

INCLUSION HEALTH APPROACHES FOR PEOPLE ON PROBATION IN WALES

Introduction

The health of people on probation are known to be worse than the general public and mortality rates are higher. Mental and physical health are considered criminogenic factors (Social Exclusion Unit, 2002). Despite this, health matters, particularly physical health, are typically not prioritised within probation supervision.

A better understanding and response to the health needs of people on probation can have wide humanistic and economic benefits (Skinner and Farrington, 2023). People on probation have been found to use emergency departments regularly and have longer hospital inpatient stays (Williams et al, 2023). Therefore, improving the primary care response is important for effective health resourcing, as well as identifying and preventing the worsening of health conditions.

Probation leaders have acknowledged that 'making sense of the health and justice landscape can be challenging due to the complexity of, and interdependencies between, the health and justice systems' (HMPPS, 2019: 7). This system complexity is arguably more challenging in Wales, compared to its neighbour England, due to the 'jagged edge' of justice (Welsh Government, 2019). Probation policy is led by the Westminster Government whilst significant inter-related policy such as health and substance misuse are devolved to the Welsh Government.



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Positively, there are efforts by Public Health Wales (PHW) to understand and respond to the delivery landscape and needs of people on probation through an inclusion health approach. This article reflects on the importance of such developments, with reference to a PHW commissioned study which mapped the health needs and support services in Wales (Rabaiotti, 2023).

Taking an inclusion health approach

Those who experience social exclusion and barriers to health care, such as stigma and discrimination, and ultimately, poor health outcomes, fall into 'inclusion health' policy and practice (PHE, 2021). Whilst 'health and justice' has replaced 'offender health' terminology, I argue within my article for the Probation Journal that people on probation are an 'inclusion health' group (Rabaiotti, *forthcoming*). This categorisation is arguably important given that people on probation 'often face a double disadvantage of both health inequality and difficulty of access to health services' (Lloyd, 2013:4).

Situating the issue as 'inclusion health' positions work to support people on probation as a public health priority. This has been driven in Wales through the PHW communicable disease programme, whose concerns include the increased prevalence of diseases such as bloodborne viruses and sexually transmitted diseases for people on probation, as well as other population groups such as the homeless, substance misusers and sex workers. Taking an inclusion health approach allows public health workers to help address inequities within 'the most vulnerable and excluded populations' (Luchenski et al., 2018: 266). Therefore, there is an opportunity for practitioners who work with such groups, including probation staff, to understand and respond to health and wellbeing issues (PHE, 2021).

Health issues for people on probation in Wales

Whilst mental health and substance misuse issues are generally well documented, there is limited understanding on the physical health needs of people on probation, and the health of prisoners is often used as a proxy to understand issues. For example, inspection reports indicate 20% of prisoners arriving at HMP Cardiff describe a physical health problem and 44% have a disability (HMIP, 2019).

However, a recent study in one Welsh Probation Delivery Unit found that as many as 46% of people on probation self-reported long-term illness (Williams et al., 2023). The same study highlighted the importance of considering wider determinants of health, including poverty, employment and housing issues. It highlighted that people on probation live in the most deprived areas and are less likely to have access to an outdoor area or garden at home than the general population in Wales.

Improving health and justice working in Wales is particularly important given poor criminal justice outcomes (such as higher imprisonment and recall rates in Wales compared to England, and an overrepresentation of ethnically diverse people) (Jones and Wyn Jones, 2022) as well as Wales' specific health sector challenges around longer waiting lists and higher mortality rates.

Currently HMPPS in Wales has responsibility for commissioning services, for example in relation to Alcohol and Drug Treatment Requirements, whilst Welsh health boards provide health care within the Welsh prisons, as well as the community (HMPPS, 2019). However, the Commission for Justice in Wales stated there was greater opportunity for services to be effective through close integration (Welsh Government, 2019: 135).

Key findings of public health mapping in Wales

Public Health Wales funded mixed-methods research aimed to contribute to a developing understanding of needs and support available. The study included a mapping of services, Freedom of Information (FOI) Requests to HMPPS and a survey (see Rabaiotti, 2023).

FOI responses identified that HMPPS in Wales do commission and co-commission a range of services of which the majority support mental health, emotional well-being, and substance misuse. Whilst it is a strength that HMPPS are commissioning health-related services, many of these are targeted to certain cohorts and are limited in their attention to physical health.

A broader set of services for adults were mapped (140 in total), primarily consisting voluntary sector organisations who provide needs-related services to people on probation in Wales. The services mostly provide general support, employment and housing advice and to a lesser extent substance misuse and health support.

When also considering the commissioned services, there is a gap in providing inclusion health support across the population group. However, the survey respondent group (51 responses from professionals covering 34 community-based services in Wales) did indicate developing support mechanisms. 86% of respondents indicated that their service identifies or assesses health needs and 41% provided health-related services either directly or through a partnership or commissioned service. Collaborative examples include bloodborne virus (BBV) testing, enhanced GP services and neurodiversity support.

However, the survey respondents indicated several barriers to accessing healthcare - most notably were service availability and waiting lists, and mistrust of professionals. The most identified health needs were mental health and substance

misuse related as seen in the wider literature. Depression, stress and anxiety were most commonly cited mental health concerns.

'They fear they will be judged': Why Inclusion Health approaches are important

Inclusion health principles recognise that there are inequalities for certain population groups, such as people on probation, in accessing to health care. Barriers are reflective of systemic problems, particularly for prisoner leavers due to issues around processes and service access (see Patel et al., 2018). Difficulties around communication and information sharing continue within the community (Parkes et al., 2012).

In order to understand and address such issues, there is a developing picture of inclusion health studies in South Wales (see Irwin and Whitear 2020; Jones, 2022; Williams et al., 2023) and other health needs assessments being used to inform policy and practice (including a review across Wales' Approved Premises).

My survey identified service gaps; for example, communicable diseases are known to be prevalent for people on probation yet only a quarter of respondents from services said their service has a policy or process to detect or support the management of communicable diseases.

Furthermore, over a third of respondents felt that 'mistrust' acts as a barrier to accessing healthcare and reinforces the position of people on probation as an inclusion health group. Inclusion health groups face stigma, particularly those who are prison-experienced (Schnittker and John, 2007, Williams et al., 2022). As one voluntary sector respondent said people on probation are 'less likely to access services due to...fear they will be judged' and another had observed individuals being 'discriminated against because of their issues with substance misuse and offending.'

Moving forward: Concluding thoughts

There is a lack of voice given to people on probation directly around their experiences of accessing health care. I am seeking to address this and the limitations of my study through follow-up research within one Welsh Probation Delivery Unit.

Whilst people on probation have a universal right to health treatment, the low levels of interactions between this group and primary care suggests there needs to be supportive strategies between health and justice agencies (HMPPS, 2019). Developments in health and justice partnership working in Wales include employing three dedicated coordinators to strengthen treatment pathways (HMPPS 2022). Health and justice partnership coordinators have been seen to have a broad and flexible role in Wales, including setting up BBV screening and sexual health clinics, as well as engaging more actively in strategic health partnerships and public health research.

Currently, at an operational level, there is no requirement for probation to have health-based workers although this exists within youth offending teams (Brooker et al., 2023). However, improved efforts to integrate inclusion health responses within probation, including such roles, could be beneficial. Indeed, there are positive indications coming from desistance-based approaches to health needs (Brooker et al., 2023; Link et al., 2019).

Any developments within a new Welsh probation service (as outlined by the Probation Development Group - see Borja et al, 2023) would benefit from strategic and operational integration between health and probation to enable continuity of service and care. It is hoped that increasing the evidence base in Wales will lead to increased collaboration and recognition of the importance of inclusion health for people on probation.

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