# Healthier People Safer Communities

## Working Together to Improve Outcomes for Offenders

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## Foreword

*Better Health, Better Lives for Prisoners: a framework for improving the health of Scotland's prisoners* was produced by the Scottish Prison Service (SPS), the Scottish Public Health Network (ScotPHN) and the Scottish Health Promotion Managers Group (SHPMG) and published in June 2012.

A busy year has now passed, during which time the Scottish Prison Service has adopted the framework wholeheartedly and has been working to embed it further within SPS practice. In this, the (re)creation of the SPS National Prison Health Improvement Group, has been a crucial step forward.

In addition, the framework's development and publication has provoked interest in other organisations and it has become a catalyst to improve not only the health of prisoners, but that of the wider offender population. For example, the animated discussion at the national conference in November 2012 between Alcohol and Drug Partnerships and Community Justice Authorities on the subject of Offender Health reflects the trend in a number of agencies: that the interventions already being implemented within prisons and the community to improve the health of offenders, could be improved through stronger connectedness between prisons, community services and the through-care arrangements currently in place. The conference highlighted examples of where different organisations can (and should) come together on particular areas of health improvement to meet individual and community needs.

The Offender Health Collaborative (OHC) has been established to serve these joint interests, with a key aim of adapting the existing Better Health, Better Lives framework to allow inclusion of health improvement for the wider offender population. This report makes short, medium and long term recommendations on what and how this aim can be met. Some of these, for example, the establishment of a small working group to adapt the framework, are already underway. However, the other recommendations set out in this report now need to be taken forward.

In presenting this report to the wider group of stakeholders, the OHC is also offering the opportunity to them to help identify where their input and ownership of health improvement issues are required to improve the health of offenders and use that as a bridge to reducing reoffending and improving community safety.

I wish to thank Tina Everington for providing the OHC with an excellent overview of the current situation regarding Offender Health Improvement and the production of a comprehensive report detailing the steps that need to be taken to support the implementation of the Better Health, Better Lives framework more widely, including its adaptation for consideration of offender health. I'd also like to thank the SPS in particular for providing the resource to support this important work.

**Sharon Hardie**
**Health Promotion Manager – East Locality, NHS Ayrshire & Arran**
**Chair of the Offender Health Collaborative**

## Executive Summary

*"We understand that closer integration of services to rehabilitate offenders is essential to address the root causes of offending, and ensure a long-term solution for future generations. Much better links must be developed with employment, housing, education and health services, helping offenders to access the services they need to desist from crime."*

***The Strategy for Justice in Scotland 2012***

The aim of this report is to detail key findings and recommendations, and outline outputs that have arisen from a short secondment to the post of Scottish Prison Service (SPS) Health Improvement Manager. The recommendations set out are to the Offender Health Collaborative (OHC) in order to assist them in the development of a strategic response to improving offender health and wellbeing. The OHC currently has membership from SPS, NHS Health Scotland, Scottish Public Health Network (ScotPHN), Scottish Health Promotion Managers Group (SHPMG), local NHS Health Promotion Services and the Community Justice Authorities (CJAs).

The report is structured around the objectives of the post which were as follows:

- To support SPS in the delivery of the Better Health, Better Lives Health Improvement Framework in prisons.
- To make recommendations on the adaptation of the Better Health, Better Lives Framework for prisoner health improvement to a framework for offender health.
- To scope potential workstreams for the OHC.

## Review and Provision of Strategic Support to Enable the Delivery of the Better Health, Better Lives Health Improvement Framework in Prisons

The review highlighted that the SPS have both implemented and identified a number of processes that should strategically facilitate the delivery of the Better Health, Better Lives Framework across prisons in Scotland. The concept of extending the role of SPS to "beyond the gate" is supported at the highest level and will enable the extension of the framework from prisoner to offender health. The creation of the post of SPS Health Improvement Manager has allowed for support to be directed at the establishment of a National Prison Health Improvement Group (NPHIG) and involvement in initial outputs from the group. NPHIG should allow local prison health improvement to be progressed through the sharing of best practice, and specialist support and plans have been taken forward for an initial series of health improvement dialogues with local prison health improvement groups. Further outputs from the secondment include incorporating health and wellbeing into SPS delivery plans and analysis of the opportunities to further integrate health and wellbeing into the core agenda of the SPS. The recommendations outlined aim to further embed health improvement into core activity, develop partnership working, ensure best practice and establish the Better Health, Better Lives Framework as a realistic means of achieving shared outcomes in criminal justice and health.

## Short-Term Recommendations

1. Maintain strategic support for the Framework from the appropriate statutory agencies with the aim of further embedding the work into a whole prison approach to improving health and wellbeing and reducing re-offending.

2. Recommend NHS Boards have a lead for Offender Health Improvement to co-ordinate and provide strategic support to local multi-agency Offender Health Improvement Groups and to support the Single Outcome Agreement Reducing Re-offending Agenda.

3. Take the opportunity provided by the re-energised approach from the highest level within SPS to embed health improvement activity into core agenda. Advocate for re-directing resources if NHS Health Improvement/Health Promotion strategic and operational specialist support is currently not able to effectively support the Better Health, Better Lives Framework.

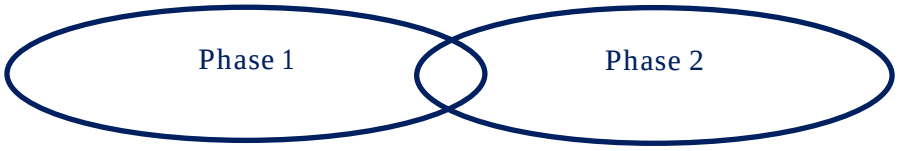
## Medium-Term Recommendations

4. Consider how a universal model for an offender personal wellbeing plan can be promoted, integrated into current and future case management procedures and support the concept of one offender/one plan incorporating the elements of prison in-reach and relationship building with a key worker.

## The Adaptation of the Better Health, Better Lives Framework for Prisoner Health Improvement to One for Offender Health

The Health Promoting Prison settings-based approach that is used in the current Better Health, Better Lives Framework works well when applied to a defined geographical location and confined population but, in terms of practicality, does not simply translate to one that can be used with offenders in the community. There are, however, both underpinning principles and extensive content within the existing Framework that are highly relevant and can be incorporated into the new resource. Rather than modifying the whole prisoner framework into one for all offenders, the overarching framework for offenders should be made up of two complementary sections - one for offenders in prisons and one for offenders in the community. The Framework would then be:

> Better Health, Better Lives for Offenders: A Framework for Improving the Health of Scotland's Offenders
>
> Volume 1, Phase 1: Improving the Health of Offenders in Prison
>
> Volume 1, Phase 2: Improving the Health of Offenders in the Community




The proposed Volume 1, Phase 2 of the Framework would need to respect the diversity in the level of engagement with services that an offender may experience, along with the differing nature of these contacts, the crowded landscape of services and interventions, and the

holistic practice already being undertaken by organisations and staff with a huge range of knowledge and skills.

There are a number of current opportunities that could facilitate implementation of an offender health framework including community planning processes and the drive to improve community re-integration. Representatives of the CJAs Chief Officers proposed that Phase 2 of the Framework should aspire to enable a universal level of service, some quick wins, support ex-offender involvement and offer a primary focus on mental health, alcohol and drugs. A model that offers flexible roles for staff engaging with offenders depending on the level of contact and their knowledge and skills is described.

The proposed Volume 1, Phase 2 of the Framework should now be developed by a Working Group with representatives from organisations engaging with offenders and with links to the Scottish Government Review of Throughcare, and the Throughcare Workstream of the Prisoner Health Network. The principles underpinning the work would include:

- acknowledgement of the variety of work that supports the shared outcomes of health improvement and justice;
- every criminal justice contact and every healthcare contact could be a health improvement opportunity; and
- the importance of offender involvement and the aim of co-production.

The context could cover the links between desistance and co-production, the criminal justice strengths-based approach and an asset-based approach, and how such work could sit within a wider public health approach to reducing re-offending. The aim should be a resource primarily focussing on the health and wellbeing of women, young men and prolific offenders. It would offer guidance on personal planning for health and wellbeing, utilise opportunities of integrating health and wellbeing into existing offender planning processes, and provide information on the key health issues for offenders and what support may be needed to enable behaviour change in these areas.

## Short-Term Recommendations

5. Establish a short-life Working Group with representatives from a range of organisations engaging with offenders and with links to the Scottish Government Review of Throughcare, and the Throughcare Workstream of the Prisoner Health Network to develop the current Better Health, Better Lives for prisoners into an overarching framework for offenders made up of two complementary sections, as outlined above.

6. Use a flexible model with differing levels of support for offender health improvement to establish a universal level of service across criminal justice, NHS and community settings. This approach acknowledges the skills, expertise and good practice within local areas but offers the opportunity to increase both the quantity and intensity of support for offender health improvement.

7. Provide supplies of NHS Inform easy read leaflets as a quick win and initial single point of information to all prisons and appropriate throughcare providers.

8. Recommend NHS Boards explore the use of text reminder services to offenders on liberation - message for GP registration and telephone number for NHS Inform.

## Medium-Term Recommendations

9. Raise awareness of the potential increase in co-production achieved through service user involvement and the links to social capital, health improvement and desistance.

10. Promote effective means of achieving offender engagement in the framework, support this nationally through training and best practice guidance. Promote as best practice the role of offenders as health and wellbeing champions and health trainers, co-production in the development of personal plans, user involvement in the development of resources and interventions and involvement in mentoring schemes.

11. Consider whether performance management could include an assessment on the level of user involvement in both the development and provision of interventions which aim to improve offender health and wellbeing.

12. Integrate a health behaviour change module into training designed to support any revised form of Integrated Case Management through partnership working between NHS Health Scotland and the SPS College. Offer this as multi-disciplinary training for SPS, Criminal Justice Social Work (CJSW), third sector providers and the NHS in order to support the concept of One Offender/One Plan. Consider current E-learning training modules as these may be appropriate.

## Long-Term Recommendations

13. Recommend that partners involved with asset-based approaches in the community consider ways to actively offer involvement to offenders. Explore the possibility of involvement in community asset-based approaches being available through Community Payback Orders.

14. Explore the potential to integrate health improvement into Community Payback Orders through health improvement activity tailored to an offender's personal plan.

15. Local areas should explore the mechanism through which offender health and wellbeing plans can be used as a transferable tool in all sentencing pathways, not just custodial sentences.

16. Support local multi-agency Offender Health Improvement Groups to produce reducing re-offending through health improvement "maps" in order to help navigate the many community assets, services and organisations that could support offender health and wellbeing personal planning.

## Scoping of the Key Workstream Areas for the OHC

There is a link between poor health and social inequalities and offending, but there is also an association between poor health, social inequalities and becoming a victim of crime. The cyclical links that exist between inequalities, offending, becoming a victim, fear of crime and poor health support the idea of reducing re-offending via a public health approach.

The current national and local policy agendas suggest that the Offender Health Collaborative Steering Group (OHCSG) should consider broadening the vision and remit of the Collaborative in order to achieve shared health and criminal justice outcomes.

Three workstreams were identified based on the need for strategic and operational support to deliver on offender health improvement outcomes and the current collaborative ethos and financial constraints within which both statutory and voluntary organisations are currently working:

- Promoting a public health approach to reducing re-offending.
- Supporting co-production and asset-based approaches.
- Providing operational support and workforce development.

## Short-Term Recommendations

17. Broaden the membership of the OHC to enable a more integrated approach.

18. Expand the vision, remit and name of OHC to one that meets more the shared aims of a Collaborative for Reducing Re-offending through Health Improvement.

19. Establish co-ordination and collaboration with the Education and Training Sub-Group of the Prisoner Health Network.

20. Develop a Communication Strategy for Offender Health and Reducing Re-offending. The aim would be to increase and maintain the profile of the shared outcomes between improving health and reducing re-offending, and how the offender health framework can support this work, encourage dialogue, share best practice, highlight tools and resources for offender health improvement and facilitate joint working between Scottish Government, SPS, NHS, Local Authority and third sector partners.

## Medium-Term Recommendations

21. Direct initial support to workforce development on motivational interviewing-type approaches, mental health and wellbeing, reducing the harmful use of alcohol and asset-based approaches. Where appropriate, training could be offered as multi-disciplinary co-facilitated training for all organisations working within the Better Health, Better Lives Framework.

22. Consider linking in with the appropriate NHS Health Scotland team to produce further Community Planning Partnership resources to support the Reducing Re-offending Agency.

23. Identify and promote a suite of local and national workforce development opportunities that offers knowledge and skills to support Better Health, Better Lives Volume 1, Phases 1 and 2.

24. Facilitate user involvement in the local development of offender health and wellbeing health promotion materials designed to support work within the Single Outcome Agreements.

25. Support health improvement opportunities offered by the Reducing Re-offending Agenda in community planning processes. This will be facilitated by local areas undertaking joint health needs assessments to inform Reducing Re-offending Strategies.

26. In partnership, develop asset-based approaches to working with offenders and share data on community asset mapping with partners working within the Better Health, Better Lives Framework.

## Long-Term Recommendations

27. Advocate for a wider public health approach to reducing re-offending and improving health for those in contact with the criminal justice system, nurturing closer links between health and justice at both national and local levels.

28. Advocate for the long-term aim of establishing a broader Reducing Re-offending Collaborative, similar to that of the Early Years Collaborative, to enable a more joined-up approach between justice and health, eventually integrating the Reducing Re-offending through Health Improvement Collaborative into this approach.

# 1. Introduction

The prospective transfer of responsibility for prisoners' healthcare to NHS Scotland in 2011 was seen as an opportunity to re-visit the existing health promotion strategy in prisons and for closer health improvement partnerships. The Scottish Health Promotion Managers Group, ScotPHN and SPS collaborated to develop a new framework for health improvement which recognised the potential for health improvement and reducing inequalities in this marginalised group.

Throughout this initial project, it was recognised that the Better Health, Better Lives for Prisoners Framework[1] should extend beyond health improvement for prisoners to offender health. Discussions with the CJAs were initiated to identify how this could be achieved. Additionally, a small Steering Group (currently termed the OHCSG) was formed between ScotPHN, representatives from NHS Health Promotion Services, NHS Health Scotland and SPS to support the implementation of the framework. It was quickly realised that to achieve both the implementation of the framework within Scottish prisons and its adaptation to the offender setting, dedicated time was required and a short-term secondment to the post of SPS Health Improvement Manager was arranged, funded by SPS.

The aim of this report is to detail the key findings and recommendations, and outline the outputs that have arisen from that short secondment. The recommendations set out are to the OHC in order to assist them in the development of a strategic response to improving offender health and wellbeing. The OHC currently has representatives from SPS, NHS Health Scotland, ScotPHN, Scottish Health Promotion Managers Group, local NHS Health Promotion Services and CJAs.

The report is structured around the objectives of the post which were as follows:

- To support the SPS delivery of the Better Health, Better Lives Prisoner Health Improvement Framework.
- To make recommendations on the adaptation of the Better Health, Better Lives from a framework for prisoner health improvement to one that covers offender health.
- To scope potential workstreams for the OHC.

## 1.1. Supporting the Delivery of the Better Health, Better Lives Prisoner Health Improvement Framework Across Prisons in Scotland

In order to identify where strategic support should be further directed, the University of Central Lancashire's "Healthy Settings Whole Systems Approach"[2] was used as an evidenced-based model of health promotion implementation through which to review current practice. The aim was to identify and progress areas for further action at this level in order to support operational delivery.

Through this approach action is focused on three areas:

- Creating healthy working, living and learning environments.
- Integrating health into the core business and routine life of the setting.
- Contributing to the health and wellbeing of the wider community.

The six key elements are:

- Leading organisational and cultural change: by embedding the principles and aims of the healthy settings approach into the organisational ethos, culture, policy and planning processes.

- Securing senior level commitment and corporate responsibility: through leadership and advocacy of senior decision makers.

- Helping to deliver the institutional agenda: by mapping public health challenges against the setting's core business agenda and demonstrating clearly its role in helping to deliver this.

- Generating high visibility innovative action: through high profile projects, exploring the interconnections between different stakeholder groups and their environments and behaviours.

- Enabling wide-ranging participation: by encouraging and facilitating the active involvement of stakeholders in identifying and prioritising needs and planning and delivering action.

- Anticipating and responding to public health challenges: by ensuring the setting addresses key challenges pertaining to its population.

Existing processes and resources to support the delivery of the framework were reviewed under the key summary headings used by the healthy settings approach and the outputs of the SPS Health Improvement Manager were directed accordingly and have been outlined under the relevant headings.

## 1.2. Embed into Organisational Ethos, Culture, Policy and Planning Processes

The SPS draft 2013-14 Delivery Plan[3] was revised to incorporate strategic and local support for the staged implementation of Better Health, Better Lives including more of a focus on wellbeing.

A National Prison Health Improvement Group (NPHIG) to provide strategic support for operational delivery of the framework has been established. Work is taking place to further develop the Terms of Reference and identify a baseline of activity to identify what and where support is needed.

The requirement to establish performance management measures integrated into the existing reporting mechanisms was identified and will be taken forward by this group.

SPS is represented on the National Prisoner Healthcare Network (NPHN) which is led by NHS Health Boards and facilitated by Healthcare Improvement Scotland. This was established following the successful transfer of accountability and responsibility of healthcare from the SPS to the NHS. NHS Standards and targets for health care provision now apply to the provision of care within a custodial setting. As part of their work plan, the NPHN has set up a Performance Measures and Outcomes Workstream to develop a suite of indicators and performance measures to demonstrate outcomes such as reducing inequalities, improving health and reducing re-offending. The development of short-term indicators is due to be completed by March 2013, with a

longer-term outcome-based performance framework expected to be concluded by March 2014. The NPHIG will aim to ensure that any performance measurements developed feed into those produced by the NPHN.

Work has commenced on reviewing and enhancing the existing Better Health, Better Lives Framework for prison health improvement to update and ensure it supports changes to policy and practice within the SPS.

### Recommendation

Maintain current strategic support for the framework from the appropriate statutory agencies with the aim of further embedding the work into a whole prison approach to improving health and wellbeing and reducing re-offending.

## 1.3. Top Down Political/Managerial Commitment

Following the appointment of a new Chief Executive in 2012, the strategic vision of SPS has moved to one that enhances the opportunity for an integrated model for health improvement within both Scottish prisons and the criminal justice system. This opportunity was exemplified by the SPS Chief Executive, Colin McConnell, in the SACRO Lecture 2012[4] when he discussed the need to:

> "Create environments that supported change, the development of life skills and the need not only for the SPS, but the whole system that engages with offenders, to be there with and for them and to seize the moment when change is possible."

He declared this as partnership working re-defined and called on all partners to review their priorities and consider whether their services are effectively supporting rehabilitation and re-integration. He ended with the thought:

> "How much more could be achieved if we truly all work together with a common purpose of creating real, practical opportunities for change for those who truly want to take them, backed-up by their desire to make their lives better."

This re-focused vision is in line with recognised health promotion principles[5] and therefore provides a solid foundation for the implementation of the Better Health, Better Lives Framework across Scottish prisons.

Further evidence of high level managerial commitment is provided by both the agreement from SPS Headquarters to request a Governor-in-Charge to chair the NPHIG and the subsequent agreement by Rhona Hotchkiss, Governor at HMP Dumfries, to undertake this role.

The provision of funding by the SPS in order to secure a seconded post to the position of SPS Health Improvement Manager also reflects the commitment within the organisation to progress on this agenda.

### Recommendation

Take the opportunity provided by the re-energised approach from the highest level within SPS to embed health improvement activity into core agenda. Advocate for re-directing provision if NHS Health Improvement/Health Promotion strategic and operational specialist support is currently not able to effectively support the Better Health, Better Lives Framework.

## 1.4. Institutional Agenda and Core Business

The delivery of short, medium and long-term outcomes within the framework has the potential to support core agenda in the following areas identified in the SPS Delivery Plan 2012-13[3]

### 1.4.1. Workforce Development

*"Ensuring prison officers have the necessary skills to deliver brief interventions to offenders and implement this where feasible and practical; we will scope our approach to delivering such interventions during 2012."*

*"Reviewing the role of the prison officer to provide an appropriate balance between custody and order; and care and opportunity ensuring appropriate levels of skills and knowledge are available to support case management, public protection, child protection; and Adult Support and Protection for both offenders and the public."*

*"Ensure that staff selection and development, including at first line and middle management level, supports the new demands and where appropriate, we will take opportunities to share initiatives, training and exercise with other partners."*

### 1.4.2. Performance Management

*"Developing and implementing qualitative measurement for our purposeful activities in order to better evidence our contribution to achievement of the nine Offender Outcomes."*

*"Working with Scottish Government to understand and measure our intermediate and contributing outcomes to reducing re-offending; and re-defining our KPIs for the SPS Performance Framework and ensuring fit with Scottish Government outcomes and other community justice partners."*

*"Working with CJAs and other partners to develop a shared performance framework of contributory outcomes and focussing our partnership activities on key stages of the offender's sentence and in particular, their transition into the community to ensure more consistent support and better re-integration into their communities."*

### 1.4.3. Quality Improvement

*"Working with the health sector and other key stakeholders to deliver continuous improvement in throughcare."*

### 1.4.4. Developing Personal Knowledge and Skills

*".... enabling prisoners to take informed decisions on matters affecting their own health."*

*"Providing information and opportunities which encourage a positive lifestyle."*

*"Developing specific interventions aimed at supporting and addressing the needs and offending behaviour of those offenders sentenced to periods in custody that do not attract post-release supervision. This will link with RRP2, the review of throughcare arrangements and community re-integration projects being taken forward during 2012."*

*"Supporting prisoners and their families to cope with imprisonment and the transitions from custody back to the family unit. We will evaluate a new parenting and relationship intervention during 2012-13."*

Along with supporting these core agenda areas, partnership working around offender health improvement could also support the SPS Organisational Review in terms of enhanced communication and co-operation with key stakeholders. The potential for health improvement to support core agenda is a means through which to increase engagement with the framework and this should be promoted. A Communication Strategy would allow the NPHIG to highlight the role of health improvement within a whole prison approach to improving health and reducing re-offending and how this supports the re-vitalised vision, Organisational Review and core agenda of the SPS. Engaging with stakeholders through a range of provision including, for example, roadshows and electronic updates, will allow a means of sharing best practice and support to Local Health Promotion Groups, encouraging joint working between SPS, NHS, Local Authority and third sector partners and linking prison health improvement activity into interventions and initiatives taking place in the community.

**Recommendation**

Develop a Communication Strategy for offender health and reducing re-offending. The aim would be to increase and maintain the profile of the shared outcomes between improving health and reducing re-offending and how the offender health improvement framework can support this work, encourage dialogue, share best practice, highlight tools and resources for offender health improvement and facilitate joint working between Scottish Government, SPS, NHS, Local Authority and third sector partners.

## 1.5. High Visibility Innovative Projects

There is good practice in health improvement (both "labelled" health promotion activity and some broader whole prison approach interventions) taking place across prisons in Scotland. "Labelled" programmes such as Keep Well, the Healthy Living Award and youth work such as the Sports Leadership Award have tended to achieve more visibility; however, there is the opportunity to undertake high visibility innovative working that meets the shared agendas of health and criminal justice through a whole prison approach.

### 1.5.1. The Personalisation Agenda

The personalisation agenda is a potential area where innovative high visibility work that meets shared outcomes could be progressed. The need to ensure

personalisation of any support plan is highlighted by the divergent needs of offenders. As stated by Colin McConnell, SPS Chief Executive:

> "Offenders is a collective noun. The group it describes is anything but. On any given day, SPS will care for and support young people, women, persistent repeat offenders, serious and dangerous offenders, elderly offenders and offenders with chronic health problems, and of course, those with addictions and mental health issues. We already strive to provide the supports and interventions that match the individual needs of those in our care and as I have said, we want to do more. And from what I have just described, it is clear that we cannot consider looking for a 'one size fits all'."[4]

Marsh and Fox (2012)[6] highlight how offender involvement in a life plan could support the move towards greater personalisation linking into the creation of a sense of agency and associated desistance.

Better Health, Better Lives recommends the development of a personal wellbeing plan. This has the potential to be a highly visible innovative intervention, an opportunity afforded even more so if it were to integrate into any new personal planning structures coming from the community re-integration pilot currently being taken forward by SPS. Personal planning for health and wellbeing could be based on a similar theoretical model to that outlined for the Throughcare Addictions Services[7]. Key aspects would be the transfer of information between prison and the community and a face-to-face relationship established with a key worker helping to support the health and wellbeing areas outlined in the personal plan. The potential for an assets-based approach within such personal planning linking into the offender's local community should be explored and could be developed through partnership working.

A further opportunity for innovative working is offered by the workforce development needs arising from the implementation of Better Health, Better Lives. NHS Forth Valley and NHS Lanarkshire have been involved in working with SPS to develop and co-facilitate the delivery of a Health and Wellbeing module to new recruits at the SPS College. The SPS College has indicated that it would welcome discussions on further multi-agency co-facilitated training with all partners, both motivational interviewing techniques and asset-based approaches supporting health behaviour change and desistance should be considered.

## Recommendations

Consider how a universal model for an offender personal wellbeing plan can be promoted, integrated into current and future case management procedures and support the concept of one offender/one plan integrating the elements of prison in-reach and relationship building with a key worker.

Direct initial support to workforce development on motivational interviewing-type approaches, mental health and wellbeing, reducing the harmful use of alcohol and asset-based approaches. Where appropriate, training could be offered as multi-disciplinary co-facilitated training for all organisations working within the Better Health, Better Lives Framework.

## 1.6. Bottom-Up Engagement and Empowerment

The level of engagement and empowerment created is relevant both to staff supporting the implementation of the framework and offenders engaging with the process.

Better Health, Better Lives offers an expansion in the role of the prison officer and the concept and potential of an expanded role is supported at the highest level within SPS[8]. It is highly encouraging to note that it was also warmly welcomed by officers at the Prison Officers Association Conference in 2012[9] and engagement in this area should be built on to facilitate the delivery of the framework.

The Better Health, Better Lives Framework highlights offender involvement as a key unifying theme. It recommends supporting offenders as health trainers, but the opportunity for co-production in the development of personal plans, user involvement in the development of resources and interventions and encouragement of involvement in mentoring schemes outside of prison could also be promoted. Achieving meaningful offender involvement should be viewed as a critical element of implementation of the framework. It can be used as both an opportunity for an assets-based approach and increasing co-production which has been highlighted by Weaver and McCulloch (2012)[10] as supporting a sense of agency and associated desistance.

### Recommendation

Promote effective means of achieving offender engagement in the framework, and support this nationally through training and best practice guidance. Promote the role of offenders as health and wellbeing champions and health trainers, co-production in the development of personal plans, user involvement in the development of resources and interventions and involvement in mentoring schemes.

## 1.7. Public Health Agenda

The majority of offenders come from communities in Scotland that experience higher levels of health inequalities compared to the general population.[11]

This includes higher rates of mortality and suicide; drug and alcohol misuse; mental and physical health problems; homelessness, low levels of literacy and numeracy, high unemployment; and poor access to and uptake of health and care services.

Local Public Health and Community Planning teams should recognise the potential preventive opportunity provided through engaging in programmes aiming to improve offender health and ensure resources are directed accordingly.

### Recommendation

Recommend NHS Boards have a lead for Offender Health Improvement to co-ordinate and provide strategic support to local multi-agency OHIGs and to support the Single Outcome Agreement Reducing Re-offending Agenda.

## 1.8. Conclusion

SPS have both implemented and identified a number of processes that should strategically facilitate the delivery of the Better Health, Better Lives Framework across prisons in Scotland, as well as broaden the delivery of the framework to one that includes offender health. The recommendations outlined aim to further embed health improvement into core activity, develop partnership working, ensure best practice and establish the Better Health, Better Lives Framework as a realistic means of achieving shared outcomes in criminal justice and health.

## 2. Adaptation of Better Health, Better Lives to an Offender Health Improvement Framework

In order to make recommendations on how the current framework could be adapted to one that encompasses offender health outside of the prison environment, consideration was given to practical issues posed by the format and approach used, the views of a number of stakeholders, and how it could be integrated into proposed or existing work with shared outcomes and current good practice.

### 2.1. Health Promoting Prison Approach

The Better Health, Better Lives Framework for Prisoners recognises that "While individual choices about lifestyle and health risk factors have an impact on a person's health, this is only part of the story" and that the impact on health of the wider social and economic determinants such as housing, education, employment, income and access to services cannot be ignored. It uses the World Health Organisation's Health Promoting Prison model[12] and that healthy policies, supportive environments, community action, re-orientated services and the development of personal skills are all required within the "setting" to improve health. This approach has proved effective in prisons having both a defined place and population. A framework for improving offender health cannot just be focussed, however, on one "physical" setting or population. There are specific defined stages within an offender's pathway through the criminal justice system; however, they are diverse both in their physical nature and in the length and quality of contact. This makes it challenging to adapt the current framework into a single resource suitable for all stages on the offender pathway, including prison. There are, however, both underpinning principles and extensive content within the current framework that are highly relevant and these can be incorporated into a new resource. Rather than modifying the whole prisoner framework into one for all offenders, the overarching framework for offenders should be made up of two sections - one for offenders in prisons, and one for offenders in the community.

#### Recommendation

Establish a short-life Working Group with representatives from a range of organisations engaging with offenders and with links to the Scottish Government Review of Throughcare, and the Throughcare Workstream of the Prisoner Health Network to develop the current Better Health, Better Lives for Prisoners into an overarching framework for offenders made up of two sections:

> Better Health, Better Lives: A Framework for Improving the Health of Scotland's Offenders:
>
> Volume 1, Phase 1: Improving the Health of Offenders in Prison
>
> Volume 1, Phase 2: Improving the Health of Offenders in the Community

### 2.2. Consultation with CJA Chief Officers

The bulleted points below outline the key themes arising out of discussions with three CJA Chief Officers. The discussions were around what they considered was

required in order to effectively develop the framework, and to determine any specific examples of good practice currently taking place.

Key themes:

- Greater understanding of shared outcomes
- Strategic direction
- Aspirational outputs
- Initial inputs
- Facilitators
- Challenges
- Specific points of engagement
- Good practice

The above themes are considered in more detail along with issues raised by other stakeholders including representatives from Alcohol and Drug Partnerships, NHS Prison Healthcare and Clinical Psychology (see Appendix).

Ideas as to how these areas could be addressed through an extended offender health framework and recommendations are detailed after the key theme heading.

## 2.3. Greater Understanding of Shared Outcomes

There is an extensive amount of work being undertaken within a crowded landscape of interventions, however, it is not always perceived as contributing to broader health improvement outcomes and there needs to be more recognition of cross-cutting themes with criminal justice and health feeding into shared performance management.

## 2.4. Strategic Direction

There is a need for clearer leadership that directs the role health has in justice and that justice has in health. This needs to be embedded at strategic level and into relevant workstreams at the Scottish Government.

Issues relating to a greater understanding of shared outcomes and strategic direction could be addressed through the proposed reducing re-offending through Health Improvement Collaborative.

## 2.5. Aspirational Outputs

- Multi-agency responses to service provision.
- One offender and one plan.
- More ex-offender-led models of service delivery.
- A whole systems approach with primary, secondary, tertiary levels of support.
- Services that recognise offenders come from communities and go back to communities.

- A number of immediate quick wins.

- A hub and spoke model for accessing tertiary specialist care.

### 2.5.1. Multi-agency responses to service provision

If the aim is that "every criminal justice and every health care contact is a health improvement opportunity", then consideration should be given to the diversity in the level of engagement with services that an offender may experience, along with the differing nature of these contacts and the crowded landscape of services and interventions. Offenders returning to the community can encounter a wide range of individuals and organisations all aiming to support them towards a "better life". The holistic practice already being undertaken by staff with a huge range of knowledge and skills should be acknowledged.

The NHS Health Scotland's training package, 'Smile 4 Life'[13], developed following in-depth research with staff working with people experiencing homelessness, uses a tiered model of support that could be adapted for use with staff engaging with offenders. The model is based around motivational interviewing and allows for both parties engaging in the intervention to move between stages and the various roles. This could then be supported by training on motivational interviewing approaches as previously outlined.

An adapted model could offer three levels of health improvement support:

- A reducing re-offending health and wellbeing signpost role could provide general health and wellbeing information and signpost to community assets and relevant services. Information and signposting could be appropriate to the areas outlined in the offender personal plan.

- A reducing re-offending health and wellbeing navigator role could provide information and signpost as above, but would also work with clients on a personal plan through a strengths/asset-based approach and provide more personalised support to enable access to services.

- A reducing re-offending health and wellbeing advocate role could encompass both of the roles above but would also be trained in an area of specialist support, for example, brief intervention, motivational interviewing or health behaviour change.

This approach, supported by appropriate resources and training through the suggested Operational Support and Workforce Development Workstream of the OHC, could then be applied to both new and current offender pathways. It would allow organisations, communities and people to make connections, build on their existing role both from a reducing re-offending and from a health improvement perspective, as well as sharing best practice and gaining peer support from people or organisations in the similar "role".

Examples:

- Local Authority Housing Services staff providing a health and wellbeing signpost role and highlighting relevant services.

- A "Throughcare Prison Officer" at HMP Greenock working in the navigator role but identifying that they need to get a better understanding of community assets in order to access local support more effectively.

- A mentor working within one of the PSPs might consider they are meeting the navigator role but with additional training in a specialist area could move to an advocate level.

- A Keep Well worker undertaking an advocate role but needing to connect more with other partners and local community to assets to work more effectively in a navigator role.

The model should be within an approach that enables individuals, agencies and organisations to identify which role they can deliver best, that roles can be interchangeable depending on capacity, knowledge and skills and provide workforce development and resources to support maintenance or transfer within the roles.

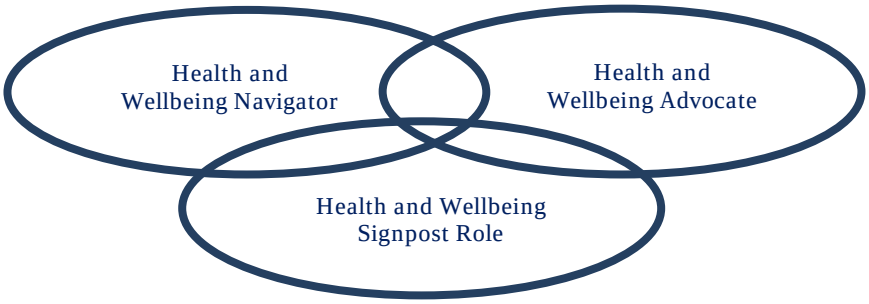



**Figure 2-1 Model for Offender Health Improvement**

### Recommendation

Use a flexible model with differing levels of support for offender health improvement to establish a universal level of service across criminal justice, NHS and community settings. This approach acknowledges the skills, expertise and good practice within local areas but offers the opportunity to increase both the quantity and intensity of support for offender health improvement.

### 2.5.2. One Offender/One Plan

Community re-integration was one of the Reducing Re-offending Programme Part 1 Workstreams, however, it is anticipated it will still feature in Part 2 in relation to the review of throughcare being undertaken by the Scottish Government. The Community Re-integration Pilot Programme was to assist in bridging the gap between standard and enhanced Integrated Case Management (ICM).

Under current arrangements, there is no statutory requirement for community-based social work to engage with prisoners who are not subject to post-release supervision (mainly, those prisoners sentenced to less than 4 years, with the exception of sex offenders). These prisoners are managed through the standard ICM process which involves a core screen within 72 hours of admission which

helps identify what services/supports can be accessed in prison (eg addictions, housing etc). All prisoners leave prison with a Community Integration Plan (CIP) which is reviewed prior to release. The CIP will direct prisoners to community-based services, however, engagement is voluntary and uptake of voluntary throughcare is low. The pilot project involves a more holistic needs assessment upon admission, following which community-based social work support the prisoner and continue to do so up to and beyond the point of release, encouraging the offender to engage with relevant service providers in the community. The project will be evaluated in 2013.

The Community Re-integration Pilot Project process would facilitate a more holistic, personalised approach with a greater opportunity for user engagement. Dependant on the evaluation of this project, if this or an adapted model is to be considered for future implementation, then there is the potential for health improvement to be integrated into the existing range of support referrals available along with specific referral to specialist services.

Another example of a project which aims to support community re-integration is taking place at HMP Greenock. In an attempt to offer support to prisoners not subject to post-release community supervision, HMP Greenock has appointed 2 throughcare support officers. These prison officers, with a long record of successful case management in custody, work to combat re-offending by building on established relationships of trust fostered during the time spent in custody. They accompany and support the former offenders as they attend appointments with community services, for example, clinical services, benefits staff, housing officials, addiction support workers, potential employers and others. They also support these ex-offenders by helping to set and review targets designed to achieve community re-integration and reduced offending.

The aim of these pilot projects is to increase prisoners' awareness of what services are available in the community to assist in their re-integration, provide clear direction on how to access these services and encourage offenders to access the supports available that will assist them to stop offending.

Better Health, Better Lives recommends:

> "Offer every prisoner a simple health and wellbeing assessment and action plan (with appropriate signposting) during induction, on change of prison, or at least annually, and on liberation. This could be part of their existing Community Integration Plan and part of the Integrated Case Management (ICM) process. This may be offered by a prisoner health trainer, prison staff (for example, personal officer) or healthcare staff."

Such a plan could also be embedded within the new assessment processes of the CRP. Workforce development will be required to support staff addressing health improvement issues, however, staff training and support would be part of the implementation of any new system and a model where health improvement is integrated into any training packages developed should be proposed.

The SPS College currently offers multi-disciplinary training in relation to supporting the ICM processes and have indicated they support the principle of extending multi-disciplinary training into other areas.

Key aspects include the element of in-reach into the prison with a flow of information between prison and community and the relationship building with the key worker through face-to-face contact.

### Recommendations

Consider how a model of offender personal wellbeing plans can be promoted, integrated into current and future case management procedures and support the concept of one offender/one plan with the elements of prison in-reach and relationship building with a key worker.

Local areas should explore the mechanism through which the offender personal health and well-being plan can be used as a transferable tool in all sentencing pathways, not just custodial sentences.

Integrate a health behaviour change module into training designed to support any revised form of ICM through partnership working between NHS Health Scotland and the SPS College. Offer this as multi-disciplinary training approach for SPS, CJSW, third sector providers and the NHS. Consider current E-learning training modules as these may be appropriate.

## 2.5.3. Ex-Offender-led Models of Service Delivery

The Better Health, Better Lives Framework for prisoners highlights prisoner involvement as a key unifying theme. It recommends supporting offenders as health trainers.[2] This model is well established and has been developed for use across probation services and in the community with the aim "to provide support from next door rather than advice from on high".

Weaver and McCulloch (2012)[10] highlight that people are more "receptive to influence where the change agent is someone they can identify with" and can communicate a sense of hope and create a greater level of co-production.

### Recommendation

Raise awareness of the potential increase in co-production achieved through service user involvement and the links to social capital, health improvement and desistance.

Consider whether performance management could include an assessment on the level of involvement that offenders have with both development and provision.

### 2.5.4. A Whole System Approach

A whole system approach with primary, secondary and tertiary levels of support was identified as supportive.

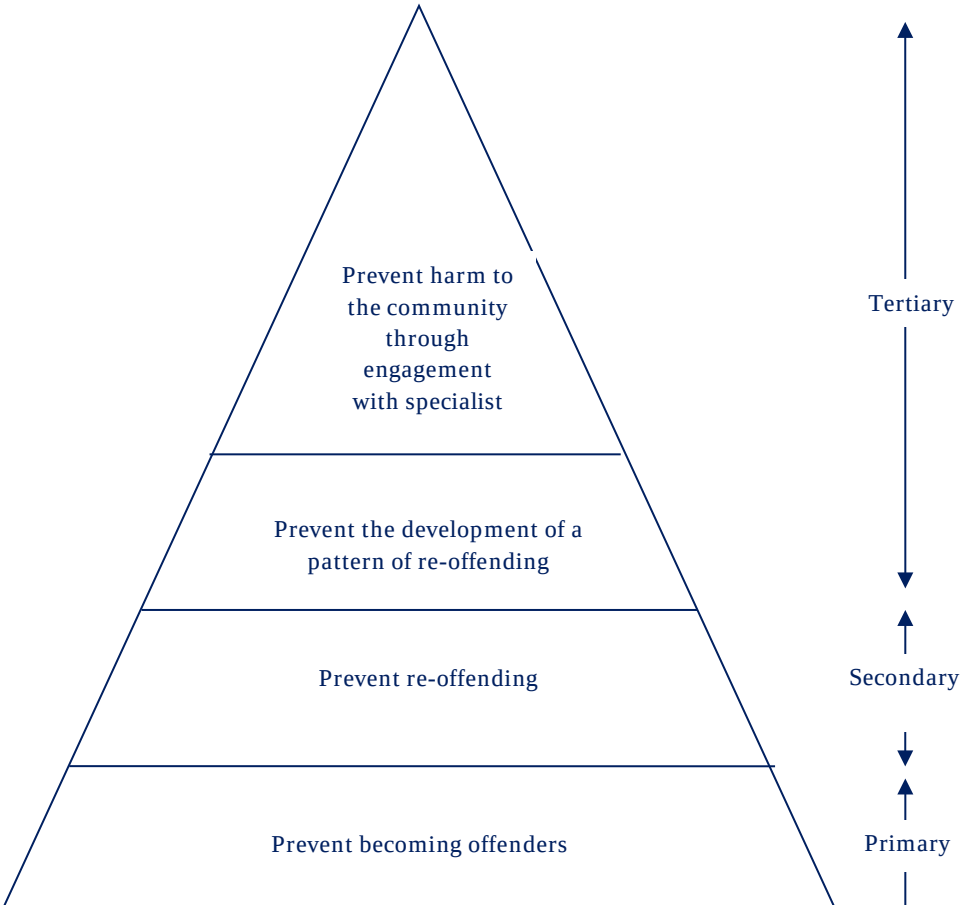



**Figure 2-2 Diagram illustrating "Whole System Approach" model as developed by Lothian and Borders CJA as part of guidance for embedding offending and re-offending in CPP prevention planning**

This could be developed through the concept of a public health approach to reducing re-offending, as detailed in Section 3.1.

### 2.5.5. Services that Recognise Offenders Come from Communities and Go Back to Communities

The supportive effect on recovery of integrating Alcohol and Drug Partnership service users into universal services was highlighted. It would seem best practice that, where possible, this should apply to the development of health improvement resources and interventions.

Russell (2010)[14] highlights the need to "complement person-centred work and restorative practice with community building work that intentionally breaks down the marginalisation and stigmatisation of offenders". He suggests that there is "little invested in intentionally broadening the circle of such an individual's participation in community life" and that involvement in a community assets-based approach could provide both a systematic and consistent way to engage with offenders re-integrating into their communities.

Russell concludes that such a process could facilitate the creation of a greater sense of "agency" required to support wider processes of desistance.

**Recommendation**

Recommend that partners involved with asset-based approaches in the community consider ways to actively offer involvement to offenders. Explore the possibility of this being available through Community Payback Orders.

### 2.5.6. Immediate Quick Wins

Access to primary care services was identified by all stakeholders as an issue and supporting GP registration was seen as priority.

It was recognised that there was a danger of health information overload when directing to services and information and that in a population with low levels of literacy and poor access to web-based resources, health information was not always in an accessible format.

A single telephone number for health information and signposting to services, most notably General Practice was valuable. NHS Inform has a flyer in easy read format which could be made available to all prisoners on liberation, as well as being issued to offenders in the community. NHS Inform also has a Veteran Health Information Zone which could be promoted.

**Recommendations**

Provide supplies of NHS Inform easy read leaflets as a quick win and initial single point of contact to all prisons and appropriate throughcare providers.

Recommend NHS Boards explore the use of text reminder services to offenders on liberation - message for GP registration and telephone number for NHS Inform.

### 2.5.7. Hub and Spoke Model of Delivery

It was highlighted that due to small numbers, access to more specialised treatment services was sometimes problematic. The options provided by a centralised specialist unit taking referrals from a number of areas could be explored.

## 2.6. Initial Inputs

- Partnership agreement of principles underpinning the work.
- Support for capacity building and workforce development.

- Establish links with other key workstreams, eg Mental Health Strategy for Scotland.[15]

- Sharing Best Practice Event.

The OHC should undertake to assemble these initial inputs.

## 2.7. A Primary Focus on Drugs, Alcohol and Mental Health

Due to the prevalence of poor health associated with alcohol, drugs and mental health, and the high level of multi-morbidities, stakeholders indicated that the primary focus should be on illegal drug use, harmful alcohol use and improving mental health. These issues, however, have clinical pathways which are being considered by the Prisoner Health Network and cannot be addressed in isolation.

This is highlighted by the statement below from the Mental Health Strategy for Scotland:[15]

> "*Terminology is important but difficult. In this document, we use the term 'mental illness'…….. 'mental disorder' to refer to the broader category of mental illness, personality disorder and mental illness…… and "mental health problems" to refer to the more ambiguous territory which includes those with illness, but also people who may be experiencing challenges to their psychological wellbeing, but who do not have a persisting mental illness or disorder".*

Offenders re-integrating into the community can need support with both mental disorder issues and mental health problems. The Prisoner Health Network is leading on the appropriate care and treatment pathways in both areas, however if the navigator role for mental health was supported and increased across existing criminal justice, local authority, NHS and third sector services, this could increase engagement with those care and treatment pathways. The Sainsbury Centre for Mental Health[16] highlights the help that having a key co-ordinator can be in navigating the large number of agencies supporting mental health.

NHS Health Scotland has already carried out work focussing on alcohol and offenders which fits within the suggested approach outlined. The feasibility of undertaking alcohol brief intervention elsewhere in the offender sentencing pathway was outlined in the evaluation[17] of the research.

> "Comments were also raised in the evaluation about the timing of screening and ABIs for this group, and there was a strong view that they may capture more people and be of greater use in determining sentencing outcomes if undertaken at an earlier stage in the community justice process."

The importance of involving the relevant staff in the development and implementation of any intervention was also highlighted.

The Scottish Government's Alcohol and Offenders Guidance Statement[18] should be considered when identifying potential opportunities for engagement around priority offender health issues.

### Recommendation

Support local multi-agency OHIGs to produce reducing re-offending through health improvement "maps" in order to help navigate the many community assets, services and organisations that could support offender health and wellbeing personal planning.

## 2.8. Facilitators

The following issues were identified as potential facilitators for offender health improvement.

### 2.8.1. Community Planning Process

It was highlighted that there were now definite opportunities offered by the Single Outcome Agreements and the Community Planning Process for a more joined-up approach between all partners.

### Recommendation

Support health improvement opportunities offered by the reducing re-offending agenda in community planning processes.

### 2.8.2. Community Payback Orders

Community Payback Orders are an opportunity for more innovative practice as outlined in the Alcohol and Offenders Guidance Statement[18] highlighted in the consultation on reducing re-offending.[19]

Work has been undertaken by West Yorkshire Probation Service on producing a "menu" of activities[20] dependant on community sentence length that offenders can engage with. It may be possible to create local "menus" with specific health improvement outcomes, as well as maximising the health improvement opportunities occurring within the contacts with other services and interventions. Staff within criminal justice could be supported with additional motivational interviewing skills through multi-disciplinary training.

### Recommendation

Explore the potential to integrate health improvement into Community Payback Orders through health improvement activity tailored to an offender's personal plan.

### 2.8.3. Health and Wellbeing within Recovery Capital

Recovery capital is "the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems".[21] Human capital, which includes positive health, is part of this and therefore a key element within the recovery process.

The model of a broad holistic assessment of wellbeing and goal setting within a recovery journey is apparent in resources used by Alcohol and Drug Partnerships[22]. This concept of health as an integral element within a journey of recovery can be highlighted as best practice across criminal justice.

## 2.9. Challenges

The potential benefit from improving information sharing between partners in health and justice was highlighted from a CJA Chief Officer along with poor tracking through the system, achieving effective use of appropriate health and justice datasets and changes to key support mechanisms such as welfare reform.

Partnership working on the reducing re-offending agenda within community planning may address some of these issues, however, true collaborative working within a public health approach to reducing re-offending at a national level may also support systems tracking and data sharing.

## 2.10. Specific Points of Engagement

It was felt that the focus for offender health improvement should be on prolific male, female and youth offenders. There was also, however, opportunities provided by life stages and life events as well as key staff within the offender pathway, eg Community Service Supervisors. It was recognised that the delivery of health improvement would be made easier by the recommendations of the Commission on Women Offenders[23].

## 2.11. Good Practice

Examples of good practice suggested by the stakeholders were:

- service user engagement models in the ADPs;
- the work of a prison Throughcare Strategy Group;
- "My RAP" - Recovery Action Plan[22] used by ADPs; and
- the short-term prisoner pilot at HMP Barlinnie.

During 2012, HMP Barlinnie worked on a pilot project - in partnership with Glasgow Community and Safety Services (GCaSS) - to support short-term prisoners' access to community services upon release (those retuning to a G11-G15 postcode). An officer from the establishment was seconded to the GCaSS case management team who co-ordinated referrals to throughcare services. The officer provided support prior to release through attendance at agents' visits and through home visits following release. There has, as yet, been no formal evaluation other than the positive feedback received from participants who engaged. GCaSS has agreed to extend the service to all short-term prisoners returning to the Glasgow CJA area (with the exception of sex offenders who receive statutory support) from Monday 26 November. Although the staff secondment from HMP Barlinnie has now ended, the staff member will continue to support this service from within the establishment which will involve:

- meeting with prisoners 6 weeks prior to release to offer them the service;

- notifying GCaSS of the impending release 6 weeks in advance; and

- facilitating access to a GCaSS caseworker who will meet the prisoner in the prison Links Centre to make arrangements for release.

A GCaSS case worker will meet the prisoner on the day of release and assist in attendance at any community appointments.

## 2.12. Conclusion

The settings-based approach in the Health Promoting Prison that is used in the Better Health, Better Lives Framework works well when applied to a defined geographical location and confined population, but does not simply translate to the community. Rather than modifying the existing part of the framework for prisoner health to one that is appropriate for offenders in the community, an additional section should be developed. The framework would then become:

> Better Health, Better Lives for Offenders: A Framework for Improving the Health of Scotland's Offenders:
>
> > Volume 1, Phase 1: Improving the Health of Prisoners
> >
> > Volume 1, Phase 2: Improving the Health of Offenders in the Community

This would need to respect the diversity in the level of engagement with services that an offender may experience, along with the differing nature of these contacts, the crowded landscape of services and interventions and the holistic practice already being undertaken by staff with a huge range of knowledge and skills.

As briefly described above, there are a number of current opportunities that could facilitate the implementation of a proposed Volume 1, Phase 2: Improving the Health of Offenders in the Community and these should be considered.

# 3. OHC Workstreams

The suggested workstreams for the OHIC are based on:

- The scoping exercise undertaken on strategic and operational support for the delivery of offender health outcomes.

- The key themes arising out of the discussions on the implementation and adaption of the Better Health, Better Lives Framework held with a small number of stakeholders within the timeframe available.

- The current ethos, agenda and financial constraints within which both statutory and voluntary organisations are currently working.

## 3.1. Public Health Approach to Reducing Re-offending

The relationship between poor health and offending is well established, however, offending also affects policy, service delivery and clinical practice[24]. Crime can affect our communities directly through violence and injury, as well as indirectly through isolation from fear. Stafford et al (2007)[25] noted that "fear of crime is not merely an effective response; it is associated with impaired physical and mental health functioning. Public health practitioners should recognise that fear of crime may be a barrier to participation in health-promoting physical and social activities. Initiatives to reduce the fear of crime may encourage greater participation in physical and social activities and improve a nation's health".

Offending is a determinant of health, however, poor health and the many inter-related social and economic problems experienced by communities in Scotland are also known determinants of offending. Greater collaboration between health and criminal justice through a public health-based approach could allow for more joined-up working with support and interventions targeted and delivered throughout the life course, addressing broad determinants and risk factors and enabling those in contact with the criminal justice system to get the personalised support they require. It could facilitate greater crossover at an operational and strategic level between health and criminal justice to deliver on shared outcomes around alcohol, illegal drugs, mental health, blood borne viruses, smoking, engagement with primary care, learning disabilities, parenting and family support, education skills and employability, desistance and workforce development. This could allow the better use of scarce resources as well as a broader use of established data sets. It is, however, recognised that this may require careful consideration within the context of the local data sharing partnership.

## 3.2. Development of the Collaborative

Following the report of The Commission on the Future Delivery of Public Services[26], there has been a further recognition of the value of integrating the work of public sector agencies and utilising resources towards achieving shared outcomes.

In relation to improving offender health, however, it has been shown that collaborative working is paramount to meeting both the health and criminal justice agenda[27, 28]. The merit of such a collaborative approach was recognised in the offender health recommendations in the Equally Well Review 2010[29].

> "Continue with the work underway in the context of the *reducing re-offending* programme, which sets offender health issues in the wider context of all the actions needed to ensure improved community re-integration of those who offend."

The Reducing Re-offending in Scotland report by Audit Scotland[30] highlighted:

> "Overall, a more coherent approach at national, regional and local level is required, with a shared commitment to reduce re-offending among all the bodies who work with offenders, including criminal justice bodies, councils, the judiciary, the NHS and the third sector."

A view re-inforced by the Single Outcome Agreement Guidance to Community Planning Partnerships 2012[31]:

> "It also requires concerted and joined-up action to reduce re-offending to deliver better outcomes for victims, offenders and their families, and the wider community."

The SOA Guidance highlighted the value in:

> "Developing effective relationships and networks among partners at a local and national level in order to participate in peer learning and collaborations. Partners should actively develop a culture where experience, evidence and practice are proactively and openly shared."

The Early Years Collaborative[32] came about after recognition that within a crowded landscape of different service providers, providing a mix of universal and targeted services, partnerships could and should work better. The potential of true collaborative working as outlined by Miles and Trott (2011)[33], the re-invigoration around partnership working as requested by the Chief Executive of SPS[4] and current focus of innovative practice and resources coming from the Scottish Government's Reducing Re-offending Programme[34], would suggest that it may be beneficial to consider a wider collaborative approach. Within such a wider collaborative, offender health and wellbeing could promote itself more as a means of achieving the reducing re-offending agenda. This could then potentially engage more individuals, communities and organisations to enable "every criminal justice contact to be a health improvement opportunity".

The original Terms of Reference for the OHC outlined its vision in relation to supporting the Better Health, Better Lives Framework and its remit included advocating for offender health and improving practice through shared learning**.** The current national and local policy agendas highlighted suggest that the OHCSG should consider broadening the vision and remit of the Collaborative in order to achieve shared health and criminal justice outcomes.

## Recommendations

Broaden the membership of the OHC to enable an integrated approach.

Expand the vision, remit and name of OHC to one that meets more the shared aims of a Collaborative for Reducing Re-offending through Health Improvement.

Advocate for a wider public health approach to reducing re-offending and improving health for those in contact with the criminal justice system, nurturing closer links between Health and Justice at both national and local levels.

Advocate for the long-term aim of establishing a broader reducing re-offending collaborative, similar to that of the Early Years Collaborative, to enable a more joined-up approach between Justice and Health eventually integrating the reducing re-offending through HIC into this approach.

### 3.3. Supporting Co-Production and an Asset-Based Approach

A further key principle of The Christie Commission[26] was that:

> "*Reforms must aim to empower individuals and communities receiving public services by involving them in the design and delivery of the services they use.*"

The report[10] by the Scottish Centre for Crime and Justice aims to advise and inform the Scottish Government on a strategy to increase service user engagement within the criminal justice system. It highlights that a "positive, future orientated and constructive, collaborative strengths-based approach to rehabilitation can promote increased user engagement in the change process through enhanced treatment engagement and positive therapeutic relationships". Furthermore, it notes that user involvement has the potential to support wider processes of desistance. The report concludes that "there is a rationale for pursuing a more participatory and collaborative approach" along with the development of evaluation systems capable of evaluating impacts and outcomes for the various stakeholders involved.

Russell (2010)[14] cites that within such an approach, "the relationship that is nurtured is not based on external control and compliance, but on finding out what the person (beyond the label "offender") cares about enough to act upon". He notes that finding out what people care enough about to co-produce is not an easy process and unlikely to be achieved by "conducting an inventory of all that is wrong in the person's life".

The current momentum around a "strengths-based" approach within criminal justice has gathered pace since 21st Century Social Work Key Practice Skills[35] highlighted that interventions should not be focussed solely on the individual person and his or her perceived 'deficits'. It highlighted that much existing work built "*human capital*", which includes health, knowledge, skills and employability, but failed to create *social capital*, defined in Appreciating Assets[36] as "networks or norms of trust that facilitate co-operation for mutual benefit" which allow individuals to achieve participation and inclusion in society. Critically, it highlighted social capital as a key element in relation to desistance, recognising "It is not enough to build *capacities* for change where change depends on *opportunities* to exercise capacities: the process of desistance is one that is produced through interplay between individual choices, and a range of wider social forces, institutional and societal practices which are beyond the control of the individual".

As previously outlined, Russell (2010)[14] highlighted the need to "complement person-centred work and restorative practice with community building work that intentionally breaks down the marginalisation and stigmatisation of offenders". He suggests that there is "little invested in intentionally broadening the circle of such an individual's participation in community life" and that involvement in a community assets-based approach could provide both a systematic and consistent way to engage with offenders

re-integrating into their communities. Such a process could facilitate the creation of a greater sense of "agency" required to support wider processes of desistance as well as supporting the health, wellbeing and social needs of the families and children of offenders within their communities.

Shared outcomes, such as social capital, that exist between the strengths-based approach within criminal justice and an assets-based approach in health improvement provides a further rationale for a more integrated model of partnership working between Health and Justice.

**Recommendation**

In partnership, develop asset-based approaches to working with offenders and share data on community asset mapping with partners working within the Better Health, Better Lives Framework.

## 3.4. Implementation Support and Workforce Development

A number of potential areas have been identified that require support and workforce development in relation to the implementation of a framework for offender health improvement and supporting the reducing re-offending agenda.

Local OHIGs should work in partnership with agencies and organisations along the offender pathway to identify where and how they can target the available local and national support.

Consideration may wish to be given to extending this to the judiciary. The Audit Scotland Report on Reducing Re-offending[30] noted that very small numbers were receiving Community Payback Orders with alcohol or mental health treatment requirements and therefore highlighting the potential outcomes of such interventions may be beneficial.

The need for raising awareness in the judiciary was also highlighted in the Scottish Government's Alcohol and Offenders Guidance[18] and the consultation on reducing re-offending[19]: "the judiciary needed to have a good understanding of the lives and circumstances of those they were sentencing".

### 3.4.1. A Communication Strategy for Offender Health and Reducing Re-offending

As previously identified, engaging with stakeholders through a range of provision including, for example, health improvement dialogues, roadshows, electronic updates and networking events could:

- increase and maintain the profile of improving health and reducing re-offending;
- highlight how Better Health, Better Lives supports this work;
- share best practice;
- promote tools and resources for offender health improvement; and

- facilitate opportunities for joint working between Scottish Government, SPS, NHS, Local Authority and third sector partners.

**Recommendation**

Develop a Communication Strategy for offender health and reducing re-offending. The aim would be to increase and maintain the profile of meeting the shared outcomes between improving health and reducing re-offending, and how the offender health improvement framework can support this work, encourage dialogue, share best practice, highlight tools and resources for offender health improvement and facilitate joint working between Scottish Government, SPS, NHS, Local Authority and third sector partners.

### 3.4.2. Training

The Christie Commission on the Future Delivery of Public Services[26] highlighted the need for "inter-agency training to reduce silo mentalities, drive forward service integration and build a common public service ethos".

Training in motivational interviewing type approaches is currently offered by the SPS College to those staff involved with ICM. This has been done in a multi-disciplinary approach with criminal justice social work, however, the SPS College has indicated that it would be willing to explore developing the module in partnership, expanding the target audience and offering co-facilitated training, recognising the shared skill set required in relation to motivating for both health and offending behaviour change.

Such motivational skills are key in relation to any process of change, but as outlined in *What Works to Reduce Re-offending: A Summary of the Evidence*[37]:

> *"Research suggests that only a minority of offenders are prepared for change at the start of an intervention, therefore, in most cases, some motivational work would be required to increase participation and retention in services. Motivation should, therefore, be seen not simply as a selection criterion, but a treatment need."*

Identifying and promoting existing national and local training for workforce development to support the extended framework would build on the wide and varied capacity across the workforce but consideration would need to be given to practical issues such as high staff turnover in some sectors. The evaluation of the Alcohol Brief Interventions in Criminal Justice Settings Research[17] highlighted *"In the course of the pilot, for example, changes of staffing meant that it was sometimes difficult to ensure the consistency of communication, knowledge and approach needed to overcome many of the difficulties of work with this particular client group*."

The importance of linking in to existing workstreams was raised by stakeholders and the Mental Health Strategy for Scotland[15] was specifically highlighted. Supporting training around mental health and wellbeing is already taking place both locally and nationally within both health and criminal justice. This could be promoted as a means of supporting the previously outlined health and wellbeing roles in the proposed Phase 2 of the framework and offers opportunities for an integrated multi-disciplinary approach.

**Recommendations**

Identify and promote a suite of local and national workforce development opportunities that offers knowledge and skills to support Better Health, Better Lives, Volume 1, Phases 1 and 2.

Direct initial support to workforce development on motivational interviewing type approaches, mental health and wellbeing, reducing the harmful use of alcohol and asset-based approaches. Where appropriate, training could be offered as multi-disciplinary co-facilitated training for all organisations working within the Better Health, Better Lives Framework.

Establish co-ordination and collaboration with the Education and Training Sub-Group of the Prisoner Health Network.

### 3.4.3. Supporting Resources

In view of the fact that offenders come from communities and the majority go back to communities, best practice would suggest that health promotion materials should not be labelled for prisoners or offenders. Specific issues such as accessibility due to low levels of literacy, learning disabilities and access to digital technology must be considered when developing materials.

Better Health, Better Lives for Offenders: Volume 1, Phase 2 of the Framework should include:

- The principles underpinning the work including acknowledgement of the wealth and variety of work that supports the shared outcomes of health improvement and justice, that every criminal justice contact and every healthcare contact could be a health improvement opportunity and the importance of offender involvement and co-production.

- The context of the framework including the links between desistance and co-production, a criminal justice strengths-based approach and an asset-based approach and how such work could sit within a wider public health approach to reducing re-offending.

- The opportunities provided by focussing on women, young men and prolific offenders.

- How motivational interviewing type approaches and user engagement are effective in both offending and health behaviour change.

- The importance of linking back into the community and how both services and community assets can support this.

- A section on the proposed model of three inter-changeable health and wellbeing roles to support offender health and wellbeing and how those engaging with offenders can use the model.

- Guidance on personal planning for health and wellbeing using an individual asset-based approach, why personalisation is important and the benefits and opportunities of integrating into existing or new offender case management processes.

- Information on the key health issues for offenders and what support may be needed to enable behaviour change in these areas.

- Signposting to resources, training and available support from the Reducing Re-offending through Health Improvement Collaborative.

### Community Planning Partnerships

NHS Health Scotland has produced a number of resources, including a suite of Health Inequalities Briefings[38] to support Community Planning Partnerships. Further resources on the role of health improvement in supporting the reducing re-offending agenda should be considered.

### Recommendations

Facilitate user involvement in any local development of offender health and wellbeing health promotion materials designed to support work within the Single Outcome Agreements.

Consider linking in with the appropriate NHS Health Scotland Team to produce further Community Planning Partnership resources to support the reducing re-offending agency.

## 3.5. Conclusion

There is a link between poor health and social inequalities and offending but there is also an association between poor health, social inequalities and becoming a victim of crime. The cyclical links that exist between inequalities, offending, becoming a victim, fear of crime and poor health support the idea of reducing re-offending via a public health approach.

The original Terms of Reference for the OHC outlined its vision in relation to supporting the Better Health, Better Lives Framework and its remit included advocating for offender health and improving practice through shared learning. The current national and local policy agendas highlighted suggest that the OHCSG should consider broadening the vision and remit of the Collaborative in order to achieve shared health and criminal justice outcomes.

Three potential workstreams were identified based on the need for strategic and operational support to deliver on offender health improvement outcomes and the current collaborative ethos and financial constraints within which both statutory and voluntary organisations are currently working. These are:

- Promoting a public health approach to reducing re-offending.

- Supporting co-production and asset-based approaches.

- Providing operational support and workforce development.

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# 5. Appendix A: List of Stakeholders Interviewed

Discussion outlined in Section 2 with the following stakeholders:

Dr Frances Baty, Consultant Clinical Psychologist, NHS Fife.

Tom Jackson, Chief Officer, Glasgow Community Justice Authority.

Elaine Lawlor, FVADP Co-ordinator, NHS Forth Valley.

Justina Murray, Chief Officer, South West Scotland Community Justice Authority.

Darline Reekie, Healthcare Manager HMP Cornton Vale, NHS Forth Valley.

Fiona Stewart, Strategy and Evaluation Manager, Scottish Prison Service Headquarters.

Rob Strachan, Chief Officer, Lothian and Borders Community Justice Authority.

Lyndsey Talbot, Policy Development Manager, Scottish Prison Service Headquarters.