



UNIVERSITY OF
LINCOLN

School of Health and
Social Care

College of Social Science

Briefing Note

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Better Health Care for Offenders



Dr Coral Sirdifield

Key Points

- There are over 200,000 offenders on probation (community sentences and post-release licences) in the UK.
- Whilst not a homogeneous group, offenders are often socially excluded, deprived and highly vulnerable, with a high prevalence of physical and mental health problems.
- Previous research estimated that 39% of offenders experience a mental illness whilst on probation
- In the first two weeks following release, mortality rates are 12 times higher than for the general population and Bingswanger et al (2015)
- Many offenders are not registered with a GP and/or are high users of emergency services

There are over 200,000 offenders on probation in the UK. People in this group are often deprived, vulnerable and have more health needs (e.g. mental health, drug and alcohol problems) compared to the general population.

Many offenders are not registered with a GP, and/or only access healthcare during crises. To reduce health inequalities, we first need to understand how healthcare is provided to offenders, and how its quality can be measured and improved.

This is important because providing better, evidence-based healthcare will improve offenders' health, increase their chances of completing probation, and reduce their risk of re-offending, with potential cost savings to the NHS from less unnecessary use of urgent and emergency services.

Key Questions

1. How can healthcare best be provided to achieve good health outcomes for offenders? (E.g. less drug use/symptom improvement)
2. What are the current ways that healthcare is delivered to offenders? (By probation, through local partnerships, or through clinical commissioning groups)?
3. What data are already available to measure and improve offenders' health and the quality of healthcare for offenders?



Key Aims

To conduct a systematic review to explore what research tells us about the most effective ways of providing healthcare for offenders to achieve good health outcomes.

- To systematically map for the first time the range of systems, policies and procedures that exist across probation providers to deliver healthcare under the new probation structure and commissioning arrangements.
- To investigate routine data being collected by the new probation providers and what should be collected, to develop quality indicators for offender health and healthcare.

Toolkit

- To use findings from the above to create a toolkit for commissioners and practitioners detailing examples of best practice and recommendations for ensuring accessible evidence-based healthcare that meets offenders' needs and maximises good health, and how quality indicators could be developed to measure achievements in this area in the future.

Patient Public Involvement

Probation workers and ex-offenders have helped to develop this application, helping with the focus of the study and the lay summary. They will be on the project steering group to advise and help with making participant information resources, interviewing, and sharing the findings of the study

Dissemination and Impact

Findings and the toolkit will be shared with all participants and key stakeholders from both criminal justice and health organisations.

This will increase stakeholders' knowledge of offenders' health needs, contribute to better commissioning strategies, and provide a framework for developing improved quality indicators for offender health and healthcare.

By actively involving representatives from key groups (including service users) throughout the research, this will ensure that findings are relevant and accessible, and a clear strategy developed for the uptake of the toolkit.

This will ultimately lead to:

- Patients receiving healthcare that is evidence based more accessible and better meets their needs.
 - A reduction in health inequalities, as best practice spreads across England.
 - An increase in the proportion of CCGs aware of their responsibility to commission healthcare for this group,
 - A reduction in the use of costly crisis services.
- The study will give us a basis from which to explore the development and testing of quality indicators for offender health and healthcare in future research.

In Conclusion

Improved health is cited as a pathway out of reoffending and considering offenders' health is an established part of probation staff's role.

However there are concerns at local-level that partnerships between probation and health services may break down following a recent restructure of probation services.

These changes, and the fact that many CCGs do not recognise their responsibilities for commissioning healthcare for offenders.

We aim to map current health care provision for offenders in the community across England, identifying what works well and where there are barriers to service access and provision. Working with key stakeholders we will create a toolkit that