

A health needs assessment of offenders in the community

Derbyshire County and Derby City

EXECUTIVE SUMMARY

April 2018

Rosie Cooper (Public Health Specialty Registrar)

Acknowledgements

The author would like to thank the individuals and organisations who contributed to this work and supported its undertaking; Iain Little, Christine Flinton and Rosemary Spilsbury as the steering group for their guidance and expertise and also Bunny McCullough for the analytical support. Thanks are also extended to the Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC), the National Probation Service (NPS) and Derbyshire County and Derby City Youth Offending Services (YOS).

Particular thanks and respect are offered to both the front-line professionals who completed the survey and those who administered the interviews. This HNA would not have been possible without the Community Offenders who gave their time and were willing to be open in sharing their health needs and experiences of services and to whom I am extremely grateful.

Author details:

Rosie Cooper, Public Health Specialty Registrar.

Contacts for further information

Correspondence:

Iain Little

Assistant Director of Public Health, Derbyshire County Council.

Email: iain.little@derbyshire.gov.uk

Rosie Cooper

Specialty Registrar in Public Health

Email: rosie.cooper@phe.gov.uk

Disclaimer

This document has been prepared for the titled project and should not be relied upon or used for any other project without an independent check being carried out as to its suitability. The author accepts no responsibility or liability for the consequence of this document being used for a purpose other than those for which it was commissioned.

The hyperlinks and website references in this report were correct at the time of publishing.

Executive Summary

The purpose of this executive summary is to outline findings from a Health Needs Assessment (HNA) which explored the health needs of community offenders in Derbyshire in 2017. It is intended that the HNA will be used to inform the future design and commissioning of relevant services.

In 2014 '*A Presumption Against Imprisonment: Social Order and Social Values*' stated that in place of incarceration, more offenders should be dealt with by means of financial penalties and community-based sanctions, emphasising that persistent offenders of low or moderate level crimes must be dealt with in the community. A promised reduction in expenditure has resulted in advocacy for the use of community sentences in place of incarceration.

Offenders are more likely to smoke, misuse drugs or alcohol and have mental and physical health problems. Furthermore, community offender's lives are often complicated by multi-morbidities and complex social and personal issues. There is a complex relationship between health and social influences on offending and re-offending behaviour. Therefore, there is potential to reduce reoffending behaviour by improving the health of offenders, for example by improving mental health or reducing substance misuse, but this cannot be achieved without understanding the health needs of this population group.

Introduction

This HNA was conducted by the Public Health Department of Derbyshire County Council between July 2016 and July 2017. The HNA focuses on identifying the health needs of community offenders accessing rehabilitation services in the geographic areas of Derbyshire County Council and Derby City Council. An HNA is a systematic method for reviewing the health problems faced by a population and results in an agreed list of priorities to improve healthcare in a specific area. Health needs include immediate physical and mental needs but also extend to those needs affected by wider determinants of health such as social and demographic needs.

The findings from this HNA will provide detailed information about the health needs of community offenders, their use of services and their health outcomes.

The study was carried out using three methods of health needs assessment, epidemiological, corporate and comparative.

The epidemiological needs assessment consisted of a quantitative analysis of the results from a survey of community offenders in Derbyshire and Derby City, plus a literature review that sought evidence of effectiveness for interventions to improve the health of community offenders.

The corporate (qualitative) needs assessment consisted of consultation with staff within the Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNRCRC), the Youth Offending Service (YOS), Derbyshire's National Probation Service (NPS) and local health services, plus interviews with community offenders.

The comparative needs assessment compared existing and evidenced morbidity in Derbyshire's community offenders against that of the general populations of Derbyshire wherever possible.

Methods

The study adopted a mixed-methodology utilising both qualitative sources and some descriptive data analysis to provide insight into needs, to assess how current service provision meets these needs and to identify possible priorities.

Between February 2017 and June 2017, questionnaires were completed by a total of 166 community offenders. The majority (140 out of 166) were male, 22 of the offenders were women, and 4 offenders did not specify a gender. In addition to the questionnaires, interviews were also conducted with 19 offenders in the community. Interviews lasted between 20 and 50 minutes and were carried out by staff from the CRC, NPS and Derby City and Derbyshire County YOS.

Staff working for YOS, DLNRCRC, NPS and health services were invited to complete an online questionnaire. These were completed by 49 members of staff. The majority (55%) of respondents worked for the DLNRCRC. The respondents covered geographically disparate areas across Derbyshire.

Key Findings

Little published literature exists on the health needs of community offenders. It is clear that the health needs of these offenders differ from that of the general population due to the complex and multifactorial nature of their health and social conditions.

Services to support the health needs of offenders in the community are available locally, although none are commissioned specifically for this population group. There is a striking lack of evidence, both in examining the effectiveness of general services in improving the health of community offenders and in evaluating specific interventions to improve access to services. The multiple and complex health needs of community offenders indicate that community offenders may require different levels of support in order to access services in the same way as the general population.

As of August 2017, there were 3,659 offenders in the community in Derbyshire, the majority of which were male (87.0%). Approximately 10% of these offenders were aged less than 18 years and approximately 21% were aged between 18-25 years. Of the adult offenders in the community, 24.2% were categorised as higher risk and were supervised by the NPS, whilst

65.4% were categorised as low or medium risk and were supervised by DLNRCRC. Of the 975 offenders supervised by the NPS, 475 lived in Derby City and 482 lived in Derbyshire County. Of the 2,289 offenders supervised by DLNRCRC, 1,032 lived in Derby City and 1,275 lived in Derbyshire County.

Whilst this should be interpreted with a degree of caution, research suggests that there is a substantially higher standardised mortality rate (SMR) for both those offenders who serve probation orders in the community and those who have been released from prison. Community offenders are reported to have an SMR of 358, in comparison to the general population's SMR of 100. In this HNA, the proportion of respondents who rated their general health status as good or excellent was 72%, which is slightly lower than the national average of 81% (2011 Census); this was the case for offenders resident in both Derbyshire County (at 68% compared to 79% in the 2011 Census), and Derby City (79% compared to 80% in the 2011 Census). From this, it can be inferred that the community offender population in Derbyshire and Derby City have a higher prevalence of health problems than the general population.

In this HNA, 79.1% of respondents stated that they had one or more health related problems, with 32.7% reporting multiple health conditions. Mental illness was the most prevalent condition (reported by 60.1% of community offenders), with 98.9% of this group reporting at least one co-occurring physical health condition. Depression and anxiety were the most common disorders reported. Back pain and asthma were reported by 17.1% and 15.7% of respondents respectively.

The proportion of community offenders who reported engaging in detrimental individual behaviours, such as smoking cigarettes or tobacco, was higher than that of the general population, with 63.5% of community offenders reporting that they smoked cigarettes or tobacco compared to the national average of 15.5%. Compared to the general population, there community offenders also lower reported rates of healthy eating and participating in physical activity.

The highest proportion of respondents (36%) reported drinking alcohol occasionally, with 12% drinking on 3 or more days each week. Nearly 1 in 3 respondents (31%) reported not drinking at all when questioned about the frequency of their drinking, although a small number of these also reported some level of alcohol intake when questioned about the quantity of alcohol consumed. The majority of respondents (74%) reported drinking 5 or less drinks on days that they consumed alcohol. Of those that consumed alcohol on 3 or more days, 95% reported drinking 5 or fewer drinks on those occasions. The highest proportion of respondents who reported drinking 6 or more drinks on the days they consumed alcohol were amongst those that drank occasional or on 1-2 days per week (33%).

In this cohort, 63.5% of respondents reported having used illegal drugs. Cannabis was the most widely reported substance used, with 78.8% reporting having used it in the last week,

compared to just 6.5% of adults aged 16-59 in the general population. Heroin had been used in the last week by 25.3% of respondents and crack by 20.2%.

It was apparent that many offenders were willing to adopt a healthier lifestyle, as evidenced by reports from over half (61.4%) of the respondents of attempts to quit smoking. 37.4% of the cohort reported that they had asked for help to stop using drugs and 31.1% reported that they abstained from drinking alcohol, with 13 of these also reporting they were currently receiving help to reduce their alcohol consumption.

Of those offenders that responded to questions about their contact with services, 12 (7.5%) stated they were not registered with a GP and 63 (39.6%) were not registered with a dentist. It was reported by 13.9% that they had experienced problems in getting help from health services. Of those registered with a GP, 17.5% (65 out of 147) reported visiting their GP practice in the last week.

It is recognised that a range of personal, social, economic and environmental factors, such as housing, financial position, employment, education, social networks and access to services, have an influence health. These determinants, and particularly difficulties experienced in accessing stable accommodation and healthcare services, have an impact on the health of this cohort of community offenders.

The complex health needs of community offenders prevents any single organisation from addressing their needs alone. However, all community offenders have contact with the criminal justice services (DLNRCRC, NPS, YOS), and respondents highlighted examples of positive support provided by staff in these organisations to improve their health, in particular in relation to accessing services. Several interviewees explicitly commented that probation services worked particularly well on release, with one interviewee praising a probation officer, and another a probation hostel for helping to sort everything out for them.

Community offenders and front-line professionals reported numerous barriers for community offenders accessing healthcare services, including difficulties due to the transient nature of community offenders and their lack of identification, often compounded by a lack of health literacy. Barriers such as the rigid structure of primary care services and the gatekeeping role of GPs were reported as factors that prevented community offenders from accessing both primary care and specialist care services. This HNA found that, in many instances, community offenders lacked confidence and self-esteem which may prevent them from accessing services in the same way as the general population. These difficulties in accessing health care leads to this population group over-using crisis services such as ambulance call-outs and attendance at Accident & Emergency Departments.

Recommendations

The following recommendations have been produced based upon the national and local evidence of what is effective in improving the health and wellbeing of offenders, as well as examples of best practice in other areas. The recommendations identified by this HNA can be broadly grouped into five themes; strategic development, further research, care pathways, probation services and service access.

To pursue recommendations and effectively guide their implementation there is a need to establish clearly defined **strategic direction** and control mechanisms. It is recommended that a multi-agency group with responsibility for improving community offender health such as the Reducing Offending, Reoffending and Offender Health Board should take ownership for implementing this HNA's findings. Additionally, it is recommended that a task and finish group is established to take forward these recommendations.

There are a number of areas where there is a need for **further research** to better understand specific issues. This includes exploring community offenders' experiences of primary care services, finding ways to support community offenders to register with primary care services and considering how to empower offenders in the community and improve their health literacy to enable them to navigate services.

It is recommended that the **care pathways** for those released from prison, access to primary care, access to specialist care and dual diagnosis provision are reviewed. In addition, information provided to community offenders in relation to their health and how to access to community lifestyle services should also be assessed and improved where appropriate.

The roles and responsibilities of **probation services** to provide advocacy support for offenders accessing healthcare services should be established alongside the remit of professionals in arranging appointments for offenders. This will include ensuring staff working alongside offenders in the community have sufficient knowledge of local service provision. Relationships should be developed with the services responsible for primary care and the wider determinants of health and consideration should be given to how access routes to these services and awareness of them can be raised amongst community offenders.

The HNA provides evidence of the multiple and complex health needs of community offenders and the challenges they experience. Additional support or additional services may therefore be required to ensure equitable access to community based health and care services for community offenders. A number of recommendations are made, including increasing awareness of the needs of community offenders amongst health professionals and applying good practice gained from working with other population groups that have difficulty in accessing services.