A Health Needs Assessment of the Hertfordshire Probation Trust Caseload
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Health Needs Assessment

Introduction

I was appointed to the post of Health Improvement Manager for Community Safety and Offender Health in the Public Health Directorate of Hertfordshire Primary Care Trust (PCT) in 2009.

I had previously led on Primary Care commissioning in the PCT, which included commissioning prison health care and implementing the Integrated Drug Treatment System (IDTS) in Hertfordshire. I had commissioned a Health Needs Assessment of offenders at the local Category C training prison, but was unaware of the health needs of the offender population in the community. A literature search revealed that very little had been written on this, which left me questioning how I could aim to improve the health of this population if I was unaware of what the health needs were.

Therefore, I decided to conduct a Health Needs Assessment of offenders on the probation caseload. This took a considerable amount of time, given that I had no dedicated time or resource. However, I would like to thank the many people who did help me.

So many staff at Hertfordshire Probation Trust gave their time and support, Tessa Webb, Maureen Spencer, Doug Hook, Lucy Spencer and Jon Frayne (retired). Jon carried out the majority of the interviews and I thank Marianne Vits from the Hertfordshire Criminal Justice Board and the Hertfordshire Joint Commissioning team for funding the interviews.
PCT colleagues Dr Philip Coakley and Louise Savory helped input the data into spreadsheets and Dr Zahra Maryam with the initial planning. Holly Christensen helped with data analysis and Kevin Ritchie-O’Dell for the graphics and printing and thanks to Gill Goodlad and Mark Jordan for support.

I have not gone into too much detail on recommendations, but the data itself is evidence as to where improvements can be targeted. We plan to launch this Health Needs Assessment with all partner agencies, where each organisation will be able to agree their priority areas, as a result of findings from the report.

The most obvious conclusion is that partner organisations need to work collaboratively, sharing expertise and at times budgets, as the needs of this cohort are complex, multi factorial and often generational.

Since the political landscape has changed during this study and public sector structures are being revised, many of the structures refered to are changing, however many still remain relevant in health improvement, crime reduction, offending and risk taking behaviour.

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Health Needs Assessment

Background

There is much literature about the health, particularly mental health of prisoners\textsuperscript{1,2} but very little about the health needs of offenders in the community. Offender Health Care Strategies\textsuperscript{3} concluded that offenders in the community would have similar needs to prisoners, mainly physical health, mental health and substance misuse needs.

Whereas, at the end of March 2010 there were 85,184 people (80,894 males and 4,290 females) in custody in England and Wales\textsuperscript{4} a rise of 2,200 from March 2009 (fig. 1).

Amongst the remand population, the largest change since March 2009 by offence group was for drugs offences, which were up by 10%. One of the biggest requirements for community orders and suspended sentence orders from Q4 2008-Q4 2009 was for alcohol treatment, up by 13%. Compared to sentenced offenders there were 241,504 offenders being managed in the community by the National Probation Service\textsuperscript{5} as at end December 2009. For Hertfordshire Probation Trust this figure was 3,487 compared to a prison population of 768 at HM Prison The Mount, Hertfordshire’s Category C male prison.

If offender health is to be effectively addressed, the focus needs to widen to address offender health needs rather than emphasis on health care for prisoners.

In the community many offenders seem to have difficulty accessing mainstream health services, and tend to overuse Accident and Emergency centres, but have very little provision of preventive health care or health promotion\textsuperscript{6}.

The physical and mental health care needs of offenders in the criminal justice system have long been subject to calls for reform. Improving outcomes for this group is important both in terms of re-offending rates and successful rehabilitation. Offenders are subject to considerable health inequalities. They are much more likely to experience mental health problems or have a learning difficulty and are more likely to have problems with drugs and alcohol\textsuperscript{7}.

Fig 1.

Immediate custodial sentenced population by offence group

\begin{figure}
\centering
\includegraphics[width=\textwidth]{fig1}
\caption{Immediate custodial sentenced population by offence group}
\end{figure}

\begin{itemize}
\item March 2009
\item March 2010
\end{itemize}

\begin{thebibliography}{1}
\bibitem{3} Offender Health Care Strategies, 2005, Improving health services for offenders in the community.
\bibitem{4} Ministry of Justice, 2010, Population in custody, monthly tables.
\bibitem{7} Department of Health, 2009 (b), Improving Health: Supporting Justice The National Delivery Plan of the Health and Criminal Justice Board.
\end{thebibliography}
Improving the health outcomes of this group involves a wide range of agencies. Therefore the central challenge is improving and embedding successful partnership working, to address not only health needs but the wider determinants of ill health and offending behaviour such as housing, family background, educational attainment, employment and poverty (fig.2).

Aims and objectives

- Describe the demographics of the probation population.
- Identify areas where data is not readily available and any barriers.
- Identify health needs and wider determinants of health of this population.
- Identify needs of specific groups within the cohort e.g. female offenders.
- Identify gaps in service provision.
- Make recommendations to the Health Commissioners and the Hertfordshire Criminal Justice Board.

Fig 2.
Working to make Hertfordshire Safer
Methodology

Health Needs Assessment will incorporate the following main elements:

- Literature review.
- Epidemiological and demographic assessment.
- Corporate needs assessment (including views of individuals and key groups).
- Comparative needs assessment (using comparative data).

This HNA will use some elements of each of the above. It will gather and analyse statistical data and written evidence, review services in relation to good practice, and hold interviews with a range of people.

Action plan

- Access OASYs data in an anonymised format.
- Select and analyse data (extract health related information).
- Conduct interviews with probationers and probation staff.
- Obtain guidance on statistically significant data.
- Compare data with general population.
- Identify gaps in service provision.
- Recommend an action plan.
Health Needs Assessment

Hertfordshire

Hertfordshire has a reputation as an affluent county, situated to the North of London with a population of approximately 1.1 million. It stretches from Cambridgeshire and Bedfordshire in the North to the outskirts of London in the South, and borders Buckinghamshire to the West and Essex to the East.

It has an environmental diversity, with market towns, new towns and rural villages; despite having no major city, it is the second most densely populated county in the country. The county’s close proximity to London is double edged, with some concerns over urban growth out of London, but the capital provides many employment and leisure opportunities with a reported on fifth of Hertfordshire resident workforce commuting to London. Hertfordshire though is one of the most productive areas in the country with well paid jobs in financial services, electronics, biotechnology and thriving film studios. The Chilterns Area of Outstanding Natural Beauty, river valleys and woodland, as well as historic buildings and landscapes provide a high quality environment. But weaknesses include overstretched infrastructure, congestion and a lack of affordable housing.

Residents of Hertfordshire are generally well educated, well paid and healthy. Over the past 10 years rates of deaths from heart disease and stroke and early death from cancer have improved and remain better than the England average.

The county is recognised as a safe county in which to live, however low levels of crime such as vandalism and graffiti adversely affects people’s perception of crime. 97% of residents generally think Hertfordshire as a place, has a good image: in particular as a place to live as a family and as a place to enjoy a good quality of life. However around one fifth of Hertfordshire residents had personally been the victim of anti social behaviour or crime in the last 12 months. A fifth of residents perceive drugs use and drug dealing is a big problem in their local area and just under a quarter of residents think that drunk or rowdy behaviour is a big problem in their local area.

Improving Health

The first goal of the NHS Hertfordshire Strategic Plan is ‘Keeping Hertfordshire Healthy’. This implies that the population of Hertfordshire is already healthy, however we know there are pockets of deprivation, whether within communities or certain groups such as those who are marginalised or socially excluded. Once identified, initiatives can be implemented to address the identified inequalities in health and social outcomes within these communities or groups.

Hertfordshire Forward published a sustainable community strategy to identify key issues for the county to aspire to take it to 2021. Community safety was recognised as vital to our future prosperity and recognised the importance of a small number of individuals who have a disproportionally high impact on crime levels (priority and prolific offenders) who need to be targeted. It also recognised the need for early and speedy rehabilitation to reduce drug and alcohol abuse associated with offending behaviour.

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‘Improving Lives, Saving Lives’ makes a series of pledges, centred on a tripartite mission: to deliver a better patient experience; improve people’s health; and reduce unfairness in health:

**Pledge 8**
Working with our partners, we will reduce the difference in life expectancy between the poorest 20% of our communities and the average in each PCT.

**Pledge 9**
We will ensure healthcare is available to marginalised groups and looked after children as it is to the rest of us.

**Pledge 10**
We will cut the number of smokers by 140,000.

The PCT Operational Plan objective 9.3 aims to develop services for offenders in Hertfordshire which will ensure access to early health interventions, and to ensure diversion from the criminal justice system for offenders with mental health issues or learning disability.

NHS EoE states that within the population, there are a number of groups who may have the greatest need of public services including the NHS, but it is difficult to access them. These include migrant workers, gypsies and travellers and those in the criminal justice system. A particular difficulty that many prisoners face is in integrating with the healthcare system when they are discharged from prison.

This HNA aims to deliver World Class Commissioning competencies:

- Work with community partners.
- Engage with the public and patients.
- Manage knowledge and assess needs.
- Prioritise investment.
- Promote improvement and innovation.

In interviewing offenders on probation and offender managers and cross referencing with probation assessment data, this HNA will aim to quantify the health needs of this population and make recommendations for improvement in health care and access to health care in order to address any unmet need.

The hypothesis for this HNA is that offending can be associated with poor health and risky behaviour, thus in order to reduce crime and reoffending, the health of this cohort needs to be improved, along with addressing poverty, employment and housing needs.

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National Indicators and Public Service Agreements

The New Performance Framework for Local Authorities and Local Authority Partnerships\(^1\) sets out a single set of National Indicators (NIs). Targets against this indicator set are negotiated through Local Area Agreements (LAAs).

Since their introduction in the 1998 Comprehensive Spending Review, Public Service Agreements (PSAs) have played a vital role in galvanising public service delivery and driving major improvements in outcomes.

Addressing the health and social needs of the offending population within the community, should also help partnerships to meet NI and PSA targets as outlined below:

- **NI16**: Serious acquisitive crime.
- **NI18**: Adult reoffending rates of those under probation supervision.
- **NI20**: Assault with injury crime rate.
- **NI32**: Repeat incidents of domestic violence.
- **NI38**: Drug related (Class A) offending rate.
- **NI40**: Drug users in effective treatment.
- **NI137**: Healthy life expectancy at age 65.
- **PSA17**: Tackle poverty, promote greater independence and wellbeing in later life.
- **PSA23**: Make communities safer.
- **PSA25**: Reduce the harm caused by alcohol and drugs.

**Reducing reoffending**

The East of England Reducing Reoffending Delivery Plan\(^2\) sets out a clear outcome framework for engaging with a number of partners in the work of reducing reoffending. It sets the strategic direction through seven pathways (fig. 3) to reduce reoffending, with coordinated interventions based on a foundation of comprehensive assessment of risk and need, which will have the most beneficial effect.

**Fig 3.**

*Offender Management as a Cross-Cutting Workstream*

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\(^{1}\) Department for Communities and Local Government, 2007, *The new performance framework for local authorities and local authority partnerships*.

Within the East of England region, Hertfordshire probation area and Hertfordshire Local Authority area have seen rates of reoffending which were significantly increased than predicted over the four most recent periods (reoffending counts as the proportion of offenders who reoffend in a 3 month period, the measure includes recordable offences, as entered on the Police National Computer, which were proven by either court convictions or cautions.)

The Hertfordshire probation area actual rate of reoffending being 9.25% with a predicted rate of 7.78% The percentage difference from the baseline, as measured 2007/08, being 18.95%\(^4\).

Criminogenic factors and reducing recidivism

Criminogenic factors or needs are attributes of offenders that are directly linked to criminal behaviour. An integrated, multiagency approach to addressing these factors or needs is required to reduce recidivism or reoffending. Such factors include antisocial behaviour and attitudes, values and beliefs, pro criminal associates, temperament and personality factors, family factors, low levels of education, vocational or financial achievement and substance abuse.

Hertfordshire Probation Trust Needs Analysis identifies the crimonogenic needs of the offender population (fig. 4). Offender present with multiple needs and data can be analysed in a variety of ways. Fig.4 relates to a particular cohort of offenders subject to a supervision requirement to address their thinking skills and reasons behind repeat offending. Of the offender population as a whole, supervised by Hertfordshire Probation Trust, almost half are identified as having alcohol related needs. Drug offenders will already have been screened out and will be receiving a Drug Rehabilitation Requirement (DRR).

Fig 4.
Hertfordshire Probation Trust Offenders with 2 criminogenic needs 2007-2010
In all cases Thinking Skills was one identified need

- Alcohol 30.0%
- ETE 19.0%
- Accommodation 9.0%
- Emotional needs 12.0%
- Attitudes 18.0%
- Relationships 5.0%
- Life and Associations 1.0%
- Financial Management 5.0%
- Drugs 1.0%

Reference: Hertfordshire Adult Reducing Reoffending Delivery Strategy (2010-2013)
Fig. 5.
Alcohol treatment requirements from April 2007 to March 2009

Fig. 4 shows that there is perhaps an over representation of offenders demonstrating a link with alcohol abuse and their offending\textsuperscript{15}. However, Hertfordshire has led the region in the development of the provision of Alcohol Treatment Requirements (ATRs) in partnership with Turning Point, a commissioned third sector treatment provider. In 2008/09 the East of England delivered 40\% of the national ATRs and Hertfordshire contributed 40\% amounting to 256 offenders completing this requirement whilst only receiving 16\% of the regional budget \textit{(fig.5)}.

Health Needs Assessment

National

Whether in custody or under community supervision, offenders are much more likely than average to be subject to factors such as mental illnesses, personality disorders, learning disabilities, substance misuse, homelessness and poor educational achievement. People in the criminal justice system (CJS) experience significant problems accessing adequate health and social care services.

The Bradley report recommends “PCTs and partners should jointly plan services for offenders to ensure effective commissioning and delivery of services”. In addition to the overarching strategic outcome of improving the health and wellbeing of offenders, the National delivery plan aims to contribute to key government objectives such as:

- Protecting the public.
- Reducing health inequalities.
- Reducing reoffending.
- Health improvement and health protection.

The key driver to achieving the necessary changes will rely on the approach set out in World Class Commissioning, which reinforces the need for a systematic approach to ensuring that joint health and criminal justice offender health needs assessments are carried out to inform service development or transformation, identify the resources available and reach a joint view about the priorities. Recommendation number 77 from The Bradley report states “Primary care trusts and partners should jointly plan services for offenders to ensure effective commissioning and delivery of services”. To date, limited health research has been undertaken in either prison, or more specifically, probation settings.

Social exclusion

Whilst significant progress has been made in delivering improvements in health outcomes across the population, meeting the needs of the small population of people with the most complex health needs remains a considerable challenge. People from socially excluded groups experience poor health outcomes across a range of indicators including self reported health, life expectancy and morbidity.

The term social exclusion is applied to those people who are:

- Suffering multiple and enduring disadvantage.
- Cut off from the opportunities most of us take for granted, this applies to offenders and ex-offenders as well as people with mental health problems, substance misuse people with learning disabilities, long term unemployed.

Clearly these groups can overlap and individuals often have multiple and complex needs.

1 Department of Health, 2009 (b), Improving Health: Supporting Justice The National Delivery Plan of the Health and Criminal Justice Board.
16 Department of Health, 2009 (a), Bradley Report, Lord Bradley’s Review of people with mental health problems and learning disabilities in the criminal justice system.
17 Department of Health, 2010 (a), Fair Society, Healthy Society: The Marmot Review.
67% of prisoners were unemployed in the four weeks before their imprisonment, compared to an unemployment rate of 5% in the general population\textsuperscript{18}. A boy whose father was in custody is 3.3 times more likely to commit a crime\textsuperscript{19}.

Ex-offenders often face discrimination and a double disadvantage of both health inequality and difficulty of access to health services generally, and primary care in particular. Complex needs and chaotic lifestyles make it difficult for socially excluded people to access services and navigate systems. Many socially excluded clients have low health aspirations, poor expectations of services, and limited opportunities to shape their care. Socially excluded clients often do not show up on needs assessments, health care for socially excluded groups is of low priority and the needs of these groups tend not to be at the forefront in strategic commissioning\textsuperscript{19}.

### Inequalities in Health

There is a social gradient in health, the lower the person’s social position, the worse his or her health. Health inequalities result from social inequalities, action on health inequalities require action across all the social determinants of health. Recommendations in policy objectives are underpinned by two policy mechanisms\textsuperscript{17}:

- Considering equality and health equity in all policies across the whole government, not just the health sector.
- Effective evidenced-based interventions and delivery systems.

Social and economic inequalities underpin the determinants of health, the range of factors that shape health and wellbeing. These include material circumstances, the social environment, psychological factors, behaviour and biological factors. In turn, these factors are influenced by social position, itself shaped by education, occupation, income, gender, ethnicity and race. All these influences are affected by the socio-political, cultural and social context in which they sit\textsuperscript{20}.

### Determinants of Health

High Quality Care for All\textsuperscript{21} focused on an NHS that prevents as well as treats illness, Lord Darzi emphasised action in six areas: obesity, alcohol, drugs, smoking, sexual health and mental health. Tobacco use, physical inactivity, excess alcohol consumption and poor diet are the biggest behavioural contributors to preventable disease. These ‘top four’ are responsible for 42% of deaths from leading causes and approximately 31% of all disability-adjusted life years\textsuperscript{22}. Together they account for at least £9.4 billion in annual direct costs to the NHS\textsuperscript{23}.

### General Health

Mair and May\textsuperscript{24} found that offenders on probation reported health problems similar to that of offenders in prison, with 49% saying they currently had or expected to have a certain long term health problem or disability. Common problems were muscular skeletal, respiratory and mental health.

\textsuperscript{17} Department of Health, 2010 (a), Fair Society, Healthy Society: The Marmot Review.
\textsuperscript{18} Social Exclusion Unit, 2002, Reducing re-offending by ex-prisoners.
\textsuperscript{19} Cabinet office, 2006, Reaching Out: An action plan on social exclusion.
\textsuperscript{20} World Health Organisation, 2008, Closing the Gap in a Generation: Commission on social determinants of health.
\textsuperscript{21} Department of Health, 2008, High Quality Care for All - NHS next stage review.
\textsuperscript{23} Department of Health, 2009, (c) Internal analysis-unpublished.
\textsuperscript{24} Mair and May, 1997, Offenders on probation.
Mental Health

Within the general population one in six adults will have a mental health problem at any one time\(^2\), for those in the CJS, this is far higher. 72% of male and 70% of female sentenced prisoners suffer from two or more mental health disorders\(^2\).

20% of male and 37% of female sentenced prisoners had previously attempted suicide\(^2\). Women recently released from custody are 36 times more likely to commit suicide or die from an accidental drugs related overdose in the first two weeks after release\(^2\) than the general population. This is replicated with males on probation, with men aged 35-54 years having 35 times the rate of suicide than the population of the same age\(^2\).

Cohen et al\(^2\) found that 49% of probationers had a previous psychiatric diagnosis and 19% had multiple diagnoses. A mental health need was identified in 92% and 71% had a history of substance misuse.

The NHS spends 14% of its annual budget on mental health\(^2\). There is strong evidence that improving mental well being significantly reduces physical as well as psychological ill health. Furthermore, there is clear association between good mental health and years of life, educational achievement, criminality and employment status\(^3\).

Drugs Misuse

Drugs misuse is a key driver of crime. In 2003-04, 38% of people arrested for any offence reported having taken heroin, crack or cocaine in the previous 12 months, rising to 55% for those people arrested for acquisitive crime (Arrestee survey 2003/04)

Mair and May\(^4\) found 42% reporting using cannabis in the previous 12 months, 24% amphetamines, 8% heroin, cocaine and methadone and 5% crack cocaine.

An analysis of OASys assessments across 41 probation areas\(^3\) found that 32% attributed violent behaviour to their alcohol use and 56% of offenders stated they were likely to re-offend, with 27% referring to drugs as the main factor.

Alcohol misuse

Alcohol misuse is a significant factor in violent crime and disorder. In 2005/06, 17% of violent crimes were committed in or around pubs and clubs\(^5\).

Newbury-Birch\(^6\) found 69% of men and 53% of women in contact with the probation service were classed as having an alcohol misuse disorder.
Smoking

Smoking is disproportionately represented in the offender population already hardest hit by health inequalities. McManus et al. found 77% of male and 83% of female sentenced prisoners smoked.

This is corroborated by Marshall et al. who found that 77% of male and 82% of female sentenced prisoners smoke.

It is therefore necessary to work harder to deal with the needs of the most excluded than those who are not disadvantaged. This HNA aims to identify which of these modifiable determinants of health substantially affect those on probation caseload and explore how services can be designed to reduce the likelihood of re-offending and thus both improve the health of offenders and avoid future victims, thus improving their health also.

Reducing re-offending

The Criminal Justice Act 2003 set out that sentencing has five main purposes:

- Punish offenders.
- Protect the public.
- Reduce crime.
- Reform and rehabilitate offenders.
- Make reparation by offenders to those affected by their offences.

The Government’s Strategy for reducing reoffending focuses on seven main themes (fig. 3):

- Tackling the high prevalence of drug and alcohol misuse.
- Dealing with the mental and general health needs of offenders (particularly those in custody or subject to Community Orders).
- Improving offenders’ basic skills and their ability to get and retain a job.
- Ensuring that offenders can access and retain appropriate accommodation, and tackle debt.
- Improving offenders’ ability to see the consequences of their actions and tackle problems without recourse to violence.
- Ensuring education, training and employment opportunities for young offenders and raising achievement levels.
- Tackling the intergenerational offending cycle through working with offenders’ families and children.

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Looking at the factors contributing to the risk of offending (fig. 6), close working between partnerships, as well as agencies, is important. Both Local Criminal Justice Boards (LCJBs) and Community Safety Partnerships (CSPs) have a role in ensuring the right services are in place. Effective partnerships make use of the skills and influence of the full range of partners. Health services make a significant contribution as equal partners to tackling crime and anti-social behaviour.

CSPs have a statutory duty to work in partnership to reduce reoffending, with the probation service now a Responsible Authority along with police, police authority, fire and rescue service, local authority and the PCT.

LCJBs are non-statutory bodies established in 2003. There are 42 LCJBs across England and Wales, membership comprising chief officers of police, Crown prosecution service, and court, prison, probation and youth justice. Some now have extended the membership to include the PCT.

Fig 6.
Factors contributing to the Risk of Offending from a Life Course Perspective


Health Needs Assessment

Female Offenders

There are fundamental differences between male and female offenders and those at risk of offending that indicate a different and distinct approach is needed for women. Most women do not commit crime, women commit more acquisitive crime but have lower involvement in serious violence, criminal damage and professional crime.

Relationship problems feature strongly in women’s pathways into crime. Drug addiction plays a huge part in all offending and is disproportionately the case for women. Drug relating offences accounted for half of the increase in the female population between 1993 and 1997.36

In August 2010 the number of women in prison in England and Wales stood at 4,230.37 In the last decade the female prison population has gone up by 33%, in 1995 the mid year population was 1,979 in 2000 it stood at 3,355.

There are many women in prison for whom prison is both disproportionate and inappropriate. Many suffer from poor physical and mental health or substance abuse or both. Large numbers have endured violent or sexual abuse or had chaotic childhoods, many have been in care.

The Social Exclusion Unit18 found that 70% of women prisoners suffered from 2 or more mental disorders, 35 times that of the general population. 66% were assessed as having a neurotic disorder (depression, anxiety, phobia) compared with 20% of the general population and 50% had features of personality disorder. Outside prison men are more likely to commit suicide than women but the position is reversed inside prison38.

Baroness Corston, in her report39 considers female offenders in terms of their ‘vulnerabilities’. Firstly, domestic circumstances such as domestic violence and child care issues. Over half the women in prison say they have suffered domestic violence and one in three have experienced sexual abuse18. Each year it is estimated that more than 17,700 children are separated from their mother by imprisonment40.

The main social cost incurred by the children of imprisoned mothers-and by the state in relation to these children-results from the increased likelihood of their becoming ‘NEET’ (Not In Education, Employment or Training). This in itself being a contributory factor to criminal behaviour, thus perpetuating generational criminality (fig 7).

Secondly, personal circumstances such as mental illness, low self esteem, eating disorders and substance misuse and thirdly, socio-economic factors such as poverty and isolation and unemployment. When women are experiencing a combination of factors from each of these three types of vulnerabilities, it is likely to lead to a crisis point.
The National Offender Management Service (NOMS) arranges its work around 7 pathways to reduce re-offending (fig. 3). The Corston Report recommends the creation by the prison service of an additional 2 pathways:

- **Pathway 8**  
  Support for women who have been abused, raped or suffered domestic violence.
- **Pathway 9**  
  Support for women who have been involved in prostitution.

Clearly these underlying issues must be addressed by helping women develop resilience, life skills and emotional literacy, combined with improving both physical and mental well-being.

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**Fig 7.**  
Social characteristics of people in prison and general population

<table>
<thead>
<tr>
<th></th>
<th>Prison population</th>
<th>General population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ran away from home as a child</td>
<td>47% (men) 50% (women)</td>
<td>11%</td>
</tr>
<tr>
<td>Taken into care as a child</td>
<td>27%</td>
<td>2%</td>
</tr>
<tr>
<td>Regularly truanted from school</td>
<td>30%</td>
<td>3%</td>
</tr>
<tr>
<td>Excluded from school</td>
<td>49% (men) 33% (women)</td>
<td>2%</td>
</tr>
<tr>
<td>No qualifications</td>
<td>52% (men) 71% (women)</td>
<td>15%</td>
</tr>
<tr>
<td>Numeracy at or below Level 1 (level expected of an 11 year old)</td>
<td>65%</td>
<td>23%</td>
</tr>
<tr>
<td>Reading ability at or below Level 1</td>
<td>48%</td>
<td>21-23%</td>
</tr>
<tr>
<td>Unemployed before imprisonment</td>
<td>67%</td>
<td>5%</td>
</tr>
<tr>
<td>Homeless</td>
<td>32%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Drug use in previous year</td>
<td>66% (men) 55% (women)</td>
<td>13% (men) 08% (women)</td>
</tr>
<tr>
<td>Hazardous drinking</td>
<td>63% (men) 39% (women)</td>
<td>38% (men) 15% (women)</td>
</tr>
</tbody>
</table>

Reference: Social Exclusion Unit, 2002
Health Needs Assessment

Results

223 offenders on the probation caseload were interviewed (annex 1). Confidentiality of the interview and anonymity were explained and that the interview was voluntary. Some clients declined to be interviewed however most were very willing to participate.

Prior to each session, posters were displayed in waiting areas (Annex 2) and slips handed out at reception (Annex 3) to explain the purpose of the survey.

It was important to gain the support not only of senior managers but also of offender managers and programme managers, who were asked to signpost clients to the interviewer at the end of their probation appointment. Probation staff had been all sent an e-mail before the interviewing process took place to inform them of the purpose of the survey and what we hoped to gain from it.

Interviews were held in a quiet office to help put clients at ease and for confidentiality. The interviews took an average of 10 minutes each and the clients were thanked for their help.

Interviews took place in all 4 probation centres based in Stevenage, Watford, Hertford and St Albans. The day and times were varied so as to reach particular groups such as sex offenders, PPOs and those attending job clubs. We were mindful that the sample should be random, but be representative of the particular population ie male to female ratio, ages and ethnic background.

Of the 223 interviewed, 40 were from the Watford centre (18%), 75 from Stevenage (33%), 59 from St Albans (26%) and 49 from Hertford (22%). Stevenage is the biggest probation centre with more on the caseload than the other 3 centres.

Results are shown in bar chart form where a comparison can be demonstrated. The comparison is with the general population of Hertfordshire as sourced from GP practice Quality Outcome Framework (QOF) data unless otherwise referenced and also from Hertfordshire Probation Trust OASYS assessment data, where available.

The profile of the cohort interviewed closely represented that of the total probation caseload, with young white British males being predominant. However it would appear that ethnic minorities are over represented on the probation caseload, particularly Black/Black British at 11.2% compared with 2.4% in the general Hertfordshire population.

Those reporting a diagnosed mental health problem was higher than the general population at 28.1% compared to 1 in 6 of the general population (approx 16%) and 0.7% of the Hertfordshire population. However OASYS data shows only 4.6% recorded.

Figures from OASYS data is based on 86% of offenders being managed in the community as those on tier 1 and stand alone work offenders are not assessed on OASYS.

Added to this, 20% more admitted to depression or self harm—not diagnosed thus totalling 48%, although in some cases there was a diagnosed condition reported as well as an undiagnosed one. Dual diagnosis (mental health and drugs/alcohol misuse) accounted for 8.5%.

Family history of cancer was about equal to that of the general population, as was coronary heart disease.

Family history of diabetes was very high at 10.3% compared to 3.6% in Hertfordshire. Asthma was reported as 15.2% against the Hertfordshire of 5.8%.

The smoking rate is extremely high at 77.6% compared to 22.2% for England, 20.9% for East of England and 18.2% in Hertfordshire (ERPHO health profiles 2010).

Some have been smoking for many years, as seen below, increasing the risk of cancer, heart disease, COPD (Chronic Obstructive Pulmonary Disease).

- 42 people smoked 10 to 20 pack years
- 10 people smoked 20 to 30 pack years
- 10 people smoked 30 plus pack years

(1 pack year = 20 cigarettes per day for 1 year)

Excess alcohol consumption at 22.4% compared 20.7% in the Hertfordshire population, although this figure is for binge drinking adults (Hertfordshire health profiles 2010) and is not a direct comparison, whereas Hertfordshire Probation Trust data recorded 44.8%, again not a direct comparison with the sample interviewed. Of more concern is, of those admitting to drinking above the recommended, 17% drank in excess of 50 units per week, 10% in excess of 100 units per week.

- Maximum recommended Units per week
  - Men: 21-28
  - Women: 14-21

Also high is drugs misuse at 32% compared to 3.4% of the general population; however Hertfordshire Probation Trust records show 62.8%. National Treatment Agency (NTA) 2008/2009 figures indicate that there are 3391 problematic drug users in Hertfordshire. Drugs most commonly used were cannabis, heroin and crack/cocaine. However, data analysis depends on what is being recorded i.e. all illicit drugs or Class A drugs only.

A chronic health condition was reported by 23.8% of the cohort compared to 3.3% as recorded on OASYs.

Diet was reported as healthy in 55.2% with almost half admitting to eating junk food, or not enough food. Very few were overweight. Encouragingly, most offenders took plenty of exercise saying that they walked everywhere as they could not afford transport, with many also playing sport or going to a gym. Exercise was generally seen as a good thing to do. This is very positive and building blocks to develop.
The high rate of GP access could be a result of previous work between the PCT and Probation in raising awareness amongst probation staff of how to help clients to access GPs, particularly after release from prison and addressing any barriers. The lower access to NHS dentists needs to be addressed, however, 28% had not looked for a dentist and many were unaware of the terms of the new dental contract.

Whereas 96% understood how to protect themselves and their partner against pregnancy and sexually transmitted diseases, many did not engage in safe sex.

The majority had received vaccinations including childhood, and travel vaccinations with those who had been in prison having had hepatitis B and updated tetanus vaccines.

When asked if there was anything the NHS could do better, most said they were very happy with the services they received, but of the 36% who were not, the majority of complaints were about waiting times in A&E and long waits for GP appointments. Not being able to access an NHS dentist also ranked high. Several people commented on lack of availability of or prompt referral to alcohol detox. Some wanted more information on NHS services and one person said that health care in prison was better than in the community.
Health Needs Assessment

Interview with Probation Staff

32 offender and programme managers completed the staff questionnaire, the results are as set out below, the numbers being the number of responses with this answer.

What would you say are the biggest health problems amongst the probation caseload?

- Mental health: 29.5%
- Alcohol: 24.4%
- Drugs: 23.1%
- Depression: 12.8%
- Substance misuse: 13.6%
- Taking prescribed medication: 11.9%
- Registered with a GP: 10.2%
- Minor ailments: 3.8%
- Other responses: Personality disorder, schizophrenia, diabetes, sexual health, hepatitis, dental, sexual abuse, self harm, low self esteem.

Do you ask any questions regarding health during assessment? If so, what do you ask?

- Physical health problems: 30.5%
- Mental health issues: 27.1%
- Substance misuse: 13.6%
- Taking prescribed medication: 11.9%
- Registered with a GP: 10.2%
- Nil/nothing specific: 6.8%
- Other responses: Self harm, disability, phobias, depression, long term sick, dental check up. Clients do not like to admit to mental health problems due to the stigma.
What do you do if you find a client has a specific health condition? (e.g. mental health)

- Make a referral: 35.0%
- Contact/liaise with GP/CMHT: 32.5%
- Encourage to access GP: 32.5%
- Signpost into services: 12.5%
- Check if relevant agencies are involved: 10.0%

**Other responses:**
Appointments being kept, make a record of it, nothing specific, ask for psychiatric report.

Do you feel confident that you would know where to refer clients to for health problems? (e.g. drugs/alcohol misuse, mental health, skin problems, sexual health problems)

- Yes mostly: 45.7%
- Yes: 26.1%
- Yes, but only drug/alcohol and mental health services: 13.0%
- Not sexual health: 6.5%
- Not always: 4.3%
- Not always: 2.2%
- No: 2.2%
Do you know how to access health promotion leaflets and posters?

- Yes: 13.5%
- Not really: 10.8%
- Internet: 10.8%
- Needed help: 17.1%
- No: 64.9%

Other responses:
- If they are homeless, they rely on A&E

Do you find clients have any difficulty accessing a GP or NHS dentist?

- Yes: 31.4%
- Needed help: 17.1%
- No: 14.3%
- Yes, particularly GP: 11.4%
- Yes, if homeless: 11.4%
- Sometimes: 5.7%
- Does not access GP or dentist: 5.7%
- Yes, particularly dentist: 2.9%

Other responses:
- If they are homeless, they rely on A&E
Do you think your client’s behaviour would improve if their health improved?

- Yes: 62.5%
- Some: 12.5%
- Possibly: 12.5%
- Not necessarily: 6.3%
- No response: 6.3%

Could you suggest any ways we could improve health services or access to health services for your clients?

- A health service worker to provide ‘open surgery/regular sessions for signposting to services: 43.2%
- Information leaflets in probation reception: 35.1%
- Booking of GP appointment in advance/more flexible: 10.8%
- Better partnership working between agencies: 10.8%

Other responses:
more counselling, more support from mental health services, parenting skills, free condoms in probation, quicker CDAT appointments.
Health Needs Assessment

Interview with Probation Cohort

223 offenders on the probation caseload were interviewed, the results are as set out below.

Age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>30.0%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>19.0%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>9.0%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>12.0%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>18.0%</td>
</tr>
<tr>
<td>40 - 44</td>
<td>5.0%</td>
</tr>
<tr>
<td>45 - 49</td>
<td>1.0%</td>
</tr>
<tr>
<td>50 - 54</td>
<td>5.0%</td>
</tr>
<tr>
<td>55+</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Ethnic group

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Probation Population</th>
<th>Hertfordshire Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>81.6%</td>
<td>89.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.8%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Black</td>
<td>11.2%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Mixed</td>
<td>1.3%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Other</td>
<td>3.1%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.9%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Gender

- Male: 85.2%
- Female: 13.5%
- Unidentified: 1.3%

Smoking prevalence

- Smoker: 77.6% Non-smoker: 22.4%
- Probation population
- Hertfordshire population: 22.3% Non-smokers: 81.7%
Do you take drugs?

Yes

- Probation sample: 32.7%
- Hertfordshire Probation: 62.8%
- Hertfordshire population: 00.8%

Reference: National Treatment Agency for Substance Misuse 2008-2009

Do you exercise?

Yes

- Probation sample: 75.8%
- Hertfordshire population: 10.6%

Reference: Hertfordshire Health Profiles, 2010
Do you drink alcohol?

- Yes: 67.3%
- No: 32.7%

Past medical history?

- Yes: 43.0%
- No: 55.2%
- Unidentified: 1.8%
Most common categories for past medical history

<table>
<thead>
<tr>
<th>Category</th>
<th>Probation sample</th>
<th>Hertfordshire population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>15.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2.6%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>2.7%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Diagnosed mental health problem

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.1%</td>
<td>71.9%</td>
</tr>
<tr>
<td>4.6%</td>
<td>95.4%</td>
</tr>
<tr>
<td>0.7%</td>
<td>99.3%</td>
</tr>
</tbody>
</table>
Most common categories for *family* medical history

- Asthma
- Diabetes
- Heart problems
- Mental Health
- COPD
- Hypertension
- Stroke

<table>
<thead>
<tr>
<th>Condition</th>
<th>Probation sample</th>
<th>Hertfordshire population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>3.1%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>15.6%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Heart problems</td>
<td>2.6%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>7.1%</td>
<td>7.0%</td>
</tr>
<tr>
<td>COPD</td>
<td>2.6%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>3.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Stroke</td>
<td>1.3%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Depression prevalence

- Yes
- No

<table>
<thead>
<tr>
<th>Condition</th>
<th>Probation sample</th>
<th>Hertfordshire population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>19.5%</td>
<td>8.2%</td>
</tr>
<tr>
<td>No</td>
<td>80.2%</td>
<td>91.8%</td>
</tr>
</tbody>
</table>
Do you have a completed vaccination history?

- Yes: 92.4%
- No: 2.7%
- Have not needed to: 4.9%

Can you access a dentist?

- Yes: 50.2%
- No: 21.1%
- Unidentified: 28.7%
Do you have a good diet?

- Yes: 91.0%
- No: 5.8%
- Have not needed to: 3.2%

Reference: Hertfordshire Health Profiles, 2010

Can you access a GP?

- Yes: 55.2%
- Hertfordshire population: 31.5%

Reference: Hertfordshire Health Profiles, 2010
Do you understand safe sex?

- Yes: 89.2%
- No: 3.1%
- Have not needed to: 7.7%

What can the NHS do to improve health service

- Nothing needs improving: 66.3%
- Addiction support service: 1.8%
- Better access to health service: 5.4%
- Improve communication: 8.1%
- Need a dentist: 5.4%
- Need compassion from health professionals: 2.7%
- Men’s health centres: 0.9%
- Shorter waiting times: 9.4%
Health Needs Assessment

Recommendations

It is clear from this health needs assessment that much work needs to be done with offenders to improve their health and risk taking behaviour. Integrated offender management includes improving general health, mental health and substance misuse as well as self worth, along with education, training and help with employment and housing should help to address offending behaviour and reduce incidence of reoffending.

Of concern is the prevalence both in the cohort interviewed and in family history of certain illnesses such as diabetes and asthma. By improving the general health of the current offending population, reducing prevalence of smoking, drug taking and alcohol abuse along with healthier eating and raising awareness of links between behaviour, lifestyle and health, would help to break generational poor health outcomes and reduce offending behaviour.

Of particular concern is the prevalence of smoking, whereas overall the figure was 77.6% of the cohort interviewed, in Watford the number was 82.5% and in St. Albans 81.3%, Hertford 75.5% and in Stevenage 73%. Many clients who reported as having asthma were also smokers. With more than 1 in 5-22% of all cancer deaths are from lung cancer, largely due to smoking (Cancer research UK), more smoking cessation resources need to be directed towards this population. The PCT has already begun work on smoking cessation with offenders in the community, but much more work is needed with this population to address the reasons behind the high prevalence. Work has also begun on Chlamydia screening in probation centres, which is showing a good response.

During interviews, clients were given information and leaflets such as smoking cessation helpline, healthy eating, how to access NHS dentistry, contact numbers for the new GP led Health Centres and Urgent Care Centres.

Signposting into statutory and non statutory services is recommended, as identified by Offender managers and reported by offenders on assessment, with the development of a directory of services in each probation centre, and a dedicated person who can help signpost clients into services. This would not only assist with early detection and treatment of ill health physical and mental, but would also prevent unnecessary use of hospital A&E departments.

Awareness of mental health issues and early identification during assessment and referral, and access to Primary Care Counseling would help address some of the unmet mental health problems, particularly depression and self harm which clients may not readily admit to or try to cope by themselves for fear of stigma. Additionally, people with mental health disorders smoke almost half of all tobacco consumed and account for almost half of all smoking related deaths\(^41\). A large number of people with mental health problems also have alcohol or drugs problems\(^42\).

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\(^41\) Royal College of Psychiatrists, 2010, *Putting mental health at the heart of the public health agenda.*

With drugs and alcohol misuse so prevalent, and not all on court ordered treatment orders, access to specialist drugs and alcohol workers in probation centres could help to address this. This could be extended to include dual diagnosis i.e. mental health and substance misuse. The information gathered from interviews is dependant on self awareness of clients. Therefore figures, particular for mental health could be significantly higher, particularly with Personality Disorder.

Partnership working between health and the criminal justice system is relatively new and generally under developed, with the work complex and demanding bringing different values and cultures to the partnership. However, this is far from the case and in Hertfordshire the partnerships are well developed and working effectively, with Public Health a key player.

Many offenders have multiple criminogenic needs, health conditions and/or risky behaviours, requiring an effective multi agency approach. In Hertfordshire offender health is seen as an important part of the reducing re-offending agenda and Public Health is represented on the Integrated Offender Management (IOM) Board. There is also a subgroup of the IOM Board, the Offender Health Delivery Group, Chaired by Public Health, which will oversee the implementation of the Offender Health Delivery Plan.

As offenders on probation are an integral part of the community, there is work underway to link Community Safety Partnerships with GP Practice Based Commissioning consortiums, to share information, to explore joint working, to raise GPs awareness as to initiatives at Local Authority level, which could help their patients such as domestic violence forums and ‘One stop shops’ to support victims of domestic abuse, as well as initiatives around the night time economy, binge drinking and antisocial behaviour.

With reduced levels of resources across the public sector, risk profiling for commissioning is more important than ever, to enable commissioners to design and deliver effective services. Health Needs Assessments this can demonstrate how Public Health is a key player in identifying health needs and working with partner agencies in awareness raising, and greater collaboration to address the needs of vulnerable populations such as this, who may not be as obvious as other groups such as travellers, migrant workers or those living in deprived wards, but are equally marginalised and with unmet needs.
Interviews with Probation

Date:

Explain confidentiality

1) Age
2) Male / female
3) Ethnic origin
4) First part of postcode
5) Do you have any of the following health problems?
   - Asthma
   - Diabetes
   - Anything else (eg heart, blood pressure, cancer, musculoskeletal, skin)
   - Mental health problems or learning difficulty
   - Diagnoses mental health problem, if so are you receiving any help?
6) Is there any family history of any of those health conditions? If so, expand:
7) Do you smoke cigarettes? If so how many and for how long?
8) Do you drink alcohol, if so how many units per day/week?
9) Do you take drugs? If so what and for how long?
10) How would you describe your diet?
    Healthy/not healthy, fruit and vegetables? Do you cook for yourself?
11) How much exercise do you have?
12) a) Do you have a GP? Yes/No.
    b) When did you last see your GP?
    c) Have you had any problems getting a GP?
13) Do you have a dentist? If so when did you last see your dentist?
    Have you had any problems getting an NHS dentist?
14) Vaccination history
15) Do you understand safe sex and how to protect yourself and partner from pregnancy/STIs
    Is there anything the NHS can do to improve health services to meet your needs?
Today, health staff from the NHS will be here and would like to talk to you about your experiences of health care and local health services in Hertfordshire.

We hope that by listening to your views and experiences, we will be able to plan our services to better meet your needs.

All information will be treated in a confidential manner, no identifiable data will be shared or published.

Thank you for your cooperation.
Health Needs Assessment

Annex 3

NHS Hertfordshire

Today a representative from the local NHS will be in the probation office. We would like to hear from you about your experience of getting the help you may need with any of your health needs.

If you agree to talk to us, this will be totally confidential and will help us to better meet your health needs, whether this is a physical, mental or substance misuse problem. Please let your Offender Manager/Programme Manager know if you are willing to talk to us for about 10 minutes.

Many thanks

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