

# **A health needs assessment of offenders in the community**

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## **Derbyshire County and Derby City**

### **APPENDICES**

*April 2018*

*Rosie Cooper (Public Health Specialty Registrar)*

## 8.0 Appendices

### Appendix 1: Derbyshire Offender Survey

#### Derbyshire Offender Services Health Needs Assessment Questionnaire

This project is funded by Derbyshire County Council. The aim is to examine the health care needs of a probation population and examine the extent to which they are addressing their healthcare needs and accessing services. The objectives have been approved by the Reducing Offending/Re-offending and Offender Health Board. Results of this will be printed in publications produced by Derbyshire County Council but all you will not be able to be identified or traced back from your responses. Derbyshire County Council is doing a project to find out more about the health of offenders in Derbyshire. The questions asked will allow services to improve the help in which services offenders can receive. The questionnaire will remain anonymous. The information you provide may be reflected in a report produced by Derbyshire County Council but it will not be possible to trace responses back to you. The responses you give will not have any impact on services you receive or requirements of your sentence. If you don't want to answer a question or want to leave some out then please do so. If you would like somebody to help you with filling out this questionnaire please ask your caseworker.

#### DERBYSHIRE OFFENDER SERVICES HEALTH NEEDS ASSESSMENT QUESTIONNAIRE CONSENT FORM

The Health Needs Assessment looks at the health needs of young people coming into contact with Derbyshire Offender Services and examines health services currently in place with a view to improving support to people.

I agree to participate in this project, whose conditions area as follows:

The project is aimed at assessing the health needs of people coming into contact with Derbyshire Offender Services in order to improve the health support provided. For this purpose questionnaires will be carried out with people. I understand:

The questionnaire will take no more than 30 minutes and will cover aspects of health and health problems encountered in the Offender population.

The responses I give and the information provided will be used solely for the purpose of the health needs assessment.

At any time I can refuse to answer any questions without consequence to myself. All questionnaire data will be handled so as to protect the providers confidentiality. Therefore, no name will be mentioned in the report and the information will be coded.

All data will be destroyed at the end of the project.

For further information about the project, I can contact Call Derbyshire (Derbyshire County Council) on 01629 533190

Participant's Name: \_\_\_\_\_

Participant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Derbyshire Offender Services Health Needs Assessment of offenders in the community: Survey

The following questions ask for your views about your health and how you feel about life in general. If you are unsure about how to answer any question, try and think about your overall health and give the best answer you can. Do not spend too much time answering, as your immediate response is likely to be the most accurate.



We will treat all information that you give in the strictest confidence. Your identity will never be revealed.

### A bit about you

URN:

- Q1 Are you: ☐ Male ☐ Female
- Q2 What was your age at your last birthday?
- Q3 Where are you currently living? Please provide the town, village or 1st part of postcode (for example DE4) only. Please do not provide street names or full postcodes.
- Q4 Do you consider yourself disabled? ☐ Yes ☐ No
- Q5 How would you describe your ethnic origin? (Please select one box only)
- |  |  |
|--|--|
| <input type="checkbox"/> White               | <input type="checkbox"/> Black/Black British |
| <input type="checkbox"/> Mixed               | <input type="checkbox"/> Chinese             |
| <input type="checkbox"/> Asian/Asian British | <input type="checkbox"/> Other               |
- If 'Other', please specify:
- Q6 As part of your sentence are you subject to any Community Order Treatment Requirements? (Please select all the apply)
- |  |  |
|--|--|
| <input type="checkbox"/> None                          | <input type="checkbox"/> Drug Rehabilitation Requirement |
| <input type="checkbox"/> Mental Health Treatment       | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Alcohol Treatment Requirement |  |
- If 'Other', please specify:

### General Health

- Q7 In general, would you say your health is: (Please select one box only)
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Excellent                | Very good                | Good                     | Fair                     | Poor                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Q8 Compared to 3 months ago, how would you rate your health now? (Please select one box only)
- |                               |                                |                          |                               |                              |
|-------------------------------|--------------------------------|--------------------------|-------------------------------|------------------------------|
| Much better than 3 months ago | A bit better than 3 months ago | About the same           | A bit worse than 3 months ago | Much worse than 3 months ago |
| <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>     |

Q9 Please select all the health problems that you have:

- |  |  |
|--|--|
| <input type="checkbox"/> None                | <input type="checkbox"/> Arthritis                                     |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Back pain                                     |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Chronic pain                                  |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Mobility problems                             |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Lung Disease                                  |
| <input type="checkbox"/> Mental illness      | <input type="checkbox"/> Heart disease (including high blood pressure) |
| <input type="checkbox"/> Other               |  |

If 'Other', please specify:

Q10 Have you ever been told by a doctor or nurse that you have had a sexually transmitted disease (STI) such as gonorrhea or chlamydia?

- ☐ Yes ☐ No ☐ Don't know

Q11 Have you ever been told you have had: (Please select all that apply)

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> None of these | <input type="checkbox"/> HIV or Aids  |
| <input type="checkbox"/> Hepatitis A   | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Hepatitis B   | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> Hepatitis C   |                                       |

## Mental Health

Q12 Have you ever seen a GP or mental health service about your mental health?

- ☐ Yes ☐ No

Q13 Have you ever been told by a doctor or nurse that you have any of these mental illnesses? (Please select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> None          | <input type="checkbox"/> Bipolar disorder               |
| <input type="checkbox"/> Depression    | <input type="checkbox"/> Personality disorder           |
| <input type="checkbox"/> Anxiety       | <input type="checkbox"/> Post traumatic stress disorder |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Other                          |

If 'Other', please specify:

Q14 Have you ever thought about harming or hurting yourself?

☐ Yes

☐ No

Q15 Do you ever harm yourself?

☐ Yes

☐ No

Q16 Have you ever thought about killing yourself, or tried to kill yourself?

☐ Yes

☐ No

## Lifestyles

### Smoking

Q17 Do you smoke cigarettes or tobacco?

☐ Yes Please go to Q18

☐ No Please go to Q21

Q18 If you have answered 'Yes', how many cigarettes do you usually smoke in a day? (Please select one box only)

☐ Less than 5

☐ 5-10

☐ 11-20

☐ 21-30

☐ More than 30

Q19 Have you ever tried to stop?

☐ Yes Please go to Q20

☐ No Please go to Q21

Q20 If you have answered 'Yes', when did you last try to stop smoking? (Please select one box only)

Currently trying to stop  
☐

Within the last month  
☐

Within the last year  
☐

More than a year ago  
☐

### Healthy Eating

Q21 How many portions of fruit or vegetable do you eat on a normal day?

☐ None

☐ 1-2

☐ 3-4

☐ 5 or more

### Keeping Fit

Q22 How many days a week do you do 30 mins of exercise that makes you short of breath? (for example cycling, running or fast walking)

None  
☐

1 or 2 days per week  
☐

3 or 4 days per week  
☐

5 or more days per week  
☐



## Alcohol

Q23 How many days a week do you usually have a drink containing alcohol?

I don't drink alcohol	I only drink alcohol occasionally	1 or 2 days a week	3 to 6 days a week	Everyday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 On days that you drink, how many drinks containing alcohol do you have normally have?

<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-9	<input type="checkbox"/> 10 or more
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Q25 Have you ever asked for help to reduce your drinking?

<input type="checkbox"/> Yes Please go to Q26	<input type="checkbox"/> No Please go to Q27
---	--

Q26 If you have answered 'Yes', when did you last ask for help?

Currently receiving help	Within the last month	Within the last year	More than a year ago
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Drugs

Q27 Have you ever taken illegal drugs?

<input type="checkbox"/> Yes Please go to Q28	<input type="checkbox"/> No Please go to Q31
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Q28 If 'Yes', when was the last time you used these substances:

	Within the last week	Within the last month	Within the last year	Over a year ago
Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic Mushroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solvents/gas/aerosols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novel psychoactive substance ( such as Spice or Black Mamba)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'Other drugs', please specify:

**Q29 Have you ever asked for help to stop using drugs?**

☐ Yes Please go to Q30

☐ No Please go to Q31

**Q30 If you have answered 'Yes', when did you ask for help?**

Currently  
receiving help

☐

Within the last  
month

☐

Within the last  
year

☐

More than a year  
ago

☐

## Access to Services

There are a number of health checks available through the NHS that identify people who may have very early stages of disease. Many of these are offered at GP practices.

**Q31 Have you had a bowel cancer screening test?**

☐ Yes

☐ No

☐ Don't know

☐ Not applicable

(The NHS Bowel Cancer screening programme is for men and women aged between 60 and 74 years. You get sent a kit to your home, and have to take small samples of poo on separate days before sending the kit back)

**Q32 Have you had a cervical cancer screening test?**

☐ Yes

☐ No

☐ Don't know

☐ Not applicable

(The NHS Cervical Cancer screening programme is for women aged between 25 and 64 years. You are invited to your GP practice where a nurse will take a sample of cells from your cervix)

**Q33 Have you had a breast cancer screening test?**

☐ Yes

☐ No

☐ Don't know

☐ Not applicable

(The NHS Breast cancer screening programme is for women aged between 50 and 70 years. You are invited to attend a screening centre where an x-ray of your breasts is taken)

**Q34 Have you had an NHS Health Check?**

☐ Yes

☐ No

☐ Don't know

☐ Not applicable

(The NHS Health Check programme is for men and women aged between 40 and 74 years and is designed to spot early signs of diseases such as diabetes and heart disease. You are asked questions about your lifestyle, have your height and weight measured and also have a blood test. This will normally take place in a GP practice.)

Q35 Are you registered with a GP Practice?

☐ Yes

☐ No

Q36 When was the last time you visited a GP practice? (Please select one box only)

Within the  
last week

☐

Within the  
last month

☐

Within the  
last 6  
months

☐

Longer than  
6 months

☐

Never been

☐

Q37 Are you registered with a dentist?

☐ Yes

☐ No

Q38 When was the last time you visited a dentist? (Please select one box only)

Within the  
last week

☐

Within the  
last month

☐

Within the  
last 6  
months

☐

Longer than  
6 months

☐

Never been

☐

Q39 Do you know about the free 111 NHS telephone service you can call for help and information about your health?

☐ Yes Please go to Q40

☐ No Please go to Q41

Q40 If 'Yes', when was the last time you called the 111 service to ask for health advice? (Please select one box only)

Within the  
last week

☐

Within the  
last month

☐

Within the  
last 6  
months

☐

Longer than  
6 months  
ago

☐

Never called  
111

☐

Q41 When was the last time you went to an Accident and Emergency Department (A&E) at a hospital? (Please select one box only)

Within the  
last week

☐

Within the  
last month

☐

Within the  
last 6  
months

☐

Longer than  
6 months  
ago

☐

Never been  
to A&E

☐



Q42 Have you had any problems in getting help from any health services?

☐ Yes

☐ No

If 'Yes', please explain what the problems were:

Q43 Are there any other comments you would like to make about your health or health services?

**Thank you for your time in completing this questionnaire. If you wish to discuss anything from this questionnaire please speak to your caseworker.**

Please place the completed survey in an envelope and forward to Yvonne Musk, Derbyshire County Council, County Hall, Smedley Street, Matlock, Derbyshire, DE4 3AG.



### Health Needs Assessment of offenders in the community: Interview

#### Instructions for interviewer:

Prior to starting the interview, please ensure that the interviewee has read and understood the information on the consent form, and both the interviewer and interviewee have signed the consent form. The consent form should be retained in their client records.

When the interview has started, please work your way through the questions and record responses in the boxes under each question. There are prompts provided for some questions – these are to help you understand the context for the question and don't need to be read to the interviewee.

Answers do not need to be recorded word-for-word, but please ensure that the general themes of the answers are recorded. If the box is not large enough to record all information given, please continue on an additional sheet of paper, clearly numbering the additional information with the question number that it relates to.

If the interviewee does not want to answer any questions, please record "interviewee did not want to provide this information".

We estimate that the interview will take approximately 30 minutes to complete.

When the interview is complete, please put the completed form in the envelope provided and seal it in front of the interviewee. Completed interviews should be sent to Yvonne Musk, Public Health, Derbyshire County Council, County Hall, Smedley Street, Matlock, Derbyshire DE4 3AG.

## HEALTH NEEDS ASSESSMENT OF OFFENDERS IN THE COMMUNITY: INTERVIEW CONSENT FORM

**Please ensure that the interviewee has read (or been read) this information sheet, and that both the interviewee and interviewer have signed the consent form prior to the interview starting**

Thank you for agreeing to take part in this interview.

The Public Health team at Derbyshire County Council would like to know more about the health of offenders in Derbyshire. To do this they are completing a project called a Health Needs Assessment. By taking part in this interview, you will provide information that will help to improve the health of offenders in the community in Derbyshire County and Derby City.

The interview is anonymous, and no one apart from your interviewer will know what answers you have given. The responses from all the interviews will be included in a report produced by Derbyshire County Council but it will not be possible to trace responses back to you. Derbyshire County Council staff will not know the names of people that have been interviewed. The completed interviews will be destroyed at the end of the project.

The answers you provide will only be used for the Health Needs Assessment. The interview is completely separate to the services you receive from either the NHS or offender services. The responses you give will not change the services you receive or the requirements of your sentence.

If you don't want to answer a question then please say so. If you have any particular concerns about your health, or about any health services, please talk to your caseworker.

If you have any questions about the interview please contact Derbyshire County Council on 01629 XXXXX.

I agree to take part in the interview-

Participant's Name:

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Interviewer's Name:

---

Participant's signature:

---

Interviewer's signature:

---

Date:

---

Date:

---

**Please retain the consent form in the client's records.**



## Health Needs Assessment of offenders in the community: Interview

The following questions ask for your views about your health and how you feel about life in general. If you are unsure about how to answer any question, try and think about your overall health and give the best answer you can. Do not spend too much time answering, as your immediate response is likely to be the most accurate.



We will treat all information that you give in the strictest confidence. Your identity will never be revealed.

Name of Interviewer:

Organisation interviewer works for:

☐

Derby City YOS

☐

CRC

☐

Derbyshire County YOS

☐

NPS

### Interview of offenders

Has the consent form been signed?

☐

Yes

☐

No

The first questions ask for some information about you:

Q1 Are you:

☐

Male

☐

Female

Q2 What is your age:

☐

Under 18

☐

18-29

☐

30-39

☐

40-49

☐

50-59

☐

60+

Q3 Where are you currently living? Please provide the town, village or 1st part of postcode (for example DE4) only. Please do not provide street names or full postcodes.



Q4 A disabled person is someone who has a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities. Do you consider yourself disabled?

☐ Yes

☐ No

Q5 How would you describe your ethnic group? (Please select one box only)

White

☐ White

☐ Mixed

☐ Asian or Asian British

If 'Other' please specify:

☐ Black/Black British

☐ Chinese

☐ Other

Q6 As part of your sentence, are you subject to any treatment requirements?

☐ None

☐ Mental Health Treatment

☐ Alcohol Treatment Requirement

☐ Drug Rehabilitation Requirement

☐ Other

If 'Other', please specify:

The next questions are about your health in general, and any health problems you may have.

Q7 How would you describe your health today? (please select one option only)

☐ Very poor

☐ Poor

☐ Fair

☐ Good

☐ Very Good

Q8 Does your Health vary day to day? ☐ Yes

☐ No

Q8a How would you normally rate your health? (please select one option only)

☐ Very poor

☐ Poor

☐ Fair

☐ Good

☐ Very Good

**Q8b** Has your health changed in the last 3 months?, if yes has it got better or worse and what are the reasons for this?

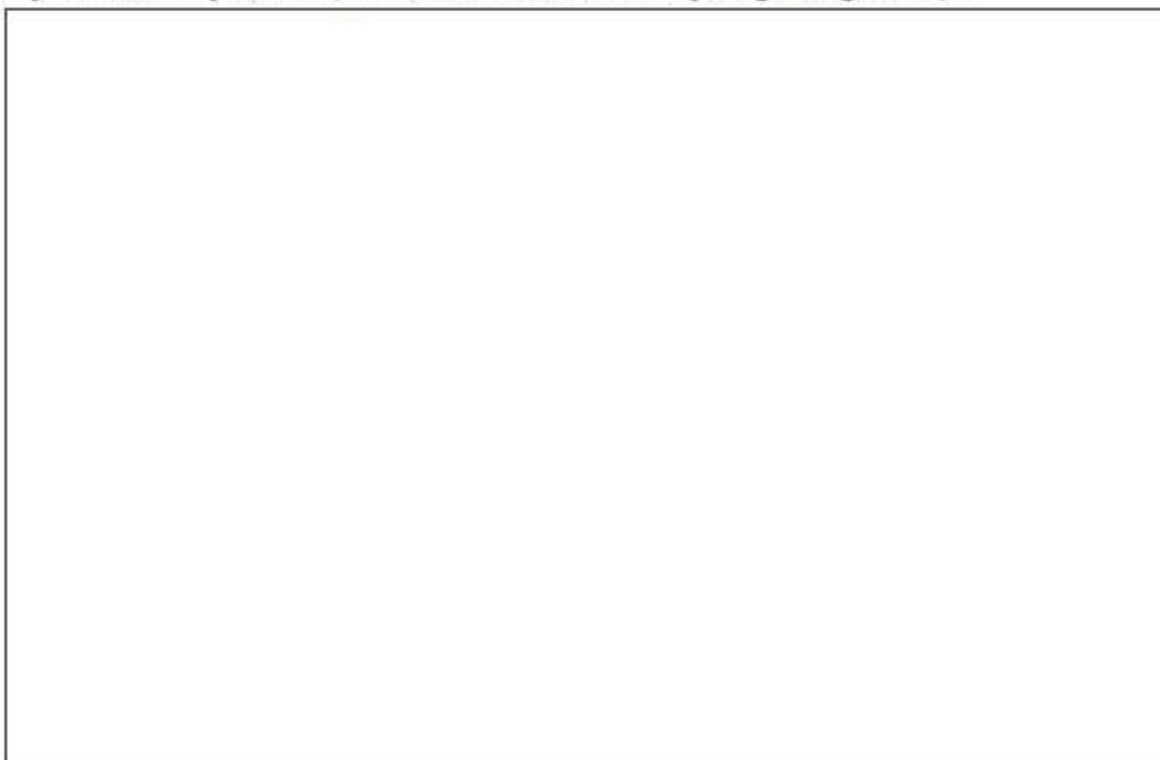
**Q9** Do you have any health problems? (if yes, please list them)

**Q10 Does your health affect you doing any activities?** (such as getting around, looking after yourself, working leisure activities)

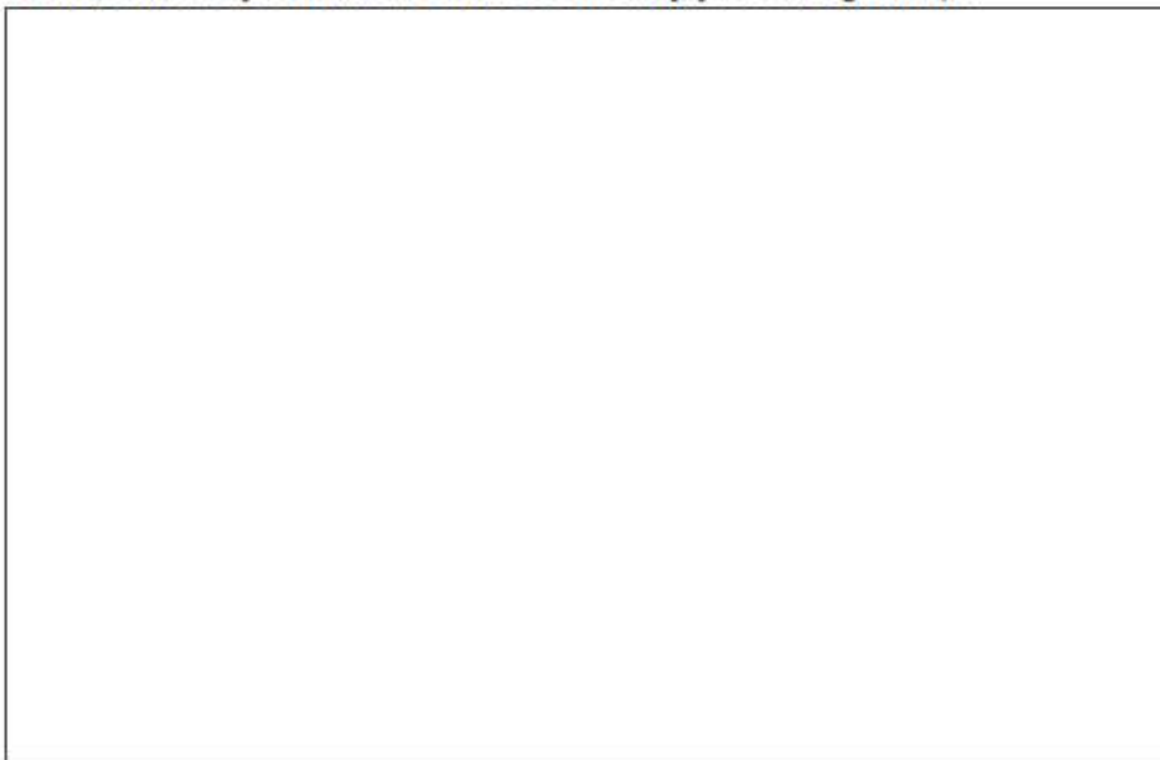
**Q11 If you have health problems, which ones cause you the most concern?**

**The next questions are about whether you can get the help you need from health services when you need it.**

**Q12 If you have any health problems, where would you go to get help?**



**Q13 Are you able to get help for all the health problems that you have?  
- If not, what do you think are the reasons why you can't get help?**





- Q14** Are there any health problems that you may be more reluctant to ask for help about?  
- If yes, what are they?

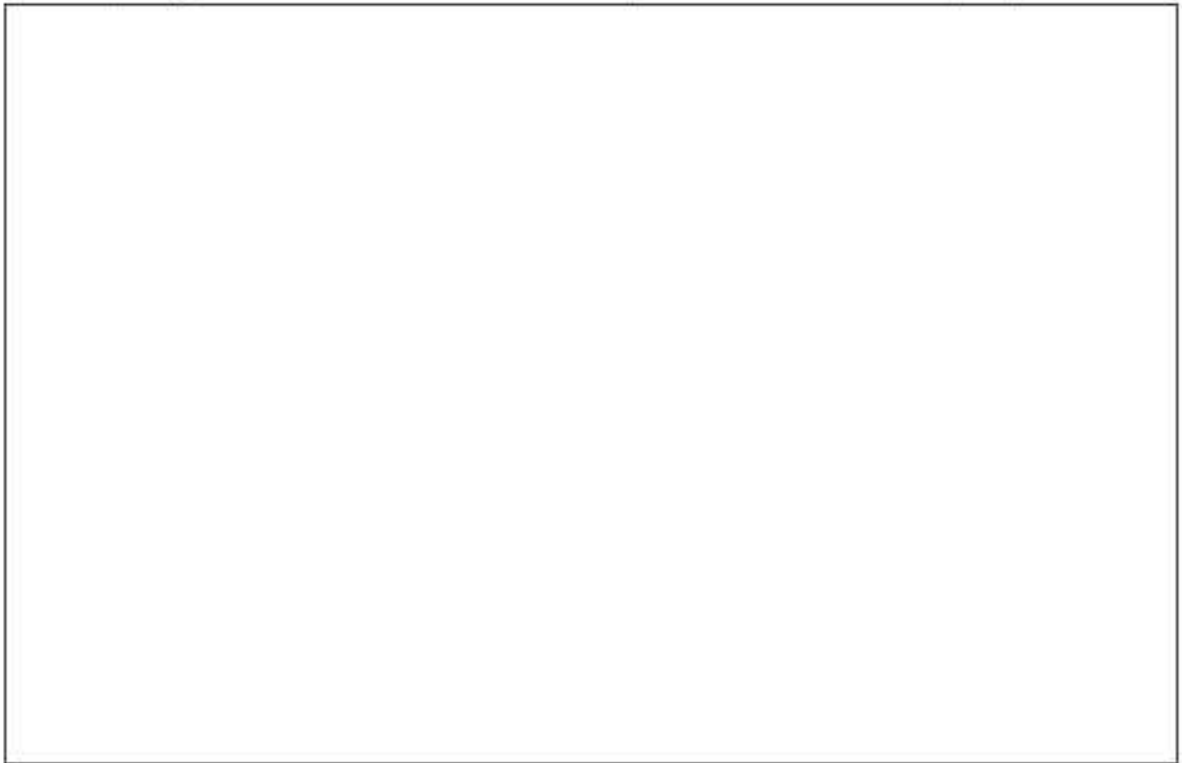
- Q15** What are the reasons that stop you seeking help for this problem? (this could include concerns about confidentiality, poor experiences in the past, embarrassment, not being aware of services or wider issues such as being homeless or not being able to access because of work)

- Q16** Are there any health services that you have found difficult to access?  
- If yes, what services and why were they difficult to access?

- Q17** How do you think access to these services could be improved?

**The next questions are about your experiences of the health services that you use.**

**Q18** What health services do you regularly use in the community? (such as GPs, dentists, drug and alcohol treatment services, mental health services, etc)



**Q19** What do you think is good about these services?



Q20 How could these services be improved?

Q21 Do you feel that access to health services has changed since you received your sentence? (For example has access to any services been made easier or worse)  
- If yes, what do you think are the reasons for this?



## Health care on release from prison

The next questions are for people who have been in prison.

Q22 If the interviewee has not been in prison please tick here: ☐

Q23 If you have been in prison, when were you released?

Q24 On your immediate release were all your health needs met?  
- If not, what was a problem for you? (for example, did you have any problems with medication, or were there any problems with continuing treatment in the community for any health problem)

Q25 Was there anything that worked particularly well on release?

Q26 Are there any other comments you would like to make about your health or health services?

**Thank you for your time in completing this interview.**

Please put the completed form in the envelope provided and seal it in front of the interviewee. Completed interviews should be sent to Yvonne Musk, Public Health, Derbyshire County Council, County Hall, Smedley Street, Matlock, Derbyshire DE4 3AG

## Appendix 3: Professionals Survey



### Professionals working within criminal justice and health settings

The Public Health team at Derbyshire County Council would like to know more about the health of offenders in Derbyshire, and to do this they are completing a Health Needs Assessment. As part of this work, we would like staff who work with offenders in the community to provide their views by completing this online survey. The survey should take approximately 15-20 minutes to complete.

The survey is anonymous, and no one will know what answers you have given. The responses from all the surveys will be included in a report produced by Derbyshire County Council but it will not be possible to trace responses back to you.

If you have any questions about the survey or the Health Needs Assessment please contact Yvonne Musk, Public Health, Derbyshire County Council:  
yvonne.musk@derbyshire.gov.uk.



We will treat all information that you give in the strictest confidence. Your identity will never be revealed.

Q1 What organisation do you work for? (Please select one option only)

- ☐ D, L, and R Community Rehabilitation Company
- ☐ National Probation Service
- ☐ Youth Offending Service - Derby City
- ☐ Youth Offending Service - Derbyshire County
- ☐ Health Services
- ☐ Other

If 'Health Services', please state:

If 'Other', please state:

Q2 Which areas in Derbyshire does your role cover? (Please select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Derby City       | <input type="checkbox"/> Erewash               |
| <input type="checkbox"/> Amber Valley     | <input type="checkbox"/> High Peak             |
| <input type="checkbox"/> Bolsover         | <input type="checkbox"/> North East Derbyshire |
| <input type="checkbox"/> Chesterfield     | <input type="checkbox"/> South Derbyshire      |
| <input type="checkbox"/> Derbyshire Dales |  |

Q3 Many separate factors can combine to affect the health of individuals. These factors include where we live, income, education level, lifestyle choices, and our support networks. What do you think are the 3 factors that have the greatest impact on the health of offenders in the community?

Factor 1

Factor 2

Factor 3

Q4 What do you think are the 3 most common health issues experienced by offenders in the community?

Issue 1

Issue 2

Issue 3



Q5

We would like to know whether offenders in the community in Derbyshire can access required health services. Do you think there are any issues in offenders in the community accessing any of the following services?

	Yes	No
GP practices	<input type="radio"/>	<input type="radio"/>
If 'Yes', please state	<input type="text"/>	
Dentists	<input type="radio"/>	<input type="radio"/>
If 'Yes', please state	<input type="text"/>	
Mental health services	<input type="radio"/>	<input type="radio"/>
If 'Yes', please state	<input type="text"/>	
Learning disability services	<input type="radio"/>	<input type="radio"/>
If 'Yes', please state	<input type="text"/>	
Healthy lifestyle services (e.g. to stop smoking, lose weight)	<input type="radio"/>	<input type="radio"/>
If 'Yes', please state	<input type="text"/>	
Sexual health services	<input type="radio"/>	<input type="radio"/>
If 'Yes', please state	<input type="text"/>	
NHS cancer screening programmes	<input type="radio"/>	<input type="radio"/>
If 'Yes', please state	<input type="text"/>	
NHS Health Check programme	<input type="radio"/>	<input type="radio"/>
If 'Yes', please state	<input type="text"/>	
Drug and alcohol services	<input type="radio"/>	<input type="radio"/>
If 'Yes', please state	<input type="text"/>	

Q6 Do you think that offenders in the community seek help for all the health problems that they have?

☐ Yes

☐ No

If 'No', what are the health issues that they do not seek help for?

And, what are the reasons for them not seeking help?

Q7 How do you think services could be improved to improve the health of offenders in the community?

Q8 Are there any barriers to offenders accessing health services on release from prison? (Please select one option only)

☐ Yes

☐ No

If 'Yes', please state:

Q9 Are there any other comments you would like to make about health or health services in relation to offenders in the community?

**Thank you for taking part in this questionnaire.**