# Improving Access to Health Care Services for Men Leaving Leeds Prison

## Report on a Project by West Yorkshire Community Chaplaincy Project

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September 2016

# Contents

# Summary

This report presents the main issues arising from a Health Project carried out by West Yorkshire Community Chaplaincy Service (WYCCP) between October 2015 and September 2016. The project was funded by South and East Leeds Care Commissioning Group (CCG) to assist 15 men leaving Leeds prison to achieve improved health and to make better use of health services.

The intention is that this report can be used to inform those developing social policy on 'through the gate' services for ex-prisoners in respect of health, by funders and by service providers. As well as the achievements of the project some problematic barriers are discussed and pointers are given about possible future directions.

## Ex-Prisoners' Health

Prisoners typically experience much higher rates of physical and mental ill health compared with the general population. Additional health issues often include problems with drug and alcohol addiction but prisoners fare worse on very many health indicators. There is a significant risk at times of transition, such as leaving prison, when there is a higher risk of death, suicide or re-admission to jail.

## Methods

For this study, interviews were held with a small number of ex-prisoners and WYCCP staff. Health professionals from HMP Leeds and from community - based general and specialist services were also interviewed. Data on service outcomes was provided by WYCCP staff.

## Health Project Outcomes

WYCCP exceeded the set objectives by assisting 17 ex-prisoners from the South and East Leeds area who had self-identified health problems to gain improved health and better connections to services. Four additional men who did not identify a health problem but who were homeless, were helped to find accommodation. Needs were approached in a holistic way and public health – related problems such as homelessness and debt were dealt with as well as manifest ill health. Eight service user cases were closed within the year but the remaining thirteen men needed continuing support because they had to to access different health services and there were waiting times for health treatment.

## Barriers to Good Health

A wide range of barriers to accessing health services were identified. Prisoners themselves accepted responsibility in part for poor health: some said that they avoided dentists or doctors, while others experienced the ill effects of alcohol or drugs. However, some men also avoided using health services because they were made to feel unwelcome. Ex-prisoners reported being discouraged or treated poorly by health professionals despite some good support from individuals in both prison and community health services.

## Prison Health Services

The major problem reported in prisons was getting access to health services. Appointments were said to be arranged for far in the future, to the extent that some prisoners completed their sentences before getting to take up their appointment. The service itself was felt to be good, despite some poor aspects such as low quality dental products and lack of results from tests. Kindness from some staff was appreciated. Prisoners felt the main problem to be shortage of staff.

Prison staff, while agreeing that it was difficult for prisoners to get appointments, described a range of priorities for their time other than routine medical appointments. Attending to emergencies caused by drug overdoses, having to spend time ascertaining whether it was safe to segregate prisoners and the requirement to fit medical appointments around work schedules were all cited as reasons for lack of availability. Additionally, the service was undergoing a major re-organisation as a result of privatisation at the time of this study.

## Transition

Leaving jail was a period of stress and anxiety and ex-prisoners expressed a desire for improved advance planning. Particular issues were accommodation and lack of continuity of drug prescriptions, the latter reportedly responsible for much re-offending.

In some instances prisoners had been released with little information about any arrangements that had been made and this lack of communication could cause difficult problems. However, instances were also described where there was good planning and support for men and this was largely as a result of the efforts of committed individuals in the prison health team.

## Community Services

WYCCP staff and ex-prisoners described poor treatment of ex-prisoners by community health professionals. Service users were often pushed aside in GP surgeries and not given enough attention unless represented by a volunteer or project worker. Health professionals were often described as afraid and as suspecting that ex-prisoners were dangerous. There was evidence of diagnostic overshadowing, with service users not receiving help for routine medical conditions due to being labelled.

Poor treatment contributed to service users avoiding health professionals and / or returning to GP practices that were accustomed to dealing with homeless people. A further issue for men with severe mental health conditions was the involvement of health professionals in sectioning them: some service users avoided health professionals wherever possible due to fear of this.

Overall, support for ex-prisoners could be a lengthy process. Due to the need to meet different health professionals and to wait for appointment and treatments, many service users remained actively involved with WYCCP at the time of writing this report.

## Raising the Profile of Ex-Prisoners' Health

Some strategic actions were taken by the Health Project but there is scope for more work to be done. Staff contacted all South and East Leeds community GP practices and sent them information about the project. They also attended networking events held by specialist health professionals and developed better links with these services. Training was undertaken to further develop the abilities of volunteers and staff.

Some problems are systemic, for example housing for ex-prisoners being concentrated in poorer areas that are in turn linked to particular GP and other health services. However, as mentioned above, there were also indications of ex-prisoners being excluded from more affluent areas.

Further steps to improve access to good health might include training for health professionals to highlight the problems faced by ex-prisoners of getting equal health treatment. While this is unlikely to be a substitute for the individual support provided

by WYCCP in the short term, it could become an important point of reference over time.

## Conclusion

This report provides a basic overview of the Health Project and what it was able to achieve. It set out to tackle an important social problem and there is evidence of WYCCP's success in meeting the objectives set out by South and East Leeds CCG. At the same time important further issues have been raised and there is still a long way to go before the health inequalities faced by ex-prisoners have been effectively addressed.

# Main Report

## Background to the Study

This report is about a project carried out by West Yorkshire Community Chaplaincy Project (WYCCP) that aimed to increase ex-prisoners' access to community health services. The South and East Leeds NHS Care Commissioning Group (CCG) funded the project from October 2015 to September 2016, which was set up to:

- Support ex-prisoners to better access health care in the community,
- Investigate the barriers faced by men leaving jail, and to
- Investigate the possibility of new approaches to the problem of ex-prisoners' ill health.

The report follows the following structure. After an introduction to WYCCP and the health project, the context is described by looking at wider research findings. The methods used for the study are also explained.

The three main sections of the report discuss: what the project has achieved, the barriers to good health care experienced by ex-prisoners and strategic issues and possible new approaches.

Thanks are due to service users, health professionals and WYCCP staff who willingly gave their time to contribute to the report.

### An Overview of WYCCP

WYCCP was established in 2005 as a company limited by guarantee and a registered charity working across West Yorkshire, and Leeds in particular. It is a multi-faith organisation that was initially developed by members of the multi faith Chaplaincy in HMP Leeds and still retains the links with these communities. WYCCP also has important links with Community Rehabilitation Companies (CRCs) and the National Probation Service (NPS).

WYCCP summarises its overall aims as follows:

> West Yorkshire Community Chaplaincy Project is an independent resettlement organisation, which aims to reduce re-offending and contribute to building safer and stronger communities. Our mission is to help those who are being released from prison to integrate into the community through giving practical support both inside the prison and after release. (WYCCP, 2015)

As a 'through the gate' service, WYCCP offers support and assistance to ex-prisoners in Leeds at the point of leaving prison, immediately afterwards, and longer term according to the needs of the men. By accepting men who refer themselves[1], and who are therefore motivated to succeed, the service is able to achieve a higher recidivism success rate than might be the case if this were mandated[2]. At the same time it should be noted that WYCCP supports very troubled individuals who have a high risk or re-offending and who, due to their chaotic lifestyles, have often not have previously accessed support services (Ministry of Justice 2013).

Support is provided in the form of practical assistance, mentoring and guidance with a range of issues that are known to impact on the success of rehabilitation, including securing accommodation, employment, education and training, health, drugs and alcohol, finance debt and benefit, help with children and family relationships, attitudes and behaviour and engagement with the service.[3] Assistance may either be 'light touch' or more sustained and involved and often involves help with finding out about opportunities and other sources of help as well as filling in application forms. Staff also provide personal support and advice to manage the process of readjusting to life outside prison. The organisation maintains links with a wide range of services, including, for example, drug and alcohol support services, mental health services and employment and training providers among others.

Men are offered encouragement to make decisions and to take certain steps that assist with community re-integration. Additional help is often given with accessing services. Informal support is also given to ex-prisoners' families. There is a stated

[1] All men are accepted with the exception of sex offenders who receive specialist support, and non - UK nationals who are dealt with by immigration services.

[2] WYCCP has an encouraging recorded success rate of 70% - 75% for service users who do not return to prison within 12 months. It compares favourably with the 65% noted by WYCCP as typical for HMP Leeds as a whole. This rate cannot be used as a definitive measure of success in relation to the population of the prison as a whole however, as the numbers are not large enough to be statistically significant. Also service users may not be typical of all prison leavers. For example, those using the service may be more motivated than others to avoid re-admission or there may be other significant differences with the ex-prisoner population as a whole. Therefore comparison with a control group is far from straightforward. WYCCP has investigated this issue further: see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270093/west-yorkshire-community-chaplaincy-project.pdf.

[3] WYCCP uses the National Offender Management Service (NOMS) resettlement pathways, with the addition of an internal measure: engagement with the service.

intention that work should also support the wider community as a whole, through reducing the likelihood of re-offending.

The needs of ex-prisoners are considered in a holistic way, meaning that priorities are defined by the men themselves, within an overall perspective of rehabilitation and the prevention of re-offending. Accommodation and health issues often key concerns of ex-prisoners and staff help service users to identify the type of support they would like and to make priorities in a negotiated process.

Service users are supported in the transition process by three full time project staff and an average of fifteen volunteer link workers at any one time (there were 20 at the time of writing the report as a programme of recruitment training had just been completed). Volunteers are supported by a part – time project worker.
Service users have a key worker, and a volunteer link worker also provides support over a period of time. There is no formal cut off point for length of time that support may be received but if there has been no contact for two weeks, service users are sent a letter asking whether they still require assistance. If none is needed then their case is closed.

The next section provides some background to the development of the health project.

## The Access to Health Services Project

WYCCP was successful in a bid to the South and East Leeds CCG for a grant to work with 15 ex-prisoners in 2015 – 2016. This was the first commission of its type for the organisation.

Beyond the overall aims of the project, some more specific intentions included:

- Liaising more strategically with NHS healthcare within HMP Leeds,
- Developing links and liaising with healthcare professionals in the community,
- Supporting men in the community according to their needs,
- Sourcing and developing training specific to male offender health for staff and volunteers.

Some unanticipated issues also arose that presented some challenges. During the period when this study was carried out, prison health services in Leeds were being

privatised and this involved a complete re-organisation (not all of which had been completed at the time of the study). The main features of this were that: the distinction between primary and secondary services was being abolished, the service was to run over seven days a week rather than five and there was a great deal of staff turnover, reportedly for the reason that wages were lower under the new private regime. New managers were also appointed to the service. Therefore it is difficult to talk of the prison health service as a fixed entity at this time and efforts to improve strategic liaison had to be delayed. Nevertheless, the project continued as planned.

The work carried out by WYCCP is discussed further below, followed by a section on the barriers to health care experienced by ex-prisoners. The issues arising are used to inform suggestions about future developments for WYCCP and work to support ex-prisoner health and wellbeing more generally. First however, the wider context is discussed and the methods used in this evaluation are explained.

## The Context: Ex-Prisoners' Health and Wellbeing

There is a great deal of evidence that prisoners experience worse health than the general population. 90% of prisoners have been found to have at least one mental health condition (Singleton et al. 1998) and 46% of prisoners have a long term illness or impairment (Social Exclusion Unit (2002). Studies have found, for example, significantly greater levels of smoking, drug injection and associated hepatitis, sexually transmitted diseases and mental health conditions (Dyer and Biddle, 2013). Prisoners also have much higher incidence of a wide range of other health issues and are also more likely to have more than one health condition, making the situation more complex. Class based health inequalities have been consistently recorded, with working class people, who comprise the majority of the prison population, consistently disadvantaged (Marmot and Bell, 2012).

Health problems have been identified for people entering the criminal justice system at all stages of the pathway: before, during and after prison admission and while most efforts have been directed at the beginning of the pathway, more recent attention has been given to the situation of ex-prisoners and their rehabilitation. Literature on health in prisons draws attention to both the structural problems of the criminal justice system as a cause of ill health (Viggiani, 2007) and prison as a place

of respite for some, offering structure and access to health services for those with chaotic lives (Goomany and Dickinson, 2015).

On leaving prison, ex-prisoners may face a myriad of problems with regard to re-joining the community, such as being homeless, not having enough money, dealing with welfare agencies and accessing health care services (Sainsbury Centre for Mental Health, 2008). Prisoners often experience a high degree of apprehension before leaving on account of these problems (Woodall et al, 2013). As well as a high chance of re-offending and being readmitted to prison, ex-prisoners have been found to have a 29 times higher rate of suicide than the general population (Farrell and Marsden, 2008) and this is especially acute during the first 28 days (Pratt et al, 2006). Well-being and health of ex-prisoners is influenced by a wide variety of factors and situational problems.

The government has highlighted the importance of investing in the health pathway of ex-prisoners (Department of Health, 2009; 2009a) and of working in partnership to achieve this. Access to health services is a key issue for current government reform, with drug and alcohol use and mental health problems seen as important drivers for prison re-admission (Ministry of Justice, 2011).

Woodall et al (2013) argue that a more holistic approach to improving ex-prisoner health is needed, including greater understanding of the causes of good or poor ex-prisoner health (Burgess-Allen et al., 2006). However, authors note that this has not been explored in any great depth and there is a particular lack of studies about the transition that ex-prisoners face when reintegrating back into the community. Therefore the current WYCCP project is a timely and important one.

## Methodology

The aims of this study were agreed as follows:

- To evaluate the work of the project on improving access to health services for prisoners and ex-prisoners from South and East Leeds and consider how this might be further developed.

- To identify the particular barriers that ex-prisoners face with regard to access to health services and to evaluate WYCC's approach to supporting men to engage with them.
- To make suggestions to the project of ways that health support might be strengthened in the future.

Each of these issues is considered in relation to access to health services. It is essential to emphasise that as a study with a small sample size, no wide generalisations may be drawn from the findings and any statistical data cannot be taken as valid.

Research was carried out over a 9 month period between January and September 2016. A number of other evaluations[4] have been commissioned and completed in recent years to cover other projects and specific aspects WYCCP's work. The aim is not replicate that work and therefore this report is concerned only with the health project rather than the full range of WYCCP's activities.

Several methods were used:

- Desk based research: looking at what other research has found
- A focus group with WCCP staff using semi – structured questions
- Individual semi-structured interviews[5] with four ex-prisoners
- Individual semi-structured interviews with prison health staff
- Interviews with two community based health professionals, including general practice staff and specialist mental health professionals.

The findings in this report have been reviewed and approved by WYCCP staff and at all stages Social Research Association[6] ethical procedures were followed.

More details about the specific methods used are given in Appendix 1.

[4] See Halliday and Gray, (2008), *Evaluation of WYCCP*; Evidencing Change (2011) *West Yorkshire Community Chaplaincy Project: Final Evaluation Report,* and Wright (2015), *Evaluation of the West Yorkshire Community Chaplaincy Mentoring Project.* Reports are available from WYCCP.

[5] Semi - structured means that a list of questions is used but there is room for participants to answer questions in their own ways.

[6] Social Research Association *Ethical Guidelines* http://the-sra.org.uk/wp-content/uploads/ethics03.pdf

# Achievements of the Health Project[7]

WYCCP was funded by South and East Leeds CCG to support 15 men from South and East Leeds between January and September 2016 and referrals were made at any time between these dates. By the end of the funding period WYCCP had received 47 referrals from men living in the CCG area, of whom 26 had self-identified health needs. The data in this section are based on these 26 men.

## Referrals

All referrals were self - referrals instigated by prisoners and ex-prisoners themselves. Men were asked about whether they wanted assistance at release while they were still in prison. Information about the WYCCP Access to Health project was made available on the prisoner information desk in each wing of the prison, using posters and referral sheets left with the prisoner information workers. A trusted prisoner also gave information about the health project and other help when going from wing to wing. Although WYCCP asked for referrals to be made three months prior to release, in practice later referrals were accepted also.

## Service Users Assisted: Needs and Outcomes

The table below provides an overview of the work carried out for the Health Project in terms of the needs of ex-prisoners and the work carried out by WYCCP. Of the total number of referrals (26), just five did not engage with the service on release.

Some important points are discussed below the table.

**Table: Needs and Outcomes of Service Users**

| Health – related Needs / Issues for each Service User | Support provided by WYCCP | Outcome: closed / continuing |
|---|---|---|
| Adjustment to head injury | Support to receive help from Brain Injury Rehabilitation Trust | Case closed |
| Help with mental health condition<br>Homeless | Support to receive assistance from Dual Diagnosis Team<br>Housing found | Case closed |
| No GP<br>Homeless | Support to register with GP<br>Housing found | Case closed |
| Alcoholism problems<br>Homeless | Support with Antabuse prescription through GP | Case closed |

[7] This report was completed before the formal end of the project; therefore there may be some differences with figures shown in final monitoring reports.

| | | |
|---|---|---|
| | Referral for CBT[8] counselling<br>Housing found | |
| Knee injury | Continuing support with using health services | Continuing support |
| Mental health issues<br>Bereavement | Support to use primary mental health care services | Continuing support |
| Severe mental health issues: depression, coping with bereavement<br>Homeless | Referral to via GP to CMHT[9] for mental health assistance and support to use the service<br>Bereavement counselling arranged<br>Housing found | Continuing support |
| Severe mental health conditions<br>No income<br>No GP or dentist | Referral to CMHT via GP<br>PIP[10] awarded<br>Referral to Hearing Voices network<br>Change of GP to local practice, from homeless centre<br>Registration with dentist | Continuing support |
| Homeless<br>Dental problems<br>No GP | Housing found<br>Registered with dentist<br>Registered with GP | Continuing support |
| Help with PTSD[11]<br>No income | Completed rock-climbing course<br>Attitudes to Violence course (levels 1 and 2 completed)<br>ESA[12] and PIP awarded | Continuing support |
| Severe brain injury<br>No income<br>No dentist<br>No GP | Referral and support to use Brain Injury Rehabilitation Trust and primary mental health care<br>ESA awarded<br>Registration with dentist<br>Registration with GP | Continuing support |
| Epilepsy – only partially controlled<br>Treatment for Asthma<br>Adjustment to memory loss following brain injury | Support to use health services | Continuing support |
| Epilepsy<br>Anxiety and depression;<br>Self harm<br>Debt and finance problems | Support with finance and debt<br>Help to register with GP<br>Support in using primary care services<br>ESA and PIP awarded | Continuing support |
| Epilepsy – only partially controlled<br>Anxiety and depression | Payment plans put in place and help to get some debts written off<br>ESA and PIP awarded | Continuing support |

[8] Cognitive behaviour therapy
[9] Community Mental Health Team
[10] Personal Independence Payment
[11] Post-Traumatic Stress Disorder
[12] Employment Support Allowance

| | | |
|---|---|---|
| No income<br>Debt and finance problems | Registration with GP | |
| Severe mental health condition<br>Homeless<br>No dentist<br>No GP | Waiting for appointment with CMHT<br>Housing found<br>Registration with dentist<br>Registration with GP | Continuing support |
| Mental and physical health issues<br>No GP<br>Social isolation | Registration with GP<br>Volunteering arranged and attended | Continuing support |
| Mental health issues: anxiety and depression<br>Type II diabetes<br>Spinal cord injury resulting in pain<br>Possible bowel cancer | Support arranged with mental health charity<br>Registration with GP | Continuing support |

As can be seen, service users assisted by the project often experienced multiple problems with both physical and mental health. In addition to the people assisted above, during the project period four men from South and East Leeds were assisted to find housing. They have not been included in the table above because they did not express a specific health – related need. As has been pointed out however, housing has importance for health in general. For most men there were also a number of pressing issues that correlate highly with health problems, most particularly accommodation (NHS Confederation, 2012) and income (Marmot and Bell, 2012).

Two case studies are included in Appendix 2 and 3 of this report to illustrate in more detail the type of work carried out in supporting individual service users. They show the complexity of individuals' circumstances as well as the ways that improvements in quality of life can be made.

WYCCP uses a spider assessment tool for representing the needs of ex-prisoners in a diagrammatic form. Seven assessments are used, based on the seven NOMS resettlement pathways,[13] with the addition of community chaplaincy (which refers to the service users' engagement with the WYCCP project). Assessments for individuals were repeated at periodic intervals for each person so a picture of

[13] Resettlement pathways are: accommodation; education, employment and training; health; drugs and alcohol; finance, benefit and debt; children and families; and attitudes, thinking and behaviour (Social Exclusion Unit, 2002; Home Office, 2004).

development over time could be developed. However, much of the work carried out by WYCCP staff cannot easily be captured by figures and assessments because they do not take into account the accessibility of health services themselves or other issues. The following sections provide an account of WYCCPs work with service users from the points of view of participants.

## Service Users' Health and Wellbeing

Service users acknowledged that they did not always prioritise their own health and that were not always in the best of health. Two participants interviewed experienced mental health conditions and two had experienced drug addiction. They also talked of other ailments, and dental problems for some. One man asked about how he might get a dentist but also stated that he avoided dentists where possible.

## Service Users' Views on Support

Service users spoke highly of the support they had received from WYCCP. They had relied on services for a range of types of assistance but practical help, for example, dealing with forms and organisations was highly valued. This basic support for daily living, when it was needed, was important for men who were socially isolated with few alternative sources of help.

> [I have used WYCCP's services] to help me out with a few bits and pieces I need help with sorting. And that's it really. These people here are good. They've done good for me, do you know what I mean? (Service user)

Emotional support was also vital for some men with chaotic lives and who had few people they could trust:

> All the people here are great. They have really helped me and I don't know what I would have done without them. (Service user)

It is important to note that these testimonies were not solicited from participants by the interviewer but were offered spontaneously. Men with more acute health conditions especially valued the support available, perhaps because they had fewer alternative resources and because of their ambivalent relationship with health services, especially experiences of being involuntarily sectioned. All participants apparently had a good relationship with the service and its staff.

## Staff Roles in Individual Support

WYCCP staff sought to improve access to health services through the course of the project by keeping the men at the forefront and centrally involved. They often

accompanied service users to health appointments to ensure that they were able to register and / or access treatment. They pointed out that ex-prisoners were frequently treated badly by health professionals and other staff such as receptionists, resulting in lack of access. Intervention was often deemed necessary to make sure that men got assistance:

> I've seen how, when our guys go into an office,- I try to empower them- I'll say, "I'll sit here and you go tell them what you're here for." And then I see how they get treated and I think 'I'm not standing for this' and I'll go up and show them my ID and tell them "I'm supporting this man and how you're treating him I'm not very happy about". And as soon as they know there's somebody with him, everything changes. And then they are like "Mr so-and-so, I'm very sorry Mr so-and-so." (WYCCP staff member)

Therefore even though ex-prisoners might have the motivation and skills to seek medical help, it was not automatically made available to them. While much policy emphasises the need to change ex-prisoner behaviour, the data in this study indicates that there are also problems to be addressed in health services. The staff team maintained that poor treatment was a common occurrence and this is discussed further in the section on barriers in community health services below.

## Barriers to Use of Health Services

This section considers three issues: use of services in prison, the transition process itself and use of community health services. It is important not to over-state barriers, as service users did make successful use of health services. However it was clear that this was far from a problem – free area, in line with other research discussed above. The information in this section has been gathered from interviews with ex-prisoners, project staff and members of the prison health team.

## Use of Prison Health Services

Transition from one set of circumstances to another has been consistently shown to be difficult, with the potential for disruption and discontinuity. Experiences of prisoners before, during and after incarceration have been shown to have significance for community re-integration (Vishner and Travis, 2003) and this report therefore starts with experiences in jail.  Clearly a stay in prison is not intended to be

comfortable. However access to health services is meant to be comparable with that in the community,[14] with additional services brought in if needed.

## Making Appointments and Getting Treatment

Service users emphasised the difficulty of getting access to health services when in prison:

> "Well, when I were in prison, we actually had quite a good health service. But trying to get access to it, it's like trying to get gold Ink…….it's impossible" (WYCCP service user)

All prisoners were assessed on arrival at the prison. However, beyond this, ex-prisoners maintained that their only chance of seeing a health professional was if a prisoner was in a very serious position, such as being on suicide watch or if they had injuries from being attacked. It was said that minor health conditions were generally not treated. In one instance a prisoner had requested an appointment with a health professional but due to having to wait for about six weeks before an appointment, had actually been released before the appointment date. This issue was said to apply particularly to the dental service, where the waiting time was said to be 12 months.

WYCCP staff also mentioned delays, noting that a number of men claimed that they have not be seen by healthcare although they have submitted applications whilst in prison, with a large number of prisoners on short sentences released before being seen by the health team (discounting the initial meeting on arrival).

Several reasons were given for the difficulties. A disincentive was said to be the need to talk to prison officers:

> Now they don't feel comfortable going to a prison officer, because if they go to a prison officer to talk about their mental health, to everyone else on the wing they look as if there are grassing on somebody. You get that stigma that you don't talk to prison officers. You can say something brief or have a quick chat. But you don't have a long, sustained conversation. …. And that's when they become VPs, vulnerable prisoners…. So eliminating the health care reps has created a lot more problems within the prison environment. (WYCCP service user)

This service user had previously held a highly valued role as a voluntary health care worker while inside and felt that the ending of the scheme had been detrimental.

[14] Prison Life, https://www.gov.uk/life-in-prison/healthcare-in-prison

Another problem was said to be logistical. As the same participant pointed out, sometimes prisoners had to wait until there was someone free to accompany them to the health service:

> "One day there might only be one person that wants to go to health care. But because there's only one, they're not willing to release a member of staff to take that one person. So this young lad has got to wait 2 or 3 days until there's a group that wants to go down to healthcare." (WYCCP service user)

Overall, the main problem was said by service users to be lack of health service staff although a number of other problems were also identified by participants.

## Information about Health Problems

One participant complained that full results were not given to prisoners when they had tests carried out and that some tests (such as for liver function), were not available. Because of this, or because of the difficulty with getting appointments, prisoners were said to worry about what was wrong with them and mental health conditions could be exacerbated:

> "In prison, you are worrying about it, worrying about it, worrying about it. …..It's because you're stressing about it that much. And so when somebody approaches them to ask a question, they are that highly strung, because they're not getting the help they need, they take it out on the prisoners." (WYCCP service user)

## Dental Services

Dental care involved expenditure and one service user pointed out that this was not easily affordable.

> "If you are on basic pay as a prisoner, you can't afford the toothpastes, you can't afford mouthwash and a proper toothbrush. So then you are getting the jail toothpaste and toothbrush. And it's the most basic, cheapest, toothpaste and toothbrush, and it's just not good for dental care at all."

Others did not comment specifically on dental services but said that they either did not like seeing a dentist or saw no need for one. Although availability of dental treatment was low, with some exceptions there also did not seem to be as much demand. As with other health professionals, there was a long waiting time for appointments, with one dentist visiting the prison once a week.

## Good Aspects of Prison Health Services

Service users pointed out some positive aspects of prison health services. Indeed, comments about the services were not negative *per se*, it was access that was considered the problem. Mental health services were seen as offering good support to people who needed them, including needed medication, although one service user who had a serious mental health condition had experienced delays in getting needed medication on arrival. As one ex-prisoner pointed out:

> "And they do go above and beyond to try to help people with whatever mental health needs." (WYCCP service user)

Another mentioned individuals who had been particularly helpful and supportive:

> "It wasn't just the injections, it was mentally as well. I could talk to her. She'd actually come on the wing and speak to me … which were really nice. We need more nurses like that." (WYCCP service user)

Kindness and concern for personal wellbeing were appreciated and rated highly.

## Prison Work Priorities and Health Services

Staff of the prison service were also asked for their views on access to health services. Due to the privatisation, the service was in the words of one staff member to be "a bit chaotic." Beyond this however, other aspects of prison life that appeared to be prioritised by the regime before routine health services.

Many prisoners were using drugs when they entered prison and were put through a detoxification programme while inside. Staff and service users interviewed mainly agreed that this was the correct thing to do and one example was given where a prisoner had purposely committed a crime in order to get access to the detoxification programme, which was not available in the community.

However, the presence of drugs in the jail was highly problematic. Prison health professionals remarked on the need to respond to overdoses of new psychoactive substances (NPSs), especially the drug known as Spice, as a source of pressure and stress. Staff considered the service they could offer was very reactive: they were forced to respond to frequent NPS – induced emergencies, which took time away from being able to respond to other medical conditions. As one health professional stated:

> Where someone's having a heart attack and the sad thing is that there wouldn't really be a nurse there to attend to it. So it's really, really frightening

> at the moment. In a horrible way…. the Spice has taken over the healthcare. It's had a massive impact on the healthcare. In relation to the nurses being burned out. The prisoners not getting the access to the normal regime because while somebody's like that everybody else has to be shut away. And the ambulance has to come, you know, we can have up to 8 ambulances coming in one day. So I'm very negative about spice. (Prison service health professional)

As well as problems with drugs, another priority involved punishments. Health professionals were often called on to judge whether it was safe to segregate a prisoner in solitary confinement. Again, dealing with this took time away from more routine health services.

Thirdly, according to prison health professionals, a new regime of prioritising work for prisoners had also been recently put in place, with health appointments being required to fit around work duties. This was said to mean additional work for health professionals to make sure that appointments were scheduled for times that prisoners were not working (not always known in advance) or it meant missed appointments.

Therefore, while shortage of staff may well have had an impact, there were a number of other reasons why staff were often unavailable.

## Transition from Prison to the Community

The difficulties and lack of co-ordination that are often associated with transition in general have been well documented (e.g. Pearsall et al, 2014 Stacey, 2015). Re-offending of those released from jail remains high, at around 50%, with variations according to a number of offender characteristics and length of sentence (Ministry of Justice, 2013a). Service users, WYCCP and health professionals were all aware of leaving prison as a time of high risk in terms of ex-prisoner wellbeing and the possibility of re-offending. Ex-prisoners found leaving jail a difficult experience and said they would have preferred to have been more prepared before leaving.

### Stress and Anxiety

A substantial number ex-prisoners had to deal with several very important issues at once when leaving prison. Arranging accommodation was the most important for

many but health care also raised significant problems. The two were often connected because registering with a GP is linked to where people live. As one service user explained:

> Getting to know where the surgery were because I'd been in prison and I forgot what the address were ….Then having to re-register and wait for 2-3 weeks for the files to come down to the new surgery. Then I had to make a general appointment through a nurse….It just caused like a lot of anxiety. A lot of pressure and this that and the other… (WYCCP service user)

Many of the health issues raised had to do with lack of continuity of prescriptions for addictive drugs. Beyond this, physical and mental ill health was a problem for many (sometimes but not always allied to drug use.)

## Drug Prescriptions

Quick registration with GPs was a particular issue for service users who were addicted to drugs. Men in this situation were meant to leave prison with a prescription to tide them over and often this was the case. However, they talked of delays and transfer to community health services was said to cause serious problems in some instances. Being in prison and leaving it led to discontinuities in drug regimens that could have detrimental effects on health. There were good reasons for these discontinuities[15] but their existence could be detrimental for ex-prisoners who had chaotic lives. One service user maintained that lack of drug prescriptions when leaving prison was responsible in some instances for some men committing crimes in order to get money to buy drugs. In other situations they made their own arrangements:

> That took me about 3, 4 days to get a script. Between prison and getting a script I didn't want to use heroin so I actually had to go out and buy medication off other people until I got my script. (WYCCP service user)

> Some of these lads that have drug problems….they're having to wait two to three weeks. Well, their addiction doesn't hold for 2-3 weeks. So when they're coming out they are committing a crime to get their fix. …..And then in turn they get caught for the crime that they've done and they're back in prison. (WYCCP service user)

Another ex-prisoner described how he had taken an NPS until he was able to get another prescription:

[15] For example, some drugs prescribed by community health professionals in the community were replaced by others while in prison. This was because the drugs prescribed in the community were more desirable and replacing them with those that were less highly valued prevented their use in an informal economy.

> I ended up (going) to bed with a bag of legal high and for three and a half weeks. I just laid in bed – I didn't go on methadone or anything - and I stuck it out….. it should be easier to get access to rehabilitation. I took Spice and it's properly disgusting to be honest with you. It's really, really bad. (WYCCP servicer user)

While ex-prisoners emphasised the problems and bad consequences of mismanagement of the process of leaving prison, responsibility was placed with prison doctors rather than transitional or community doctors because of the need for authorisation of prescriptions by a doctor. Problems were not felt to be as acute by the prison health service team, however and this could be a question for further investigation.

## Good Organisation of Transition

There were instances where ex-prisoners had successfully made a smooth transition to living in the community, including gaining good access to health services. One WYCCP project worker explained the process as follows:

> There was good communication and that was down to his mental health Inreach[16] worker, who did a lot of community work in mental health. Everything worked perfectly: people were updated beforehand, there were meetings taking place within the prison, we knew exactly what medication he was on and there were people to make appointments for him on release when he got out. He got his medication and that worked really well. (WYCCP project worker)

The commitment and organisation of the prison health professional was important in this instance, demonstrating that organisation needs to start well in advance of release in order for transition to proceed well.

A mixed picture of transition planning was presented by the Community Mental Health Team (CMHT). Most meetings were said to be arranged in good time prior to release, but in some instances not much notice had been given. Health professionals stated it was good practice to meet prisoners due for release prior to a meeting, suggesting that involvement was not necessarily automatic.

## Lack of Co-ordination and Planning

Unfortunately there were many more instances where there were problems and lack of organisation was frequent. WYCCP staff reported instances where prisoners who were dependent on drugs were released without a prescription or where staff refused

[16] Secondary health services in prison.

to release information about a prisoner. Examples of problems of communication were where mental health workers and social workers had been reluctant to disclose information about what had been arranged for prisoners due for release, explained in terms of a need for confidentiality.

WYCCP staff described sudden and unexpected release from prison as a problem. An example was given of a man being released on Christmas Eve, with little preparation, no prescription and no options for accommodation. In such circumstances responses and support were hastily organised but this situation was clearly not satisfactory.

There was no indication or suggestion of any deliberate attempt by prison health services to obstruct planning.  It appeared that the prison health service was under severe pressure to provide services, with two issues at the forefront: service reorganisation and medical priorities, as discussed above.

### Self Help

One service user stated that the healthcare representative service in prison had been cut and was no longer operating. This provision, managed by another organisation, involved prisoners helping other inmates to re-register with community health and locate other services prior to release as well as acting as an intermediary with prison health professionals while inside. As a volunteer representative he had highly valued this opportunity in terms of the status it offered and contribution it made. It was not clear why the service was no longer running and further details were not available at the time of writing this report.

## Community Services

For some ex-prisoners re-registering with community health services was straightforward. However, according to participants there were a number of other issues that were problematic.

### Being Overlooked or Excluded for Treatment

A community General Practitioner (GP) practice manager was interviewed as part of this review. She stated that the protocol was that the prison would write to the GP practice when a man was due for release, if the ex-prisoner was returning to his home address. Overall, however, she emphasised that there was not much contact

and there was an assumption that ex-prisoners would not come from a middle class area:

> We're in quite a nice area of south and east Leeds and we don't have many of those (ex-prisoners) come through. I can't say off the top of my head if we have a policy on ex-prisoners because it's not something we have a lot to do with. (Practice manager)

Although a drug and alcohol worker was employed in the primary care service, people who used addictive drugs were not dealt with as a matter of course:

> (Other doctors in different areas) will be the people who deal with the patients – I assume they're harmless – who are thrown off practice lists and can't register with a doctor for whatever reason. Troubled patients really. They might have more of these patients that they deal with rather than the practices in the suburbs or whatever. (Practice manager)

There was evidence of significant diagnostic overshadowing[17] for ex-prisoners, where health professionals defined ex-prisoners primarily in terms of mental health issues or drug use. In consequence, other general health issues could go untreated.

## Social Class

Service users also voiced the same issues from their own perspectives. Apart from the practical difficulties of making appointments after leaving prison, there were a number of important reasons why they considered the health care they received was less effective compared with other patients. Service users felt social class was felt to be an issue, with middle and upper class[18] GPs often not comfortable talking to ex-prisoners:

> It sounds awful but my parents….were like middle class. So I can speak to middle class people, posh people, and come across as a nice person. If you come from a lower class, a lot of doctors you will find, especially older ones, come from an upper class background. ……. it's hard for someone who comes from that sort of background to speak to us. Money comes into everything doesn't it? (WYCCP service user)

[17] Diagnostic overshadowing is defined as: "once a diagnosis is made of a major condition there is a tendency to attribute all other problems to that diagnosis, thereby leaving other co-existing conditions undiagnosed." (Neurotrauma Law Nexus)

[18] There is considerable evidence about the persistence of class based health inequalities. People in lower socio-economic categories consistently experience worse health than people who are more advantaged (see for example, Marmot and Bell, 2012).

## Being seen as Dangerous

Service users felt they were seen as dangerous and stigmatised by their experiences. Because of this, they felt that the quality of health care received was not as good as they had received previously. As one ex-prisoner explained:

> When I came out it felt to me that the doctor wouldn't treat me. Because he knew I was in a drug treatment place. He doesn't know what I'm in for so he doesn't want me in his office to hear about my problems….. He's thinking about his safety instead of thinking about my health care problem. And it's just a quick turnaround, do you know what I mean? And it feels like that for loads of people when they come out of prison. (Service user)

## Avoidance of Health Services

Besides, or perhaps as a result of, the poor reception received, ex-prisoners also felt inhibited in explaining their health situation to health professionals:

> I find this, you'll have all these things in your brain that you will want to ask your doctor, and when you say it in front of your doctor you think 'oh, no'. And you're only there for about 10 minutes or so. (WYCCP service user)

Wariness was also noted by another health professional working with men leaving secure settings:

> For the people I work with, again there's that wariness, reflected in some of the interviews you've done, from the ex-prisoners or service users themselves because they've got that suspicion of health services. (Health professional)

Two service users were quite reticent about participating in the interviews. One man gave minimal answers to questions: he maintained that everything was "all right" and said he was not registered with a dentist because he did not need one. The other participant did not want to discuss health services at all and may have agreed to participate on the basis of showing goodwill to WYCCP, whose assistance he valued highly. Both men were in receipt of mental health services and had been sectioned several times. As another ex-prisoner explained:

> "You will find that a lot of people don't like doctors. Because their idea of keeping you safe is sectioning you". (WYCCP service user)

For some therefore, rather than a helpful service, health services were also seen as part of the system of punishment, leading to the avoidance of health services

altogether. Measures aiming to improve access to health care for people with severe mental health conditions therefore need to take these issues into account.

### Summary

This research has shown that well known systemic barriers across the criminal justice system and health services are also present in Leeds. The South and East Leeds area is also not exempt from the persistent health inequalities reported nationally.

WYCCP has met its targets for working with men leaving HMP Leeds and has clearly responded to the needs of men for health care support in the process of transition. The ex-prisoners taking part in this evaluation spoke highly of the services they had received and been helped to access by WYCCP.

Continued intervention to deal with problems is still needed, as shown by: the poor health of ex-prisoners, the reticence of some ex-prisoners to engage with health services and the reluctance of some health professionals to engage with ex-prisoners. From this project it seems that support access to health care is not a short – term issue. It is perhaps telling that most of the service users who used the service were continuing the receive support at the end of the funding period.

## A Strategic Approach to Raising the Profile of Ex-Prisoner Health

It is encouraging that NHS England is, among other issues, prioritising post – custody services for transition and recovery.[19] The third aim of the Health project was to develop a more strategic approach to health care services with a view to enhancing support for service users. Several initiatives were taken with a view to longer – term improvements.

The re-organisation of the HMP Leeds Health services has been mentioned above and WYCCP maintained good contact with the service through the re-organisation

[19] See for example: NHS England (2016) Health and Justice Commissioning Intentions 2016/2017 https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/03/hj-commissioning-intentions.pdf

period with a view to improving planning processes. It is to be hoped that more will come of this link in the coming months once new arrangements are fully in place.

Looking at health service use overall, it was notable that WYCCP's service users made use of a more limited number of GP surgeries in the South and East Leeds areas than might be expected. Typically, one GP practice would be used by 2-4 service users and others by none. In part this is because of the areas that the men were resettled into. Often these were predominantly poor areas (as noted by the GP practice manager above), where housing for ex-prisoners was made available. However, some service users also indicated that they did not feel comfortable in local GP practices where they had not been treated well. As a result some re-registered with a GP surgery that was used to dealing with patients who were homeless people, removing pressure to change the status quo.

Several steps were also taken to liaise more strategically with health professionals in the community, above and beyond the support provided to individual men. All general practitioner centres in the South and East Leeds area were contacted at the start of the project with information to introduce the project and offers to provide further information. Three responded positively and one of these practice mangers was interviewed as part of this report. There would be scope for following up this initiative in the future.

An invitation to present information at a Community Mental Health Team 'away day' was also taken up by a team member and good links were retained with that service as a result.

There was a perception that WYCCP was well positioned to further develop work on transition, including health because of their clear focus and embeddedness in the area. For example, one community health professional pointed out some very clear strengths:

> I think they (WYCCP) have a very clear role and because they specifically focus on working with ex-offenders, they've got the knowledge that they have, and the awareness of how that system works, in the prisons and what's going on in the community. And the effective working relationships they're able to forge; awareness of the kinds of needs that ex-prisoners will have, again the fragility that's around at that time of transition, I think they're in a really good place. (Health professional)

Importantly, further sources of funding for the work were also investigated. While this small project was able to show good outcomes for service users, there is a continuing need for core funding to support service users as well as other measures to tackle barriers to accessing health services and receiving good health care.

## Conclusion

This report has provided a brief evaluation of the Health Project carried out between January and September 2016 and commissioned by WYCCP. It has not sought to provide a systematic assessment of all activities carried out and the impact they have had, not least because the scope of this study has been quite limited, in line with the size of the project. Instead, it has aimed to provide a quick overview of what has been achieved in relation to the aims of the project and to highlight areas where more needs to be done.

Several conclusions may be drawn. Firstly, it is clear that the well documented health and social problems faced by ex-prisoners are also characteristic of men leaving HMP Leeds. Second, it is evident that for men seeking help with transition from prison to the community a 'through the gate' service such as that offered by WYCCP can do much to tackle the wide range of problems faced. WYCCP has clearly met and exceeded its objectives in relation to the scope of the project. However there are also indications that health support for some service users is not necessarily something that can be sorted out quickly. Instead, it appears that many service users need continuing support with using community health services and this is due to the fact that going through NHS appointments, assessments and moving from primary to secondary NHS services takes time. Where different health professionals are met on different occasions, the continuity of relationships offered by WYCCP staff is clearly helpful and necessary.

Many health professionals are not comfortable dealing with ex-prisoners and there are a fairly small number who interact regularly with them. There would be scope for awareness training for health professionals, with the aim of improving relationships and health treatment for ex-prisoners. It seems unlikely that training and other awareness measures could immediately circumvent the need for the individual advocacy of WYCCP staff and volunteers, however as a longer term strategy it might create a point of reference for health professionals who are uncomfortable at dealing

with ex-prisoners. It is hoped that this might go some way towards avoiding some of the difficult encounters described by participants in this study.

Finally, it is to be hoped that a way will be found to continue the work started by the project, to develop its scope and the continued contribution of ex-prisoners, health professionals and service providers.

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# Appendix 1

## Methods used in the Study

The WYCCP health project set out to improve the constructive use of health services by ex-prisoners from the South and East Leeds area, with the aim of improving the health outcomes of service users.

### Scope of the Study

It is not possible to precisely evaluate the impact of the project on the health outcomes of ex-prisoners, due to the short length of the project and the time it takes for health outcomes to become apparent (often decades). In considering the overall impact, it is also not possible to separate out the actions taken by WYCCP from those taken by other agencies and support services with which ex-prisoners are in contact because the evaluation did not include the other agencies in the area.

However, it is of course important to have the improvement of health as a key aim of the project and to use other measures, such as contact with health services as an indication of likely improvement in health. This is the approach taken here. To evaluate the project, the views of the people involved were asked for, to identify successful strategies and to pinpoint problem areas in ways that could inform future priorities.

### Sources of Data

The information used in this report is from two sources. Basic facts and figures were provided by WYCCP: numbers of men using the service, outcomes etc. This has been supplemented with further information about the type of support needed and provided.

The research involved several elements, as follows:

*Desk - based research*

- A brief review of literature on ex-prisoners' access to health services.

*Focus Group with WYCCP staff:*

- A focus group with staff and volunteers of the project to discuss ex-prisoners' health and access to services.

*Interviews with Ex-prisoners:*

- Interviews with 4 ex-prisoners from the South and East Leeds area about their health needs and access to services. Interviews covered health services in prison, the transition period when leaving and community services.
- The meetings took place at the WYCCP office and were arranged by project staff, who also provided a voucher and travel expenses to each of the participants. Interviews lasted for about half an hour.
- While two men gave a lot of information, another was much more reticent and one man declined to answer most questions. Nevertheless this reticence is equally informative, as is explained in the report.

*Interviews with Health Service Staff of HMP Prison, Leeds*

- Two members of the health team at Leeds prison were interviewed about the health service in the prison and arrangements for prisoners when leaving.

*Interviews with Community Based Health Professionals:*

- Two community based health professionals were also interviewed. A practice manager of a GP surgery in South and East Leeds area was interviewed over the telephone. Another interview with a health professional who had worked relatively closely with WYCCP was held at the WYCCP office.

Particular ethical concerns are raised by this work. The names of participants have been removed or changed in order to provide anonymity as far as possible. In some instances it is nevertheless potentially possible to identify a few participants and where this is a risk, further steps to anonymise the data have been taken, without affecting the authenticity of the data.

It has been assumed that all the information provided by participants has been given truthfully and in good faith. However where contentious issues have been raised, points were 'double checked' by asking other participants for their views. This research was carried out in line with ethical guidelines of the Social Research

Association. For more details, see: http://the-sra.org.uk/wp-content/uploads/ethics03.pdf

# Appendix 2: Case Study – Harry

## Account written by WYCCP Project Worker

Harry has been diagnosed with schizophrenia, paranoia, depression, nervous disability and possible foetal alcohol syndrome. He is also prone to self-harming, has severe learning disabilities and a very short attention span. He is prescribed anti-psychotic medication.

As an adult Harry has been convicted of thirty offences, mainly thefts and violence against previous partners and family members, although a couple of his offences have been violence against members of the public. Harry's first offence was at the age of fourteen.

On Harry's last sentence, he didn't cope very well. His mental health declined quite dramatically, to the point where he attempted to sever his arm. This caused extensive blood loss and he had to be resuscitated in his cell. It was at this very low point that Harry submitted a self-referral for support to WYCCP.

When I first met Harry, he wasn't very responsive to my conversation and was heavily sedated. However, once I had met with him a couple more times, he started to come out of himself more and began to engage in conversation more freely. It was quite apparent that Harry would need intensive community support. There were many issues to deal with, including his mental health, helping with his housing, debt and budgeting and support with family issues.

I met Harry upon release, along with a WYCCP Link Worker. He was in a very high state of agitation and the risk factor had to be managed delicately. We had to constantly reassure him and try to help him to stay calm and not lose his temper at his probation appointment, at the housing office (where a police officer had been on standby in anticipation of Harry's release) and even at his dental practice.

At the time of referral, Harry had a pending court appearance for an assault on two of his neighbours. We worked closely with his probation officer and solicitor and supported him at court. I addressed the court and answered the magistrate's questions. It was stressed that Harry did not cope well in custody and it would serve

no purpose to sentence him. We also emphasised that due to his mental health, Community Payback would not be appropriate – Harry received a fine.

Harry is now under the local Community Mental Health Team and is compliant in taking his medication. His mental health is now stable. Harry's physical health however is not good at the moment and we are supporting him with outpatient appointments for two impending operations.

When Harry came out of prison, he was looking at eviction from his council property and had the papers served on him due to rent arrears and anti-social behaviour. Through WYCCP support these issues have been addressed. He has now nearly paid off his arrears and there have been no further issues with his neighbours.

WYCCP continues to support Harry with new learning skills. With WYCCP's support Harry has made a significant change to addressing his behaviour and will continue to receive our support as long as he feels he needs it.

# Appendix 3: Case Study – Robert

## Account written by WYCCP Project Worker

Robert (not his real name) is 35 years old and has been familiar with the Criminal justice system for the last 15 years. Unusually, he admits he had been on the periphery of offending for a long time; it was only when he could not source funds to maintain his alcohol addiction he began offending; usually acquisition crime. As the years went by he was charged with numerous violent and public order offences; with alcohol being the catalyst for this.

He has sporadically been on WYCCP's case load since summer 2010. Historically, his commitment to engaging with services can be described as fickle. On release from prison 6 months ago we have witnessed an encouraging change in his attitude towards his resettlement.

As a result of nearly 15 years of alcoholism he battles with severe depression, emotional anger and cirrhosis of the liver. He speaks retrospectively of his despair and devastation of his family becoming estranged because of his alcohol addiction.

WYCCP has successfully supported him by submitting housing application forms prior to release from prison. At this time we also made sure he was registered with a GP as this was vital for his prescribed medication for his depression and we also discussed options for addressing his alcoholism.

We assisted him with creating his C.V. and undertaking a universal job match. He is more confident in applying for jobs and hopes to start a course at the local Building College later on in the year. WYCCP is also in the process of exploring various volunteering opportunities with organisations. We are confident he will secure a position as his confidence is growing daily.

He has agreed for WYCCP to look into sourcing an appropriate 'anger management programme' as he acknowledges this is something he needs to address seriously. We anticipate that he will be referred by his GP for cognitive behavioural therapy (CBT).

Robert has been open and honest in his relationship with his current partner, although the relationship is sometimes volatile and fraught with issues; WYCCP has been able to liaise with the worker from the local authority Multi-Systemic Therapy (MST) who has been working his partner's family. We are also working in close partnership with National Probation Service to ensure his risk of harm and reoffending is considerably reduced.

For the first time since 2010 Robert has made small but significant steps to ask and accept help for addressing his alcohol issues. He has reduced his alcohol intake and is currently being prescribed Naltrexone, which is medication to help him manage the cravings and symptoms of alcohol withdrawal. WYCCP will accompany him to Forward Leeds which is the main drug and alcohol service that will support him so he is no longer alcohol dependent.

This time he has remained 100% committed to positive change. In his own words he has said "I just want to have a normal life and be happy". As his key worker I am determined to help him achieve this goal.