

Institution: Leeds Beckett University		
Unit of Assessment: 3		
Title of case study: Improving health for prisoners and their families: changing public-health policy and practice within the prison system		
Period when the underpinning research was undertaken: 2012-2015		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Jane South	Professor	2002 - present
Anne-Marie Bagnall	Professor	2005 - present
James Woodall	Reader	2010 – present
Rachael Dixey	Professor	1991-2016
Period when the claimed impact occurred: 2015-2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact (indicative maximum 100 words)		
<p>LBU research into the effectiveness of peer interventions in prisons and a portfolio of research defining the benefits of prison visits, has changed policy, commissioning and practice within prisons. The research has been recommended to, and implemented by, the UK prison sector through changes in policy and practice by the UK Government and agencies including NICE, Public Health England, Ministry of Justice, HM Inspectorate of Prisons and NHS Scotland. These changes have improved health outcomes for prisoners and their families in the UK and internationally. Additionally, our research is utilised to change policy and practice in Canadian health corrections.</p>		
2. Underpinning research (indicative maximum 500 words)		
<p>Research addressing the health of marginalised groups has been a long-standing priority at Leeds Beckett University (LBU), particularly in relation to prisoners and their families who face disproportionate rates of poor health. Research suggests that, in the UK, imprisonment impacts not only on those directly <i>in</i> prison (some 80,000 in England and Wales alone) but also prisoners' families and relatives and the prison workforce. The initial work of Woodall, Dixey & South [R1 & R2] stimulated a focussed interest in the prison as a distinct setting for health promotion practice and policy development. This included a wider view of the prison setting encompassing both prisoners, families and prison staff. The research argued that a disease-focussed, reductionist model of prison health was too limited in fully addressing the myriad of issues facing this population and instead a more 'upstream' salutogenic focus (the focus on human health and wellbeing rather than on factors that cause disease) was necessary to address the inequalities faced in this population.</p> <p>Building on this work and the LBU, NIHR funded study 'People in Public Health', further NIHR funding enabled a study exploring the effectiveness and cost-effectiveness of peer interventions in prison settings. This was conceived and led by LBU, in collaboration with health economists at the University of Leeds (assessing cost-effectiveness) plus two GPs working in prison healthcare [R3]. This systematic review, the first comprehensive review on this issue, showed the benefits of peer interventions for influencing health outcomes, including the management of poor life style choices with increased health risks. The research included 'expert hearings' which brought together stakeholders from the prison service, health services and the voluntary sector</p>		

to identify implications for policy and practice, including how peers could be recruited, trained and supported [R4-5]. The research showed clear health outcomes from this intervention mode (particularly HIV prevention outcomes), but also provided understanding of context and delivery mechanisms required for success (including the need for organisational buy-in; funding and resource; and a recognition of placing prisoners in positions of relative power and trust).

Research focussing more specifically on prisoners' families and children has been undertaken by Dixey and Woodall [R1]. This research has had academic and sectorial impact in understanding the role of prison visits in maintaining family ties and supporting the wider health and wellbeing of prisoners, their families and their children. This work has highlighted the pivotal role of prison visitors' centres (in providing practical, social and emotional support to families) and the prison visit (in relation to reduced re-offending) to government and agencies in addressing health and social outcomes for families, children and prisoners themselves. These groups are often the most vulnerable and socially excluded in society. This research has been important as, to date, there is no mandate for prisons to have dedicated facilities for families. The research has demonstrated the positive impact of such facilities in creating healthier prison environments.

3. References to the research (indicative maximum of six references)

[R1] **Dixey, R** and **Woodall, J.** (2012) The significance of 'the visit' in an English category-B prison: views from prisoners, prisoners' families and prison staff. *Community, Work and Family*, 15 (1), 29-47.

[R2] **Woodall, J., Dixey, R. & South, J.** (2014) Control and choice in English prisons: developing health-promoting prisons. *Health Promotion International*, 29, 474-482.

[R3] **Bagnall, A.-M., South, J., Hulme, C., Woodall, J., Vinall-Collier, K., Raine, G., Kinsella, K., Dixey, R., Harris, L. & Wright, N. M.** (2015) A systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons. *BMC Public Health*, 15, 1-30.

[R4] **Woodall, J., South, J., Dixey, R., de Viggiani, N. & Penson, W.** (2015a) Expert views of peer-based interventions for prisoner health. *International Journal of Prisoner Health*, 11, 87-97.

[R5] **Woodall, J., South, J., Dixey, R., de Viggiani, N. & Penson, W.** (2015b) Factors that determine the effectiveness of peer interventions in prisons in England and Wales. *Prison Service Journal*, 219, 30-37.

Grants associated with this case study

G1: South J, Woodall J, Harris L, Wright N, De Viggiani N, Thompson C, Mitchell B, Stephenson L, Penson W, Doran K, Bagnall AM, Hulme C, Dixey R. (2012-14) A systematic review of the effectiveness and cost-effectiveness of peer-based interventions to maintain and improve offender health in prison settings. National Institute for Health Research, Health Services Delivery Research, £179,790.

4. Details of the impact (indicative maximum 750 words)

The underpinning research has resulted in changing UK government policy in relation to prisoner health as well as leading health service, public health and criminal justice agencies in developing policy, commissioning and practice guidance. The underpinning research has also impacted directly on policy and practice in the Canadian health system.

Impact on UK and international prison policy impact

The underpinning research has a clear pathway to Lord Farmer's 2017 report "The importance of strengthening prisoners' family ties to prevent reoffending and reduce intergenerational crime" [IM1] which was commissioned by the Secretary of State for Justice in a report in 2016 to reform prison services. Lord Farmer's report highlights family relationships as "the golden thread" in

preventing reoffending and shows prisoners who receive visitors from a family member are 39% less likely to reoffend than those that do not. This report cites [R1] in the section highlighting the importance of the prison visit to inmates (p62, reference 90) and specifically names James Woodall (p.71 paragraph 185), referring to his research relating to [R1], which shows the importance of visits to improved prisoner resettlement and reduced reoffending. LBU research pertaining to the role of prison visitors' centres and the importance of family ties showed they aid health and well-being – this evidence was an important contribution to this report in 2017. The Farmer review is continuing to have direct policy impacts for prisoners and their families, informing the policy around secure video calls to help prisoners maintain family ties during COVID-19; and in 2020 it was reaffirmed that prison Governors must consider recommendations from the Farmer Review [IM1] in relation to visiting services in their prisons, in the Ministry of Justice document “Strengthening prisoners’ family ties policy framework” issued in January 2019 and re-issued in January 2020.

The NIHR funded study exploring the effectiveness and cost-effectiveness of peer interventions in prison settings [R3] resulted in change in policy, commissioning and practice of prison health service delivery for **national health service, public health and criminal justice agencies**. The work has significantly informed **NICE** guideline 57 (NG57) [IM2] published in November 2016, on the physical health of people in prison: assessment, diagnosis and management of physical health problems – advocating using peer support and mentoring to help promote a healthy lifestyle while in prison. The Health Service Delivery report for our NIHR study, out of which was published the systematic review [R3], is cited in the reference list of the full NG57 guideline document and is used to demonstrate the economic benefits of peer-led and professional-led interventions over “do-nothing” approaches to prisoner health. Specific extracts of the systematic review [R3] are referred to on pages 174, 175 and 200 of the NG57 full guideline document. NG57 is the sole guideline underpinning the September 2017 NICE Quality Standard 156 (QS156) “Physical Health of People in Prisons”. The Health Service Delivery report for our NIHR study, out of which was published the systematic review [R3], has also led **Public Health England** to re-evaluate and review the evidence of the impact on health outcomes of NHS commissioned health services for people in secure and detained settings. **Public Health England** recommended peer-led services as a component to inform future health interventions and prioritisation in England [IM3, pg26, citation 51]. **Public Health England** also developed principles and gender-specific standards to guide health commissioning of services in the female prison estate and using our research [R3] and [R4], a service standard has been developed which states that peer-education approaches should be used to support health promotion activities in the women’s estate – impacting positively for over 3000 women [IM4, R3 cited on pages 37, 38 and 107, R4 cited on pages 151, 198 and 199]. This is particularly important given that much health policy in prison has been focused on men. The research informs processes for effective peer intervention delivery for women in prison. Linked to this, the research has been used by *NHS London Clinical Networks* to drive their health strategy for women in the criminal justice system in London (over 30,000 women). Our systematic review research [R3] has also informed and been cited by **NHS Scotland** in their ‘Reducing offending, reducing inequalities’ strategy report [IM5, R3 referred to on pages 85 and 152] which calls for more focus on peer delivery methods in improving health, reduced re-offending and resettlement for 7500 Scottish prisoners currently in 15 prison establishments.

Internationally, the research on peer interventions in prison has been utilised to develop policy for the **Government of Canada**. Evidence from LBU research informed the policy framework ‘Promoting Wellness and Independence of Older Persons in CSC Custody’ undertaken by the Correctional Service Canada [IM6 cites R3 and R4 in relation to the importance of peer support].

Impact on UK and international prison practice

At practice level, our research on peer health delivery [Health Services Delivery report and subsequently R3] in prison has been cited by **Her Majesty’s Inspectorate of Prisons** in relation to their practice development for peer support in prison [IM7, pg 4]. This research has also been used by **Public Health Wales** to support the planning and provision of health care for the development of a new North Wales Category C training and resettlement prison with an

operational capacity of 2106 places [IM8, cited on pages 73, 177 and 192]. This drew specifically on our typology of peer intervention approaches with this providing direct recommendations for peer interventions to form part of prison health service delivery. We have also made significant contributions to changes at HMP Leeds in relation to improving health outcomes for approximately 1000 prisoners and their families through consolidation of family ties. Indeed, data suggests some 3538 visitors to Jigsaw *each month* (including an average of 571 children) that have benefited. This includes an average of 176 individuals being first-time visitors to HMP Leeds. Our research has been used to inform Jigsaw's expansion to other prisons – HMP Wealstun, for instance, which accommodates 800 people in prison. An endorsement by the Director of Jigsaw at HMP Leeds [IM9] stated: *“The support that HMP Leeds provides for prisoners and their families has been consistently rated by Her Majesty’s Inspectorate of Prisons as outstanding. This outcome is directly as a consequence of the way we have delivered our policy and practices using research evidence to inform the way we do things. Specifically, Leeds Beckett research underpins much of our policy and practice in how we have developed and managed prison visits at HMP Leeds – particularly how we create a comfortable environment for families prior to the visit and how we balance the difficult tension between security and ensuring family-centred approaches”*. Finally, [R4] informed practical recommendations for standardised peer interventions for **The Office of the Correctional Investigator** in Canada in their investigation ‘Aging and Dying in Prison’ [IM10]. LBU research was the main contributor that resulted in Recommendation 10 from this report that stated *“We recommend that CSC introduce standardized peer assistance and peer support programs across all institutions. These programs should be modeled along the lines of the caregiver program at Pacific Regional Treatment Centre, including a comprehensive manual, recurring training and ongoing support to peer caregivers”*.

5. Sources to corroborate the impact (indicative maximum of 10 references)

IM1 Farmer M. (2017) The importance of strengthening prisoners' family ties to prevent reoffending and reduce intergenerational crime. London: Crown.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/642244/farmer-review-report.pdf

IM2 NICE guideline [NG57] (2016). Physical health of people in prison: assessment, diagnosis and management of physical health problems. London: National Institute for Health and Care Excellence. <https://www.nice.org.uk/guidance/ng57>

IM3 Public Health England. (2016) Rapid review of evidence of the impact on health outcomes of NHS commissioned health services for people in secure and detained settings to inform future health interventions and prioritisation in England. London: Crown.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/565231/Rapid_review_health_outcomes_secure_detained_settings.pdf

IM4 Public Health England. (2018) Gender specific standards to improve health and wellbeing for women in prison in England. London: Crown.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687146/Gender_specific_standards_for_women_in_prison_to_improve_health_and_wellbeing.pdf

IM5 NHS Scotland. (2017) Reducing offending, reducing inequalities. Achieving ‘better health, better lives’ through community justice. Edinburgh: NHS Scotland.

http://www.healthscotland.scot/media/1528/reducing-offending-reducing-inequalities_aug2017_english.pdf

IM6 Correctional Service Canada. (2018) Promoting wellness and independence of older persons in CSC custody. A policy framework. <https://www.csc-scc.gc.ca/publications/005007-1601-en.shtml#6.12>

IM7 HM Inspectorate of Prisons. (2016) Life in prison: peer support. London: Crown.

Impact case study (REF3)

<https://www.justiceinspectrates.gov.uk/hmiprison/wp-content/uploads/sites/4/2016/01/Peer-support-findings-paper-final-draft.pdf>

IM8 Public Health Wales. (2015) Prospective initial health needs assessment for North Wales prison. Cardiff: Public Health Wales.

http://www.wales.nhs.uk/sitesplus/documents/861/SP15_79%20Prison%20Apx%202.pdf

IM9 Testimonial from Mr Lee Stephenson, Director of Jigsaw.

IM10 Office of the Correctional Investigator. (2019) Aging and dying in prison: an investigation into the experiences of older individuals in federal custody. https://www.oci-bec.gc.ca/cnt/rpt/oth-aut/oth-aut20190228-eng.aspx#_Toc536691341