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# **Health and social care needs assessment of adults under probation service supervision in the community**

A guidance document

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## Glossary

<b>ADL</b>	Activities of Daily Living
<b>ASC</b>	Autism Spectrum Condition
<b>ATR</b>	Alcohol Treatment Requirement
<b>BAME</b>	Black, Asian and Minority Ethnic
<b>CCG</b>	Clinical Commissioning Group
<b>CJA</b>	Criminal Justice Act
<b>CJS</b>	Criminal Justice System
<b>CPN</b>	Community Psychiatric Nurse
<b>CRC</b>	Community Rehabilitation Company
<b>CSTR</b>	Community Sentence Treatment Requirement
<b>DRR</b>	Drug Rehabilitation Requirement
<b>ETE</b>	Education, training and employment
<b>HNA</b>	Health Needs Assessment
<b>HMPPS</b>	Her Majesty's Prison and Probation Service
<b>HSNA</b>	Health and Social Care Needs Assessment
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>LDC</b>	Learning Disabilities and Challenges
<b>LTP</b>	(NHS) Long Term Plan
<b>MHTR</b>	Mental Health Treatment Requirement
<b>MoJ</b>	Ministry of Justice
<b>NHSE/I</b>	NHS England/Improvement
<b>NPS</b>	National Probation Service
<b>OASys</b>	Offender Assessment System
<b>OPCC</b>	Office of the Police and Crime Commissioner
<b>OPD</b>	Offender Personality Disorder
<b>PD</b>	Personality Disorder
<b>PHE</b>	Public Health England
<b>STP</b>	Sustainability Transformation Partnership
<b>VCSE</b>	Voluntary, community and social enterprise

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## Executive summary

Compared with the general population, people in contact with the criminal justice system have significant health and social care needs and can face significant barriers to accessing services.

Our understanding of the health and social care needs of people in prison is growing but there has been relatively little research on the health and social care needs of people under probation service supervision<sup>i</sup>; yet the number of people in contact with probation services is considerably larger than the number in prison. On 30 September 2019, there were 83,810 people in prison in England and Wales compared with 254,165 people under probation supervision at end of June 2019<sup>ii</sup>.

The limited evidence we have suggests, in line with findings for most justice-involved populations, that people under probation service supervision have significant health needs (in particular, mental health, drug and alcohol concerns) which are often accompanied by social issues including difficulties with housing, debt, education and employment. These health and social needs may be related to offending and reoffending behaviour<sup>i</sup>. Justice-involved populations are often marginalised, vulnerable and underserved.

Research suggests that ‘the voice’ of probation is frequently missing from local conversations about health and social care provision in the community. Public Health England has written this guidance to help local teams pull together information to describe the health and social care needs of adults under probation service supervision in their own communities. This work can then contribute to local joint strategic needs assessments to better inform the planning and delivery of services.

This guidance should help bring together the wide range of organisations which need to work collaboratively to improve health and social care outcomes for adults in contact with probation. The audience for this guidance is therefore wide reaching and includes commissioners of health and social care services in the local community, those working in the criminal justice system, and voluntary, community and social enterprise organisations.

This guidance provides a single resource giving colleagues a clear overview of the current health and justice setting (from the perspective of probation), the process of undertaking a health and social care needs assessment, links to the most relevant data and suggestions for how to communicate findings and generate change.

It is therefore expected that undertaking a needs assessment, as described in this guidance, should have a direct and tangible impact on services for people under probation service supervision. This should then impact positively on the health and wellbeing of people under supervision who are living in the community and reduce reoffending by tackling the health and social care-related drivers of offending behaviour.

# 1. Introduction

## 1.1 Purpose

The aim of this document is to provide guidance on undertaking a Health and Social Care Needs Assessment (HSNA) of adults under probation service supervision in the community. It provides a useful structure for the process, summarises where to find the best available routine data to describe their health and social care needs – thereby simplifying the process of collating it – and gives examples of local practice.

Undertaking a needs assessment, as outlined in this document, should ensure that the “voice” of probation is heard within the local Joint Strategic Needs Assessment (JSNA) and that the needs of people under probation service supervision are reflected in the planning and delivery of health and social care services.

The definitions of “HSNA”, “JSNA” and “people under probation service supervision in the community” are given below.

The intended audience for this guidance are commissioners of health and social care services in the local community (for example, Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England / Improvement (NHS E/I)), those working in the criminal justice system (CJS) (for example, Police, Probation, the Office of the Police and Crime Commissioners (OPCCs) and prison workforce colleagues) and voluntary, community and social enterprise (VCSE) organisations.

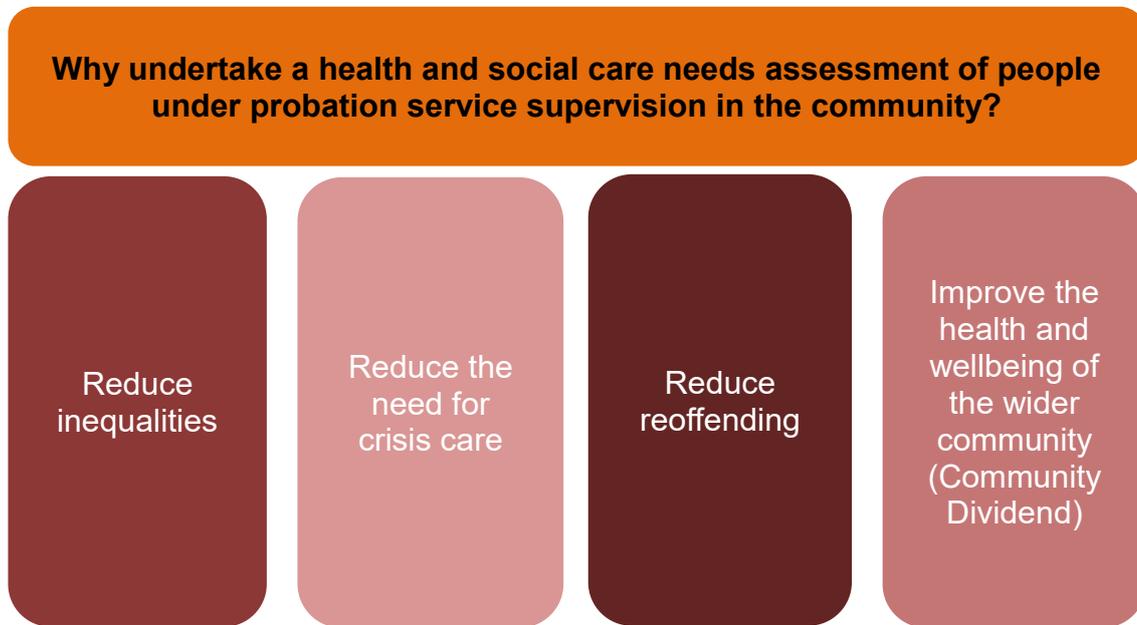
## 1.2 Background

People in contact with the CJS are a marginalised and underserved group who tend to have significant health needs (in particular mental health, drug and alcohol concerns) compared with the general population; these health issues are often accompanied by social issues including difficulties with housing, debt, education and employment. Work to better understand these needs has tended to focus on people in prison; but the proportion of people supervised by probation services outnumbers those serving a custodial sentence by around 3 to 1. As at 30 September 2019, there were 83,810 people in prison in England and Wales compared with 254,165 people under probation supervision at the end of June 2019<sup>ii</sup>.

This guidance focuses on the health and social care needs of people under probation service supervision in the community; however, this does not prevent local teams from including other related population groups (for example, needs of people in police custody suites or needs of people in contact with the police) in a broader HSNA.

The 4 reasons for undertaking a HSNA of people under probation service supervision in the community are summarised in Figure 1 and outlined in more detail below.

**Figure 1:**



### Reduce inequalities

Those who have offended, or are at risk of offending, frequently suffer from multiple and complex health issues. These underlying health issues are often exacerbated by difficulties in accessing the full range of health and social care services available in the local community<sup>iii</sup>. Understanding, and subsequently addressing, the health and social care needs of this underserved population will contribute to a local reduction in inequalities.

### Reduce the need for crisis care

Poor engagement with community services among people in contact with the CJS, and particularly among those who have multiple or complex needs, is recognised as leading to high usage of costly emergency services by this group. Reshaping service responses in line with the needs of socially excluded groups, such as people in contact with the CJS and their families, can significantly improve health outcomes among this group and reduce the use of expensive crisis care<sup>iii</sup>.

### Reduce reoffending

The relationship between health & wellbeing and (re)-offending behaviour is complex. However, in many cases, unmet health and social care needs inhibit individuals from engaging effectively with probation services and this ultimately impedes their rehabilitation. Success in reducing reoffending partly lies in addressing this cohort’s health and social care needs<sup>i,iv</sup>.

### Improve the health and wellbeing of the wider community

In the case of people in contact with probation services, improved health and wellbeing (and therefore reduced reoffending) benefits the whole of society. This model (see Figure 2), labelled as the “Community Dividend Model”, describes the positive impact on the ‘needs of all’ through addressing the ‘needs of some’. Meeting the health and wellbeing needs of marginalised groups, benefits the individual as well as the wider community.

**Figure 2: Community Dividend Model – benefit to all by addressing the needs of some**



**Tip:** The reasons for undertaking a HSNA, as outlined in Figure 1, can be discussed with stakeholders to get “buy-in” for the work

## 1.3 Policy context

The **Derbyshire and Derby City health needs assessment** provides a useful summary of the relevant national policy context in 2018. This is reproduced in full in Appendix A of this guidance with updates to reflect subsequent policy changes in 2018/2019.

**Tip:** At the beginning of the HSNA, it is helpful to include a summary of the national and local policy context. The Derbyshire and Derby City HNA gives an example of the type of local policy that could be referenced. This includes:

- local strategy, policy and reports (for example, local Sustainability Transformation Partnership (STP))
- a brief description of the local services which are responsible for working with people under probation service supervision in the community; for example, healthcare providers, mental health services, public health commissioned and provided services and offender management services (policing services, Community Rehabilitation Companies (CRCs), rehabilitation services provided by National Probation Service (NPS), youth offending services and integrated offender management).

## 1.4 What are JSNAs and HSNAs?

In 2007, The Local Government and Public Involvement in Health Act<sup>v</sup> was published, which requires local authorities to produce a JSNA of the health and wellbeing of their local community. A JSNA looks at the current and future health and care needs of local populations to guide the planning and commissioning (buying) of health, wellbeing and social care services within a local authority area<sup>vi</sup>.

A health (and social care) needs assessment is a systematic process used by NHS organisations and local authorities to assess the health problems facing a population. This includes determining whether certain groups appear more prone to illness than others and pinpointing any inequalities in terms of service provision. It results in an agreed list of priorities to improve health (and social care) in a particular area<sup>vii</sup>. HSNAs often focus on specific population groups or conditions.

Analysis suggests that very few JSNAs mention justice-involved populations and even fewer make any recommendations on how to address their needs<sup>i,viii</sup>. This is a missed opportunity.

This document has been developed by Public Health England's (PHE) National Health and Justice Team in response to the concern that the needs of justice-involved populations living in the community are seldom present in JSNAs and therefore invisible

to those commissioning health and social care despite their high level of need. This document deliberately addresses health and social care needs together because it is often not possible (or desirable) to attempt to fully distinguish between the 2 and it is only possible to maximise health and wellbeing when a holistic approach is taken.

Previous guidance has been produced for undertaking [Health Needs Assessments \(HNAs\) for prescribed places of detention](#) and a [HSNA of the older prison population](#).

## 1.5 Probation

In June 2014, Probation Trusts were replaced by NPS, which manages the most high-risk offenders across 7 divisions, and 21 CRCs, that manage medium and low-risk offenders. They generally deal with people aged 18 years and over (those under 18 are mostly dealt with by Youth Offending Teams, answering to the Youth Justice Board)<sup>ix</sup>.

Following a consultation held in 2018 - [Strengthening Probation, Building confidence](#) - the Ministry of Justice (MoJ) announced that from Spring 2021, the structure of probation will change and NPS will be responsible for managing all people in contact with probation.

In this guidance the phrase “people under probation service supervision in the community” means adults on<sup>ix</sup>:

- a community order
- a suspended sentence order
- post-release supervision under the NPS or a CRC – under the Offender Rehabilitation Act 2014, from 1 February 2015, all offenders given custodial sentences are now subject to statutory supervision on release from prison; previously only adults sentenced to over 12 months in custody and all young offenders were subject to statutory supervision

The guidance focuses on adults who are living in the community (this therefore excludes people on pre-release supervision – those who are still in prison but working with probation in anticipation of their move from prison back into the community).

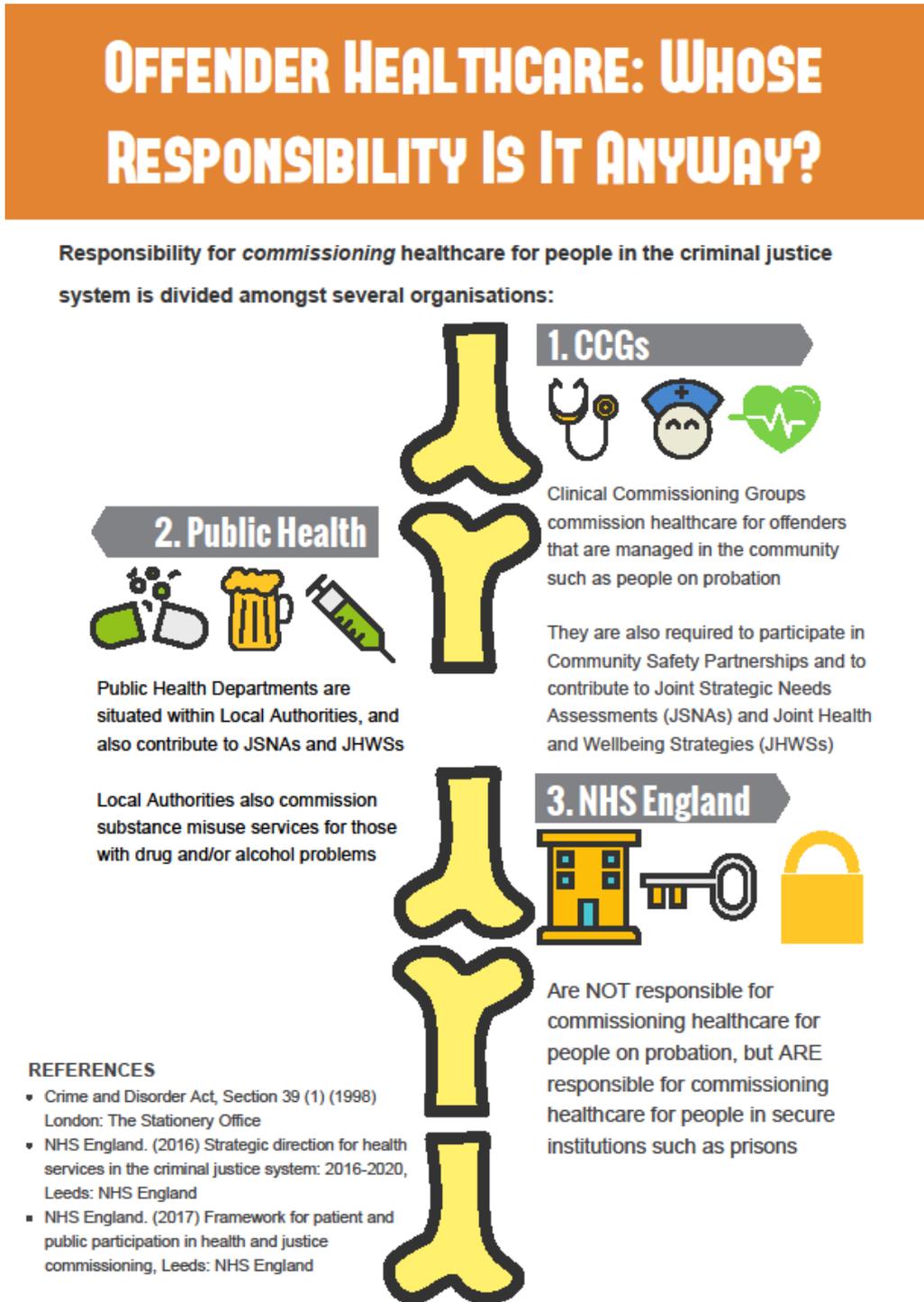
Further helpful information on sentencing can be found in the [MoJ Guide to Offender Management Statistics](#).

## 1.6 Who commissions health and social care services?

The **Probation Healthcare Commissioning Toolkit** provides a summary of the role of organisations in commissioning healthcare for people in contact with probation (see Figure 3).

The health care needs of everyone in the community – including those under probation service supervision - are predominantly met by 2 organisations: CCGs (who commission most health services) and public health departments within local authorities (who commission sexual health and drug & alcohol services). In contrast, NHSE/I is responsible for commissioning healthcare for people in secure institutions such as prisons, immigration removal centres and the children & young people's secure estate. Local authorities are responsible for commissioning social care services for all justice-involved communities including people in prison and those under probation service supervision in the community.

Figure 3:



Data source: Reproduced from Sirdifield C, et al. Probation Healthcare Commissioning Toolkit. A resource for commissioners and practitioners in health and criminal justice; 2019, with the permission of Dr Coral Sirdifield.

## 1.7 The process of undertaking an HSNA

Whilst the HSNA would usually be initiated by the local authority or NHS organisations, undertaking the HSNA should be a collaborative effort and draw on the knowledge, resources and intelligence of all relevant partner organisations.

**Tip:** At the start of the HSNA it is considered good practice that the lead agency (to be decided locally) establishes and chairs a HSNA working group.

The working group would oversee the completion of the HSNA and delivery of any recommendations arising from the assessment. In the case of adults under probation service supervision in the community, this would usually include representatives from:

- Local Authority (for example, representatives from public health, data intelligence teams, housing, employment)
- Probation (NPS and CRCs)
- CCG
- PHE Centre Health & Justice Leads
- NHS E/I Health and Justice Commissioners
- Her Majesty's Prison and Probation Service (HMPPS)
- Police Service
- OPCCs and Reducing (Re-)Offending Boards
- Relevant service providers (statutory and VCSE sector)
- VCSE Organisations
- People with lived experience

One challenge of the HSNA is deciding which geographical “footprint” the HSNA will cover.

**Tip:** The membership of the working group should reflect the geographical footprint which the HSNA covers

**Tip:** It is useful, from the outset, to identify a list of individuals, groups and boards which should be kept up to date with the progress of the HSNA and/or receive a presentation of the key findings, recommendations and associated action plan.

This list will vary locally but may include:

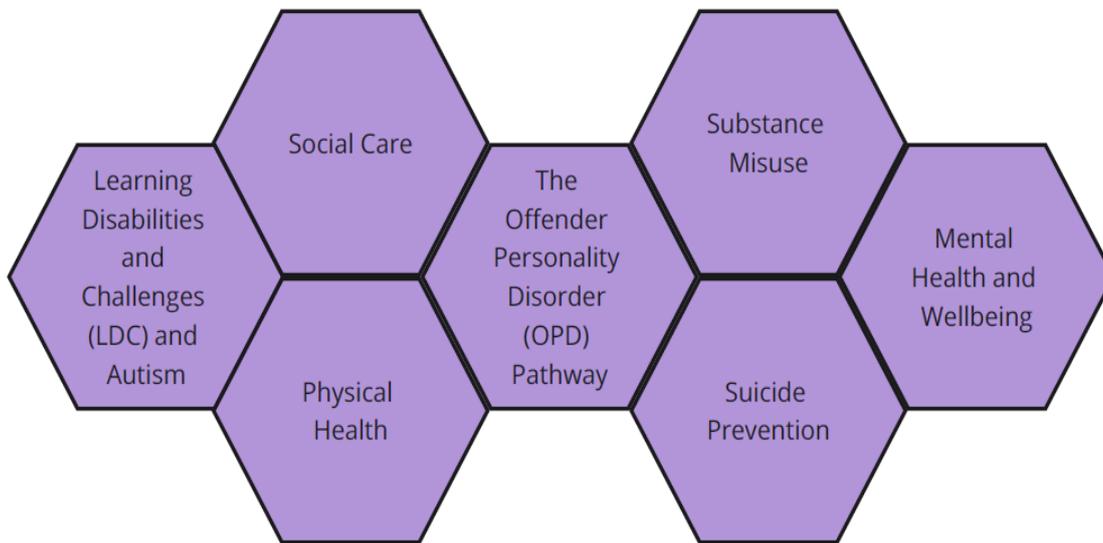
- Community Safety Partnerships
- Local Criminal Justice Boards
- Reducing Offending Boards
- Health and Wellbeing Boards
- STPs / Integrated Care Systems

**Tip:** THE HSNA working group should agree early on which group(s) will take ownership of the recommendations and action plan.

## 1.8 Structure of this guidance and how to use it

The chapters of this document follow the 7 priority areas identified in the **NPS Health and Social Care Strategy (2019-2022)** (see Figure 4). We have also added an additional chapter on “wider determinants of health” in recognition that understanding and addressing these broader determinants (for example, employment, housing or education) are an evidence-based way to improve health and wellbeing.

**Figure 4: The 7 priority areas of the National Probation Service Health and Social Care Strategy (2019 to 2022)**



Data source: National Probation Service, Health and Social Care Strategy (2019-2022), 2019

Each chapter in this guidance is divided into 3 sections:

1. National level data on the issue being addressed including published data from health and justice providers. For example, MoJ statistical publications, Public Health Outcomes Framework and relevant Local Government publications. Published research papers may also provide useful data which can be applied to local probation populations.
2. Local level data including probation data from Offender Assessment System (OASys), and nDelius and Public Health Outcomes Framework. OASys is used by NPS and many CRCs across the country, as well as the prison service, to assess the risks and needs of people in the CJS. nDelius is the NPS case management system. Qualitative data sources should also be considered, for example, feedback from those under probation supervision in the community including complaints or outputs from surveys or focus group work.
3. Examples of practice locally, regionally or nationally: these examples include case-studies as well as resources that have been developed and can be used to support practice.

**Tip:** All the local data sources and indicators are summarised in a table in Appendix B. This table can be shared with data intelligence leads within your area (for example, public health intelligence teams in local authorities, local NPS performance & quality teams and CRC performance teams) who will be able to support you in collating the data for your community.

Chapters 11 to 13 depart from the structure outlined above. “User engagement” (Chapter 11) is a theme which underpins much of the HSNA process and is an important source of data in many of the following chapters. The final 2 chapters focus on the mapping of services to meet need (Chapter 12) and prioritisation and implementation (Chapter 13).

**Tip:** The HSNA should be refreshed annually to take account of new or emerging issues. This could be as simple as updating the data sources cited in the guidance.

## 2. Demographics

### 2.1 Specific considerations for adults under probation service supervision

Adults under probation service supervision within the community are not all the same and whilst there might be common “reoccurring themes” their needs (and the support they require) will vary. Gender, age and ethnicity are 3 important demographics which can be linked with specific health and social care needs.

It is widely recognised that women in the CJS face distinct challenges and have distinct needs<sup>i,x</sup>. In 2016, Her Majesty’s Inspectorate of Probation undertook a Thematic Inspection of the Provision and Quality of Services in the Community for Women who Offend. Across probation services, including CRCs and NPS, they found an inconsistent approach to recognising and addressing the gender-specific needs of women who have offended.

The health and social care needs of older people in contact with the CJS are also an area of concern. As in the general population, older people can have more severe and complex health needs, that are often combined with social care needs. Older people leaving prison can be particularly vulnerable from a lack of continuity of care from prison into the community. In addition, those who have had long sentences have the potential to be the most “institutionalised” of those being released and therefore may find it more difficult to reintegrate into the community<sup>xi</sup>.

The Lammy Review highlighted that there is disproportionate representation of Black, Asian and Minority Ethnic (BAME) individuals in the CJS. The review found evidence that people from BAME backgrounds experienced different and often worse outcomes at every step along the CJS pathway.

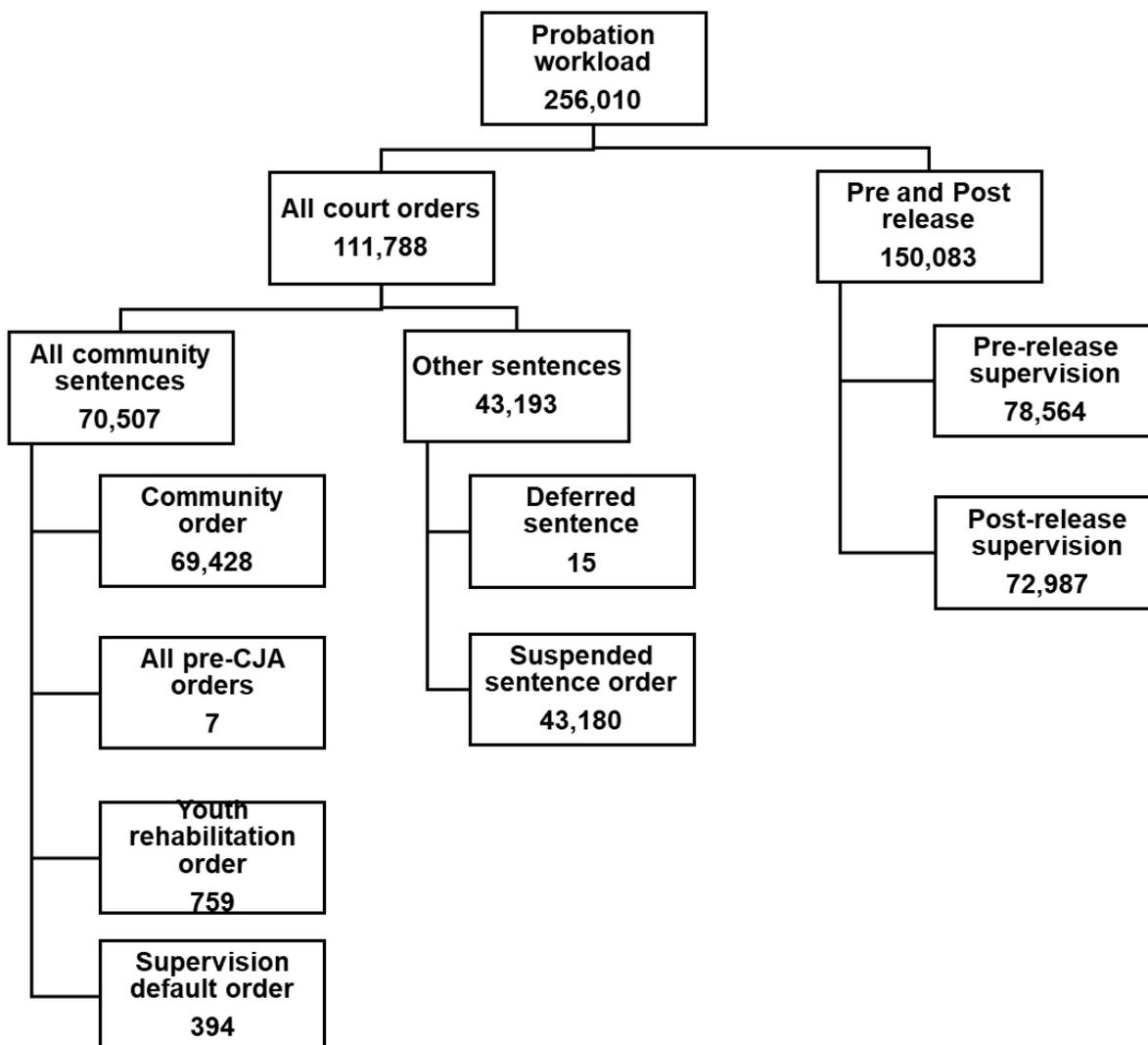
### 2.2 National level data

At the end of 2018, there were 256,010 people under probation supervision; in the last 10 years, this figure has fluctuated between 217,359 (2014) and 267,146 (2016)<sup>xii</sup>. In 2017, 16% of individuals starting supervision, as a result of a community order or a suspended sentence order, were women; this is higher than the proportion seen in the prisons where women make up 5% of the overall prison population<sup>xiii</sup>.

Probation are responsible for supervising people who are given community sentences and Suspended Sentence Orders by the courts, as well as offenders given custodial sentences, both pre and post their release from custody; Figure 5 shows the number of people in England and Wales in each of these categories in 2018. The figure shows that

a large number of people under probation service supervision are pre-release (from custody) and therefore not living in the community. Of those living in the community the majority are either under a community sentence, a Suspended Sentence Order or post-release (from custody) supervision.

**Figure 5: People under probation supervision at the end of 2018, under court orders and pre and post release supervision by sentence type, England and Wales**



**Note on the data:** The methods used by the MoJ to count people mean that the totals and sub-totals are less than adding the sum of their parts<sup>xii</sup> Please refer to page 38 of the Offender Management Statistics Guide for a detailed explanation of the counting procedures.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/796903/offender-management-statistics-guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796903/offender-management-statistics-guide.pdf)

**Data source:** Ministry of Justice, Offender Management statistics quarterly: October to December 2018; 2019. Available from: <https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-october-to-december-2018>

Nearly a third of adults supervised by the probation service, under a Community Order or Suspended Sentence Order (for which data on age and ethnicity are routinely available), are

aged between 30 and 39 years with 1 in every 10 aged 50 years or older. The majority (82%) are white, with 7% Black or Black British and 6% Asian or Asian British<sup>xii</sup>.

In 2018, there were 102,688 first time offenders in England (211 per 100,000 population). In 2016-17 there were on average 1.17 re-offences per offender and 128,901 offenders who re-offended (29.2 per 100,000 offenders)<sup>xiv</sup>.

## 2.3 Local data sources and indicators

Indicator	Source and contact	Comment
<p>The number of people under probation service supervision in the community at a specific point in time.</p> <p>These data can then be broken down by:</p> <ul style="list-style-type: none"> <li>• risk category (low/medium/high/very high)</li> <li>• gender</li> <li>• age group</li> <li>• ethnicity</li> </ul>	<p>nDelius</p> <p>CRC Performance Team and NPS Performance &amp; Quality Team</p>	<p>To calculate the number of <b>adults</b> under supervision <b>in the community</b> those aged under 18 or on pre-release supervision (in prison) should be excluded</p>
<p>The number and rate (per 100,000 population) of first time offenders</p>	<p>Public Health Outcomes Framework B13c</p>	<p>Rate of first time offenders based on Police National Computer crime data</p>
<p>Percentage of offenders who re-offend</p>	<p>B13a</p>	<p>Annual figures are formed by taking a weighted average of the 4 preceding 3-month offender cohorts</p>
<p>Average number of re-offences per offender</p>	<p>Public Health Outcomes Framework 1.13ii</p>	<p>Annual figures are formed by taking a weighted average of the 4 preceding 3-month offender cohorts</p>
<p>Number of people under probation service supervision in the community with parental responsibilities</p>	<p>OASys</p> <p>CRC Performance Team and NPS Performance &amp; Quality Team</p>	<p>These data are recorded as Yes/No</p>
<p>Number and percentage of people under probation service supervision in the</p>	<p>OASys</p>	<p>These data are recorded as Yes/No</p>

community with significant problems with parental responsibilities	CRC Performance Team and NPS Performance & Quality Team	The percentage can be calculated by reporting those with significant problems as a proportion of the total number with parental responsibilities
Number of people under probation service supervision in the community who are Care Leavers	nDelius – recorded in the Equalities Form (Personal Circumstances)  CRC Performance Team and NPS Performance & Quality Team	These data are self-reported and recorded as Yes/No

## 3. Mental Health and Wellbeing

### 3.1 Specific considerations for adults under probation service supervision

Mental health disorders are common among people involved in the CJS<sup>xv,xvi</sup>. Whilst research has been carried out on the mental health of people in prison, very few studies have looked at the mental health & wellbeing needs of people under probation supervision in the community<sup>viii</sup>; however, it is often assumed that the mental health needs of people in the community are similar to those of people in prison.

Poor mental health and wellbeing are rarely seen in isolation. Mental health concerns are often seen alongside substance misuse issues (dual diagnosis) and broader social care needs. It is quite usual for people in contact with the CJS who have more than 1 mental health disorder, to have several – so a psychotic illness *and* more than 1 substance misuse disorder *and* a personality disorder *and* sometimes also a learning disability<sup>xvii</sup>. People with mental health disorders are also at greater risk of poor physical health – as the 2 are closely connected<sup>xviii</sup>.

A review of research suggests that it can be difficult for people under probation service supervision with a mental illness to access care<sup>viii</sup>. The review highlights that dual diagnosis and co-morbidity can form a barrier to accessing services<sup>xix</sup>. There can also be problems with continuity of care when people leave prison<sup>xx</sup>, particularly if information isn't transferred from prison healthcare to probation services in a timely fashion, and if people encounter problems with registering with GPs prior to or upon release from prison.

### 3.2 National level data

A recent large-scale survey of the mental health needs of people in prison in the UK continues to show high rates of previous contact with mental health services (either in prison or in the community) and/or a pre-existing diagnosis of a mental disorder<sup>xxi</sup>. The only formally funded study<sup>xxii</sup> of a stratified random sample of people in contact with probation in the UK - carried out in Lincolnshire - found that in the whole sample:

- 39% had a current mental illness
- 49% had a past/lifetime mental illness
- 47% had a probable personality disorder (PD)
- 5% had an eating disorder

Typical mental health disorders (mood, anxiety and psychosis) were seen at the following levels in the whole sample: 18% of the total study population had a mood

disorder (including major depression or mania); 27% had an anxiety disorder (panic disorder, agoraphobia, social anxiety, generalised anxiety, obsessive compulsive disorder, post-traumatic stress disorder); 11% had a psychotic disorder (with or without a mood disorder).

In addition, the study showed that 72% of those with a current mental illness also had substance misuse problems (dual diagnosis) and 27% were experiencing more than 1 form of mental illness (co-morbidity)<sup>xxii, xxiii</sup>.

### 3.3 Local data sources and indicators

Indicator	Source and contact	Comment
Number and proportion of people under probation supervision in the community with emotional wellbeing as a (criminogenic) need	OASys  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as yes/no
Number and percentage of people under probation service supervision in the community who have difficulties coping	OASys  CRC Performance Team and NPS Performance & Quality Team	Self-reported, not validated using a screening tool.  These data are recorded as no problems /some problems /significant problems
Number and percentage of people under probation service supervision in the community who have current psychological problems/depression	OASys  CRC Performance Team and NPS Performance & Quality Team	Self-reported, not validated using a screening tool.  These data are recorded as no problems /some problems /significant problems
Number and percentage of people under probation service supervision in the community who are experiencing social isolation	OASys  CRC Performance Team and NPS Performance & Quality Team	Self-reported, not validated using a screening tool.  These data are recorded as no problems /some problems /significant problems
Number and percentage of people under probation service supervision in the community who have current psychiatric problems	OASys  CRC Performance Team and NPS Performance & Quality Team	Self-reported, not validated using a screening tool.  These data are recorded as no problems /some problems /significant problems

### 3.4 Examples of practice

#### Practice with published evaluation

The Community Sentence Treatment Requirement (CSTR) programme aims to reduce reoffending and short-term custodial sentences by addressing the health and social care issues which may be contributing towards the offending behaviours. This will be achieved by increasing the use of all 3 treatment requirements - mental health treatment requirements (MHTR), drug rehabilitation requirements (DRR) and alcohol treatment requirements (ATR).

People suitable for a CSTR are those who are aged 18 or over, require treatment related to mental health and/or substance misuse, have been convicted of an offence which falls within the Community Order or Suspended Sentence Order sentencing threshold and have expressed willingness to comply with the requirement (consent). A new CSTR protocol was introduced across 5 testbed sites (Birmingham, Milton Keynes, Northampton, Plymouth, Sefton) in 2017/18. Preliminary data suggests sites saw more MHTRs sentenced during the pilot than the previous year. In 2016/17, 4 testbeds reported sentencing 10 MHTRs (excluding Milton Keynes as they implemented the protocol earlier). Between the new protocol being introduced and June 2018, 128 MHTRs were sentenced in the same 4 testbeds. The [Community Sentence Treatment Requirement Protocol Process Evaluation Report](#) suggests that the MHTR pathway has filled a gap in service provision for offenders with mental health problems.

#### Practice from local probation teams (no evaluation available)

The Mental Health Support Group (NPS Rochdale, North West Division) is a group which supports service users with issues in relation to mental health – including anxiety, depression, assertiveness, anger management, and stress - and supports individuals to develop positive skills to manage in the community. It is a non-judgemental, safe environment where people can attend, discuss issues and where they can feel valued, listened to and can help others. It is run weekly at Rochdale Probation and will soon be running in Bury and Oldham Probation Offices.

A Community Psychiatric Nurse (CPN), who leads on criminal justice for the local mental health provider, is based on-site at NPS Bolton (North West Division). This model allows the CPN to provide an immediate response to the mental health concerns of clients enabling quick assessment and access to services (when required). A single point of contact provides continuity for clients meaning that they don't have to tell their story multiple times. Senior management report that this model has improved engagement and attendance.

# Substance misuse

## 4.1 Specific considerations for adults under probation service supervision

There is a strong link between drug use and crime. The Home Office estimates that nearly half of acquisitive offences (stealing) are committed by regular heroin/crack cocaine users.<sup>xxiv</sup> There is also an association between alcohol and crime, although alcohol consumption doesn't always lead to crime. Victims of violent crime believed the perpetrator(s) to be under the influence of alcohol in 39% of violent incidents<sup>xxv</sup>. People under probation service supervision who misuse drugs and alcohol often also experience mental illness (dual diagnosis) and are likely to have wider social needs around housing, education and employment.

Drug and alcohol misuse can act as a barrier to healthcare and rehabilitation more generally. In the [NHSE Strategic Direction for Health Services in the Justice System:2016-2020](#) it is acknowledged that individuals with such multiplicity of need find it particularly difficult to engage with health and care services designed to deal with 1 problem at a time. Service providers can also sometimes find it difficult to engage with such individuals. The combination of substance misuse and mental health challenges can also make it very difficult for people to access healthcare as they can be “bounced” between mental health and substance misuse services<sup>viii</sup>.

In 2018, there were the highest number of deaths related to drug poisoning since records began in 1993, 51% of these deaths involved an opiate<sup>xxvi</sup>. People who have been recently released from prison are recognised as being particularly vulnerable to death from drug overdose.<sup>xxvii,xxviii</sup> Access to drug treatment in prison appears to have a protective effect<sup>xxix</sup>.

## 4.2 National level data

There is no single estimate of the level of substance misuse among people under probation service supervision in the community but research points to high rates of both drug and alcohol misuse<sup>viii</sup>. In a study of a stratified random sample of 173 offenders on probation in Lincolnshire (UK)<sup>xxii,xxiii</sup>: 12.1% of the sample scored 11+ on the Drug Abuse Screening Test – indicating either a ‘substantial’ or ‘severe’ level of drug abuse - whilst 55.5% scored positive for alcohol abuse, many of whom also had a mental illness. A study of 132 people on probation in Reading and Newbury<sup>xxx</sup> found about 44% of females and 43% of males were deemed to be hazardous drinkers.

Despite the high level of substance misuse, there is a relatively low use of drug rehabilitation requirements (DRRs) and alcohol treatment requirements (ATRs). DRRs

and ATRs are both community sentence treatment requirements (CSTRs) (see section 3.4). The CSTR can be given if the court is satisfied that the offender is dependent on alcohol and requires and may be susceptible to treatment (ATR) or dependent on or has a propensity to misuse drugs and requires and may be susceptible to treatment (DRR). An ATR and DRR cannot be combined. In 2017, 7% of women and 4% of men on Community Orders received a DRR and 4% of women and 3% of men on Community Orders received an ATR<sup>viii,xxxi</sup>.

Across England in 2018 to 2019, 34% of adults with a substance misuse treatment need successfully engaged in community-based structured treatment following release from prison; this figure varies across England from 21% to 47%<sup>xiv</sup>.

### 4.3 Local data sources and indicators

Indicator	Source and contact	Comment
Number and proportion of people under probation supervision in the community with alcohol as a (criminogenic) need	OASys  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as yes/no.  Alcohol as a criminogenic need is derived from 4 questions on the OASys. Each question is scored from 0 to 2 with 0 denoting 'no need', 1 'some need' and 2 'severe need'. Each need has a maximum score, and a need is identified when the score exceeds a cut-off (4+).  A validated screening tool (for example, AUDIT) is not used.
Number binge drinking or excessive alcohol use in last 6 months	OASys  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no/some/significant.
Number and proportion of people under probation service supervision	OASys	These data are recorded as yes/no

<p>in the community with drug misuse as a (criminogenic) need</p>	<p>CRC Performance Team and NPS Performance &amp; Quality Team</p>	<p>Drug misuse as a criminogenic need is derived from 5 questions on the OASys. Each question is scored from 0 to 2 with 0 denoting 'no need', 1 'some need' and 2 'severe need'. Each need has a maximum score, and a need is identified when the score exceeds a cut-off (2+).</p>
<p>Number who have ever misused drugs (in custody or community)</p>	<p>OASys CRC Performance Team and NPS Performance &amp; Quality Team</p>	<p>These data are recorded as Yes/No</p>

## 5. Physical health

### 5.1 Specific considerations for adults under probation service supervision

It is well documented that the physical health of people in prison – including infectious diseases and chronic illness - is worse than the general population<sup>xxxii</sup>; however, information on the physical health of people under probation service supervision is limited<sup>viii</sup>. Understanding and addressing the physical health needs of people under probation service supervision is important because it will improve health outcomes and reduce inequalities within this underserved population group and contribute to rehabilitation<sup>iv</sup>.

### 5.2 National level data

In a pilot HNA involving a representative sample of 183 individuals within 2 county-wide probation services, people under probation service supervision in the community were found to have greater physical and mental health needs than the general population<sup>viii,xxxiii</sup>. Scores from the SF36 health survey - which gives a validated measure of 8 aspects of general health - showed that the mental and physical health and functioning of the participants under probation supervision was significantly poorer than both the general population and people from deprived backgrounds. A study of 132 people on probation in Reading and Newbury<sup>xxx</sup> also measured SF36 scores and found that people under probation service supervision had lower SF36 scores for all 8 aspects of health compared with the general population.

Key risk factors, which increase the risk of poor physical health in any population group, include: smoking, excessive alcohol use, substance misuse, poor diet, excess weight and physical inactivity. In a recent HNA in Derbyshire<sup>xxxiv</sup>, 166 (self-selected) people in contact with probation were asked about these risks. Of those that responded:

- 63.5% (101 of 159 respondents) described themselves as smokers. This is over 4-times higher than the prevalence of smoking seen in the adult population in England<sup>xxxv</sup>.
- 14.5% (23 of 159 respondents) reported consuming no fruit or vegetables daily; this is more than double the 7% reported by the Health Survey for England 2015<sup>xxxvi</sup>
- 22.8% (36 of 158 of respondents) reported doing regular exercise on 5 or more days of the week; this is lower than the national average of 65% reported in the 2011 Census<sup>xxxvii</sup>; however, the proportion who reported that they did not achieve 30 minutes exercise on any days of the week (24.1%) was similar to the 22% reported nationally<sup>xxxviii</sup>

### 5.3 Local data sources and indicators

Indicator	Source and contact	Comments
Number and proportion of people under probation service supervision in the community with any physical or mental health (general health) conditions	OASys  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as Yes/No  These data are available for NPS and CRC clients.
Number and proportion of people under probation service supervision in the community who are living with: <ul style="list-style-type: none"> <li>• Allergies</li> <li>• HIV</li> <li>• mental health concerns</li> <li>• physical health concerns</li> </ul>	nDelius - Personal Circumstances, General health  CRC Performance Team and NPS Performance & Quality Team	No data are available on the type of physical or mental health concerns

### 5.4 Examples of practice

#### Practice from local probation teams (no evaluation available)

PHE South West is working with Bristol and Severn Operational Delivery Network who are collaborating with Bristol and South Gloucestershire Local Delivery Unit (within NPS, South West & South Central Division) to undertake Hepatitis C Virus testing (initially of high-risk clients) as part of **working to eliminate hepatitis C as a public health threat**.

NPS Lancashire have piloted the testing and treatment of hepatitis C in people under probation service supervision in the community at 2 sites (Blackpool and Burnley). The model in Blackpool included support from people with lived-experience. Clinics ran once a week (half to full day) and individuals were referred on to treatment where appropriate. The main costs were staff time for briefings and local events as well as the time of a Senior Probation Officer to organise logistics and support stakeholders. Initial reflections are that the success of the models was a result of support from local NHSE/I commissioners, having a clear NHS pathway for diagnosis and treatment of hepatitis C, the involvement of the Hepatitis C Trust, a good working relationship with a

pharmaceutical company and having a nurse involved in the programme who was able to help people get to their appointments and support them through treatment. The 2 models are currently being reviewed with the hope to scale up the work across the North West.

NPS Bolton have recently teamed up with Bolton Wanderers Community Trust to develop an engagement and support group which offers people under probation service supervision in the community a 10-week programme. The programme focuses on sport and exercise, keeping positive and staying happy, finances, friends and families, coping with alcohol and drugs, controlling emotions, healthy lifestyle and giving something back. The programme also includes free football coaching, matches and drills and the opportunity to complete sports leadership awards. The participants are given free refreshments and collected and dropped back home on the Bolton Wanderers Football Club minibus.

## 6. Suicide prevention

### 6.1 Specific considerations for adults under probation service supervision

The government has published the first **cross-government suicide prevention plan**. It sets out actions for local government, the NHS and the CJS. There are 4,500 suicides each year in England, and around 13 people end their life every day. Men are 3-times more likely to die by suicide than women, and suicide is the leading cause of death in men under 50<sup>xxxix</sup>.

People who have been recently released from prison are at a substantially greater risk of suicide than the general population<sup>xl</sup>. A study in 2006 found that the risk of suicide in recently released prisoners is approaching that seen in discharged psychiatric patients<sup>xli</sup>.

### 6.2 National level data

In England and Wales in 2017/18, there were 285 self-inflicted deaths of people under probation service supervision in the community, compared with 251 deaths in 2016/17. In 2017/18 the 285 self-inflicted deaths accounted for 30% of all deaths of people under probation service supervision and 102 were known to have occurred when the individual was under post-release supervision<sup>xl</sup>.

A recently published study comparing suicide rates for people under probation service supervision with the general population found that the rate of suicide for those under supervision in the community was nearly 6-times (males) and 29-times (females) higher than the rates observed in the general population and nearly 4-times (males) and 9-times (females) higher than the rates observed in prison<sup>xlii</sup>.

### 6.3 Local data sources and indicators

Indicator	Source and contact	Comment
Number and percentage of self-inflicted deaths of people under probation service supervision in the community	Ministry of Justice report yearly statistics on deaths of offenders in the community supervised by National Probation Service (NPS) and Community Rehabilitation Companies (CRC) <a href="https://www.gov.uk/government/statistics/deaths-of-offenders-in-the-community-annual-update-to-march-2019">https://www.gov.uk/government/statistics/deaths-of-offenders-in-the-community-annual-update-to-march-2019</a>	Comparisons can be made with previous years and the percentage increase/decrease calculated.  These data can be used to calculate the percentage of all deaths of

	These data are calculated from nDelius terminations.	offenders in the community that were self-inflicted.  These data are available for separate CRCs and NPS divisions
Number and proportion of people under probation service supervision in the community with self-harm, attempted suicide, suicidal thoughts or feelings	OASys  CRC Performance Team and NPS Performance & Quality Team	Self-reported, not validated using a screening tool.  These data are recorded as no/some/significant.
Number and proportion of people under probation service supervision in the community considered at risk of suicide	OASys  CRC Performance Team and NPS Performance & Quality Team	Risk is derived from past and/or current concerns identified by the probation officer from what they know about the person  These data are recoded as yes/no/don't know
Number and proportion of people under probation service supervision in the community considered at risk of self-harm	OASys  CRC Performance Team and NPS Performance & Quality Team	Risk is derived from past and/or current concerns identified by the probation officer from what they know about the person  These data are recoded as yes/no/don't know
Number and proportion of people under probation service supervision in the community who are on the suicide/self-harm register	nDelius  CRC Performance Team and NPS Performance & Quality Team	

## 6.4 Examples of practice

The NPS Suicide Prevention Steering Group have worked to raise awareness of suicide risk in people under probation service supervision in the community to ensure that their needs are reflected in national guidance and policy. The group are currently using the

National Collaborating Centre for Mental Health **Self-harm and Suicide Prevention Competence Framework: Adults and Older Adults** to update probation suicide prevention training. Where possible, probation are linked into local authority suicide prevention plans and take part in multi-agency suicide prevention meetings for example in Oxfordshire. In one probation division they have worked with the Samaritans to introduce a third party referrals process to support probation service users at high risk of suicide. Staff are also working to ensure the linkage of local Samaritans branches with Approved Premises to support residents who might be at risk of suicide. Work has also been undertaken to raise awareness of the suicide prevention services offered by local charities and organisations for example through the work of Approved Premises Suicide Prevention Champions. The group have also promoted new suicide prevention and mental health support apps '**Stay Alive**' and '**Hub of Hope**' to support probation service users at risk of suicide.

#### **Practice from local probation teams (no evaluation available)**

NPS Bury, Rochdale and Oldham cluster have a champion in each office who is a single point of contact for self-harm and suicide prevention. The champion attends all the available training related to self-harm and suicide and is then responsible for disseminating information to the rest of the team. This model is being replicated at the NPS Bolton office.

## 7. Learning disabilities and challenges (LDC) and/or Autism

### 7.1 Specific considerations for adults under probation service supervision

The NPS Health and Social Care Strategy highlights that learning disabilities, learning challenges and autism are often confused and have very different consequences for individuals under probation supervision, regarding both their offending behaviour and health and wellbeing<sup>iv</sup>. The strategy gives a useful summary of the 3 terms:

#### Learning disabilities

Learning disabilities are defined as a reduced level of intellectual functioning that makes learning new skills and understanding new and complex information difficult. To have a diagnosable learning disability an individual must have an IQ below 70 and to receive social care support their disability must have a significant impact upon their wellbeing.

#### Learning challenges

There is also a significant proportion of people in contact with the CJS that do not meet the diagnosable requirement for learning disability but have an IQ in the range of 70 to 80. Such individuals may be defined as having learning challenges.

#### Autism Spectrum Condition (ASC or Autism)

ASC or Autism is a lifelong developmental disability that affects how a person perceives the world and interacts with others. Some autistic people also have learning disabilities or mental health problems such as anxiety or obsessive-compulsive disorder, meaning that individuals will need varying levels of support.

Recognising the signs of LDC and/or autism is crucial because individuals may be unlikely to respond to, or benefit from, conventional methods of addressing offending behaviour<sup>iv</sup>. The general health of people with learning disabilities is often poorer than for the general population; individuals are at increased risk of a range of physical health conditions and some mental health conditions, including schizophrenia<sup>xliii</sup>. Difficulties in understanding and communicating health needs, a lack of support to access services, discriminatory attitudes among health care staff and failure to make 'reasonable adjustments' can create significant barriers in utilising mainstream healthcare services<sup>xliv</sup>.

## 7.2 National level data

There is a lack of data on the number of people under probation service supervision who have LDC and /or autism. The prevalence of learning disabilities within the wider CJS is estimated to range from 1% to 10%<sup>xlv</sup> – the exact figure is debated. The OASys Learning Disabilities and Challenges Screen indicates that 28% of population under NPS supervision have a learning disability or challenge<sup>iv</sup>. There are no national data on the number of people under probation service supervision in the community who have autism.

In recognition of the lack of data, a prevalence study was undertaken at Milton Keynes probation office (NPS Thames Valley) using a screening tool (the AQ-10) to screen the probation caseload (512 individuals) in June to July 2013<sup>xlvi</sup>. A total of 336 individuals were screened by probation staff, of which 15 (4.5%) scored positive for likely ASC (a score of 7 or more out of 10 on the AQ-10). Further diagnostic information was available on 8 of the 15 individuals. 3 had an existing diagnosis of ASC and 5 were assessed to further evaluate their ASC – 3 of which screened positive for ASC.

## 7.3 Local data sources and indicators

Indicator	Source and contact	Comment
Number and percentage of people under probation service supervision who have Autism Spectrum Condition (ASC)	nDelius (Disability Area)  CRC Performance Team and NPS Performance & Quality Team	
Number and percentage of people under probation service supervision who have a learning disability	nDelius (Disability Area)  CRC Performance Team and NPS Performance & Quality Team	
Number and percentage of people under probation service supervision who have learning difficulties	OASys  CRC Performance Team and NPS Performance & Quality Team	This is an optional question to complete in OASys

## 7.4 Examples of practice

### Practice with published evaluation

Colleagues in the North West have undertaken extensive work around learning disability and autism, which culminated in NPS Lancashire being awarded Autism Accreditation by the National Autistic Society - the first probation site to do so (see <https://www.autism.org.uk>) . NPS Lancashire worked to identify the specific issues faced by people with autism and familiarised staff with autism, helping them to understand the meaning behind the behaviour of some people with autism, and developed strategies to prevent misunderstandings and incidents. Probation staff in Lancashire received specialist training, including at a local secure hospital, to improve the way they work with people with autism<sup>xlvii</sup>. NPS Lancashire is represented on the Lancashire Autism Partnership Board and NPS lead a justice subgroup.

### Practice from local probation teams (no evaluation available)

NPS Derbyshire hold a multi-disciplinary 'Learning Disabilities Champions' event every quarter. Attended by a wide range of partners, the focus is on providing attendees with new practical skills and knowledge they can readily share with colleagues and apply to their practice. It also serves as a means of networking and general problem solving. All materials are stored on a shared NPS drive to maximise the audience reached. Through strong relationships with local learning disabilities teams, clients suspected of having learning disabilities and/or autism have fast-tracked assessments. This involves offender managers completing the Hayes and or AQ50 assessments and referring them to a specialist Learning Disabilities nurse (employed by the Derby Learning Disability Team). The nurse meets with the client (usually within a week or so), to carry out a full assessment. The nurse compiles a report detailing whether the person has a learning disability and/or autism and identifies how they can be best supported. The nurse is also available on a consultancy basis and regularly provides advice to offender managers about individuals who do not meet the criteria for a diagnosis of learning disability but are borderline, or struggle to communicate effectively.

NPS Bury, Rochdale and Oldham cluster have a champion in each office who is a single point of contact for LDC and Autism. This champion attends all the available training related to LDC and Autism and is then responsible for disseminating information to the rest of the team.

## 8. Offender Personality Disorder Pathway

### 8.1 Specific considerations for adults under probation service supervision

Offender personality disorder (OPD) is an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time and leads to distress or impairment.<sup>xlviii</sup>

The OPD Pathway is a jointly commissioned initiative (NHSE/I and National Offender Management Service – now HMPPS) that aims to provide a pathway of psychologically informed services for a highly complex and challenging offender group who are likely to have a severe personality disorder and who pose a high risk of harm to others, or a high risk of reoffending in a harmful way. The offenders on the pathway are those who are unlikely to be willing or able to access other types of services or, at least, are unable to do so without additional support. It is, perhaps, their need for carefully planned management, in addition to any treatment that sets them apart from other offenders, and also where their personality difficulties can be seen to be at the heart of their offending.<sup>xlix</sup>

This offender group can present challenges to community supervision and health services. These offenders generally fail to make appropriate progress – which, in many cases, results in re-offending or breach of licence - are difficult to engage in rehabilitative activities and pose problems for professionals charged with managing the risk of harm they present.

Many people diagnosed with personality disorders also meet the criteria for mental illnesses such as depression or schizophrenia. It is also suggested that having a personality disorder may increase one's risk for developing mental illness<sup>l</sup>. Consequently, individuals with personality disorder will have substantial need for mental health services.

### 8.2 National level data

It is estimated that between 60% to 70% of the prison population meets the criteria for at least 1 form of personality disorder<sup>li</sup>. A small study of a stratified random sample of individuals under probation in the UK suggested that 47% of the probation caseload had a probable personality disorder <sup>xxii</sup>.

Personality disorders are thought to exist in about 5% to 10% of the general population, in about 20% to 30% of general practice patients, in 30% to 40% of psychiatric patients, and more than 50% of prison and forensic samples!

### 8.3 Local data sources and indicators

Indicator	Source and contact	Comment
Number and proportion of people under probation service supervision in the community who screen positive for personality disorder	<p>OASys Personality Disorder (PD) Screen</p> <p>CRC Performance Team and NPS Performance &amp; Quality Team</p> <p>nDelius Personal Circumstances</p> <p>CRC Performance Team and NPS Performance &amp; Quality Team</p>	<p>The screening tools will help detect possible PD, but they DO NOT diagnose it.</p> <p>The presence of 7 or more (out of a possible 10) items on the PD Screen might indicate raised concerns.</p>

### 8.4 Examples of practice

#### Practice from local probation teams (no evaluation available)

NPS in Bury, Rochdale & Oldham and NPS in Bolton have an insight team based in their probation offices who have consultations with probation staff who are dealing with challenging PD cases. The probation team also runs a monthly professional development group session with a psychologist who offers support and encouragement to staff who are dealing with different and/or complex situations.

## 9. Social care

### 9.1 Specific considerations for adults under probation service supervision

The Care Act (2014) provides legislation on assessing and providing for the social care needs of eligible people leaving prison, living in bail accommodation or living in approved premises. Assessments under the Act are the responsibility of Local Authorities.

People of any age can require social care support; however, the likelihood of this increases as people age.

Various definitions of social care exist but for this document the following guidance, taken from [Probation Instruction on Adult Social Care](#) is used (new guidance is planned for publication in 2020). This is taken directly from The Care Act 2014 Statutory Guidance and is therefore a definitive definition for England.

#### Probation Instruction PI 06/2016

An individual may be eligible for care and support services if the adult's needs arise from, or are related to, a physical or mental impairment or illness and as a result of the adult's needs the adult is unable to achieve 2 or more outcomes set out in regulations, and as a consequence there is, or is likely to be, a significant impact on the adult's wellbeing.

These outcomes include:

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the adult's home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
- Carrying out caring responsibilities the adult has for a child

Much of the social care provided by Local Authorities is aimed at supported Activities of Daily Living (ADLs). These are defined as: "routine activities that people tend to do every day without needing assistance". The six basic ADLs are: eating, bathing or showering, personal hygiene or grooming, dressing, toileting and mobility.

It should be noted that health and social care needs are often closely related – one often affects the other.

## 9.2 National level data

As of October 2017, there are 13,376 people in prison in England and Wales who are aged 50 years-old or older. This represents 15.6% of the whole prison population. The MoJ project this to rise over the next 4 years to 14,800 which would equate to 16.9% of the prison population. This growth will occur in the context of a substantial increase in the number of older people in prison, already seen in the last decade or more<sup>lii</sup>.

People in prison experience an accelerated ageing process, their health outcomes are worse than those people of the same age in the community. The need for social care within prisons is presumed to be increasing based on reports from operational services, with the typical older person in prison having on average almost six separate health or social care needs<sup>liii</sup>. Upon leaving prison this ageing cohort are likely to have acute social care needs<sup>liv</sup>.

It is not only older people who require social care, people with any added vulnerabilities (for example autism or brain injuries) may also have social care needs.

## 9.3 Local data sources and indicators

Indicator	Source	Comment
Number, and proportion, of people under probation service supervision in the community referred for Local Authority social care assessment in the last year	Local Authority Adult Social Care Services	Routine data are not collected. Contact each relevant local authority to see if any data are available.

## 9.4 Examples of practice

It is likely that the best insight into social care need will be drawn from interview or survey data of people under probation supervision in the community. Although this can be resource intensive, the richness of data gained from people can make it worthwhile and cost-effective (see chapter 11).

### Practice from local probation teams (no evaluation available)

Lancashire County Council have a team of social workers who complete all the social care assessments for people based in the prisons in Lancashire. This team has a close working relationship with NPS Lancashire and also works with people based in prisons out of area who are returning back to Lancashire.

NPS Lancashire and Lancashire County Council co-chair a Complex Case Advisory Panel which provides a forum for multi-agency discussion of cases involving criminal justice and social care systems. The meetings take place every 2 months and include health, probation, local authority, prison and other agencies. The group seeks to ensure that people with care and support needs, who would be considered ordinarily resident in Lancashire, and are involved with the CJS, receive support appropriate to their needs. Individuals must already have been referred to Lancashire County Council Adult Social Care Services before being discussed at the meeting. The group is primarily intended to resolve complex and challenging cases where a multi-agency discussion is required. It is anticipated that agencies will have made attempts to intervene in line with their own policies and procedures before referring a case for discussion.

## 10. Wider determinants of health

### 10.1 Specific considerations for adults under probation service supervision

It is important that the HSNA focuses on the wider determinants of health. The more favoured people are, socially and economically, the better their health<sup>liv</sup>.

People under probation service supervision in the community – like all justice-involved populations – tend to have experienced worse social conditions including poverty, unsuitable housing and poor education, training and employment (ETE) opportunities. Prior homelessness (including insecure housing and living in temporary accommodation) has been found to be a reliable predictor of higher reoffending, even controlling for criminal history<sup>lv</sup>. Supporting people into employment can have significant and substantial effects in reducing reoffending<sup>lvi</sup>.

### 10.2 National level data

In a Ministry of Justice Survey, 37% of people in prison stated that they would need help finding accommodation at release, and those with a drug or alcohol problem were more likely to report a need for support with accommodation than those without a drug or alcohol problem<sup>lv</sup>. The Prison Reform Trust reports that many women lose their homes when they go into prison and says that 60% of women prisoners may not have homes to go to on release<sup>lvii</sup>. Homeless Link states that 15% of men and 13% of women in prisons are listed as having ‘no fixed abode’ as their accommodation status when leaving prison<sup>lviii</sup>. An Inspection of through the gate resettlement services for people serving 12 months or more showed that many prisoners needed substantial help before they were released: finding somewhere to live was a common problem, along with finding work or making a benefits claim, and getting assistance with substance misuse or mental health problems<sup>lix</sup>.

### 10.3 Local data sources and indicators

Indicator	Source	Comment
<b>Accommodation</b>		
Number and percentage of people under probation service supervision in the community with accommodation as a (criminogenic) need	OASys CRC Performance Team and NPS Performance & Quality Team	These data are recorded as yes/no  Accommodation as a criminogenic need is derived from 4 questions on the OASys. Each question is scored from 0 to 2 with 0 denoting ‘no need’, 1 ‘some

		need' and 2 'severe need'. Each need has a maximum score, and a need is identified when the score exceeds a cut-off (2+).
Number and percentage of people under probation service supervision in the community currently of no fixed abode or in transient accommodation	OASys CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
Number and percentage of people under probation service supervision in the community with issues around suitability of accommodation	OASys CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
Number and percentage of people under probation service supervision in the community with issues around permanence of accommodation	OASys CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
Number and percentage of people under probation service supervision in the community with issues around suitability of location of accommodation	OASys CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
<b>Education, Employment and Training</b>		
Number and percentage of people under probation service supervision in the community with education, training and employment (ETE) as a (criminogenic) need	OASys, Layer 3 (Criminogenic Summary Sheet and section scores) CRC Performance Team and NPS Performance & Quality Team	These data are recorded as yes/no  Employment as a criminogenic need is derived from 4 questions on the OASys. Each question is scored from 0 to 2 with 0 denoting 'no need', 1 'some need' and 2 'severe need'. Each need has a maximum score, and a need is identified when the score exceeds a cut-off (3+).
Is the person unemployed or will be unemployed on release	OASys, layer 3 Q4.2	These data are recorded as employed, unemployed, or unavailable for work

	CRC Performance Team and NPS Performance & Quality Team	
Employment history	OASys, layer 3 Q4.3  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
Work related skills	OASys, layer 3 Q4.4  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
Attitude to employment	OASys, layer 3 Q4.5  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
Has problems with reading, writing or numeracy	OASys, layer 3 Q4.7  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
<b>Finance</b>		
Number and percentage of people under probation service supervision in the community with finance as a (criminogenic) need	OASys, layer 3  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as yes/no
Financial management	OASys, layer 3 Q5.3  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.

# 11. User engagement

## 11.1 Specific considerations for adults under probation service supervision

As referenced previously, there is a richness of data and insight that can only be obtained by successfully engaging service users with the HSNA. It is very easy for the voice of underserved populations not to be heard by people who commission or deliver services. It is therefore important to be proactive and engage people under probation service supervision in the community to ensure they can voice their needs and concerns in an appropriate forum.

There is a limit to the extent that the quantitative (numerical) data sources listed in earlier chapters can provide a full picture of the needs of people in contact with probation. The qualitative data gained from consulting with service users will complement any quantitative data collected. To support this, pre-designed questionnaires, interview/focus group questions and existing forums are outlined below in the section on “examples of practice”.

## 11.2 Examples of practice

### Practice with published evaluation

In 2018 Derbyshire Council developed a **health needs assessment of offenders in the community – Derbyshire and Derby City**. The research was designed using 3 methods: (1) collection of numerical (quantitative) data on health needs; (2) comparison of needs between Derbyshire community offenders and the general population; (3) qualitative data collected from key stakeholders and users to understand their experience of health care provision. The qualitative component included:

- a questionnaire to determine which services people in contact with probation required, how easy offenders found it to access services and their opinion of the care provided in terms of usefulness and satisfaction;
- an online questionnaire which was circulated to offender case workers employed by the Youth Offending Service, local CRC and NPS and also to professionals working in services providing health care to offenders (a full copy of the questionnaire can be found in Appendix 3 of the published HNA)
- interviews with community offenders (the schedule for these interviews is in Appendix 2 of the published HNA)

### Practice from local probation teams (no evaluation available)

NPS Bury, Rochdale and Oldham have “meet the manager” sessions each month, which allow service users to book an appointment and meet the managers at the probation office. There are also plans for a service user group, where service users can talk to probation, education/training and health staff.

NPS Bolton have a senior probation officer who leads for user engagement and a staff single point of contact for user-engagements who has supported service users and staff to engage with Mental Health Awareness Week, Black History Month and International Women’s Day

NPS Lancashire and Cumbria have a contract with User Voice.

## 12. Mapping of services to meet need

### 12.1 Specific considerations for adults under probation service supervision

This element of the HSNA is a crucial part of the process. The proceeding chapters will have built, step by step, a picture of the nature of health and social care need of people under probation service supervision in the community.

This section serves 2 related purposes which are:

- to map out the provision of health services as they currently exist and how well they are currently utilised
- to identify gaps in services where provision is not currently sufficient, and areas where services, in their current form, are surplus to requirement

An important principle that underpins this section is that of equity. The World Health Organization (WHO) defines equity as: "...the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically." Those who are under probation service supervision in the community should have no avoidable differences in access to services or outcomes from services than anyone else in the community would expect to have.

It is frequently reported that people in contact with probation face both system-level and individual-level barriers to accessing healthcare<sup>viii</sup>. Sometimes services simply do not exist to meet their needs, and sometimes services are difficult to access due to location, opening hours, restrictive referral criteria and poorly understood access routes. Commissioners do not always consider how best to structure service provision to make healthcare accessible and appropriate for people under probation service supervision<sup>viii</sup>.

### 12.2 Local data sources and indicators

Indicator	Source	Comment
<b>Views of people in key services</b>	Qualitative methods	If being undertaken – see chapter 11 on user engagement
<b>Views of people with lived experience</b>	Qualitative methods	If being undertaken – see chapter 11 on user engagement

<b>Mental health &amp; wellbeing</b>		
Liaison and diversion service in place	NHSE/I Health & Justice Commissioner	
Number of referrals made to interventions to address mental health needs (CRC/NPS/third-party delivered)	nDelius  CRC Performance Team and NPS Performance & Quality Team	
The number and proportion of men and women on community orders receiving a mental health treatment requirement (MHTR)	nDelius  CRC Performance Team and NPS Performance & Quality Team	
<b>Substance misuse</b>		
The proportion of adults released from prison (into the Local Authority Area) with substance misuse treatment need who go on to engage in structured treatment interventions in the community within 3 weeks of release	Public Health Outcomes Framework (C20)  <a href="https://fingertips.phe.org.uk/profile/public-health-outcomes-framework">https://fingertips.phe.org.uk/profile/public-health-outcomes-framework</a>	These data are not specific to those under probation service supervision in the community.
Number of people referred to community substance misuse services from a criminal justice system route out of the total number referred to community substance misuse services	National Drug Treatment Monitoring System.  Available from Local Authority Public Health Team (Commissioning Lead for Drugs and Alcohol)	These data are not specific to those under probation service supervision in the community.
Number of referrals made to interventions to address drug	OASys  CRC Performance Team and NPS Performance & Quality Team	

and/or alcohol needs (CRC/NPS/Third-Party Delivered)		
The number and proportion of men and women on community orders receiving an alcohol treatment requirement (ATR)	nDelius CRC Performance Team and NPS Performance & Quality Team	
The number and proportion of men and women on community orders receiving a drug rehabilitation requirement (DRR)	nDelius CRC Performance Team and NPS Performance & Quality Team	
Percentage of service users successfully completing the treatment element of their court order (ATR or DRR)	nDelius CRC Performance Team and NPS Performance & Quality Team	
<b>Wider determinants of health</b>		
Number of accommodation referrals made	nDelius CRC Performance Team and NPS Performance & Quality Team	
Number and percentage of people under probation service supervision in settled accommodation at termination (end of the order)	nDelius, Performance measure: SL026 - Settled Accommodation at Termination CRC Performance Team and NPS Performance & Quality Team	The proportion is calculated as service users in settled accommodation at termination / total terminations (excluding, for example neutral accommodation, for example, long-term healthcare, Immigration Removal Centres)

## 13. Prioritisation and implementation

The final section of the HSNA should bring together a summary of the main findings – highlighting any inequalities noted from the findings; a reflection on how the findings compare to previous needs assessments (where they exist) and a translation of the findings into a set of recommendations.

Full engagement of the HSNA working group will ensure the recommendations are implemented successfully through collaborative working. It is good practice to take the list of recommendations and transform these into an action plan with Specific, Measurable, Attainable, Relevant and Timely (SMART) objectives. This can highlight timescales for implementing the recommendations, state who is responsible, outline how it can be achieved and also record progress against each point.

**Tip:** It is useful to “sense-check” the findings of the HSNA with stakeholders before implementation of any action plan.

It is crucial to communicate the findings, recommendations and proposed action plan of the HSNA to all relevant individuals and groups.

Depending on the governance structure that exists locally, the HSNA working group can continue at this stage and keep ownership of the action plan (potentially turning into a task and finish group). Alternatively, a pre-existing group such as the local Community Safety Partnership, Local Criminal Justice Board or Health & Wellbeing Board may take oversight of the implementation of the recommendations.

A needs assessment is a key part of the commissioning cycle. The results from it should be used to inform documents used during the process of procuring services; for example, in the development of service specifications that will outline what specific services that commissioner expects to be provided. These expectations can then be established in the provider/commissioner contracts and monitored via the usual contract monitoring processes.

It is therefore expected that undertaking a needs assessment, as described in this guidance, should have a direct and tangible impact on the services provided for people under probation service supervision. This should then impact positively on the health and wellbeing of this population group.

### 13.1 Examples of practice

In 2018, Derbyshire Council completed a Health Needs Assessment of Offenders in the Community. A 'HNA Task and Finishing Group' was subsequently set up and meets on a quarterly basis. This group has developed a multi-agency action plan with specific actions assigned to agencies. There are clear accountability structures and this group reports to the local Health & Wellbeing Board and Criminal Justice Board.

# Appendix A – Relevant national policy context in 2019

## National acts and legislation

In 2005, as one of the provisions of the Criminal Justice Act, Community Orders were introduced as a sentencing option<sup>lx</sup>. The Criminal Justice Act enables twelve requirements to be made as a condition of a community order with 3 deemed particularly relevant to health: Mental Health Treatment Requirement (MHTR); The Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR).

MHTRs provide a mechanism to ensure that community offenders with a mental health condition are able to access appropriate treatment<sup>lxi</sup>. A DRR lasts between six months and 3 years and supports offenders to:

- identify what they must do to stop offending and using drugs
- understand the link between drug use and offending, and how drugs affect health
- identify realistic ways of changing their lives for the better
- develop their awareness of the victims of crime<sup>lxii</sup>

ATRs focus on community offenders who are either dependent on alcohol use, or alcohol use contributes to their offending<sup>lxiii</sup>. The aim of an ATR is to reduce or eliminate the offender's dependency on alcohol<sup>lxiv</sup>.

In 2012, the publication of the **Health and Social Care Act** placed the responsibility for commissioning for health and wellbeing with NHS England, the Clinical Commissioning Groups (C33CGs) and Local Authorities.

Additionally, Health and Wellbeing Boards were established under the Health and Social Care Act (2012), to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

In 2014, the **Offender Rehabilitation Act** made changes to the sentencing and release framework to create greater flexibility in the delivery of sentences served in the community.

The **Care Act** provides legislation on assessing and providing for the social care needs of eligible people leaving prison, living in bail accommodation or living in approved premises. Assessments under the Act are the responsibility of Local Authorities.

## National policy, strategy and reports

Published in 2009, **The Bradley Report** recognised that many offenders pose no risk to the public and could be better treated outside the prison system. The Prison Reform Trust called on the government to implement Lord Bradley's recommendations without delay. The Review also called for a new national strategy for rehabilitation services to be developed for the group of petty offenders with mental health problems or learning disabilities to ensure they are helped to stay out of trouble. The Bradley Report emphasises the importance of continued provision of mental health and social care services after release from prison. To assist with resettlement, on release from prison an adult offender is supervised by a probation officer from either a Community Rehabilitation Company (CRC) or the National Probation Service (NPS). Amongst other responsibilities, the role of the probation officer is to help the offender with any problems, such as housing, mental health and drugs or alcohol misuse<sup>lxv</sup>.

In 2012, the **Government's Alcohol Strategy** was published, which makes specific reference to the needs of offenders dependent on alcohol. The Alcohol Strategy acknowledges the high prevalence among the offender population of drinking at higher risk levels and states a need to ensure that entry into the criminal justice system provides an opportunity to provide support to overcome alcohol problems and prevent further offending.

In 2013, **Balancing Act** highlighted 3 reasons why Directors of Public Health should prioritise the health of people in contact with the criminal justice system:

1. Addressing the health needs of people in contact with the criminal justice system will enable Directors of Public Health to meet key national targets to improve the health of the most vulnerable.
2. Working to reduce reoffending and create safer communities will have health benefits for the wider population.
3. Collaborative working with NHS England commissioners will help to improve health outcomes by strengthening pathways between custody and the community.

In 2014, 22 national bodies signed the **Mental Health Crisis Care Concordat**, a national agreement between services and agencies including health, criminal justice and local authorities involved in the care and support of people in crisis<sup>lxvi</sup>. The Concordat aims to improve responses to people in mental health crisis, many of whom come into contact with the police<sup>i</sup>. A core principle of the Mental Health Concordat is to provide access to support before crisis is reached. This could include "access to liaison and diversion services for people with mental health problems who have been arrested for a criminal offence and are in police custody or going through court proceedings."

In 2016, the **Five Year Forward View for Mental Health** was published, containing a cross government commitment to improve pathways for those affected by mental ill health. The recommendations set out in the Five Year Forward View for Mental Health

are supported by the strategic document published in 2016<sup>lxvii</sup>. The report recommended that mental health services should be improved, with continuity of care on release to support offenders returning to the community.

In 2016, NHS England published the document '**Strategic direction for health services in the justice system 2016-2020**'; this sets out 7 priority areas that NHS England will focus on to reduce the health inequalities experienced by individuals known to the criminal justice system:

1. A drive to improve the health of the most vulnerable and reduce health inequalities.
2. A radical upgrade in early intervention.
3. A decisive shift towards person-centred care that provides the right treatment and support.
4. Strengthening the voice and involvement of those with lived experience.
5. Supporting rehabilitation and the move to a pathway of recovery. E
6. Ensuring continuity of care, on reception and post release, by bridging the divide between healthcare services provided in justice, detained and community settings.
7. Greater integration of services driven by better partnerships, collaboration and delivery.

In 2017, **Rebalancing Act** was published as a follow up to The Balancing Act to support stakeholders at all levels to understand and meet the needs of individuals in contact with the criminal justice system and through this to address health inequalities experienced by offenders. This report called for implementation of the following straightforward approach to services:

1. Build understanding of the specific health needs of people in contact with the criminal justice system locally.
2. Engage with communities, including service users and those with lived experience
3. Commission and deliver programmes jointly with partners across the system, including developing early intervention and prevention programmes; and monitor and evaluate progress and change.

Rebalancing Act identified 8 domains (see Figure 1) which should be addressed to ensure a holistic approach to the health and wellbeing of people in contact with the criminal justice system.

**Figure 1: Nine domains to address the health and wellbeing of people in contact with the criminal justice system**



Data source: Revolving Doors, Rebalancing Act, 2017.

In 2018, a [National Partnership Agreement for Prison Healthcare in England \(2018-2021\)](#) was published which sets out the partnership agreement between the Ministry of Justice, Her Majesty's Prison and Probation Service, Public Health England, the Department of Health & Social Care, and NHS England. It has 3 core shared objectives – one of which is to support access to and continuity of care through the prison estate, pre-custody and post custody into the community.

The [NHS Long Term Plan \(LTP\)](#), published in January 2019, sets out the vision for the NHS over the next decade. Whilst the principles of the whole LTP apply to health and justice commissioned services, there are specific priorities (outlined in the Appendix of the LTP) which relate specifically to health in the justice system.

In 2019, the NPS published the [National Probation Service Health and Social Care Strategy \(2019-2022\)](#). This strategy addresses the vulnerabilities of people in contact with the NPS to improve their health and wellbeing. It has 3 core commitments:

1. Improve the health and wellbeing of people under probation supervision and contribute to reducing health inequalities within the criminal justice system.
2. Reduce re-offending by addressing health and social care related drivers of offending behaviour to reduce victims of crime.
3. Support the development of robust pathways into services for people under probation supervision, including improving continuity of care between the custodial and community setting.

Although NPS does not have a statutory responsibility to support the health and social care needs of individuals under their supervision in the community, NPS believe that assisting individuals to access both health and social care is central to resettlement in the community and to overall rehabilitation. The strategy identified 7 priority areas: learning disabilities and challenges and/or Autism, social care, physical health, the offender personality disorder pathway, substance misuse, suicide prevention and mental health and wellbeing.

## Appendix B – Summary of local data sources and indicators for each priority area

Indicator	Source and contact	Comment
<b>Demographics</b>		
<p>The number of people under probation service supervision in the community at a specific point in time.</p> <p>These data can then be broken down by:</p> <ul style="list-style-type: none"> <li>• risk category (low/medium/high/very high)</li> <li>• gender</li> <li>• age group</li> <li>• ethnicity</li> </ul>	<p>nDelius</p> <p>CRC Performance Team and NPS Performance &amp; Quality Team</p>	<p>To calculate the number of <b>adults</b> under supervision <b>in the community</b> those aged under 18 or on pre-release supervision (in prison) should be excluded</p>
The number and rate (per 100,000 population) of first time offenders	Public Health Outcomes Framework B13c	Rate of first time offenders based on Police National Computer crime data
Percentage of offenders who re-offend	Public Health Outcomes Framework B13a	Annual figures are formed by taking a weighted average of the 4 preceding 3-month offender cohorts
Average number of re-offences per offender	Public Health Outcomes Framework 1.13ii	Annual figures are formed by taking a weighted average of the 4 preceding 3-month offender cohorts
Number of people under probation service supervision in the community with parental responsibilities	<p>OASys</p> <p>CRC Performance Team and NPS Performance &amp; Quality Team</p>	These data are recorded as Yes/No

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Number and percentage of people under probation service supervision in the community with significant problems with parental responsibilities	OASys  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as Yes/No  The percentage can be calculated by reporting those with significant problems as a proportion of the total number with parental responsibilities
Number of people under probation service supervision in the community who are Care Leavers	nDelius – recorded in the Equalities Form (Personal Circumstances)  CRC Performance Team and NPS Performance & Quality Team	These data are self-reported and recorded as Yes/No
<b>Mental health and wellbeing</b>		
Number and proportion of people under probation supervision in the community with emotional wellbeing as a (criminogenic) need	OASys  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as yes/no
Number and percentage of people under probation service supervision in the community who have difficulties coping	OASys  CRC Performance Team and NPS Performance & Quality Team	Self-reported, not validated using a screening tool.  These data are recorded as no problems /some problems /significant problems
Number and percentage of people under probation service supervision in the community who have current psychological problems/depression	OASys  CRC Performance Team and NPS Performance & Quality Team	Self-reported, not validated using a screening tool.  These data are recorded as no problems /some problems /significant problems
Number and percentage of people under probation service supervision in the community who are experiencing social isolation	OASys  CRC Performance Team and NPS Performance & Quality Team	Self-reported, not validated using a screening tool.  These data are recorded as no problems /some problems /significant problems

<p>Number and percentage of people under probation service supervision in the community who have current psychiatric problems</p>	<p>OASys CRC Performance Team and NPS Performance &amp; Quality Team</p>	<p>Self-reported, not validated using a screening tool.  These data are recorded as no problems /some problems /significant problems</p>
<b>Substance misuse</b>		
<p>Number and proportion of people under probation supervision in the community with alcohol as a (criminogenic) need</p>	<p>OASys CRC Performance Team and NPS Performance &amp; Quality Team</p>	<p>These data are recorded as yes/no.  Alcohol as a criminogenic need is derived from 4 questions on the OASys. Each question is scored from 0 to 2 with 0 denoting 'no need', 1 'some need' and 2 'severe need'. Each need has a maximum score, and a need is identified when the score exceeds a cut-off (4+).  A validated screening tool (for example, AUDIT) is not used.</p>
<p>Number binge drinking or excessive alcohol use in last 6 months</p>	<p>OASys CRC Performance Team and NPS Performance &amp; Quality Team</p>	<p>These data are recorded as no/some/significant.</p>
<p>Number and proportion of people under probation service supervision in the community with drug misuse as a (criminogenic) need</p>	<p>OASys CRC Performance Team and NPS Performance &amp; Quality Team</p>	<p>These data are recorded as yes/no  Drug misuse as a criminogenic need is derived from 5 questions on the OASys. Each question is scored from 0 to 2 with 0 denoting 'no need', 1 'some need' and 2 'severe need'. Each need has a maximum score, and a need is identified when the score exceeds a cut-off (2+).</p>

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Number who have ever misused drugs (in custody or community)	OASys CRC Performance Team and NPS Performance & Quality Team	These data are recorded as Yes/No
<b>Physical health</b>		
Number and proportion of people under probation service supervision in the community with any physical or mental health (general health) conditions	OASys CRC Performance Team and NPS Performance & Quality Team	These data are recorded as Yes/No  These data are available for NPS and CRC clients.
Number and proportion of people under probation service supervision in the community who are living with: <ul style="list-style-type: none"> <li>• Allergies</li> <li>• HIV</li> <li>• mental health concerns</li> <li>• physical health concerns</li> </ul>	nDelius - Personal Circumstances, General health CRC Performance Team and NPS Performance & Quality Team	No data are available on the type of physical or mental health concerns
<b>Suicide Prevention</b>		
Number and percentage of self-inflicted deaths of people under probation service supervision in the community	Ministry of Justice report yearly statistics on deaths of offenders in the community supervised by National Probation Service (NPS) and Community Rehabilitation Companies (CRC) <a href="http://www.gov.uk/government/statistics/deaths-of-offenders-in-the-community-annual-update-to-march-2019">www.gov.uk/government/statistics/deaths-of-offenders-in-the-community-annual-update-to-march-2019</a>  These data are calculated from nDelius terminations.	Comparisons can be made with previous years and the percentage increase/decrease calculated.  These data can be used to calculate the percentage of all deaths of offenders in the community that were self-inflicted.  These data are available for separate CRCs and NPS divisions
Number and proportion of people under probation service supervision in the community with self-harm, attempted suicide, suicidal thoughts or feelings	OASys CRC Performance Team and NPS Performance & Quality Team	Self-reported, not validated using a screening tool.

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		These data are recorded as no/some/significant.
Number and proportion of people under probation service supervision in the community considered at risk of suicide	OASys CRC Performance Team and NPS Performance & Quality Team	Risk is derived from past and/or current concerns identified by the probation officer from what they know about the person  These data are recoded as yes/no/don't know
Number and proportion of people under probation service supervision in the community considered at risk of self-harm	OASys CRC Performance Team and NPS Performance & Quality Team	Risk is derived from past and/or current concerns identified by the probation officer from what they know about the person  These data are recoded as yes/no/don't know
Number and proportion of people under probation service supervision in the community who are on the suicide/self-harm register	nDelius CRC Performance Team and NPS Performance & Quality Team	
<b>Learning disabilities and challenges and/or Autism</b>		
Number and percentage of people under probation service supervision who have Autism Spectrum Condition (ASC)	nDelius (Disability Area) CRC Performance Team and NPS Performance & Quality Team	
Number and percentage of people under probation service supervision who have a learning disability	nDelius (Disability Area) CRC Performance Team and NPS Performance & Quality Team	
Number and percentage of people under probation service supervision who have learning difficulties	OASys CRC Performance Team and NPS Performance & Quality Team	This is an optional question to complete in OASys
<b>Offender Personality Disorder Pathway</b>		
Number and proportion of people under probation service supervision in the	OASys Personality Disorder (PD) Screen	The screening tools will help detect possible PD, but they DO NOT diagnose it.

community who screen positive for personality disorder	CRC Performance Team and NPS Performance & Quality Team  nDelius Personal Circumstances  CRC Performance Team and NPS Performance & Quality Team	The presence of 7 or more (out of a possible 10) items on the PD Screen might indicate raised concerns.
<b>Social care</b>		
Number, and proportion, of people under probation service supervision in the community referred for Local Authority social care assessment in the last year	Local Authority Adult Social Care Services	Routine data are not collected. Contact each relevant local authority to see if any data are available.
<b>Wider determinants of health</b>		
Number and percentage of people under probation service supervision in the community with accommodation as a (criminogenic) need	OASys  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as yes/no  Accommodation as a criminogenic need is derived from 4 questions on the OASys. Each question is scored from 0 to 2 with 0 denoting 'no need', 1 'some need' and 2 'severe need'. Each need has a maximum score, and a need is identified when the score exceeds a cut-off (2+).
Number and percentage of people under probation service supervision in the community currently of no fixed abode or in transient accommodation	OASys  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
Number and percentage of people under probation service supervision in the community with issues around suitability of accommodation	OASys  CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.

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Number and percentage of people under probation service supervision in the community with issues around permanence of accommodation	OASys CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
Number and percentage of people under probation service supervision in the community with issues around suitability of location of accommodation	OASys CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
Number and percentage of people under probation service supervision in the community with education, training and employment (ETE) as a (criminogenic) need	OASys, Layer 3 (Criminogenic Summary Sheet and section scores) CRC Performance Team and NPS Performance & Quality Team	These data are recorded as yes/no  Employment as a criminogenic need is derived from 4 questions on the OASys. Each question is scored from 0 to 2 with 0 denoting 'no need', 1 'some need' and 2 'severe need'. Each need has a maximum score, and a need is identified when the score exceeds a cut-off (3+).
Is the person unemployed or will be unemployed on release	OASys, layer 3 Q4.2 CRC Performance Team and NPS Performance & Quality Team	These data are recorded as employed, unemployed, or unavailable for work
Employment history	OASys, layer 3 Q4.3 CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
Work related skills	OASys, layer 3 Q4.4 CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
Attitude to employment	OASys, layer 3 Q4.5	These data are recorded as no problems /some problems /significant problems.

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	CRC Performance Team and NPS Performance & Quality Team	
Has problems with reading, writing or numeracy	OASys, layer 3 Q4.7 CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
Number and percentage of people under probation service supervision in the community with finance as a (criminogenic) need	OASys, layer 3 CRC Performance Team and NPS Performance & Quality Team	These data are recorded as yes/no
Financial management	OASys, layer 3 Q5.3 CRC Performance Team and NPS Performance & Quality Team	These data are recorded as no problems /some problems /significant problems.
<b>Mapping of services to meet need</b>		
Views of people in key services	Qualitative methods from representatives (for example, prisons, local authority leads, OPCC, voluntary sector organisations that work with people who are in contact with probation, their families and/or victims).	If being undertaken – see chapter 11 on user engagement
Views of people with lived experience	Qualitative methods	If being undertaken – see chapter 11 on user engagement
Liaison and diversion service in place	NHSE/I Health & Justice Commissioner	
Number of referrals made to interventions to address mental health needs (CRC/NPS/third-party delivered)	nDelius CRC Performance Team and NPS Performance & Quality Team	
The number and proportion of men and women on community orders receiving a mental health treatment requirement (MHTR)	nDelius CRC Performance Team and NPS Performance & Quality Team	
The proportion of adults released from prison (into the Local Authority Area) with substance misuse treatment need who go on to engage in structured treatment interventions in the community within 3 weeks of release	Public Health Outcomes Framework (C20) <a href="https://fingertips.phe.org.uk/profile/public-health-outcomes-framework">https://fingertips.phe.org.uk/profile/public-health-outcomes-framework</a>	These data are not specific to those under probation service supervision in the community.
Number of people referred to community substance misuse services from a criminal justice system route out of the total number	National Drug Treatment Monitoring System.	These data are not specific to those under probation service supervision in the community.

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referred to community substance misuse services	Available from Local Authority Public Health Team (Commissioning Lead for Drugs and Alcohol)	
Number of referrals made to interventions to address drug and/or alcohol needs (CRC/NPS/Third-Party Delivered)	OASys CRC Performance Team and NPS Performance & Quality Team	
The number and proportion of men and women on community orders receiving an alcohol treatment requirement (ATR)	nDelius CRC Performance Team and NPS Performance & Quality Team	
The number and proportion of men and women on community orders receiving a drug rehabilitation requirement (DRR)	nDelius CRC Performance Team and NPS Performance & Quality Team	
Percentage of service users successfully completing the treatment element of their court order (ATR or DRR)	nDelius CRC Performance Team and NPS Performance & Quality Team	
Number of accommodation referrals made	nDelius CRC Performance Team and NPS Performance & Quality Team	
Number and percentage of people under probation service supervision in settled accommodation at termination (end of the order)	nDelius, Performance measure: SL026 - Settled Accommodation at Termination CRC Performance Team and NPS Performance & Quality Team	The proportion is calculated as service users in settled accommodation at termination / total terminations (excluding neutral accommodation, for example, long-term healthcare, Immigration Removal Centres etc.)

## References

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- <sup>i</sup> Revolving Doors Agency. Rebalancing Act. A resource for Directors of Public Health, Police and Crime Commissioners, the police service and other health and justice commissioners, service providers and users; 2017.
- <sup>ii</sup> Ministry of Justice. Offender Management Statistics Bulletin, England and Wales; 2019 31 October.
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