Hidden Homeless

An Exploration of the Health, Care and Wellbeing Needs of Prisoners, Prison Leavers and Ex-Offenders in Essex

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1.0 Introduction

1.1 Healthwatch Essex

Healthwatch Essex is an independent charity which gathers and represents views about health and social care services in Essex. Our aim is to influence decision makers so that services are fit for purpose, effective and accessible, ultimately improving service user experience. We also provide an information service to help people access, understand, and navigate the health and social care system. One of the functions of a local Healthwatch under the Health and Social Care Act 2012, is the provision of an advice and information service to the public about accessing health and social care services and choice in relation to aspects of those services. This document was revised in July 2022 and the role of Healthwatch was further strengthen as a voice of the public with a role in ensuring lived experience was heard at the highest level.

The Healthwatch Essex Information and Guidance team are dedicated to capturing the health and social care experiences people in Essex are meeting daily. The team respond to enquiries relating to health and social care and are equipped through training, to offer specific information to the public or other professionals. The team are well placed to listen, reflect on and support people to share complex experiences such as the one's shared in this report.

1.2 Background

In line with our focus on Hidden Voices, we embarked upon a series of projects looking at 'Hidden Homeless' cohorts in society, who generally experience increased barriers in achieving their health, care and wellbeing outcomes. This is the first report in the 'Hidden Homeless' series, focussing on the lived experience of prisoners, prison leavers and ex-offenders.

1.3 Acknowledgements

Healthwatch Essex would like to thank all the members of the public and professionals who took part in this project through the survey and interviews. Our thanks are also made to those individuals who took the time to meet with us and share their personal, heartfelt and emotive stories.

1.4 Terminology

AA – Alcoholics Anonymous.
ADHD – Attention Deficit Hyperactive Disorder.
Benzodiazepines – a class of psychoactive drugs usually having a sedation effect.
BPD – Borderline Personality Disorder.
Category B Prison - usually a local prison that most convicted prisoners will be placed into prior to categorisation.
CBT – Cognitive Behavioural Therapy.
CMS – a digital system which allows prisoners to perform tasks such as requesting medical appointments and managing payments whilst serving their sentence.

Copper(s) – slang term for police officer(s).
Custodial – a sentence which involves incarceration.
Depo Injection - a slow releasing anti-psychotic which is longer lasting than oral medication.
DLA – Disability Living Allowance.
GBH with Intent – Grievous Bodily Harm charge where prior intent is proven.
Hooch – alcohol made within prison.
Legal Aid – a means tested benefit which can help meet the costs of legal advice, family mediation and representation in a court or tribunal.
MDT – Multi Disciplinary Team.
NICE – National Institute for Clinical Excellence.
Non-custodial – a sentence which does not involve incarceration.
On Remand - being held in custody or on bail while waiting for trial or sentencing.
OCD – Obsessive Compulsive Disorder.
PTSD – Post Traumatic Stress Disorder.
Quietapine – an antipsychotic medication used to treat schizophrenia and bipolar disorder.
Screw(s) – slang term for prison officer(s).
Spice – nickname for a substance containing one of more synthetic cannabinoids.
SystmOne – a centrally hosted clinical computer system used by NHS services.
The Block(s) – solitary confinement within prison.
The Hatch – where prisoners attend for support and requests at HMP Chelmsford.

1.5 Disclaimer

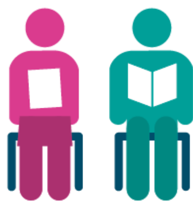
Please note that this report relates to findings and observations carried out on specific dates and times, representing the views of those who contributed anonymously during the engagement visits. This report summarises themes from the responses collected and puts forward recommendations based on the experiences shared with Healthwatch Essex during this time.

TRIGGER WARNING: this report contains accounts and discussion of self-harm, suicide, violence, drug use, physical and sexual violence and abuse and child abuse. Please continue to read only if you feel comfortable and able to do so.

2.0 Purpose

The aim of this project is to explore the specific health, care and wellbeing needs of prison leavers and ex-offenders, including the additional barriers that they face in meeting these needs, the support currently available to them and what improvements are needed to achieve the necessary outcomes, which will in turn produce better long-term outcomes for individuals in this cohort group.

2.1 Engagement methods



Focus Groups
Group meetings were arranged in different settings to garner discussion and feedback.

Survey
A survey was created to gain perspective and insight from individuals who have had experience of offending.

Interviews
Individual interviews were conducted to collect personal stories. Interviews took place in person during January – May 2023 and all participants gave their consent to have their interviews recorded. Participants were willing for their experiences to be shared within this report, however, to ensure their anonymity and confidentiality of information they provided, all names used are pseudonyms to protect identities.

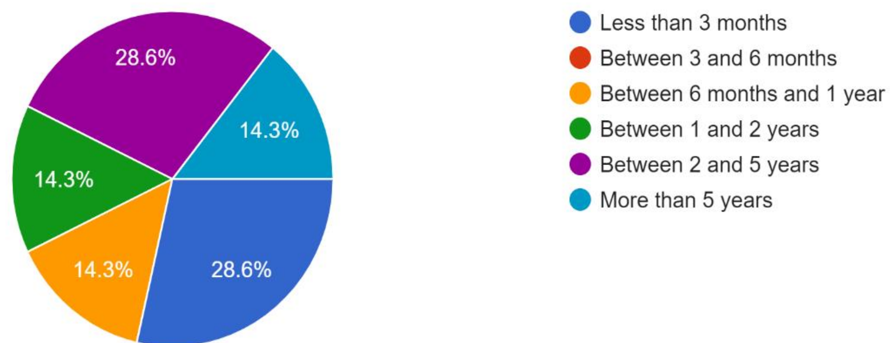
Case Studies
To further understand the experience of this subject, shorter summaries of individual lived experiences were also gathered to provide insight and feedback.

The Survey

The survey consisted of thirteen core questions, plus additional ones to collect demographic information, and was devised to encompass as many aspects of the lived experience of prison leavers and ex-offenders as possible. The survey was primarily in an online format but was also available to be printed off and filled out manually as needed. The Information and Guidance Team at Healthwatch Essex were also available if the survey needed to be completed in any other format, such as over the telephone. The questions, and responses received, were as follows.

Only seven responses were received to the survey, which was in line with our expectations as this cohort group can be challenging to engage for reasons including lack of trust in services, access to digital technology, literacy and sense of place in the community. These responses were, however, important and relevant.

In the first survey question, we asked how long it had been since the individual's sentence ended. This could be a custodial or non-custodial sentence.

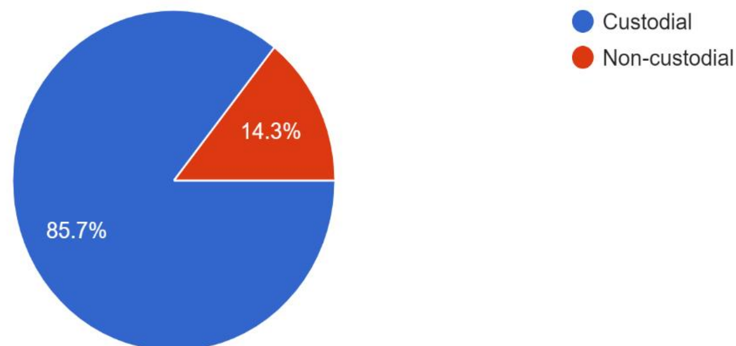


Of the seven respondents, two stated that their sentence ended less than three months ago, and another two stated that it had ended between two and five years ago. One respondent had ended their sentence between three and six months ago, one between six months and a year ago, and one more than five years ago.

In the second question, we asked if the sentence had been custodial or non-custodial.

2. Was your sentence -

7 responses

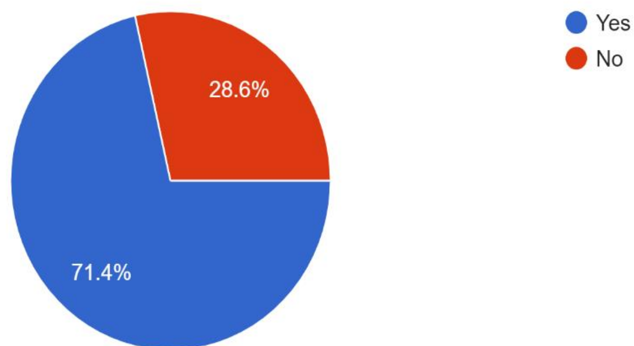


Of the seven responses received, six had received a custodial sentence and one a non-custodial sentence.

Our third question explored whether respondents were currently registered with a GP.

3. Are you currently registered with a GP?

7 responses

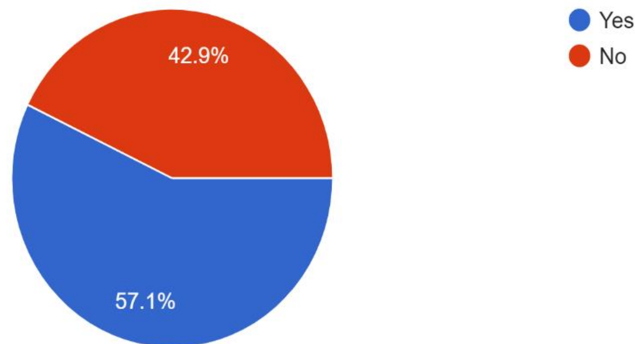


Five stated that they were registered with a GP, whilst two were not.

In our fourth question, we continued to look at primary care, and asked respondents whether they were registered with a dentist.

4. Are you currently registered with a dentist?

7 responses

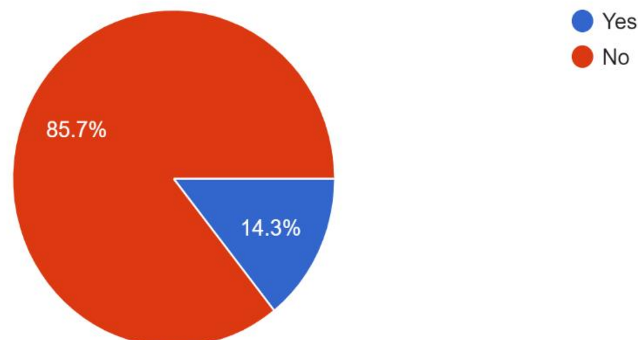


Responses here were fairly evenly split, with four respondents stating that they were registered with a dentist, whilst three were not. Considering the current lack of NHS dental provision, it was encouraging to see that over half of our respondents were receiving adequate care provision.

We then moved on in question five to ask if respondents were registered with an optician.

5. Are you currently registered with an optician?

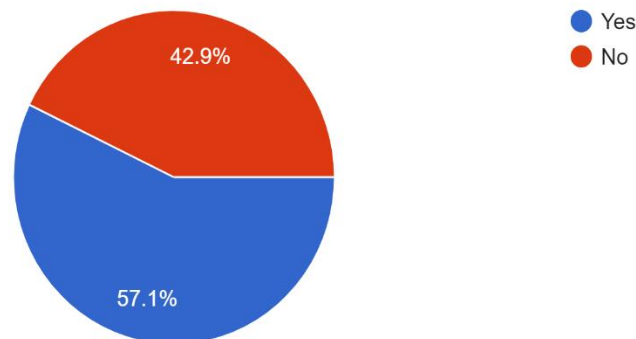
7 responses



Here there were significantly less respondents receiving adequate care provision, with only one being registered with an optician whilst the remaining six were not. This suggests that eye care is not prioritised on the same level and general health and dentistry in this cohort group.

In question six we moved onto asking if respondents were in secure accommodation.

6. Are you currently in secure accommodation?
7 responses



With safe housing playing a vital role in health, care and wellbeing, it was disheartening to see that three of our seven respondents did not have access to secure accommodation. Four respondents did, however, state that they were living in secure accommodation.

Question seven asked respondents what support they had received in regard to health, care and wellbeing since their sentence ended. Responses were as follows:

‘None.’ (Received by two respondents)

‘Nothing since I left prison.’

‘Mental health, physical health and dental.’

‘Mainly mental health through Herrick House and probation.’

‘Beacon House were the only ones who supported me. I didn’t get any other support.’

‘My GP and Beacon House.’

It is certainly concerning that three of the seven respondents felt that they had received no support at all.

In question eight we asked respondents what has been the greatest help to them since their sentence ended. Responses were as follows:

‘Me as I have had to do it all by myself.’

‘Friends with sofas I can surf on.’

‘Very little from close friends.’

‘Finding sanctuary housing.’

‘Mental health.’

‘Beacon House.’

‘None.’

Again, it is of concern that two respondents felt that they had received no help or support, whilst another two stated that their greatest help had been from friends. The remaining three respondents stated that their most significant support had come from official avenues including mental health and housing services, and a homeless drop-in centre.

Moving on to explore the barriers faced by this cohort group, in question nine we asked what the greatest challenge had been for respondents since their sentence ended. Responses were as follows:

‘Finding work and secure accommodation.’

‘People in some roles have become lazy.’

‘Focussing and being mentally stable.’

‘Not to pursue a path of vengeance.’

‘Health, feeding and accommodations.’

‘Finding suitable accommodation.’

‘Going legit.’

Here is seems that secure accommodation is a significant priority for many of the respondents, whilst an equal number struggled most with their own mental health, feelings and the struggle not to become involved in criminal activities again. One respondent took the opportunity to give feedback on the response they felt they had received from some professionals.

In question ten, we asked respondents how they would say that their conviction and sentence has impacted on their physical health. Responses were as follows:

‘Bad.’ (Received by two respondents).

‘Greatly, it has really defined what and how the government sees us as. Just a stomping mat, now out of shape, not rehabilitated.’

‘Got lazy and isolated.’

‘It improved it.’

‘Weight gain.’

Six of our seven respondents gave an answer to this question. Only one of the six stated that their conviction and sentence had resulted in a positive impact on their physical health. The remaining five expressed concerns that their weight, levels of motivation, social integration and perception of the governing system had all been negatively impacted.

Question eleven asked respondents how they would say that their conviction and sentence has impacted on their mental health. Responses were as follows:

‘I felt left behind and frustrated.’

‘Very bad mental health issues.’

‘Mentally has made more alarm bells in my mind, and more scars on my heart.’

‘Suffered lots of mental health problems in jail and they have stayed with me after my sentence ended.’

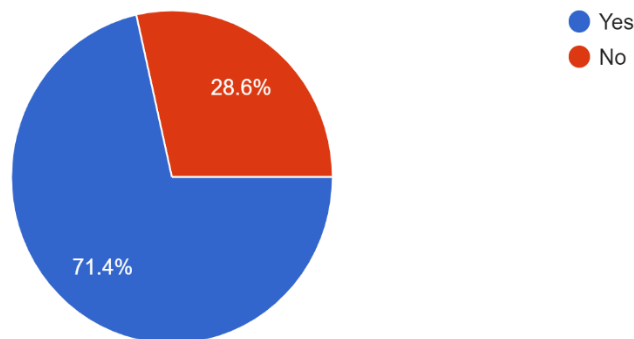
‘I’ve been blessed.’

‘Negatively.’

‘Didn’t help as there was virtually no support.’

Again, just one respondent felt their mental health had been positively impacted by their conviction and sentence. The remaining six reported adverse effects on their mental health, which were either caused or exacerbated by prison, and coupled with a lack of appropriate support.

In question twelve, we asked respondents if they had a pre-existing health condition.



Of the seven respondents, five stated that they did have a pre-existing health condition, whilst two did not.

Finally, in question thirteen, we asked how respondents would say that their condition was managed during their sentence? Responses were as follows:

‘Not really.’

‘Not very good.’

‘It wasn’t. The visit to jail was less than supportive.’

‘It wasn’t managed, there is no help or support in prison.’

‘Calm.’

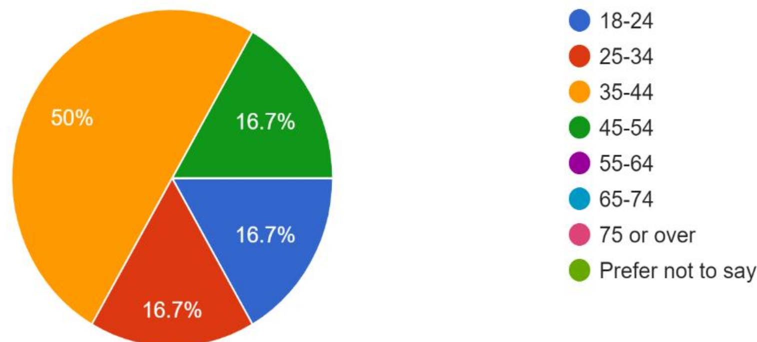
‘Diabetic and no it wasn’t controlled properly.’

Six of our seven respondents provided an answer to this question, and whilst one felt that their condition was managed 'calm', the remaining five agreed that the management was poor to non-existent.

The demographic data from our seven respondents can be broken down as follows:

Just a few questions about you. What is your age group?

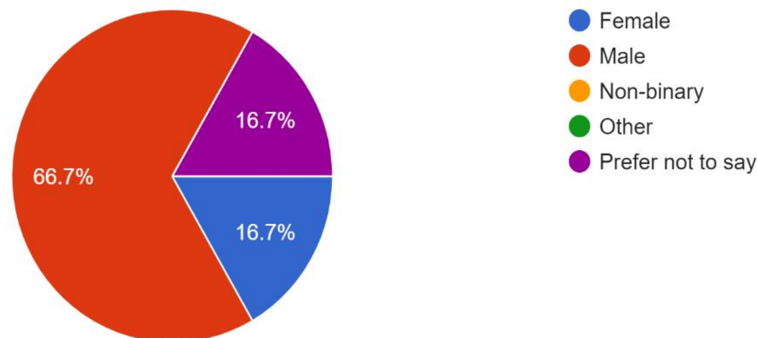
6 responses



With six responses to this question, three respondents were aged 35-44, one aged 18-24, one aged 25-34 and one aged 45-54.

What gender do you identify with?

6 responses



Of the six responses received, four identified as male, one female and one preferred not to say.

We then asked respondents about their ethnicity.

Of the six responses received, four identified as British/English/Northern Irish/Scottish/Welsh, one as Black/Black British: African, and one preferred not to say.

The Focus Groups

Two focus groups were carried out with serving prisoners at HMP Chelmsford in Essex, the first on 17th February 2023 and the second on 6th March 2023. Group one consisted of fourteen participants and group two consisted of ten participants. Participants were posed the question ‘What matters to you in relation to your health, care and wellbeing whilst you are in prison, and when you leave?’

Combined points raised were as follows:

‘Prisoners are given two weeks of their prescribed medications upon release and a medical summary to give to their new healthcare provider. That’s ok but its not always easy to get registered with a GP, and you can run out of your medication before it’s all sorted.’ Registration processes can be lengthy, and there have been incidents of surgeries incorrectly refusing to accept registration applications if not supported by official proof of identification and secure accommodation. Continuity of all medication is essential for the health and safety of any individual. Many of the men did not know where to go if their medication supply ran out before they were fully registered with a GP.

‘There are way too many men exhibiting high level self-harming and mental health conditions who are not appropriate to be in this prison as their needs are too high and they affect the other prisoners.’ Certainly, all of the prisoners and ex-offenders that engaged with this project discussed the impact on their mental health with far more relevance than their physical health conditions. Many mentioned that they had been diagnosed with significant mental health conditions, including psychosis and personality disorders, and cited instances of attempted and successful suicide attempts, including via overdose and ligature. Self-harm was also frequently mentioned, with specific instances of prisoners gouging the skin from their faces and inserting chicken bones from their meals into their arms. The effect of being in an environment where these are everyday occurrences must have a profound impact on those who witness it.

‘The worst thing about being in prison is being lied to. Staff make assurances, promises and arrangements that they don’t keep. We ask for things which don’t get followed up or completed. We can raise complaints but receive no response for up to six months, with the huge backlog being given as a reason for this. There are mitigating factors for this, such as staffing levels, but it is clearly frustrating in any position for requests and enquiries of any nature to not be followed through, as well as the implications arising from the failed actions. Some of the participants spoke about this in relation to physical and mental health requests, which is concerning for the potential impact upon them. There is also likely to be a negative impact upon the trust and communication between staff and prisoners as a result of this.

‘We get kit changes where prisoners get all clean clothes and bedding. These don’t happen with the frequency they should, and this leaves us feeling dirty and devalued. I don’t like feeling ‘less than’.’ Again, there may be mitigating factors for this, but having to wear unwashed clothes and sleep in unwashed bedding is not good for self-esteem and mental wellbeing.

‘Thameside is a better prison; when this one (HMP Chelmsford) gets locked down, we are sent there. It’s better organised and more efficient. There everything is in your cell, even a shower. They operate a computerised system called CMS where prisoners can manage payments, book healthcare appointments, and so on and this is much better.’ Over three quarters of the men at HMP Chelmsford who engaged in this project spoke of the failings and frustrations of the current ‘apps’ system and were keen to have the CMS system

introduced. This would not only be more efficient but would also increase their self-management skills and sense of responsibility.

'Some of the staff are good but they don't have the power to implement change when the system is broken.' Participants were keen to give praise to staff who they felt showed a genuine sense of care and tried to implement positive initiatives within the prison. They seemed very aware of the issues across the wider system and how this creates limitations on the frontline workers.

'We can have jobs in the prison but the income from them is so low – less than £2 per day. This is why a lot of them in here get into debt, borrowing off the other men with more money and having to pay interest on it. They never pay it off. What we earn is barely enough to keep you in vapes for the week.' The issue of debts accruing between serving prisoners is concerning, as the insinuation that interest rates prevent them from being paid off raises the question of what the repercussions would be for the debtor. Being in debt is known to have implications for mental and emotional wellbeing as well as potentially creating fiction between the parties involved, which could possibly manifest in acts of violence.

'There is friction between different wings – men will attach each other for no reason, just because they are from the rival wing. It's mad and I try to keep out of it, but you never know if someone is going to go for you.' The idea of 'violence for the sake of violence' may seem inconceivable, but when people are incarcerated together, it is inevitable that pent up emotions and energy will overspill in some manner. Pairing this with the high levels of mental health issues, self-harm and trauma present, it can be understood how the need to physically vent can turn into unfounded animosity based upon which 'wing' or social group you belong to.

The Interviews

The first establishment which I visited in order to carry out one to one interviews was HMP & YOI Chelmsford. This is a category B prison and young offenders' institution in mid Essex which accepts male prisoners and young offenders who are either convicted or on remand.

Sahir* is a serving prisoner at HMP Chelmsford.

He has been waiting 28 months to be sentenced, partly due to the Covid pandemic and also issues with his co-defendant. He is charged with drug offences. Since being in prison he has focussed on doing courses to improve himself, including drugs awareness, mental health ambassador, listening skills and understanding neurodiversity. Prior to prison he says that his life 'was stressful.' He has two daughters who are aged 13 and 14 now. His goal is to move to the county where his girls live and open a barber shop. Before prison he was living alone, renting a flat from a friend. He was not working, and his life revolved around drugs; 'doing drop offs, counting the money, that sort of thing. There was some partying but mostly it was all business.' He was getting two to three hours sleep per night. He was making a lot of money, but it meant that when he saw his daughters, he could spend and treat them. 'That made it worth it.'

Sahir has not been registered with a GP since he was ten years old, and a dentist since he was seventeen. He is now 32. He has always suffered with asthma and depression and was often stressed out and sleep deprived. He got caught doing the drugs and was arrested and remanded immediately. The first few months in prison he found 'really hard work.' About

a year into his incarceration, his sentence was increased by a further four years, so he is now looking at 11 years inside. He has pled guilty.

In prison, he says 'there are always fights on the wing, but I don't get involved.' He goes to the gym and is a Gym Rep. This means he gets four gym sessions a week whereas it is usually two. He says 'the (prison) officers here don't do what they promise. You cannot rely on them to follow through on anything.' The increasing of his sentence triggered a deep depression in him. He wanted an easy way out but then realised that this wasn't the way. His daughters helped focus him and he realised that he needed to do things another way. Nobody realised that he was depressed. He explained that 'prisoners can ask to see a health care professional, but they are so busy that often they have no availability. Prisoners can become Healthcare Reps which means they give out apps to other prisoners. If staff request an app for a prisoner, it will get done quicker, depending on their grade.' He has seen a GP a few times inside, once when he couldn't walk because of sciatica. Prisoners have to wait for a reply via the apps, but apps often get lost. It's a long wait to see a dentist and Sahir waited nine weeks for a physio appointment.

All health care professionals providing services are contracted in via an external company, the same as with any educational professionals. Sahir continues, 'I have been my own biggest help in here, pushing myself on. It's prison not a hotel. One of the officers in Custody goes out of their way to help prisoners. There is also a self-harm group every Thursday. I would go to The Hatch if I needed help with anything, particularly to one officer, Judy*, who is very helpful.'

Sahir had gang relations when he was younger so is worried what prison he might be transferred to, in case he finds old connections there. His goal is to get sent to an open prison. Chelmsford is a holding prison so longer-term prisoners usually get transferred elsewhere to do the majority of their sentence. He doesn't know how to get accommodation when he is released. When he was released from HMP Highdown, he states 'I was just told to go and find somewhere to live. This is why so many prison leavers end up homeless. I am just going to head to the county where my daughters live when I get out of here. Prison leavers are given a train ticket to where they want to go to when they get released.' He knows that he can ask probation for help and is aware how to register with a GP and dentist. He has no idea how to get mental health support, however. His depression got a lot worse when his dad died, so he has to be mindful of his mental wellbeing.

Sahir added, 'in prison the beds have very thin mattresses and pillows which don't get changed often. This gives me really poor sleep and I'm sure it's caused the sciatica because I've never suffered with that before. I have only known an optician to visit the prison once. I asked for an appointment but didn't get seen because they ran out of time. In HMP Thameside, where I was before, I had an argument with another prisoner, and they came to my cell later and cut my leg with a blade. I needed eight stitches. I did a concreting course in HMP Onley when I was there and was exposed to asbestos. I was sent for a chest Xray but never heard anything more. It worries me. They didn't even apologise. I also found a lump in early 2022 and went to hospital for an ultrasound. I was told that the results would be sent to the prison, but I never received them. The CMS system would be a big help here at Chelmsford prison because it's all electronic so you can follow up on your appointments, test results or whatever on it and even do your shopping.'

Matt* is a serving prisoner at HMP Chelmsford.

Matt showed me his hand which is scarred and currently bandaged, and occurred when he jumped out of a window fleeing police in the north of England. He had been squatting in a building there and cut his hand on the broken glass, cutting an artery, tendons and nerves. He says that 'blood was squirting everywhere.' He has lost a lot of feeling in the hand and fingers. He had the operation to repair his hand six weeks ago and has had no physiotherapy since, though the surgeon told him that physio was essential or there was no point in doing the operation. Matt understands that two physio sessions were booked for him but nobody from the prison came to take him to them, which is the only way he could attend. He is worried about the long-term effects this will have for him.

He is on antipsychotics and mood stabilisers as he has mental health issues. One night, he states, 'the prison staff forgot to give me my medication and then put on my records that I had refused it, which was rubbish.' He also self-harms and is given Bio Oil for his scars through the prison medical service. He has been in HMP Chelmsford for five weeks now but previously was just moving round the country from place to place, though he is originally from Essex. He has been in foster care since he was 18 months old because 'my mum kept trying to kill him.' He didn't settle well in foster care or school and the system stopped trying to get him into education when he was 14; 'they stopped caring then'.

Before prison, he was smoking a joint one day at home and BBC News came on about a crime. He realised from the name that it had to be his mother they were discussing, though he didn't recognise her as he had not seen her since he was a small child. He rang his uncle, who he was in touch with at the time, and he confirmed it. His mum was a crack and heroin prostitute and had been imprisoned for twelve years for stabbing someone in the head. He managed to establish prison to prison phone calls with her and felt that they were building a bond, but then she was released, and the authorities will not tell him her new address. He knows the town she is in so when he is released on Friday, he plans to go to the high-risk probation office and leave his details there for her to contact him. He is scared that he is going to lose her again and wants the opportunity to build a relationship with her.

In foster care he always 'ran away and beat up the other kids.' At 14 he fell into drug running which he did on his bike, and burglaries. He has been in prison six or seven times so far for crimes such as breach of non-molestation order, common assault, and assault on a police officer. Matt has two sons with two different women. One is nine and autistic, who he has no contact with. The other is two and a half and also has learning difficulties. His mother has a restraining order on Matt. He says he 'wants to be there for both of my kids but their mothers won't let me.' Police have classed him as a high-risk offender and also a sexual offender, but he does not understand why because he has never committed a sexual offence. He had an autism screening test last week and scored eight, which indicates that he too is very likely autistic.

Before prison Matt was always sleeping rough. He has been put in flats before but always lost them due to not paying the rent. He has never had any support and doesn't know how to organise his finances, pay bills, etc. He was sectioned in 2018, six weeks after leaving prison. He states that he 'couldn't cope in the hostel I was put into when I was released, and it brought on a psychotic episode. I couldn't cope with all the people and the noise; it was too much for me. I'd rather be on my own.' He also has PTSD. He 'couldn't wait to get rid of my social worker when I turned 21 but I wish now that I had stayed with them as they might have given me some help.'

When he has tried to register at GP surgeries, he has been told that he cannot because he has no proof of fixed abode or photographic identification. He is being released on Friday to a Probation Service approved hostel in a neighbouring county. He can only stay there for three months. He says it is better than sleeping on the street, but he is worried about how he will cope with no support. 'They keep saying I should be excited to get out, but I would rather stay here. Other lads looking at, like, a ten-year stretch say they envy me, but I would swap places with them straightaway.' He has never had stability in his life and feels that he 'at least knows what he is dealing with in prison and has some sort of routine.' The prison mental health team have said that they will give him a supporting letter about the possible autism when he is released. He feels that services always put his behaviour down to anger issues, but he has Complex PTSD, Emotionally Unstable BPD, antisocial disorder and ADHD.

Matt was robbed when living in the squat in the north of England and came to HMP Chelmsford in February 2023. He was street homeless for the six weeks prior to coming into prison. He takes 400mg of Quietapine daily and due to his itinerant lifestyle has had numerous gaps in his medication. He gets frustrated when he is let down and shouts, which is why he feels people label him as violent. The main things he wants in life are 'secure accommodation, to see his children and help with his mental health'. He finds the structure and stability of prison reassuring.

He has a long history of self-harm since he was aged ten, mainly cutting his arms. He last did it in July 2022. His own father was mentally and physically abusive, and he feels that this has had a huge impact on him. He is also an alcoholic; 'as soon as I pick up the first drink, I cannot stop. My mind never stops with the memories and the flashbacks. But when I drink, it does. The Mental Health Team in prison do what they can but it's nowhere near enough.' He plans to go to AA upon release and would like to do some volunteering, maybe in a charity shop. He wants to improve things, get clean of drugs and fight to see his children.

He has also tried to end his life by taking overdoses. He tried to hang himself in prison last year but was cut down and put on regular observations. He got upset and smashed up the prison TV and threatened to cut staff with the glass shards. On his release day he understands that he will see someone from the Resettlement Team and then just be let out of the gates. This is of great concern to him.

Ricky* is a serving prisoner at HMP Chelmsford.

He has been in HMP Chelmsford for nine months, charged with conspiracy to commit burglary and use of explosives. He was living a comfortable life with his partner and children prior to his incarceration. He has his own heating and ventilation company after completing an engineering degree at university.

He was on painkillers and steroids for quite a long time due to a slipped disc. When he was moved to HMP Thameside for a week, he was not provided with any of his medication and so went into a significant withdrawal. It was an awful experience, but he feels that the health care was actually better at this prison, and he opted not to go back on to the painkillers as he had inadvertently got clean of them.

Upon arrival at HMP Chelmsford, he had to wait a month for his medication to be sorted out. If he needs a healthcare appointment now, he generally has to wait three or four months. He said that 'appointments often don't happen because staff don't remind you,

or there aren't enough of them to escort you to the appointment.' Ricky has a job in prison helping with the medication run, locating and taking prisoners to receive their prescribed medications from the medical team. He says that he 'starts at 8am and finishes at 5.30pm, so I miss gym time, socialising and get the leftovers for dinner.' He doesn't mind doing the job but feels that it is counterproductive to his own wellbeing as he loses out on the things that are important to him.

He continues, 'food portions inside are very small, don't taste good and are not nutritious.' He heard recently that the daily food allowance per prisoner had dropped from £2.60 to £2.02. He finds all this very stressful and says that it has adversely affected his mental health. He has OCD and struggles with how dirty and unhygienic the whole prison is. 'Nobody actually cleans it; I don't understand why this isn't made into another job for the prisoners to earn a little bit of money. The shower and the yard are particularly filthy.'

Ricky is the sole director of his company but has received no support or advice about managing finances whilst inside. He is lucky as his brother is covering his mortgage for him while he is in prison, but he will probably have to file for bankruptcy, and this will then affect his credit rating and job prospects when he gets out. He says that he has 'no confidence in the system, you just have to get on with it when you go to prison.' He thinks the CMS system would be a big improvement if introduced at HMP Chelmsford as it is more empowering and efficient. 'We need confidence that things will be done when we need them to be. There are too may inequalities in prison.' He states that prisoners are not allowed to work until they have completed their maths and English induction in prison, but it took 46 days for him to be offered this.

Ricky feels that his mental health has been adversely affected by his incarceration. 'I go in cycles of depression and boredom in here. It's not a good place for mental wellbeing.' He has taken to using a hairband as a distraction band on his wrist, pinging it when he is feeling low. He thinks that prison should give these out as a self-help tool. He has tried to complain about a few issues since being incarcerated, in a non-violent manner, but feels he has been treated with disproportionate force for this, getting 'bent up' by the prison officers. This is the method of disabling a prisoner if they refuse to comply with an order such as returning to their cell. Their hands are secured behind their back, their knees are taken out from behind them, and their head is bent downwards. 'It's like Groundhog Day in here, nothing ever changes however much you complain.'

Toby* is a serving prisoner at HMP Chelmsford.

Toby is a father, and this is his first time in prison. He thinks that 'prison is too normalised; you get to wear your own clothes and play on the Xbox, it's not the culture shock I expected.' He was sentenced for fraud, following a thirty-year gambling addiction. He has two years left of his sentence and has been told already that there is no housing for anyone who leaves prison in the Essex town where he lived previously. He knows an 81-year-old on his wing who was paroled at the beginning of December but is still waiting inside as he has nowhere else to go.

Toby tried to end his life before prison. He jumped into a large body of water, weighting himself down with a rucksack full of bricks. He was living with his partner but incredibly depressed. He was rescued by emergency services, taken to hospital and then transferred voluntarily to a mental health unit. 'For the first time in my life I had the help I needed.'

But then he was sentenced and taken into prison. He lived with his grandparents as a child and was sexually abused from the age of three to seven by his grandfather. 'I started gambling to get away from it.' He reported the abuse to the police in 2019 as he was told that historic sexual abuse cases were being tried successfully. His grandfather was arrested but the Crown Prosecution Service decided to take no further action. This caused Toby to 'self-destruct with anger.'

He is hoping that his partner will stick by him, but he feels that he has to give her the chance to move on, not seeing why she should have to wait for him. She and his children have been subject to a great deal of abuse because of his crime. The local newspaper where he lived printed a front-page story very recently saying how he defrauded a very old man of £37000, painting his as despicable. What they didn't say was that the man he defrauded was his abusive grandfather. Toby wanted to return to the town upon release as it is the only place he has ever lived but now feels that he can't because everyone will have read that story and think he is an awful person. 'I had no one by my side. I jumped into the water because all my family sided with him. I've had no help for what he did to me, but I've taken responsibility for what I did and been punished.' The press article has worried him deeply. He is concerned that he will not be able to get a job or even walk down the street because of it when he is released.

Toby was very integrated into his local community and feels that he can't face all the people he used to know because of the angle of the newspaper story. 'I came to prison last June. I've learned that what happened to me as a child wasn't my fault. I've done all sorts of courses in here, including mental health and business mentoring. I've also helped some of the prisoners with reading and writing. I came into prison four weeks after my suicide attempt but nobody in here has ever addressed that with me. There is no mental health support in prison. Shortly after I went inside, a mental health nurse asked me how I was. I said I was ok, so she took me off her list and I've heard nothing since.'

Toby feels that lack of mental health support is the major issue in the prison. He said there is a man on his wing who keeps cutting his face open because nobody listens to him. He has seen men die by hanging since he has been inside. He has a diagnosis of PTSD and psychosis, and a lesion on his stomach which he had a biopsy for. He doesn't know if and when he will get the results of that but thinks that 'knowing my luck it will probably be cancer.' He also said that 'lots of prisoners sell their prescribed medications to other prisoners because they have no money, but then this of course affects their health negatively'.

Toby hopes to look into changing his name before he is released from prison. He has no idea yet where he will go if he cannot return home and is worried that he will not be supported with this. 'People are just released from here with nowhere to go. There is no motivation to behave and do well. Most people either go back to doing what they were doing before or end up with nothing when they leave here.'

Billy* is a serving prisoner at HMP Chelmsford.

Billy is from Essex and has a two-year-old son. He only hears anything about his son from his own father now, which upsets him greatly. The child's mother won't update him as the relationship is highly acrimonious. He knows that there is a court hearing early next week, and he feels helpless as so far, he hasn't even been told if he can go or how he can get there. He desperately doesn't want to lose access to his son. He was charged with criminal

damage and breach of a non-molestation order brought about by the mother of their child. They had been together three years but split up, however Billy continued to have regular access with his son. ‘Suddenly on Father’s Day she stopped all contact, and I couldn’t get help from anyone. My ex-partner has been putting awful things about me on social media and I think it’s unfair that nobody stops her, because if I did it, I would be punished.’

He is being released in three months and was supposed to have a tag fitted last week but it never happened. Nobody has told him why or when it will be done. This is part of his conditions of release, so he is worried that if it isn’t done, he won’t be allowed out. ‘Nobody communicates or tells you anything here, especially the important things that you need to know.’ His only support comes from his father and cousin. He is estranged from his mother. This is Billy’s second time in prison. The first time he was in for similar offences but with a different partner. He couldn’t get Legal Aid or afford his own solicitor. ‘They put you in here and that’s it, you’re just left.’

Billy feels that this detrimentally affects the mental health of most prisoners, including himself, and that this is one of the biggest issues inside. He was diagnosed with ADHD but never medicated. He was bullied as a child and struggles to maintain routine and focus. His DLA stopped when he came into prison, and he has no idea how to get benefits when he leaves. He hopes that his cousin will help him with this. ‘It all feels unstable. I don’t know where I fit in.’ He is 28 now and was in supported accommodation before prison but they evicted him. He was homeless and suicidal over the contact issues with his son, ‘but nobody ever asked me how I was feeling.’ He feels that he cannot hold down a job or a home, partly due to the ADHD. ‘People have never stayed in my life.’ He fears coming out of prison and not being able to get back on his feet again. He would like to get a job doing something practical in the gaming industry but doesn’t know if this will happen; ‘I feel like I’ve been left out of life.’

He has never prioritised his own healthcare and doesn’t feel that it has been in prison either. He really wants to get out and sort himself out for his son, but he has no idea who or where to go to for help. ‘Men need help too, what nobody listened to was that I was being abused by my ex. I’m not saying I was completely innocent, but she did plenty to me. When the police came out, they automatically assumed she was the victim, and I was the perpetrator. They didn’t dig in and investigate enough to find out. Nobody talks about men being abused, they aren’t taken seriously. Male victims don’t have a voice.’ Billy has never been asked about domestic abuse in prison in order to be able to explain his side of it. He would like to do something to help male victims support each other. He was an atheist previously but says he has found religion in prison and how to forgive. He feels strongly that men need support on how to deal with their anger, because this just isn’t addressed. ‘Prison dehumanises you. Staff are only worried about banging you up and moving you around.’ It would be nice if they talked to you, asked you what was up, how you were doing, what would help, but it doesn’t happen.

The Case Studies

Whilst carrying out engagement for this project, I was given permission to join some addiction support groups and homeless centres, where a number of service users were ex-offenders. Some chose to share a part of their lived experiences with me.

Henri*

Henri says that he went into prison 'because of my issue with alcohol.' He has been out for seven months now and was incarcerated in HMP Preston. He found the healthcare in prison to be of a good standard, but when he was released, he felt 'quite alone.' He was provided with accommodation, but nobody helped him with health and care. 'I realised that I needed to do everything for myself, or it wouldn't get done at all.' He found a doctor to register with. In prison he had no access to alcohol and his mental health was affected by the withdrawal. When he left prison, he immediately started drinking again, but after a few months realised that he needed help and found the service where he now receives support. He now only drinks at weekends, admitting that 'it is binge drinking but I'm better than I was, drinking every day. Hopefully I will continue to make progress with the support here.' He is glad to have his own accommodation as he feels 'it's important to have time away from people to focus on yourself.'

Poppy*

Poppy has three convictions for driving under the influence of alcohol and this has affected her employability; hence she is living on benefits now. She used to have a well-paid, full-time job but this was lost because she could no longer drive, and this was an integral part of the role. She struggles with her mental health and alcohol dependence. She was deregistered from her GP and has been struggling to find a new one. She has now found one that will take her on, and she has got the registration forms, she 'just needs to fill them in and take them back.' Because of the deregistration she has been without contraception, and this resulted in a pregnancy around Christmas time which she was very worried about. She tried contacting the local sexual health clinic but 'they never answered the phone and didn't return my messages.' She had a miscarriage which she felt 'was lucky as I didn't want to go through with the pregnancy.' She cannot afford condoms but has an active sex life with her current partner. She also had a vaginal prolapse identified previously, a couple of years ago, and is very worried about how this has advanced whilst she has been without medical care.

Michael*

Michael often spends time at the homeless support centre, where he can access a hot meal and refreshments, activities and companionship. He was released from prison six months ago where he had served a sentence for GBH with intent. This was not his first incarceration, and he has served time in HMP Chelmsford most recently, and HMP's Whitemoor and Glen Parva prior to that. He feels that the latter two prisons were harder to be in. 'Whitemoor and Glen Parva I'm never going back to. They were the roughest jails. But jails these days, it's getting worse for people, there's more crime in jails than there is out of jails because they've got mates in there where they've got phones so they can ring people, there's more things over the walls than there has been in 30 years. I turned around to one of the screws in there I said "You get them so far up over this jail and they shut them out, but where are they going to fall? Straight into the ground. People walking round get all the parcels and they get them back in the cells. And they can't stop anything now going over those walls because it's just stupid. Jails don't work. I've spoken to coppers who want to go in and be screws in jail to try and stop it all. I said you are never going to stop crime in jail, because you're getting phones in there. There's no human rights anymore in jail now. I think jail is a bigger crime than being out on the street."

Michael was homeless before he went into prison and was released homeless. He feels let down by the Probation Service who he engaged with before his release. ‘My Probation Officer lied with the things she was telling me. She said, “when you come out of jail, you’re going to get help, you’re going to get a house” and all of this. When I came out all they gave me was a travel warrant from Whitemoor to Colchester. When I got to Colchester, they told me to go to probation. So, I walked into probation, and all they said was “oh, can you write your name down on this bit of paper come back in two weeks’ time.” I was like well “I was meant to come here, you were meant to take me to a place”, I said “what’s happening here”, and she just said, “there aren’t any more spaces”. There was nothing for me but to sleep rough. I was going into abandoned houses, abandoned factories, I could’ve gone back to jail because the police found me in an abandoned factory one night and were saying that you can’t use squatters’ rights anymore. I said, “so you’re telling me if there was a thousand homeless people that went into one building just to put their head down to keep warm for one night, you’re going to nick them”, and he goes “yeah”, and I said, “that’s not right”. I turned around to this copper and I said, “what if you were homeless on the street, and you asked us for help and we said no?” He goes “I don’t know what I would do”. I said, “well then, that’s the same as us then.” I even walked into the library to go to the council and ask them for help, and they said, “because you haven’t got no ID, we can’t help you”. And I was like “so, what, I can bring my birth certificate in?” They said, “that’s not proof”. They want photo ID but how many people have got that unless they are working, driving a car, going abroad?’

Michael explained how he had mental health issues before going into prison. ‘I had anxiety and depression, that went right through the wall when I was in there. They put me in the block because my anxiety got so bad, but when they put you in the block you’re thinking more, there’s nothing but your thoughts, so it just makes it worse. When they put you down in the blocks you don’t get nothing. They take everything off you. I had no TV, no mattress, just a bare cell. You could be in there two weeks, three weeks, depends how your behaviour is. I was in there for three weeks before they put me back on the wing. Jail pretty much is they just lock you there, unless you do work or you’re in the kitchen, or you’re doing something to help them pretty much. If you’re not you’re banged up 24/7 in your cell. You get an hour for lunch hour and for dinner and that is it. You’re banged up, you’re not on work or anything. It’s horrible mate.’

Unfortunately, his mental health issues did escalate whilst in prison. ‘I was on the hospital wing for a week. My anxiety got so bad, and I just wanted to top myself. I had everything all ready, and they come in and cut the rope down. When I was in Chelmsford they put me on a wing where you’ve just got 24-hour surveillance. You can’t do nothing. And they try to talk to you and get the thoughts out of your head. When I went to Whitemoor and I was at my lowest, I even told my cellmate “Get out the cell” and he was like “why?” I was like “I’m going to go tonight” and he was like “I’m not leaving you then”.

During a period when he was not incarcerated, Michael was able to access counselling, which he found very helpful. ‘There are some places that can help you, I’ve had counselling, and that was the best thing I had. I got it off my own back. And I’d say they help you more than anyone else could. You don’t know who you’re speaking to, so you can let all your thoughts out.’ He feels that he had little support upon leaving prison in general. ‘I had to sort stuff out myself. And then I went back to probation, and I said, “look I’ve sorted all of this out what you’re meant to be doing”, and they said “oh, well, we were going to phone them “; I said “yeah but when would that be? I need medication and stuff; I can’t wait around for you.” He is, however, full of praise for the homeless centre. ‘If it weren’t for here, I reckon I’d be back inside. They sit there and talk to you. And you can let your thoughts out and that. Jail is…I’d never go back there.’

Sadly, one thing that Michael has not been able to achieve is secure accommodation. 'I've been sleeping in the woods, in a tent for the last nine months. A couple of nights I can go round my mate's when his wife ain't there. But apart from that it's mostly in the tent, or if I can find an abandoned building that's got a window open or a backdoor or something's open, I go in there. But I know for a fact when I'm in one of them I don't sleep. Just in case someone comes in and that's me back in jail. I was in the tent in that cold weather that came out, minus two minus three, I was out in that. Don't know how I survived it. I get food from the Food Bank, or when I get paid, I go to the local shop. But what I have to do is leave my food at one of my mate's places that's close to the tent, so I know it won't get nicked. I come here (to the centre) every day except Saturday and Sunday. They're the hardest days I've got to go through really, Saturday and Sunday. Hopefully I'll find somewhere to live soon. Staff here have said they will help me, so fingers crossed.'

The Professionals Perspective

Stephanie* works at HMP in the Resettlement Team and spoke about her role in supporting the prisoners with their wellbeing, during their sentence and prior to release.

'Prisoners come to see me around twelve weeks prior to their release. I help them to get a birth certificate and a bank account, if they need them. we have an ongoing partnership with Barclays Bank which works well in getting them an account. I also liaise with the Prison Employment Specialist who helps with getting disclosures and works with local employers to facilitate prison leavers getting sustainable employment. They also try to arrange funding for work focussed training.

We have implemented a self-harm forum here, which happens every Thursday evening and tries to help the men (HMP Chelmsford is a male-only prison) with coping mechanisms when they feel that they need to harm themselves. Currently around six or seven men attend the group. We have a Safer Custody Team here who are a core part of the prison service. They monitor self-harm and strive to reduce violence in the prison. They have implemented Activity Leaders on every wing, who are one of the prisoners. Other clubs that have been set up to assist with wellbeing include chess, book club, sports and board games. They all have a focus on mental health and wellbeing and diversity and inclusivity is very important. Every protected characteristic has a staff lead so that the prisoners know who they can go to if there are any issues.

There are problems when people are released from prison. Community mental health support is very hard to get and will not work with them if they have active addiction issues. Those who leave prison without an address don't get follow up health appointments. Many are only told a day or two before release if they are going into temporary accommodation provided by the Probation Service. These premises can also be in areas not known to the individual as it depends upon where there is space, and this can be really daunting. This type of accommodation is limited and only for a maximum of 84 nights. A lot of prisoners have no idea how to manage out in the community.

Sometimes it would be good for a prison leaver to move to a different area, so they don't fall back into their old routine and can make a fresh start. However, this is not allowed unless they are moving to a probation approved address, so this is a barrier to some making that positive change. They basically have to remain in the area where they were offending because its where they have to report for Probation. Local councils will only accept a housing duty if an individual has a local connection there, which is another barrier to starting anew. Many men have said to me that they feel safer in prison than outside.

We encourage the men in here to engage in a learning plan, where we support them with their learning and development. We record their needs and wishes and try to develop a plan where they can undertake short courses, such as English and Maths. Attendance is rising for our educational courses, but it can be difficult when the men are transferred to another prison at short notice, as they then don't get to finish the course they had started. We did have the Shannon Trust coming in to help prisoners with learning to read and would really like to bring this back. It is a challenge to fit in education around the prison regime. Men tend to prioritise their recreational time and gym visits, which currently clash with many of the courses, lowering the likelihood of attendance. It would be helpful if the routine could be altered so that they don't have to choose between the two. Incentives have been introduced to make the educational options more attractive. There is now a Learner of the Month scheme, and a £10 reward for every course completed.

Ella* is a support worker at an addiction support service, where many of the people engaging with the service have an offending history. I asked her what, from her experience, were the main challenges facing ex-offenders in meeting their health, care and wellbeing needs.

'So usually doctors surgeries discharge people if they go into prison for any length of time. They do this because they're over-subscribed; they discharge them, so they can take on new patients. But that leaves them with no GP when they get released. So, we as a service need to engage with GP's, surgeries, dentists, healthcare, and so on. We will try to source the right support for them and then refer them in and then go with them to appointments. Here we are lucky as we have an agreement with a particular surgery who take on all our clients. Other surgeries will often say they won't take clients without an address or without photo ID, that kind of thing.'

'We'll often be referred clients from probation, so they'll come out of prison, they'll go to their probation appointment, and they'll refer them into us and then we can try our best to get them registered with local services like opticians and dentists. But usually, the first port of call would be the GP. The nomadic lifestyle of many of our clients can be challenging because every service wants an address.'

'In prison, they've got access to some degree of mental health support. I believe they do things like group sessions but those with mental health needs, coming out of prison needing secondary mental health support…waiting lists are chronic. Very often they don't want to do groups sessions, they want one-to-one work, which is practically impossible to get. So yes, of course it's detrimental. There are services like us, lots of services out there doing similar work to support people. Even the job centre now are doing monthly co-mapping events where they get loads of services in and refer in their most vulnerable clients. So, there is a fair bit of support out there for those that are willing to engage with them.'

'There are so many factors that influence how much a client engages. It depends if there's a dual or comorbidity issue going on, like substance misuse and mental health, and very often those two go hand in hand. Often, they don't come in for appointments to address their mental health because they're out there dealing with their addiction. They're still in active addiction, so they're not going to come in. So, it depends when you catch somebody, if we can get in there literally as they come out of prison, which is what we always try and do, get to their initial probation appointment with them, and then we get to speak to them and say, "Look, you've said that you need support with your mental

health. We can refer you in, I can go to the GP with you. We can try and get you referred on for mental health support”.’

‘But you have to get to them quickly when they come out of prison. Because if there's substance misuse as well, unfortunately, nine times out of ten, they will go off and go down that route and then they don't come to our appointments anymore. So, there's also a fair bit of people expecting us to do everything for them. They come in and they think, “You are going to sort out my housing and you are going to sort out my mental health.” When they realize, actually no, we can make a referral for you and go with you, but you are responsible for that. We can come with you, and we can support you, but I'm not going to sit here and find you a house, get you a psychiatrist that you can go and see tomorrow. There are waiting lists, there are responsibilities that you have to take yourself. Then sometimes they fall away at that point where they realize they've got to do some of it. So, in terms of people turning up to our appointments, it depends on what their support needs are and what their expectations are. But some people engage really well and understand the process and engage well with it.’

Alison* also works at the addiction support service and shared her views.

‘Something which is really vital, and still doesn't seem to have changed, is that we have prison link workers within the prison so that we can hopefully try and engage people before they've been released. However, they're still releasing people on a Friday, which is really poor because by the time they've been released from prison and they make their way to their first probation appointment, it might be four o'clock in the afternoon. And by that point, all of the community services that would normally be waiting to help are packing up for the weekend and going home. There seems to be a constant thread of offenders that are being released from prison without the right support in place, which is then turning into an immediate return to the same cycles. Which you would expect, wouldn't you?

‘If it's half past four on a Friday when they turn up, which it often is, obviously we'll do our best to support. Often prisoners being released will have been told that Probation will arrange accommodation for them, but this is not correct. But when you're trying to get through to emergency housing, there's not an awful lot of hope. So, you are quite often advising people to do things like report to the homeless centre, call the out-of-hours duty line. Well, of course they will do that, but it's difficult because you're talking about waiting until Monday, Tuesday to get a genuine response.’

‘But for me working with clients, the biggest challenge is their chaotic behavior and the difficulty in actually being able to stay in contact with them, because you might have an initial meeting with them but then they lose their phone. To be honest, most of them don’t have a phone. We can't get hold of them. Lots and lots of chasing. So, it's almost as though really offenders need some sort of package in place that enables them access to a mobile phone, loaded with pre-booked appointments with us so that they know where to come when they're released from prison. We have some funding to be able to buy those things for certain clients. We have different cohorts of clients, but if we have clients with particularly high complex needs, we are able to go shopping with them and go to the shops, buy them a duvet, buy them all the basic things that they might need. That is an option. But if the communication is poor at the beginning and they're released from prison and they vanish and go straight off to go and buy drugs or have a drink, then we sort of lose them in that middle bit. And you have to bear in mind that it takes up to six weeks to get an appointment to claim benefits, so the process really needs to be started when they are still in prison.’

‘There are really simple things that would help. If somebody was discharged from prison with something a bit more substantial than a sleeping bag, because that's what we see, they'll give you a sleeping bag and then send you on your way, that would be a start. A couple of prisoners I've met on the day of release have literally turned up and they've been given a wooly hat and a sleeping bag by the prison. And why can't they give them a mobile phone? You can buy a mobile phone for fifteen quid nowadays. That can be a make or break between us being able to contact them or not, because if they've been given a phone and they do want to go off on a bender for 24 hours, at least we've got a way of contacting them and trying to keep them engaged thereafter rather than them just disappearing.’

‘The biggest challenge that we face, even when we do have people that are engaging, and they are able to be contacted is that there just is not enough understanding into the chaotic nature of people. They're struck off from services quite quickly. So, we might go down to a GP and try and get signed up and they just don't have the understanding that the patient is not necessarily going to be able to do those forms right then and there. And all they'll say is, “we can't help because this person is of no fixed abode”. They could provide a pack which is for every prisoner who is released, which gives them access to the real world, because the real world has changed, everything's gone digital and if you've got no access to anything digital, you're immediately disadvantaged.’

‘There are a lot of barriers to housing too, especially for people that have already been struck off because of antisocial behavior due to their past history, they can't approach the council. So, you might already know you can't approach the council because that's already been investigated before they've been released. It might be that they have to physically sleep rough before they can get help from the outreach Rough Sleeper Team. Which is something that really doesn't sit well with me when you've got a vulnerable person. It must feel hopeless if you've just done a whole prison sentence; you must feel to some extent that you've done your dues, you've done your time. Now you need to be given a chance. And there is support, like I say, but you need more than a chance. You need housing. You need accessible privately rented housing for people that do have needs that aren't standard.’

‘It's quite painful to sit back and think, we can't help this guy tonight because he's not got a duty with the council. It's four o'clock and we can't get him help from the Rough Sleeper Team because to be able to rent somewhere privately, you need really about £1000 pounds in your back pocket to be able to pay for the rent in advanced schemes. And don't get me wrong, the Rough Sleeper Team are good. If you do rough sleep and they can help you, they will help you. But you have to get to that point. And then even when they do get to that point, many of these people don't have access to phones or computers, so the paperwork is complex for them to do. We can help them, but you can imagine they've already been sleeping rough. They already feel awful. There isn't anywhere to rent. You know that we've got a list of landlords that we can try for them, but quite often, they've not got anywhere available. So, what do you advise people in between? Where do you advise them to go?

‘I was working with a lady; we had done quite a lot of work. We were talking about her immediate needs, which were obviously her mental health needs and her housing. And then at the third appointment, she dropped into the conversation that she had heart failure. She was only in her 30’s. It shows that your general physical health is almost at the bottom of the pile when you are in this situation. There are some good things going on though. The sexual health websites have all now changed and you can book online for sexual health appointments and things like that. You can go into the Job Centre during any of its opening hours and access your universal credit from a computer there.

‘A lot of people have got what I would call, not serious mental health concerns, but what I would call verging on becoming serious. Which could be treated with something like talking therapy, some form of CBT or group work or something like that. But it's just not there. There are some things available, but what I'm saying is they're not easily available. So, people's mental health, it's too much of a struggle to access services when you've got complex needs and you're also drinking alcohol for example. You're just going to give up, aren't you? I think mental health really suffers when people are in prison. The isolation from the outside world and the changes in the outside world are immense. Things are changing drastically. I think the impact on someone's mental health there would already be bad enough, but I think because things are changing so drastically and you might have missed out so much while you were inside, it has a massive impact.’

‘I was working with one man who was in and out of prison, the last time for I think about twelve weeks. So, it wasn't a hugely long sentence. But he was on our radar because he had complex mental health. He had various diagnoses, including schizophrenia. There were notes on the system to say that he had learning difficulties as a child. They use words such as mental retardation but no sort of formal updated diagnosis. These notes were years old because this guy was in his 50’s. That's why they were using that type of language. But he was imprisoned because of his behavior, which was very much to do with his poor mental health, because he'd assaulted somebody. Our service was supporting him, so we were able to bring a lot of the services together. There were several MDT meetings held and we were able to really push for him to get the mental health support whilst he was in prison, and they sorted out his Depo injections and then they sorted out for him when he was released on one of the occasions to continue the Depo injections in the community. All of that sort of stuff would not have happened if he wasn't open to our service basically because he was just yo-yoing in and out. But still he wasn't really able to access properly what he needed because of his complexities. He's recently passed away and nobody knows what's happened yet, but it's just a yo-yo effect of not really able to actually move forward. Which was somebody with that sort of diagnosis, it's quite shocking isn't it? That they're released with no fixed abode or support in place.’

‘Interestingly the majority of our clients that do go into prison with an addiction come out in a much better place. They’re not quite as entrenched as they were when they went in. And that does give them an opportunity then to access the right support. But if there's a big barrier on the day of release, these are people that don't generally have the same coping skills that we would. They can't cope with something like that. So of course, what they're going to do, they're going to turn straight back to what they know makes them feel better. So, I think prison does work, as many of our clients who have been in a real, real state and we've actually hoped they're going to go into prison, and they do, and they come out and we get another opportunity.’

Joanne* is a clinical nurse working in a homeless centre. She supports the homeless people accessing the centre with various services including smoking cessation and cervical screening.

‘Here there is a group of people that have medical priority needs, which have been formally agreed, so they could have, for example, learning disabilities with COPD, something like that. They'll get put into accommodation because it is agreed that they have a priority medical reason to be housed and that if they stayed on the streets, it would be detrimental to them. But because their support needs in that house are so high because of maybe drugs, mental health, they get kicked out of their emergency priority need accommodation and then there's no duty of care. Well, the priority need for their health hasn't gone away. They still have whatever it was that made it absolutely essential,

they were put in on day one then. But according to legislation, they are then no longer eligible for any housing. So, we've got this whole set of people locally, because they've burnt their bridges because of behaviour which is related more to their drink drugs or poor social support, they no longer will ever get housed. What do you do with these people? They are still medically unfit to be on the streets, but their behaviour and the lack of appropriate housing is what's letting them down. They need such specialist housing and there isn't the level of supported housing for people like that involves someone in an office downstairs who they can go and knock on the door if they're having problems. This regularly leaves me with patients who I can do nothing for, who are medically unfit to be on the street, unless they go into A&E.'

'I think the figure is something like 800,000 people incarcerated at the moment in the country and I would say twenty per cent who present here as homeless have got some offending history. So, a good proportion of our patients will have had some experience of prison life before they come to us for healthcare. NICE guidelines say that patients should have a continuity of care. When they leave prison, it should be packaged and handed over so that the GP in primary care can just carry on with any investigations or any medication that they need. In my experience what tends to happen is a patient will be discharged from prison with seven days medication. And then it takes possibly two to three weeks to get that patient registered with a GP and seen and assessed to get them the medication that they need. GPs totally are within their right to exercise safe practise, if they've never met a patient and never engaged with them to refuse medication until they've assessed that patient and they've prescribed for them.'

'So, understandably GPs like to meet the patient to do their due diligence before they take over the care of that patient but in the interim seven days medication is gone, that patient is then maybe suffering with anxiety, depression, other mental health, even chronic illnesses without medications whilst they're waiting for the GP to pick them up again. So ideally, we would like to see the discharge medications going up from seven days to a reasonable amount to tide them over until they get engaged with a GP. Obviously, there's issues with that if you release someone with a benzodiazepine or a controlled drug that's not great either for them to walk out of prison with two or three weeks of those type of medications but likewise the other way where it's medication that they need for hypertension et cetera. Would it be a big issue for prisons to take up that mantle and say we will release you with carry over medication for a month. That gives us in primary care time to get them organised with a GP.'

'That's one thing that consistently happens that is actually quite fixable. The second thing is in prison most of the patient's notes are stored onto the primary care computer system one and it's closed so we can't see it in primary care. So, they may well be doing great care and actually the care that people get in prison is usually quite good quality care. They do get seen and they do get looked after and we want to carry that on in primary care, we don't want them to fall off the regular medications that they've been on, or the treatment they've been on, but for us to get access to their notes on SystmOne, we have to phone the prison, we have to send over the consent form to release the notes so we can see them or get a clinical summary sent over, which is ridiculous because we are all working together for that patient's benefit.'

'The system that they put their notes on, which we already have in primary care, the GPs are using that system so they could just click the consent so that we can see, with the patient's permission, real time data about the patient on the day they get discharged, and whether or not they're in the middle of having referrals into, for example, endoscopy or hepatitis C treatment, those type of things because they're often the things that get lost. A patient will start really good care in prison for hepatitis C but if primary care isn't

informed of that, and the patient doesn't tell us about it and someone in the GP surgery doesn't investigate, that will often go years again until it's picked up again, possibly when they reoffend and go back into prison, when we could actually be treating it. It is about that handover and that continuity of care, of documentation, medication and for us as in primary care, I think that's the key take home message.'

'I guess the other thing is registration with the GP from our end, as historically, we have had this attitude that you cannot register with a GP without ID, without proof of address. Thankfully, in Essex that does seem to be changing. Most of the GPS in our area, actually recognise that that's not appropriate and are taking patients on without the ID, without the proof of the address. That's been a huge positive and such a benefit to the people we support.'

'I think people are reticent naturally to say that they've come from an offender background because of the stigma and judgement that they maybe have had or experienced in the past. Here, because we build quite a good rapport with them, quite equivocally and they can see that actually we are here for their benefit, it's normally one of the first questions we ask them. Have you just been released? And I would say nine times out of 10 they do share that information because without that we can't give them the support they need, but I'm not sure again in a GP situation, in another health or social situation whether they'd actually share that information. We are in a unique position here of trust and I think the other thing is peer support. When they come in here, they will have generally come because they know someone who's here, who's felt the trust in the service. So, they'll say, "it's okay to share" and then they are happy to share. So, it's about peer conversations as well.'

'Dental care across the population is a struggle for everyone at the moment. Particularly if you are homeless, you have far higher likelihood of dental problems than the general public, so you have far more broken teeth, infections, and so on. Most of our patients will need extensive dental care and are far more difficult to manage and engage with dental services. Obviously, there's still a fee element to dental services as well which is an issue for homeless people. And at present, if we register with a dentist locally, we are looking at December being the first available appointment that we are able to give. Unfortunately, a lot of our patients have ongoing chronic dental abscesses because of the tooth decay. And whilst it's not actually a primary care function for me to prescribe antibiotics for dental abscesses, it's not recommended we end up doing that as they will require higher and higher levels of pain management because we cannot get them the dental care that they need. So, we're doing two things there. We're providing unnecessary painkillers, possibly at a level that is inappropriate for someone who has addiction issues and we're giving antibiotics when the one thing that us as primary care practitioners don't want to be doing it is giving repeated antibiotics because of the resistance, and meanwhile this person's not actually being treated, we are just symptom managing because we can't get them the care that they need. And then when we do get them in with the dentist, obviously the barriers that they have are greater than that of the general population, because of the mental health, the addiction issues, the likelihood of them attending a repeated appointments without a huge amount of advocacy and support is very unlikely. They drop out of treatment halfway through or because of their chaotic lifestyle; they move towns, so they might start treatment in one town and then move to another town. Again, it's about continuity of care for homeless ex-offenders.'

'We know with this group of patients that they are the late presenters, the acute admissions to A&E with most of their physical health. If they have access to a GP for ten minutes, their priority will probably be related to their mental health condition because that's what why they wake up every day feeling low, feeling unable to cope. So, if they

are in front of a GP, they will want symptom management of how they feel in their mind. So, life expectancy I think for a prisoner is 56, I think that's the latest data that's out there. That's not all due to mental health conditions. A lot of it will be because it's all intertwined, but a lot of that will be chronic disease that haven't been managed. So, your hypertensions, a lot of these prisoners are smokers, poor lifestyle choices, poor diet, for example.'

'You and I might present to a GP with a persistent cough, maybe a bit of blood in our stool and be really worried but for someone whose life is so chaotic and they're struggling just to put one foot in front of the other, chronic disease or managing health conditions is really low on their agenda. The health promotion bit of it is so far away from where the reality of what their day-to-day living is. And a lot of the messages that we give out as health professionals are inappropriate for someone who is struggling to find somewhere to live and to eat and to find a job. To give them messages about healthy eating, not smoking, is not realistic. A lot of the health materials that we produce in primary healthcare is inappropriate for either offenders or homeless people. And it's actually doing the opposite of what you want to do. You give a leaflet to someone who's having insomnia because they are homeless or suffering with major anxiety, having been released from prison, and you give them a leaflet on insomnia that says have a nice milky drink and listen to some relaxing music, it's disassociation. It disconnects them further from what you are trying to achieve. So, there's lots of work around appropriate healthcare messages, specific and health promotion messages specific to ex-offender and homelessness.'

'GPs have been historically quite open to prescribing the types of medication that helps symptom management in mental health, but particularly I'm talking about your benzodiazepines. We in primary healthcare are being encouraged to take people away from that and learn coping methods and self-care methods that means that they're less addicted to these types of medications when they go into prison. Prison have a very unique opportunity to get people off those types of addictive medications. So, prisons are working very hard to wean people off benzodiazepines especially, which most patients who have a mental health programme, that's their approach, that is how they get through their days. So, I understand that prisons are doing it because that's what guidelines tells us to do. That's what we should be working towards to get people off of these entirely addictive controlling substances. Prison has an opportunity where someone's captive to wean them off and reduce them, but if you are not replacing that with any other mental health support package, I can understand equally how they say, we are not getting any mental health support. So, really there is nothing to replace a diazepam with in prison, so they wean them off of it and to the patient that's like saying, you are taking away my mental health support for the right reasons medically, but if you don't then give them something else to fill that need in their life, they're likely to be released, recommence with a GP or be very frustrated that they're not getting support when they come out.'

'Sadly, mental health certainly in our local area is under pressure and long term is limited. Primary healthcare does what it can with talking therapies and counselling but in reality, the need surpasses the service provision and there are so many people, whether prisoners or offenders or general public who are actually saying the same thing at the moment; that the waits are too long and the type of care being offered doesn't feel appropriate to what their needs are or the level that they think their needs are. So, I think that's a pretty true reflection of the services overall unfortunately.'

'Every time someone goes back in prison, they come out more hardened. In my opinion, it has the opposite effect, short term sentences, they don't get any rehabilitation. They're not getting any of the anger management courses, the mental health courses that they

need. You want to be, whilst they're in there, actually working really intensively, when they are a captive audience to actually make them engage with mental health sessions, to make them engage with anger management. That's an ideal opportunity. You've only got to look at the fact that since they've brought smoking cessation into prisons, I would say 90% of the patients that now come out from prison are vaping and happy on vapes. What a success!'

'There is a well-established pathway for offenders to be released that is planned and documented, working with the probation office outside and in the prison where addiction, mental health housing, all of those things, employment are discussed in a plan written for that person. In reality, resources are stretched, there certainly isn't housing stock for patients to go into, high level offenders may get put into certain properties if they need that level of supervision, but I don't think the general public would be fully aware of how many offenders are released straight onto the street. Certainly, if they haven't got a emergency medical condition that needs them to be put into housing straight away, they will be bidding and applying to housing the same as any other member of the general public. So, a patient will come out of prison with maybe a mental health condition, maybe an underlying hypertension and underlying diabetic condition that doesn't necessarily mean that they're going to be housed on day one. They may well be rough sleeping for the long term.'

'The expectation on the care pathway of what should be available and what actually happens are completely different. And my patients certainly talk about when they first go into prison, the discussion around how when you are released, this is your opportunity to not re-offend, this is going to be your fresh start, to then have that taken away from them because none of the bits of those key elements, the housing, mental health, the employment is there when they come out, sends them spiralling into repeat offending or substance misuse or just lack of self-care, really poor mental health, et cetera. Again, it's not that anyone in the system is failing. I think the system isn't resourced as we know with all other systems to accommodate what needs to be done.'

'My starting argument with anyone who maybe hasn't experienced offending in primary care is that no child started out wanting to be a criminal or an addict. That young person at some point in their life made bad choices or was influenced to make bad choices, but the starting point of their life was the same as the rest of society. It was something which happened that took them off in that direction and they still inside have, I truly believe, those same aspirations and wants as the rest of society. It's just they've given in crime because the system doesn't allow for them to break free of it.'

3.0 Key Findings and Recommendations

There were a number of key themes which emerged throughout the engagement phase of this project and were raised by those currently in prison and those who had been released, and echoed by those who work with them.

- **Mental health:** this emerged as the main concern to those who engaged with me. Nine out of ten prisoners have at least one mental health or substance misuse problem, according to Dr Graham Durcan in his recent paper 'Prison Mental Health Services in England, 2023' (Appendix C), and this was certainly mirrored by the participants who contributed to this report. Mental health was something which

they talked about openly, and with genuine concern, evidently prioritising it above physical health in most cases.

The prevalence of known or suspected diagnoses of mental health conditions, along with self-harm and suicidal thoughts were frequently mentioned, and it should be the case that access to mental health support services is equitable for all. It is of concern that the offenders who engaged with this project do not feel that mental health support within prisons is adequate, particularly as a period of incarceration is only likely to compound any negative thoughts or predispositions.

Whilst the implementation of serving prisoners as Mental Health Ambassadors is an excellent initiative, it should be a complementary factor to the NHS health care provision. Accounts of persistent self-harming and depression, in tandem with reports of minimal mental health support, even in cases where prisoners have made recent suicide attempts, is of significant concern. Whilst staffing and resources are known to be a universal issue, it is strongly recommended that a review of the mental health provision within prisons takes place, with a view to a robust and consistent plan of support being implemented and regularly reviewed.

- **Trauma:** As one in every two people can experience trauma in their lifetime, it is therefore clear to envisage how many of our current serving offenders are affected in this way. A significant number of participants in this project cited highly traumatic experiences in their lives, such as domestic and sexual abuse, familial separation and being brought up in the care system, and mental health crises, all of which have continued to impact them to the present day.

  Very few participants had received the appropriate input and support since the traumatic event(s) in their lives, and this has undoubtedly affected them on an everyday basis, with the potential of being triggered, when some kind of external factor causes them to recall the event which was traumatic to them. The reactions caused by trauma are unique, but often can be likened to the symptoms of a panic attack. The instinct of the individual may well be to retreat, shut down on an emotional and/or communicative level, or to react with a desire to protect themselves. Reactions can manifest on a physical, emotional and psychological manner. The effects have a huge impact on the individual personally, not just in the moment when the trigger occurs but for some time after. They can be hugely debilitating and distressing for the individual concerned.

  Alongside the comorbidities which are frequently associated with trauma, including substance misuse, self-harm and addiction, it is clear that appropriate and timely trauma support should be available within the prison system for those who require it, in tandem with a similarly structured mental health provision. Implementation of the Healthwatch Essex Trauma Card as a resource provided to appropriate prison leavers would also be recommended to assist in their interactions after release.

- **Management of needs within prison:** prisoners, like everyone else, will have physical and mental health needs of varying urgency, which are already in existence, or arise, during their incarceration. It is important for there to be a system in place which allows for these needs to be addressed and managed within appropriate timeframes. HMP Chelmsford operates currently on the ‘apps’ system,

which basically relies on notes passed between prisoners and prison staff to access appointments. This can have obvious pitfalls, with the possibility of notes being mislaid, accidentally disposed of, etc, and this can contribute to significant delays in the prisoner getting the care they need. The CMS system, which operates in other prisons, is electronic and therefore eliminates these pitfalls and gives a faster, more efficient service. In a positive step, HMP Chelmsford have stated that they are in the process of having the necessary adjustments made in order to implement the CMS system in the near future.

- **Addiction:** There were 43,255 adults in alcohol and drug treatment in prisons and secure settings between 1 April 2020 and 31 March 2021, according to the government report 'Alcohol and Drug Treatment in Secure Settings 2020-2021.' The most prolific addictive substance in this group was opiates, including heroin, with 46% of these individuals being addicted. The scale of individuals entering prison with addiction is highly significant, and of course contributes to other issues such as mental health, homelessness and poor physical health. Addiction is powerful, and even when incarcerated, individuals are innovative in striving to satisfy their cravings. At HMP Chelmsford, for example, staff and prisoners cited how paper products could not be brought into the establishment in case they were coated with Spice, and hand sanitizer was carefully monitored in case it was used to brew Hooch.

  With the individuals sentence acting as a fairly guaranteed assurance of their availability for engagement, prison could be a productive setting for addiction services to provide their services and help individuals overcome their addictions prior to release. The battle to overcome addiction of any kind is not an easy one, and most successes are achieved with an excellent network of support and therapy. A review of the support and treatment available for addiction within the prison system would be recommended, in tandem with greater collaborative working with the agencies who are most likely to offer these services upon release, to ensure continuity and a seamless transition for the individuals.

- **Appropriate Release:** release from prison is generally assumed to be something which prisoners look forward to, and for many who have established support networks and connections, this is certainly the case. However, for offenders who do not have this to rely upon, release from prison can actually be daunting, and in some cases, overwhelming. Greater integrated working with the agencies who provide support to offenders upon release is strongly recommended in order to achieve a more structured process with greater likelihood of the individual attaining positive outcomes.

  The issue of release and what the prisoner will be 'going out' to, should be discussed well in advance of the event, with an individual plan being created with goals to work towards, covering such areas as health, housing, employment, etc., in conjunction with the individual offender. Prison staff should be working in tandem with agencies in the community to provide a structure of information, guidance and support for those re-entering civilian life which will give the optimum chance of achieving good outcomes in the short and long term. This level of preparation will reduce the likelihood of negative outcomes, including homelessness, poor health, continued addiction and unemployment. It is investing

in people in this way which results in them having an improved sense of self-respect and ultimately encourages them to become more proactive and set their goals higher. The NHS have recently commissioned a new project known as reconnect. The purpose of this pathway is to support men who are coming up for release, from having twelve weeks left to serve to six months after release, with getting access to all their healthcare needs. This is a significant step for prison service in working with the NHS to support these individuals.

Certainly, the current instances of prisoners being released with just a sleeping bag and no fixed abode are unacceptable, along with the number of participants in this project who stated that they had no idea how to access avenues of support when leaving prison. Information is key, particularly in a cohort group who have been removed from society for some time and experience additional barriers in reaching out for help. It is in response to this that Healthwatch Essex have created the prison leavers information sheet (Appendix G) which can be made to individuals and organisations as an aid to accessing basic requirements such as housing, primary medical care and food.

- **Reoffending:** with the Office of National Statistics reporting that adults released from custodial sentences of twelve months or less have a proven reoffending rate of 54.4%, it is clear to see the problem that this presents in our society. Whilst certainly being a means of punishment, prison should also provide a setting for rehabilitation, as it provides the secure environment for prisoners to be educated about their crimes and given the access to opportunities and services which will reduce the likelihood of their reoffending in the future.

  Greater emphasis should be placed upon the prisons forging links and setting up agreements with education and employment services in order to provide a variety of opportunities to those incarcerated to improve their knowledge and skills. HMP Chelmsford has already made headway in this, nurturing relationships with local employers and even hosting a 'jobs fair' where representatives come into the prison to talk to the prisoners about their industries and opportunities for employment. The output of this can be seen in the fact that since January 2023, 19 prison leavers from HMP Chelmsford have secured employment with six weeks of release.

  This type of investment will, in turn, not only reduce reoffending as prison leavers will have greater access to education and employment but will also benefit the workforce and economy. As the Ministry of Justice states that reoffending is estimated to cost the country £18billion per year, the value of this cannot be underestimated.

4.0 Conclusion

According to latest figures released by HM Prison & Probation Service in their Annual Report and Accounts 2020-21 (Appendix A), the average cost of keeping one person in prison for a year is £48,409, and in excess of this sum for young offenders. The number of individuals incarcerated in that same year was 80,660 in England and Wales, as stated in UK Prison

Population Statistics (Appendix B). Perhaps unsurprisingly, the latter document also states that, as of September 2022, 52% of prisons in England and Wales were classified as crowded.

Crime is a massive concern in our society today, with many people living in fear of it, or suffering the effects of it happening to them. Rightly, we expect our criminal justice system to hold those committing crimes to account, and mete out appropriate punishment, sometimes in the form of a custodial sentence, and sometimes in the form of a non-custodial sentence, such as a community service order or financial penalty. Importantly, when offenders have served their sentence and are released, we do not want them to re-offend.

For some, the perception of prison is that it is 'too soft', with visions of prisoners enjoying leisure activities such as watching TV and playing on games systems and eating three hearty meals per day. It is believed that they have access on demand to doctors, dentists and other health services, perhaps more so than other members of the community. In reality, however, prisoners spend many hours a day locked in their cells, with limited social time and access to activities such as the gym. Their access to health care services is often reliant upon unreliable request systems, with long waiting times and delays in getting medication. Whilst many prison staff are working hard to offer the best possible service, they can only do so much in the face of very limited resources and funding.

Whilst any judicial sentence is by nature not intended to be an enjoyable experience, it should be one where issues such as physical and mental health, self-harm and addiction, and suicidal ideation should be acknowledged, and the individuals offered support and appropriate interventions. A term of incarceration could be the ideal time to implement such actions, as the offender is guaranteed to be in that environment for a set period of time, can be observed and safeguarded, with engagement being more guaranteed than if they were living independently.

What cannot be ignored is the high level of trauma which is present in the backgrounds of many offenders, and which partly contributes to additional pre-existing challenges including homelessness, addiction and breakdown of family and support networks prior to offending. Individuals entering the prison system with these issues require the appropriate support and interventions to help them progress and achieve better outcomes. Correctional establishments should provide, in tandem with community-based services, opportunities for self-improvement on many levels, in order for them to be able to achieve positive outcomes and, upon release, secure a better standard of living with reduced likelihood of reoffending.

Understandably, with the climate nationally of over-stretched services and limited resources, the stigma that 'prisoners deserve to be punished' does not make this cohort a necessarily popular one for investment and input. However, people do not make fundamental change simply by being locked in a cell. If society wishes to reduce reoffending and have less crime occurring on a day-to-day basis, the opportunity needs to be taken when individuals are imprisoned, to work with them and give them opportunities to change their outlook and have the possibility of better outcomes, or the cycle will undoubtedly continue.

5.0 Appendices

Appendix A	HM Prison & Probation Service Annual Report and Accounts 2020-21	costs-per-place-costs-per-prisoner-2020_-2021.pdf (publishing.service.gov.uk)
Appendix B	UK Prison Population Statistics	SN04334.pdf (parliament.uk)
Appendix C	Prison Mental Health Services in England, 2023	Prison mental health services in England 2023 (1).pdf (centreformentalhealth.org.uk)
Appendix D	Participant Information Sheet	See below
Appendix E	Participant Consent Form	See below
Appendix F	Alcohol and Drug Treatment in Secure Settings 2021 to 2022 Report	Alcohol and drug treatment in secure settings 2021 to 2022: report - GOV.UK (www.gov.uk)
Appendix G	Prison leavers information sheet	https://healthwatchessex.org.uk/wp-content/uploads/2023/08/Prison-Leaver-Resource.pdf

Appendix D

Participant Information Sheet

Prison Leavers and Ex-Offenders

We'd like to invite you to take part in our exploration of the health, care and wellbeing needs of prison leavers and ex-offenders. Participation is entirely up to you, and we would like you to understand why this piece of work is being done and what it would involve. Please take time to read the following information carefully.

Background and purpose of study

We are interested in understanding the extent to which the health, care and wellbeing needs of prison leavers and ex-offenders are being met as they prepare for their release and transition into life after being in prison. We are taking an holistic approach to this project and understand that there are likely to be additional barriers for those in this cohort group to achieving positive outcomes. We intend to raise awareness of these issues and propose recommendations for improvement and enhancement of good practice.

What will I be required to do?

1) Participate in a focus group discussion.

2) Complete a demographic survey.

3) Participate in a one-to-one interview.

You may participate in any or all of these activities.

To participate in the study, you must

- Have been convicted of a criminal offence and received a penalty in relation to this, including but not exclusively of a prison term.
- reside or be incarcerated in Essex.

Dissemination of study

Our analysis will involve looking at the transcripts from each focus group, survey and interview that we run and looking for the common things people have said. Once we have done this, we intend to produce a short report on the findings and promote this via our various channels, including social media. The full report will be available on the Healthwatch Essex website.

Confidentiality

Any personal information that we collect about you will be stored securely and used only for research purposes. Procedures for the handling, processing, storage and destruction of data will comply with the Data Protection Act 2018 and GDPR requirements. All information collected about you will be kept confidential and will not be shared outside of the project team. Data used for the final report and further publications will be anonymised using pseudonyms and the removal of personal information. Personal information and audio recordings will be retained for a maximum of two years. This is in accordance with Healthwatch Essex's privacy policy, which can be found here www.healthwatchessex.org.uk/privacy-policy/

What are the possible benefits of taking part?

You will be involved in producing bespoke intelligence around how prison leavers and ex-offenders navigate their health, care and wellbeing needs. By design, the study will give participants with lived experience the opportunity to share valuable insights and experiences towards the challenges and how services can better engage with them. This valuable intelligence will be fed back to relevant professional bodies and services across the county.

What if there is a problem?

Should you wish to raise concerns about the way you have been approached or treated during this study you should get in touch with the Project Lead. Should you wish to complain about your experience with us, you can contact Healthwatch Essex CEO, Sam Glover. Contact details for both are given below.

Participation

Should you decide to take part in the study you remain free to withdraw at any time without giving a reason.

Who is organising and funding the project?

Healthwatch Essex is funding and managing this project. Healthwatch Essex is an independent organisation designated to gather and represent voices and lived experience of health and social care within Essex.

If you need any further information about the study, please contact Sharon Westfield de Cortez (Project Lead) or Sam Glover (CEO)

sharon.westfield-de-cortez@healthwatchessex.org.uk,

sam.glover@healthwatchessex.org.uk

Appendix E

Participant Consent Form

Study/Project Title: *Health, Care & Wellbeing of Prison Leavers & Ex-Offenders*

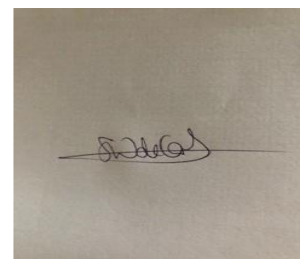
Please read the 'Participant Information Sheet' before completing this form. You should sign two copies and keep one of these for your own records.

Project Lead: Sharon Westfield de Cortez
Healthwatch Essex, 49 High Street, Earls Colne, Colchester CO6 2PB
sharon.westfield-de-cortez@healthwatchessex.org.uk

If you agree with each statement, please **initial** the associated box

1. I confirm that I have read and understand the 'Participant Information Sheet' for the above study and had the opportunity to ask questions. ☐
2. I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason. ☐
3. I agree to maintain the confidentiality of the focus group if I attend it. ☐
4. I understand that any personal information I provide will be kept strictly confidential and no information that identifies me will be made publicly available. ☐
5. I agree to take part in this project. ☐

………………………………..	………………	……………………..
Name of Participant	Date	Signature



Sharon Westfield de Cortez	17th February 2023	
(Project Lead)	(Date)	(Signature)

1 copy for the participant, 1 copy for the project lead.

healthwatch
Essex

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