with those who have offended)	10
Lack of advocate or support worker to support access/attendance	7
Lack of adaptations for neurodiversity	4
Problematic opening hours	2
Language needs	2
Cost of a service	2
Accessibility for physical disabilities	1
Lack of childcare	1
The service is not available online	0

The service is online only	0
Lack of available female staff	0

Appendix 2a – Literature review analysis – health needs

'Offender Health' condition	Number of articles
Substance misuse and related conditions	73
Communicable diseases	40
Self-injury & harm, suicidal	30
Psychosis, schizophrenia, bipolar	28
Chronic disease or disability	24
Personality disorder	22
Anxiety, panic, stress	19
Depression	19
Asthma, respiratory	15
Neurodivergent & learning needs	13
Heart (cardiopulmonary, cardiovascular, blood pressure)	12
Trauma related (PTSD, ACEs, loss)	10
Musculoskeletal, Pain, headaches	8
Brain injury, epilepsy, seizures	8
Diabetes, endocrine	8
Gynaecological, female sexual health	8
Sleep issues	6
Eating or nutritional issues	6
Cancer	6
Age related	6
Dementia	4
Social exclusion, isolation, relationship issues	3
Anger, aggression, violent & challenging behaviours	3
Skin conditions	1
Hearing issues	1
Vision loss	1
Influenza	1
Dental issues	1

Appendix 2b - Literature review analysis – barriers to healthcare

Barriers to health	**No of articles**
(Lack of) communication & joint working (including & information sharing, and continuity of care/support)	48

(Lack of) specialist response - including screening, support & mentoring	44
Prison as barrier	44
(Lack of) specialist staff skills & training	40
Lack (or poor management) of resources & services	37
Access to health & treatment issues (including waiting lists, eligibility issues)	32
Short sentences, release, and transfer issues	29
Stigma, discrimination, cultural sensitivities	26
CJS & health policy, commissioning, research & practice	26
Health literacy issues	24
Mistrust, fear, and confidentiality concerns	21
Intersectionality	14
Offender lifestyle, waiting until crisis point, poor engagement	14
Staff views, culture & prison culture	13
Cost of treatment	11
Prison as enabler	7
Structural issues, social needs, lack of social justice	6