

Improving Healthcare for People in Contact with Probation

Q1. How can healthcare best be provided to achieve good health outcomes for people in contact with probation in Western settings?

We conducted a narrative systematic review which was divided into five areas: suicide, service access and continuity of care, mental health, new roles and general health interventions; and substance misuse



Suicide

- Higher amongst people in contact with probation than amongst the general population
- May be linked to substance misuse
- Risk is particularly high immediately after release from prison

Potential ways of improving management include:

- Training on working with vulnerable service users
- Regular contact with community mental health professionals for those at risk
- Recognising that missing appointments may be a sign of increased suicide risk
- Probation staff reviewing suicide risk when instigating breach, legal proceedings or enforcement actions as the stress associated with this may increase suicide risk
- Consistent supervision by the same staff



Substance misuse

- There are high levels of drug and alcohol use amongst people in contact with probation
- Studies focused on: pharmacological and non-pharmacological treatment, models of treatment provision, the impact of treatment readiness on treatment engagement and outcomes, coercive treatment, and the role of probation in relation to people with substance misuse problems
- More research is needed to understand if findings from these studies can be applied beyond the setting where they were conducted, and to investigate other potential influences on outcomes e.g. differences between sub-groups



New Roles and General Health Interventions

- Research has studied the introduction of new roles and interventions in probation such as Health Trainers and Health Champions
- Research considers some of the factors that are important for making the introduction of these roles a success



Mental Health

- There are high levels and complexity of mental illness amongst people in contact with probation, with many people having both a mental illness and a substance misuse problem
- Overall, there is not enough research on the effectiveness of interventions to improve the mental health of people in contact with probation
- There is some evidence that 'specialty' probation caseloads (currently used in the USA) may be better than traditional caseloads for linking people in contact with probation with treatment, improving their wellbeing, and reducing their chance of probation violation
- Studies also showed the value of:
 - Specialist mental health probation Approved Premises for improving residents' engagement with mental health services,
 - Implementing psychologically informed and planned environments to improve probation staff's confidence in working with people with personality disorder



Barriers to Service access & Continuity of Care

- Low literacy and health literacy levels
- Financial barriers
- Competing priorities
- Stigma
- Staff having an uncaring professional demeanour
- People not being registered with GPs
- Inadequate service provision



Potential Improvements to Service Access & Continuity of Care

- Co-location of health and criminal justice services or staff
- Appropriate opening hours and locations for services
- Meeting people at the prison gate
- Greater integration or pathways between health and justice agencies
- Caring professional demeanours
- Sharing health information in plain language

Q2. What are the current ways that healthcare is delivered to people in contact with probation?

National Surveys

We conducted six national surveys using a combination of surveys and freedom of information requests. Our overall response rate was 78.8% (n=466 organisations)

Overall, findings pointed to relatively few probation-specific services being commissioned or provided, although some organisations did report probation-specific elements within their mainstream provision

Participants were asked about barriers and practical measures for improving the health of people in contact with probation and/or their access to services.

Barriers:

- Probation not having a voice in commissioning healthcare
- A lack of funding and resources
- Gaps in service provision and/or a lack of clear and understood pathways into services
- Geographical boundaries – particularly for temporary residents in Approved Premises
- Organisational change
- Restrictive referral criteria
- An absence of services to meet the needs of particular groups
- Perceptions of people in contact with probation leading to them being denied access to services
- Individuals lacking motivation or ability to attend appointments
- Problems with information sharing
- Difficulties in being able to obtain appointments in a timely way
- A lack of training on addressing health needs and commissioning arrangements

Practical improvement measures:

- Including probation staff within commissioning forums
- Improved understanding of the health needs of people in contact with probation
- Increased investment in service provision
- Clear information about the services available and how to access them
- Specific services and/or access routes for probation
- Co-location of services or staff, and
- Improved systems for sharing health-related information,



Case Studies

We conducted semi-structured interviews with staff from Mental Health Trusts, Public Health Departments, Community Rehabilitation Companies, the National Probation Service and probation Approved Premises in six areas of the country to increase understanding of:

- How effective people feel the current systems and procedures for providing healthcare to people in contact with probation are
- Where improvements could be made
- What (if any) barriers people encounter to ensuring accessible and appropriate healthcare provision for people in contact with probation, and
- What mechanisms people feel need to be in place to enable monitoring of health, and measuring of and improvements to the quality of healthcare provision

Findings were similar to the surveys and the literature review - they suggested that people in contact with probation have complex health needs but encounter many barriers to accessing healthcare.

There needs to be a sustained and centrally driven effort to develop partnership working between health and criminal justice agencies as this is key to effective service provision. There is a need for clearer referral routes from probation to health and better mechanisms for feedback

System reform is needed to create joined up systems that enable partnership working at all levels including commissioning, training, co-location of staff, shared targets and quality indicators, and regular meetings

Q3. What data do providers currently collect which could be used to measure and improve the quality of the health of people in contact with probation and the healthcare that they receive?

Quality Indicators

Survey findings revealed something about the outcomes that organisations routinely record, but did not show much about the processes or structures that lie behind those outcomes. Consequently, we created a list of possible indicators that organisations could use for monitoring and improvement.



Conclusion

The key to improving healthcare for people in contact with probation lies in four main areas: commissioning, policy, practice, and research

We have created a toolkit for healthcare commissioners which includes:

- Information on the likely health needs of people in contact with probation
- An overview of the roles and responsibilities of different organisations
- Potential models of good practice to pilot
- Recommendations for each of the areas key areas for improvement listed above
- This is freely available from probhct.blogs.lincoln.ac.uk

FUNDED BY

NIHR | National Institute for Health Research

This study project is funded by the National Institute for Health Research (NIHR) [Research for Patient Benefit programme (Grant Reference Number PB-PG-0815-20012)]. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

