RESettlement Guide
for healthcare Staff

Introduction
This guide is to introduce healthcare professionals working in the prison environment to the challenges service users face when leaving custody, and the support that can be provided by healthcare professionals to overcome some of these challenges.
**WHAT IS RESETTLEMENT?**

We hear a lot about resettlement working in a custodial environment, but we’re often not clear on exactly what the term means or which activities sit within the definition.

Resettlement is a term used by prisons and probation services to define the activities undertaken when service users are planning to leave prison and go back into the community. Resettlement services are in place to support the service user and their family to prepare for life on release.

Community Rehabilitation Companies (CRCs) are responsible for providing resettlement services both in custody and on release. Under the current Transforming Rehabilitation agenda, these services are called ‘Through the Gate’ services and are provided by what are commonly known as ‘resettlement teams’.

Resettlement interventions aim to address the seven reducing reoffending pathways, outlined below:

1. **Accommodation** – providing support to access safe and secure accommodation for service users on release.

2. **Skills and employment** – ensuring that service users have the skills, education and training necessary to help them to move into sustainable employment.

3. **Finance, benefit and debt** – tackling the financial problems faced by many service users.

4. **Health inequalities** – securing effective access to primary and secondary care and other health services for service users in custody and the community.

5. **Drugs and alcohol** – encouraging service users into treatment and providing support and through care to help them build productive lives.

6. **Children and families of service users** – work to ensure service users and their families are supported and receive appropriate information.

7. **Attitudes, thinking and behaviour** – programmes and support to address previous behaviours, decisions and motivations.
Service users will have a resettlement plan conducted on induction into custody which should determine their immediate needs at this early stage. Immediate needs could include: activity to freeze or quash court fines, freezing debts and outgoings, sustaining tenancies or ending tenancies (depending on sentence length) and referring into other agencies within the prison to address a wide range of personal and health needs.

For those service users who are remanded, they will receive this initial resettlement support induction plan but they will not receive pre-release support, unless they are subsequently sentenced.

For sentenced service users, they will be seen again by the resettlement team 12 weeks prior to their release date, to continue pre-release planning. This work could include: finding safe and secure accommodation, making applications to a range of housing providers, support to understand how to disclose their convictions, activity to increase their opportunities of gaining education, training or employment, obtaining bank accounts and ID to improve their chances of financial inclusion, and support to address benefits and debt issues.
PRINCIPLES OF WHAT WORKS

GETTING THE BASICS RIGHT

• We cannot expect service users to succeed without access to safe and secure accommodation, a consistent income either via welfare benefits or paid work and a clear pathway into appropriate community healthcare services. These should be the minimum requirements for all individuals leaving custody.

MAKING EVERY CONTACT COUNT

• Interventions delivered by professionals in custody must be flexible and tailored to meet individual needs, recognising there is no ‘one size fits all’.

• We should recognise that each person is on an individual journey. Assessments should be service user-driven, to ensure they take into account personal circumstances and are driven by the motivations and aspirations of the individual.

• Interventions need to be delivered at the right time and with the right level of intensity.

STRONG MULTI-AGENCY RELATIONSHIPS AND PARTNERSHIPS

• No one agency can reduce reoffending on their own – we need to recognise and maximise contributions from all agencies within a prison to drive service user engagement and positive outcomes.

• Professional partnerships need to have clear and aligned aims and expectations, to ensure that service users are not “bounced around” and in order for agencies to be held accountable for their role in the resettlement journey.
THE CHALLENGES OF RESETTLEMENT

There are many barriers facing service users and their transition back into the community. Some of them are systemic, such as the lack of suitable and affordable accommodation available, and the challenges of accessing effective resettlement provision when serving short sentences. Some are personal, such as the relationships they may or may not have with friends and family, their own attitudes and beliefs and their previous convictions, which may restrict their choices and opportunities moving forward.

In the next five sections, some of the significant challenges are explored in more detail, with recommendations as to how healthcare staff can best support resettlement staff to address these challenges.

ACCOMMODATION

• Lack of information provided by other agencies to support an application to the local authority to deem the service user as priority need.

• Lack of available beds/provision into which to refer service users.

• Long waiting lists for supported and specialist accommodation.

• Uncertainty of placements prior to release due to local authorities requesting that service users physically present themselves to the council once released to make a homeless application.

• If their previous lifestyle has been chaotic and transient the service user may not have a clear local connection.

• Lack of funds for rent deposits and a guarantor to enter the private rented sector.

WHAT YOU CAN DO AS A HEALTHCARE PROFESSIONAL:

1. With the service user’s consent, provide resettlement teams with relevant health information to support the application for local authority priority accommodation (mental health diagnoses, physical health diagnoses and other vulnerabilities).

2. Provide a letter of support for service users with health conditions to encourage local authorities and housing providers to provide the right type of accommodation and package of support.

3. Where appropriate, work with community mental health teams to identify specialist accommodation available on release for those with high levels of need.
SKILLS AND EMPLOYMENT

- The stigma associated with being an ex-offender and the challenges in overcoming this, particularly with employers who are not warm to employing people with convictions.
- Understanding the Rehabilitation of Offenders Act and whether to disclose spent and unspent convictions, depending on the requirements of the role.
- Lack of confidence in obtaining employment or entering into education or training.
- Lack of previous work and education history and the need to gain experience to fill gaps in a CV.

WHAT YOU CAN DO AS A HEALTHCARE PROFESSIONAL:

1. Support service users to maintain stability in terms of medication, working towards the ability to self-medicate and manage conditions on release.
2. Ensure that psychosocial interventions are delivered in a way that motivates the service user and promotes aspirations and independence.
FINANCE, BENEFIT AND DEBT

- Many service users leave custody with a lack of suitable identification, bank account or proof of address, making it more difficult to access welfare benefits, employment, and safe and secure accommodation.

- Court fines and previous debts need to be frozen whilst in custody in order to avoid an increase in the size of the debt, but can often be re-instated at an unsustainable rate on release.

- Housing arrears can be easily incurred for those who were working prior to custody and who are serving short sentences, as Universal Credit does not allow for a short term claim to be made to cover the custody period, whereas the previous housing benefit system allowed for this.

- The Universal Credit system can be complex for individuals to navigate and claims cannot be started prior to leaving custody, which can result in delayed payments on release.

- The discharge grant of £46 has not been reviewed for over 20 years and is not sufficient to cover the many expenses that someone may incur within the first few days of release i.e. food, household essentials, clothes and travel.

WHAT YOU CAN DO AS A HEALTHCARE PROFESSIONAL:

1. Ensure that service users, and the resettlement teams working with them have a clear understanding of their health needs and can therefore make a sound judgement with regards to the type of benefit claim they may need to make.

2. With the service user’s consent, provide resettlement teams with health information to support such claims (mental health diagnoses, physical health diagnoses and other vulnerabilities).
HEALTH, DRUGS AND ALCOHOL

- Many service users in custody face a range of health inequalities, including chaotic lifestyle choices and subsequent poor decision-making. This is often fuelled by substance misuse or mental health problems.

- Some of the most significant challenges service users face on release relate to a lack of continuity of care through the gate. Many service users are released with no GP or dentist and no awareness of how to access secondary health services such as the community mental health team (CMHT) or substance misuse treatment. Referral routes into the CMHT can often be lengthy and complex and so it is important that this is arranged prior to release.

- For those with complex needs, there are many conflicting priorities on the day of release, often exacerbated by leaving custody without prescription medication and bridging scripts. This is particularly important for those released on a Friday who may not be able to secure a medical appointment on the day of release and would therefore be without medication for the weekend. In many cases this inevitably leads to a relapse into using illicit substances or not taking appropriate mental health medication, which in turn increases the likelihood of reoffending.

WHAT YOU CAN DO AS A HEALTHCARE PROFESSIONAL:

1. Ensure that, if service users are on medication in custody, they are released with appropriate medication to ensure stability for the likely period until they are able to secure a GP appointment on release.

2. Where possible, ensure all service users are registered with a GP prior to release. If this is not possible, (i.e. if they have no release address) healthcare teams should provide resettlement teams with a discharge summary outlining patient details, current medication and ongoing health needs which can be presented to a GP practice on release to speed up necessary prescribing.

3. If service users need to engage with health services in the community, such as the CMHT, where possible pre-arrange appointments prior to release to ensure a smooth continuity of care. Also to ensure that the resettlement team, who may be continuing support through the gate, are aware of all appointments and current health concerns in order to factor them into release planning.

4. For those who are receiving a script, consider providing bridging scripts on release in order to ensure that the service user can continue to receive crucial medication while juggling a large number of post-release appointments and priorities within the first few days. This is particularly important for those released on a Friday who may be without access to crucial support for three or more days.
CHILDREN AND FAMILIES

- For many in custody, relationships with friends and family are strained, perhaps due to the nature of their offences or the choices they made prior to custody. For those preparing for release, this can be a significant source of concern and anxiety.

- Many service users in custody will require support to gain access to their children on release, as it can be a challenge given their offending history and the reduction in legal aid support.

- We know that the likelihood of someone succeeding in the community is significantly increased if they have positive peer and family influences. Alongside practical release planning (i.e. somewhere to live and access to benefits) our work in custody should focus on building positive support networks and personal resilience. We know this is not always easy; many service users have no choice but to go back home where they may have negative peer influences and may face significantly more barriers to try and move away from offending.

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