

PATIENT PERSPECTIVES APPROVED PREMISES



CORE20 PLUS5



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BACKGROUND



The purpose of this engagement was to enable people residing in an approved premises to share their views around health themes relating to NHS England's Core20PLUS5 improvement approach to reducing health inequalities.

EP: IC engaged with people through surveys. These surveys were co-produced with partners such as NHS England Health & Justice and HMPPS, and were sense-checked by individuals with lived experience of prison and probation.

The EP: IC team encapsulates both the lived and learned experience of criminal justice and exists to centre the lived experience within justice-based research and consultations. Our work involves direct engagement with those experiencing a system, a service or a process and seeks to present learning in a way that informs organisations, with the overall aim of promoting co-production and improving outcomes for the people and communities they serve.

Given the extent of the dataset, this report has been organised as follows.

Part 1	Lifestyle and healthcare needs
Part 2	GP services
Part 3	Medication, access to services and mental health
Part 4	Understanding and learning about health conditions
Part 5	Bowel cancer screening
Part 6	Prostate cancer screening
Part 7	Cervical and breast cancer screening

Opportunities to be involved were advertised in the following ways:

- In participating approved premises and probation areas
- In community services
- Through people with lived experience of prison and probation.
- Via social media.
- In women's centres
- Through EP: IC's networks, including other criminal justice services

To ensure accessibility to as many people as possible, people were able to contact us in a range of ways, including:

- Email
- Text
- Freephone number
- Freepost address

A blended approach was taken in terms of survey completion to support a range of communication needs, allowing participants to choose how to take part. Choices included:

- Independent completion (online or paper-based).
- Telephone interview with our lived-experience team.
- Face to face interview with our lived experience team.
- With the aid of a support worker within a particular accessed service.

In total, 126 responses were received from individuals residing in 14 different Approved Premises. However, in several cases it was not possible to determine a person's location as they simply completed the form with "hostel" or the name of the support agency that had directed them to the survey.

The learning from this engagement forms part of a wider consultation relating to Core20Plus5 priorities for people connected to the criminal justice system. Simultaneously, we also engaged with the following groups:

- Women with maternity needs (in prison or on probation).
- People serving a community probation sentence.
- Prison leavers.
- People in prison.



PARTICIPANTS

Gender

Most participants stated that they were male, at 82%, and 16% stated that they were female. The remaining 2% did not answer this question.

All but one participant identified with the gender they were assigned at birth, while one further participant did not say.

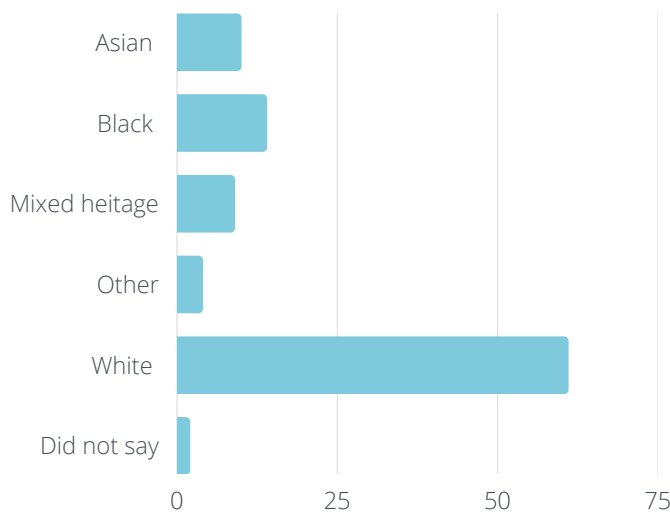
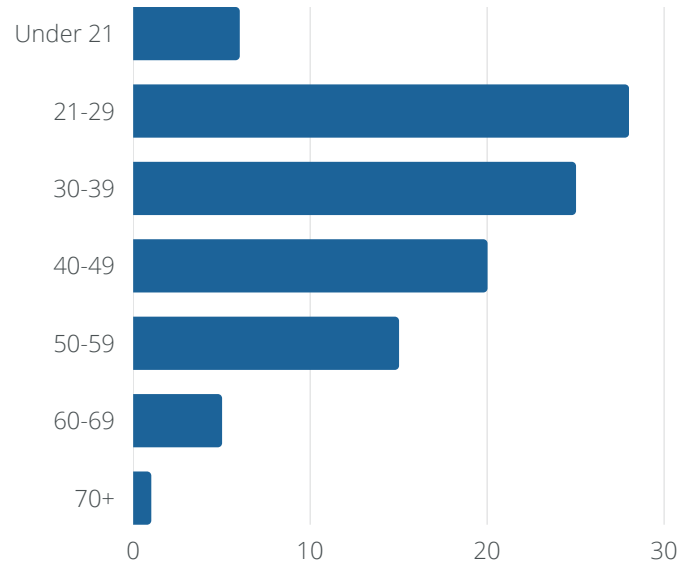
The following table provides a quick overview of participants across all parts of the survey. Individuals were asked to complete parts 5, 6 and 7 of the survey based on the gender with which they identify.

	Part 1 - 4	Part 5	Part 6	Part 7
Male	103	101	99	0
Female	20	9	0	19
Did not say	3	3	0	0
Total	126	113	99	19

Age

As shown in the graph, the survey was returned by individuals spanning a wide range of ages.

However, most respondents were in the younger age categories, with more than half being aged under 40, and one person was aged 70 or older.



Ethnicity

The most common ethnic identity was white, with 62% identifying as such.

The next most common ethnic group was black at 14%, followed by Asian at 10%.

Those of a mixed heritage made up 9% of overall participants, followed by those of an other ethnicity - 4%.

In total, those from ethnic minorities formed over a third of all respondents, at 37%.

Respondents were asked from which prison they had been released, in response to which 58 prisons were referenced across England and Wales. Thirty-eight percent had been released between one and three months prior to completion of the survey, 23% had been released less than a month prior, and a further 23% had been released between three and six months prior.

Ten percent had been released from prison over six months but less than a year prior to completion of the survey, while 6% had been released over a year prior.



KEY LEARNING

LIFESTYLE AND HEALTHCARE NEEDS

- Mean BMI was recorded as 29.9 for men and 30.6 for women (calculated from those who knew their height and weight).
- 7% drank alcohol daily and 36% were smokers.
- 28% vaped (including 6.5% who had never smoked previously).
- 14% had undertaken in excess of 30 minutes of exercise for more than five days during the previous week. 40% had undertaken no exercise in the previous week.
- Several barriers to increasing exercise were revealed. A third cited cost as a major factor, while others noted existing health needs and mood.
- 34% were in the process of reducing the amount they smoked or vaped.
- 53% were trying to choose healthier meals and 35% were trying to consume less alcohol.
- 55% were looking to increase their physical exercise.
- 48% were choosing healthier snacks. and 46% were consciously aiming for a healthy body weight.
- Lifestyle changes became more common with increased age, and amongst women.
- 30% needed help to to access healthcare services following release from prison.
- 25% reported their mental health needs had not been met in the first month after leaving prison, and 40% felt they had been partially met.
- Only 10% stated that their pharmacy needs were unmet a month after leaving prison, compared with 41% who felt these needs were fully met.
- For GP, pharmacy, social care, drug and alcohol, and mental health needs, the number of people who felt their needs were unmet reduced after the first month, suggesting that they were receiving the help they needed. This was not the case for hospital needs.

FINDINGS LIFESTYLE

A total of 81% of individuals completing this survey knew their height, and 66% knew their weight. For those who knew their height and weight, BMIs were calculated. These BMI averages are largely outside of the healthy category for both males and females although younger females were more likely to have a healthy BMI.

	Do you know your height?
Yes	81%
No	19%

	Do you know your weight?
Yes	66%
No	34%

From those who knew their height and weight, the following mean BMIs were calculated:

- **Male - 29.9**
- **Female - 30.6**

Individuals were questioned about their use of alcohol, the overall results of which are presented below.

Which statement best describes your use of alcohol?

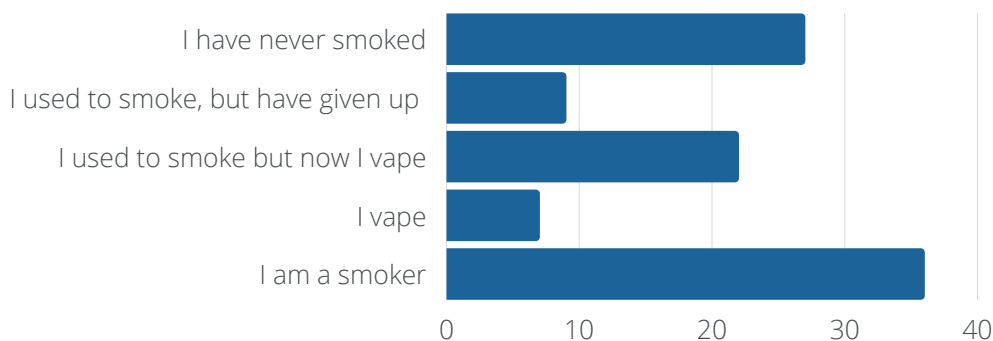


Relatively low numbers stated that they drink every day, at 7%, which is lower than estimates from national surveys. A further 12% stated that they drink often, while the largest proportion is that of occasional drinkers, at 40%. Looking at the differences between various groups, we found no women drank every day, and only one of the 20 women said she drank often. Further, we found no one from an ethnic minority said they drank every day, compared with 9% of white respondents. There were some age differences, with older participants (those over 60) appearing to drink daily in greater number.

Respondents were also questioned about their smoking habits. Over a third, 36% stated that they were smokers, which far exceeds estimates from the Office of National Statistics (2021) who published a figure of 13.3% for adult smokers in the UK.

Just over a fifth of participants, at 22%, said that they had once smoked but were now vaping instead, and a further 7% said that they vaped but had never smoked. Looking at any differences between groups, 35% of women in our sample smoked, and 40% vaped. Those who identified with a different gender to their birth gender or were gender questioning did not smoke or vape. Smoking seemed more likely in the mixed ethnicity subgroup, with 55% of this group being smokers.

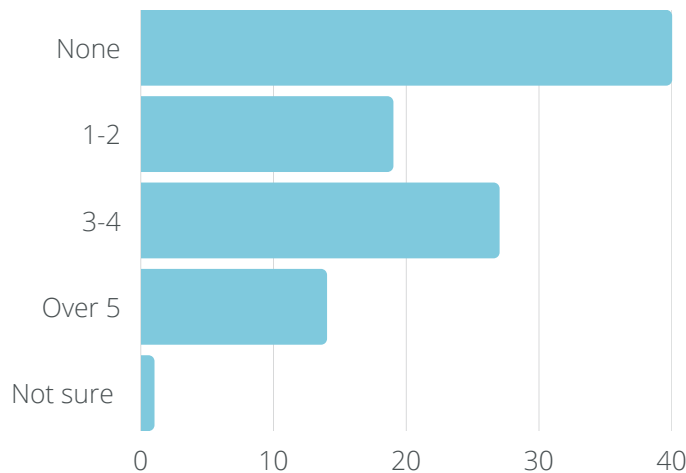
Which statement best describes your history of smoking?



Nobody under 21 smoked, but in the 21-29 age group, 50% said they were smokers (22% were vapers). 38% of those in their 30s were smokers, with 31% being vapers. 32% of those in the 40 - 49 age category were smokers, and the same proportion were vapers. Similar proportions were true for those in their 50s (32% smoking, 26% vaping) but this was lower for those 60+ with 14% smoking and 14% vaping.

In regard to exercise taken during the previous week, 40% had undertaken no physical activity at all, and this was the most popular answer given. A breakdown of the results can be seen below.

How many days last week did you take part in exercise for more than 30 minutes?



People were asked what would motivate them to increase their exercise. Of the 99 individuals who answered, a third provided an answer related to cost in some way, such as having a gym membership for the time they were in the Approved Premises.

"Free gym as its expensive and you ain't got a lot of money when u released."

Fourteen percent responded with an answer related to mood, and being in a better frame of mind to start exercising, while 10% would increase exercise if they could discern a difference to their health or appearance. A further 8% said they would exercise only if required to (such as on the advice of a doctor) and 6% said they would exercise more if they had company.

"Need to be in mood and feel good."

"The weather affects my mood."

"Need to feel have energy."

For 10%, nothing would motivate them to increase their exercise levels, sometimes due to existing medical needs.

"I can't cause of my disabilities."

"I need to feel body can cope."

Participants were asked if they were currently attempting to make lifestyle changes that might affect their health, and the table below outlines those who reported trying to make such changes.

Positively, at least a third of respondents were attempting to make each of the changes, with over half trying to increase physical exercise. For each choice, there will be some for whom the change is not necessary, and this has also been listed for thoroughness, along with those who are unsure.

The youngest group were the least likely to be making any of the lifestyle changes, though all choices had a mix of ages looking to implement that change.

When we looked at ethnicity, Asian respondents appeared to be more actively trying to effect changes.

Further, across all lifestyle changes, women were more likely to be making changes than men.

Are you currently making any lifestyle changes?

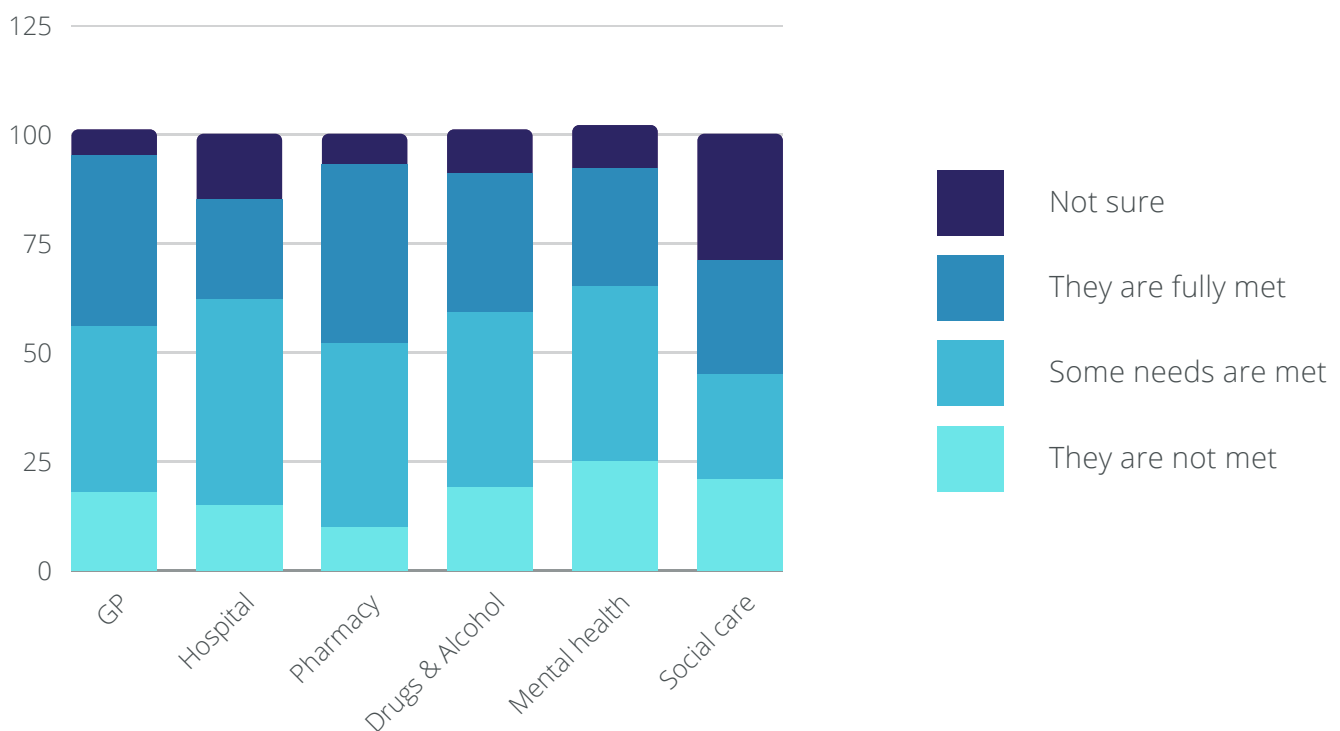
	Yes	No	Unsure	Not needed
Reduce vaping/smoking	42	39	14	29
Choosing healthier meals	66	27	14	17
Drinking less alcohol	43	27	16	36
Increasing exercise	68	17	20	19
Choosing healthier snacks	59	31	15	19
Aiming for a healthy body weight	57	25	22	21

HEALTHCARE NEEDS

Respondents were asked whether they needed to access healthcare services on release from prison, and 30% responded that they did.

The survey went on to query how well various health needs were met during the first month following release. The graph below shows the results for each type of health need.

How well are your current health needs being met?

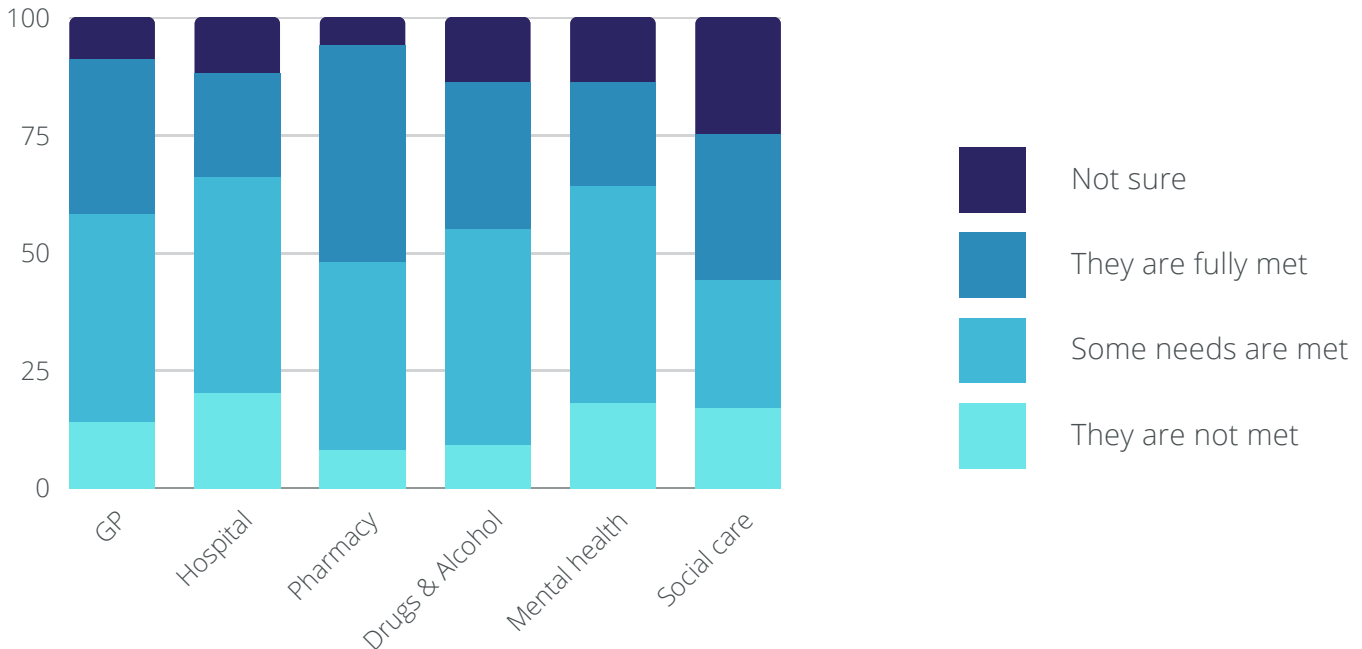


The graph highlights mental health as the healthcare need least well met, with a quarter of individuals stating that needs had not been met during the first month after prison and 40% saying they had been partially met.

Most positively, only 10% stated that their pharmacy needs were unmet during the first month after leaving prison, compared with 41% who felt these needs were fully met.

A further question queried how respondents' health needs were being met on the day of completing the survey, the results of which are presented below.

Are your healthcare needs being met today?



Similar results were recorded for those feeling that their healthcare needs were met (i) on the day of the survey and (ii) during the first month post-prison, likely due to many of the respondents being newly released from prison. However, some positives are visible. For every health need (with the exception of hospital visits), fewer individuals felt their needs had not been met at the latter time point, with drug and alcohol services seeing the biggest change.

Interestingly, however, this does not translate to needs being fully (rather than partially) met. In fact, a decrease in the number of people whose needs were fully met at the second time point in relation to GP services, hospital appointments, drug and alcohol services, and mental health services is evident. The table below presents these changes.

Needs met between time point 1 (TP1) - leaving prison and time point 2 (TP2) - survey completion

	Needs fully met (TP1)	Needs fully met (TP2)	Direction
GP	39%	33%	↓
Hospital	23%	23%	↔
Pharmacy	41%	46%	↑
Drugs and alcohol	32%	31%	↓
Mental health	27%	22%	↓
Social care	26%	31%	↑

SECTION SUMMARY

Although individual scores varied, the mean BMIs of the men and women in Approved Premises were outside the healthy range, at 29.96 for men and 30.56 for women (calculated from those who knew their height and weight). Additionally, we found 36% to be smokers, which is considerably more than in the general population.

Despite these being indicators of less healthy lifestyles, there are some positives to take away. It appeared alcohol consumption was not particularly high, with 7% drinking daily. 2017 figures from the Office of National Statistics stated that 10% had drunk alcohol in 5 out of the last 7 days. Further, there were a reasonable number, 14%, who had undertaken in excess of 30 minutes of exercise for more than five days during the previous week.

There was appetite for change and making adjustments to lifestyles in order to live more healthily. Over a third were trying to make changes in every area we asked about, and over half trying to choose healthier snacks and exercise more (40% said they had done no exercise in the previous week). A third of people felt they would be more likely to do more exercise if it was more affordable. We noted 22% of our participants were once smokers who were now vaping. Lifestyle changes became more common with increased age, and amongst women.

On release from prison, participants appeared to have many health needs. Around a third said they needed to access wider services, such as drug and alcohol or mental health support. We asked how their needs were met in the first month out of prison and mental health was found to be the least well met, with as many as 40% stating this need had gone unmet. Over time, needs that are met reasonably well on release do resurface and those become problematic once more. This highlights the need for consistency in the provision of healthcare, with an acceptance that needs fluctuate during this turbulent time.



KEY LEARNING GP SERVICES

- 42% of respondents reported needing support to register with a GP upon leaving prison and moving into an approved premises.
- The number of people needing help accessing a GP increased with respondent age.
- More women than men appeared to need help registering with a GP.
- 60% of those requiring help with accessing a GP did not receive any such help.
- For those who received help, Approved Premises staff were cited as being very helpful.

- 42% of participants had seen a GP in the last month (14% had considered it but had not proceeded).
- Most secured an appointment via the telephone, although some used online systems.
- Those who consulted with a GP did so because of a symptom considered unusual for them (21%) or because friends and family encouraged them (20%).
- When last consulting with a healthcare professional, 16% did so because they had a symptom they believed could be cancer.
- 25% felt confident about how long to wait before contacting a GP following a change in their health. This was more pronounced for those under 21, where none felt sure.
- The most common response to a question concerning when they would contact a GP following a change in their health was 'When I have the time', at 28%.
- 11% would tell nobody (including a GP) about any change in their health. Over twice as many (29%) from the under 21 group felt this, and the figure was also higher (18%) for those who are mixed heritage.
- 55% felt confident returning to the GP with a pervasive problem, falling to 48% for those who had received a test result suggesting their ailment was nothing to worry about.
- 32% felt hesitant about making a doctor's appointment because they were worried they would be treated differently for being an Approved Premises resident.
- 32% were put off making an appointment because it felt difficult.
- Other common reasons for not seeing a GP included feeling embarrassment when discussing problems (31%) and concerns about wasting the GP's time (22%).



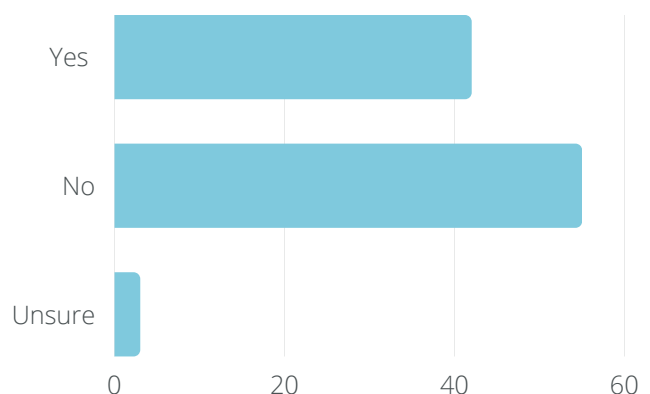
FINDINGS

GP SERVICES

We asked respondents to reflect back on their release from prison, and on their GP needs at that time.

42% of respondents reported needing support to register with a GP upon leaving prison.

Did you need help registering with a GP since being on probation?



This need appears to increase with age with nearly two thirds of 50-59 year olds needing help, 50% of 60-69 year olds and every person who was 70 years old or more.

There also appeared to be a greater need for Asian respondents at 67%, although, as the total number within this group was only 12, caution should be exercised when considering representativeness.

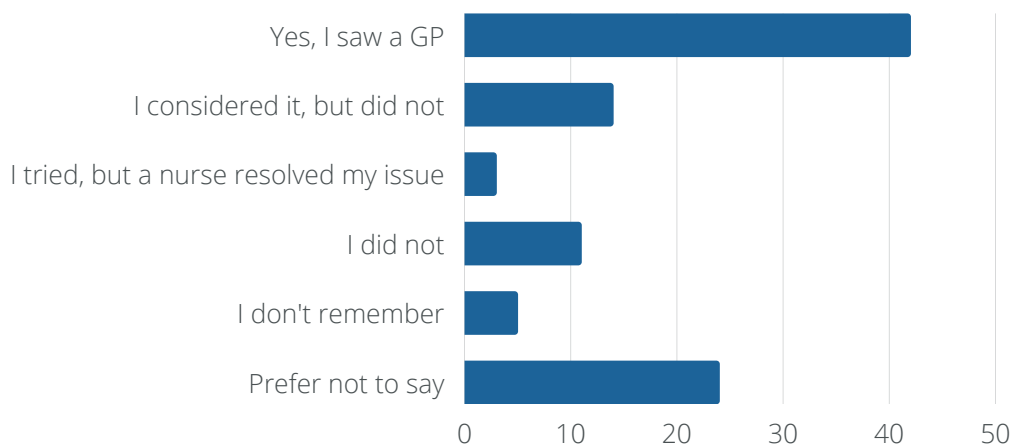
Finally, more women than men appeared to need support in accessing a GP on release from prison, with 58% of women reporting needing help compared to 38% of males.

Of those requiring help to access a GP, 40% had received help, but to varying degrees. Most had received help through the Approved Premises, consisting of accessing a referral, by a letter or by providing directions. Sixty percent of those needing help stated that they did not receive help to access a GP.

The participants were asked about their GP needs.

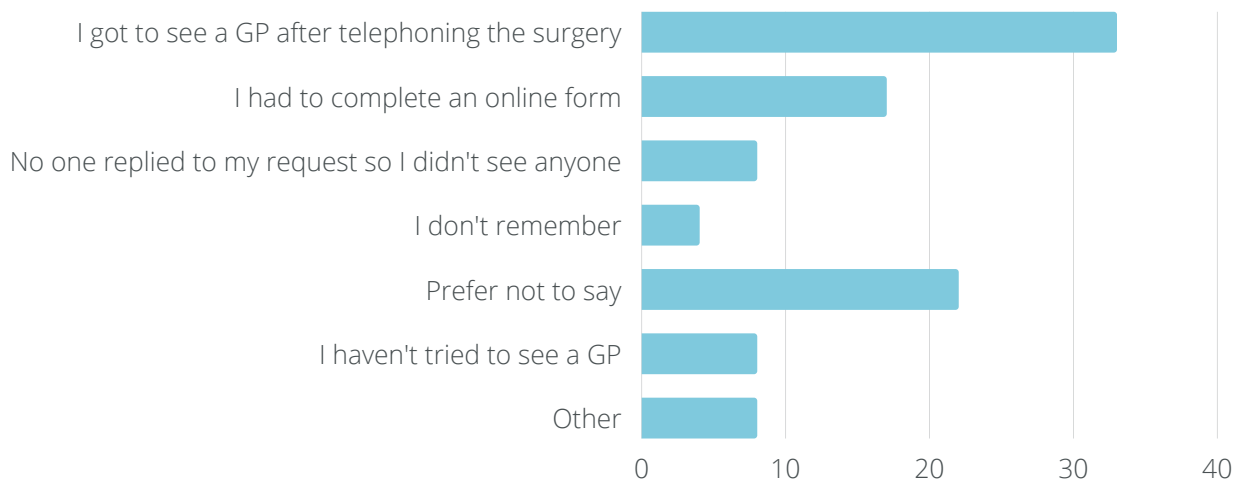
During the previous six months, 42% of participants had consulted with a GP. A further 14% had considered it but had not seen a GP, while 3% had attempted to but an alternative healthcare professional had resolved their health issue. A quarter of participants opted out of answering this question.

In the last 6 months have you tried to see a GP about any concern?



For those who had seen a GP, most obtained their appointment after telephoning the surgery (33%), while 17% had secured an appointment through an online appointment facility. Eight percent had used an online request but had not had the request followed up or no one picked up the phone, and so they had given up.

If you tried to see a GP in the last 6 months for any reason, what happened?



The most commonly ticked response concerning why respondents had most recently needed to see a medical professional was the noticing of a symptom that was unusual for them (21%).

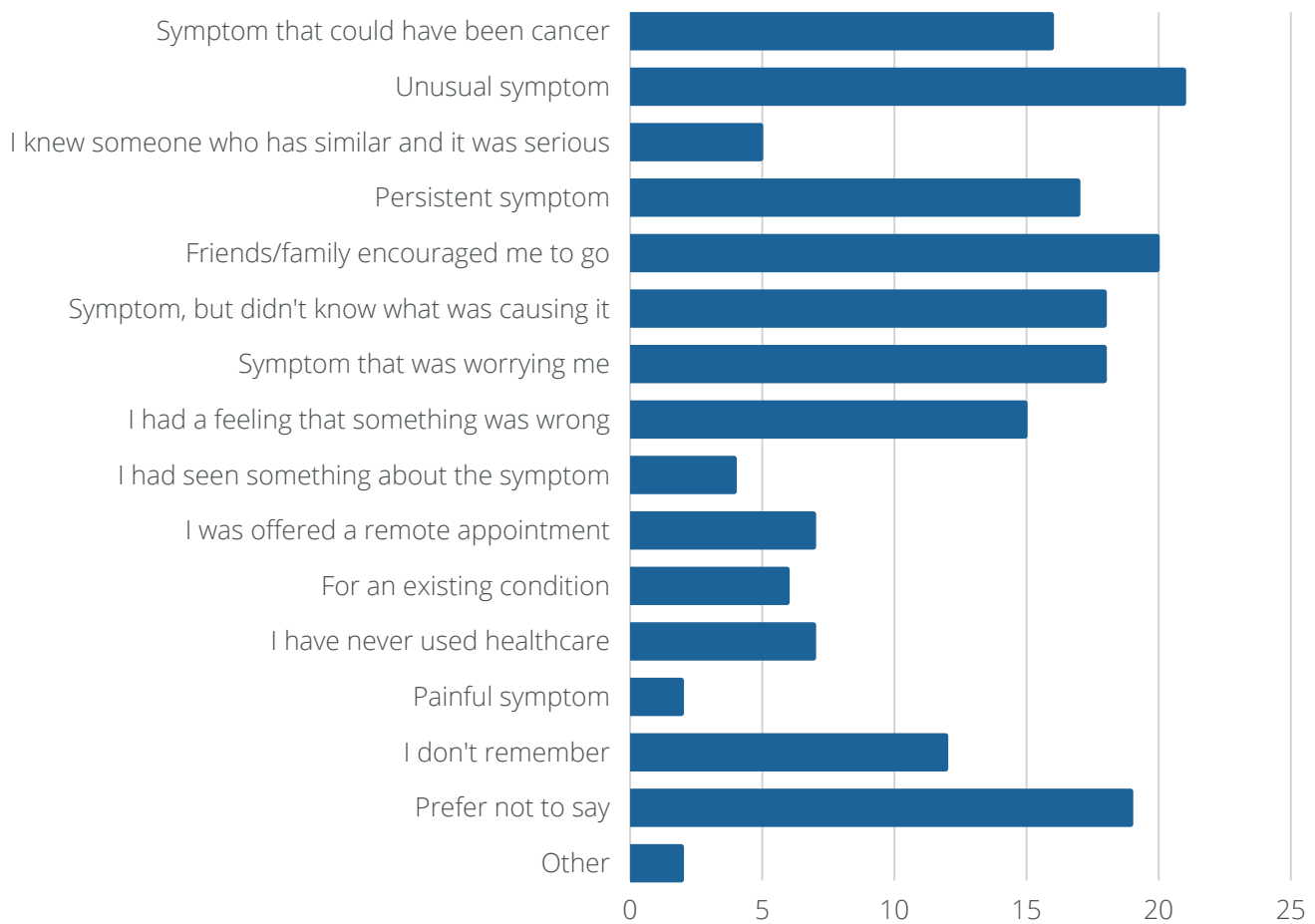
The second most common answer (20%) was that friends and family had encouraged the respondent to see someone.

Seen equally as motivators to thinking about seeing a GP was a symptom where there was some uncertainty around what was causing it and a symptom that was worrying, both highlighted by around a fifth of participants (18%).

A further 16% had a symptom they believed could be cancer.

Interestingly, 7% had never accessed healthcare services.

Which of the following statements were true when you last thought about seeing a healthcare professional?



The respondents were asked how long they would wait after noticing a new symptom before consulting with a GP. Most commonly, people would contact the doctor when they had time, rather than at any fixed point. GP availability is therefore an important feature when it comes to people in approved premises noticing a new symptom or thinking about seeing a doctor.

The results to this question are shown in the graph below:

How long before you first noticed a symptom did you tell a GP?



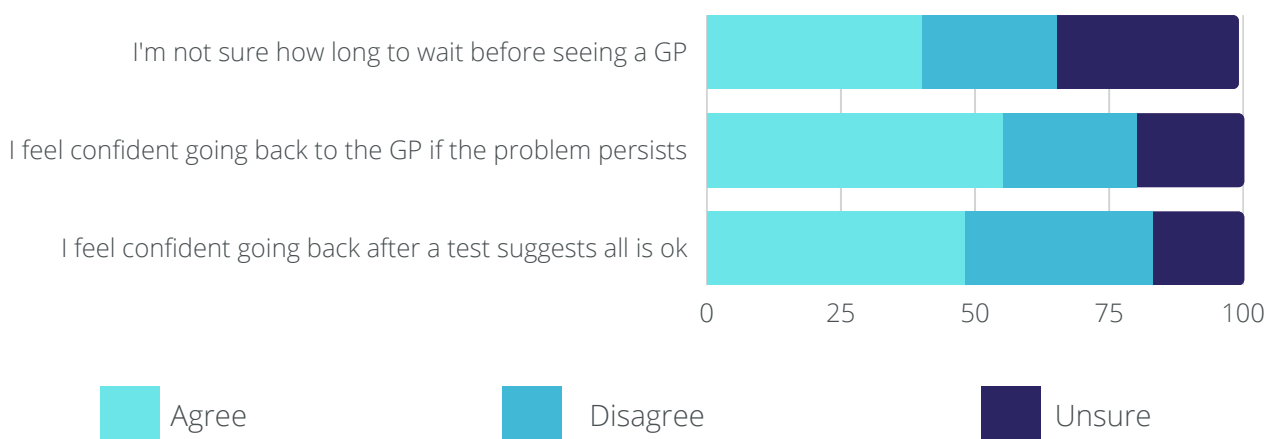
While the results shows that 11% would not tell anyone, this percentage more than doubles for those aged under 21 (29%).

Additionally, looking at the ethnicity of those who would not tell anyone, it appears that those from a mixed ethnic background were less likely to discuss their needs, with 18% reporting this.

Overall, just a quarter of participants (25%) felt confident about how long to wait before contacting a GP following a change in their health. This was more pronounced for those aged under 21, where no one felt sure.

In terms of whether participants felt confident returning to a GP with a pervasive problem, just over half (55%) said that they did.

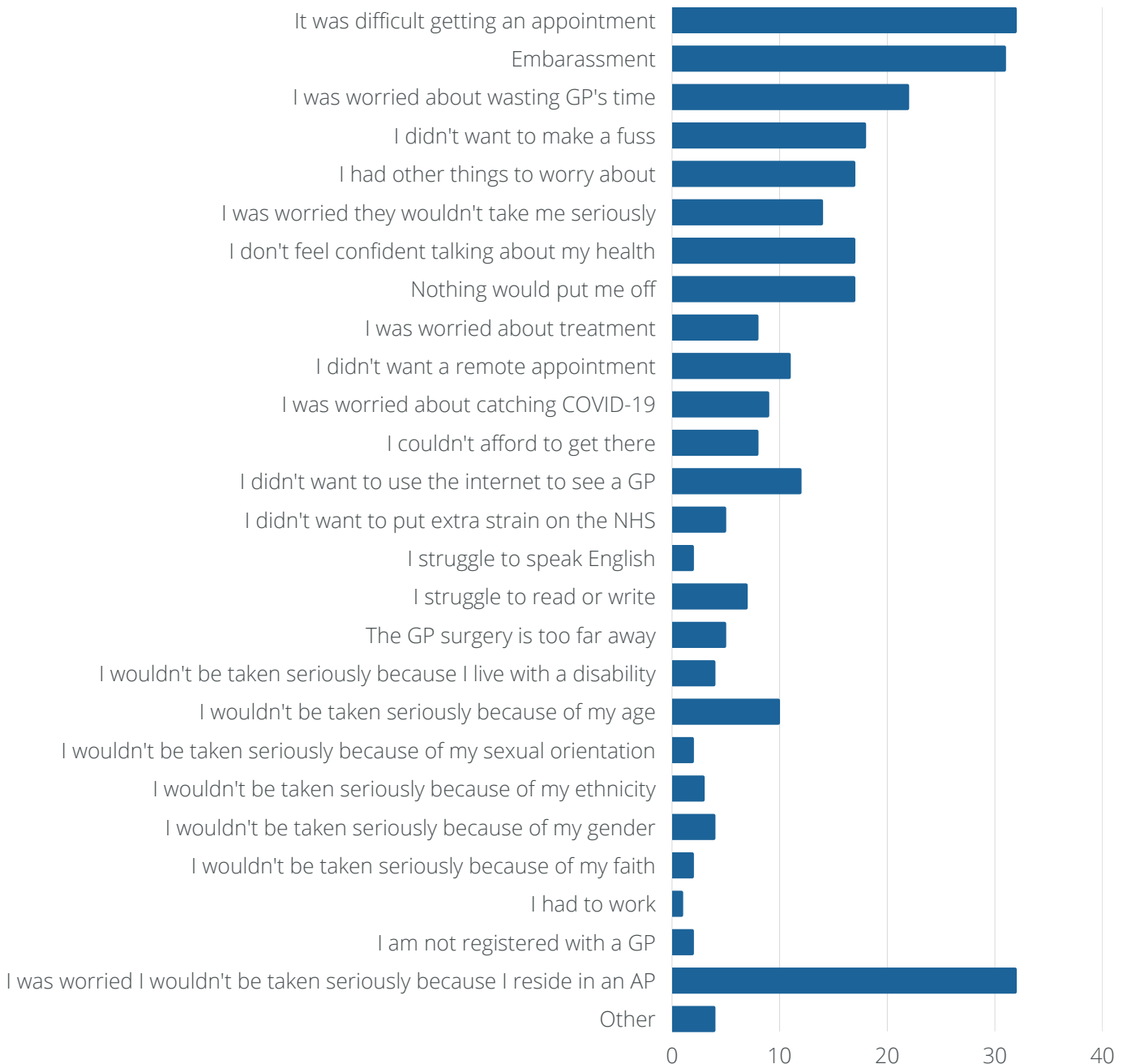
A lower proportion (48%) were confident returning to a GP with a pervasive problem when a test result had shown it was not something to worry about.



We asked participants to share circumstances that had made them hesitant to contact a doctor about a medical problem. A range of multiple choice options was provided in addition to a space in which to include other reasons.

The two most common selections were concerns related to being treated differently because they were housed in an approved premises and feeling it was too difficult to secure an appointment. Both selections were ticked by 32% of recipients. Also commonly ticked were embarrassment at discussing problems (31%) and concerns about wasting the GP's time (22%).

Thinking about the last time you considered seeing a GP, did any of the following put you off or delay you?



It was interesting to see that literacy levels and language barriers could increase hesitancy for people with a combined 9% reporting this as a barrier, stressing the importance of accessible and equitable services in terms of communication. Alongside this, we saw that some participants with protected characteristics believe they would not be taken seriously because of these. Whilst most protective factors were highlighted, age presented as the greatest concern at 10% - important learning in terms of GP services enabling equitable health outcomes for minority inclusion health groups.

SECTION SUMMARY

A large number of participants reported needing support to register with a GP upon leaving prison and moving to an approved premises and this appeared to increase with age. However, 60% of those who needed help told us they did not get the support they needed. For those who did, approved premises staff were said to be very helpful.

Nearly half had accessed a GP in the last month, mostly making an appointment by telephone. 16% had a symptom at this time that they thought could have been cancer. The most popular reason for making an appointment was because of a new symptom, but we found that family or friends can be helpful in encouraging people to see a doctor highlighting the importance of social connections in decisions about health.

An important point was that most, 75%, said they were not sure how long to wait before they should contact a GP, which became more pronounced with age. A little over half felt they would be confident to go back a second (or subsequent) time if they didn't get better, which dropped to less than half for those who had received a reassuring test result.

We heard about the barriers which prevented people from contacting the GP and a myriad of reasons were provided. Whilst the most common two reasons were related to the appointment system feeling too difficult, and also fearing they would be treated differently because they lived at an Approved Premises; over a quarter also felt embarrassed and just under a quarter had concerns about wasting the GP's time. COVID-19 still remains a concern for some.

In terms of health equity, we learn that a number of factors can increase hesitancy seeing a GP. This includes literacy and language, as well as protective characteristics - and this needs to be considered in order to ensure these patient groups have equitable access to a GP surgery and health outcomes are equal to others.

Importantly, 11% said they simply wouldn't tell anyone (including a GP) about a change in health, suggesting they could allow for a symptom to get worse, in the hope of it getting better without consultation. This was higher in younger participants and those from a mixed race background.



KEY FINDINGS

MEDICATION, ACCESS TO SERVICES & MENTAL HEALTH

- **79% required medication on release from prison. Of these, 59% had received it on release, leaving 41% leaving prison without the correct medication. There was also differences identified across age, ethnicity and gender.**
- **Being more organised in the lead-up to release was the most common suggestion for ensuring individuals are in receipt of the correct medication.**

- Of those needing support to access services, 51% had received this support.
- Through the Gate support was cited as effective to accessing community healthcare.
- 81% felt that Approved Premises staff had been helpful or very helpful in supporting them into health services.
- 43% had seen RECONNECT or Through the Gate services. Of these, 76% described these services as helpful or very helpful in connecting them to health services.
- Over half felt that prison healthcare had been unhelpful in connecting them to services.
- A buddy system (peer or otherwise) was seen as the most important way in which to help people.
- 42% noted a mental health decline since moving into an Approved Premises, while for 21% it had improved. Again there were differences noted for different patient groups.
- 37% felt able to manage daily life.
- 16% found it difficult to cope every day.
- 20% felt it would be valuable to have a mentor to help them cope, sometimes also stating that it would be useful for that person to have experienced the criminal justice system personally.
- Respondents spoke of having multiple healthcare needs and Approved Premises staff needing enhanced training in order to better support them.



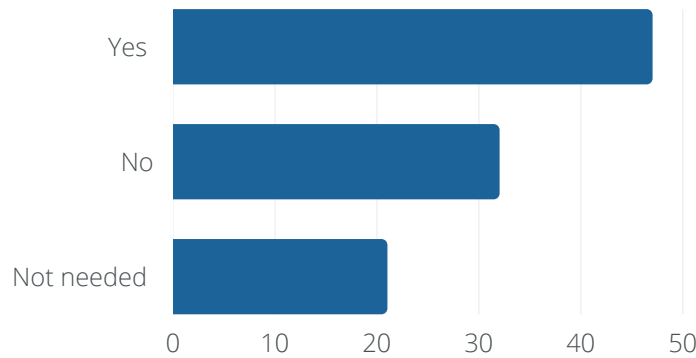
LEARNING

MEDICATION, ACCESS TO SERVICES & MENTAL HEALTH

Participants were asked whether they had received their required medication on release from prison. Of those stating that they had a medication need on release (79%), 59% had received this. While this is a majority, it does leave 41% leaving prison without the correct medication.

The degree to which medication was received on release does appear to differ by age, with those aged over 40 being more likely to be in receipt of their medication than those aged under 40.

Did you get the medication you needed leaving prison?



Interestingly, there also appeared to be variation by ethnicity. 61% of Black participants, 73% of those of a mixed heritage and 60% of those from an 'other' ethnicity all reported higher instances of being released from prison without the medication they needed.

Looking at gender, the proportion of participants not in receipt of their medication upon leaving prison was similar for males and females, although females did seem more positive in their responses. The transgender respondent stated they did not get medication needed on release.

Participants offered suggestions as to how to make it easier for those leaving prison to access their medication. Some suggested that prisoners be released with more than a week's supply of medication, due to the potential delay in securing an appointment with a GP in the community. This was particularly so for those needing to register and attend an initial appointment with a GP.

"They only gave me a week's supply. It took longer than that to get a prescription for the rest of it as Dr wanted to see me first before giving me meds which was a ball ache as it took too long to see them."

"Give us a month's supply as hard to get GP appointment."

However, a small number of respondents recognised challenges with this and instead suggested that more could be done in conjunction with Approved Premises to prevent gaps in medication, such as providing approved premises with a small stock of medications in case of delays, or for healthcare or their probation worker or approved premises manager to get in touch with individuals in advance to discuss medication needs.

Several respondents mentioned improved communication and, crucially, the benefits of not leaving too much of a delay before planned action is taken. A further identified challenge related to prisons not necessarily keeping a full stock of medication available for release days, which can lead to panic.

"They [prison/healthcare staff] left it until 2 weeks till release, and miscommunication, led to problems."

"They [prison/healthcare] should be more organised."

"We should be able, if appropriate, to collect it [medication] a few days before or the medication to be put in your property box before you get to leave."

"To register with a GP the day before leaving prison would be easier so we can make the initial appointment at the doctors rather than waiting until out of custody."

One respondent suggested a full health check for prison leavers on release, to ensure that health needs are picked up early enough to improve communication between prison and community teams.

ACCESS TO COMMUNITY HEALTHCARE SERVICES

Those requiring community healthcare services were asked whether they had received support to access these. Half of participants stated that they had obtained help. However, there was some difficulty in determining the true proportion as many participants erroneously answered with the type of service needed or accessed. Some people explained the services that they personally had needed in the additional comments section.

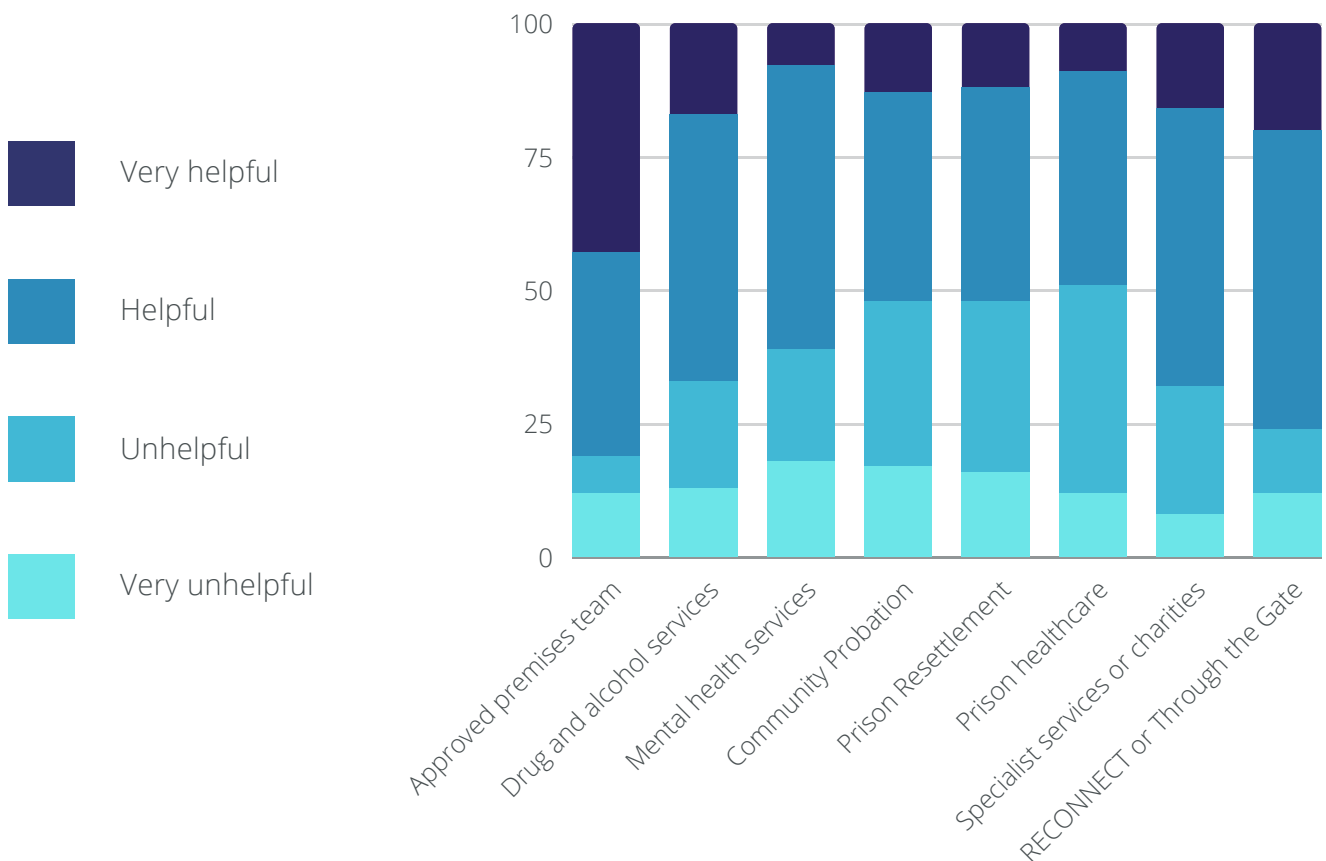
"Dental services are hard to get and a lot of drug users need their teeth addressing."

"I needed counselling for my mental health."

"I wanted to go to a drug rehab, somewhere you could stay and get clean without all the dramas, with other people who are doing the same."

The following graph outlines those deemed most helpful to respondents on release from prison, in terms of accessing community health services. Participants who saw none of these services were removed from the data. We found approved premises staff to be most helpful noted by 81%, followed by those accessing RECONNECT, 76%. Seen as least helpful were Prison resettlement teams, 52%, Probation, 51% and prison healthcare services, 49%.

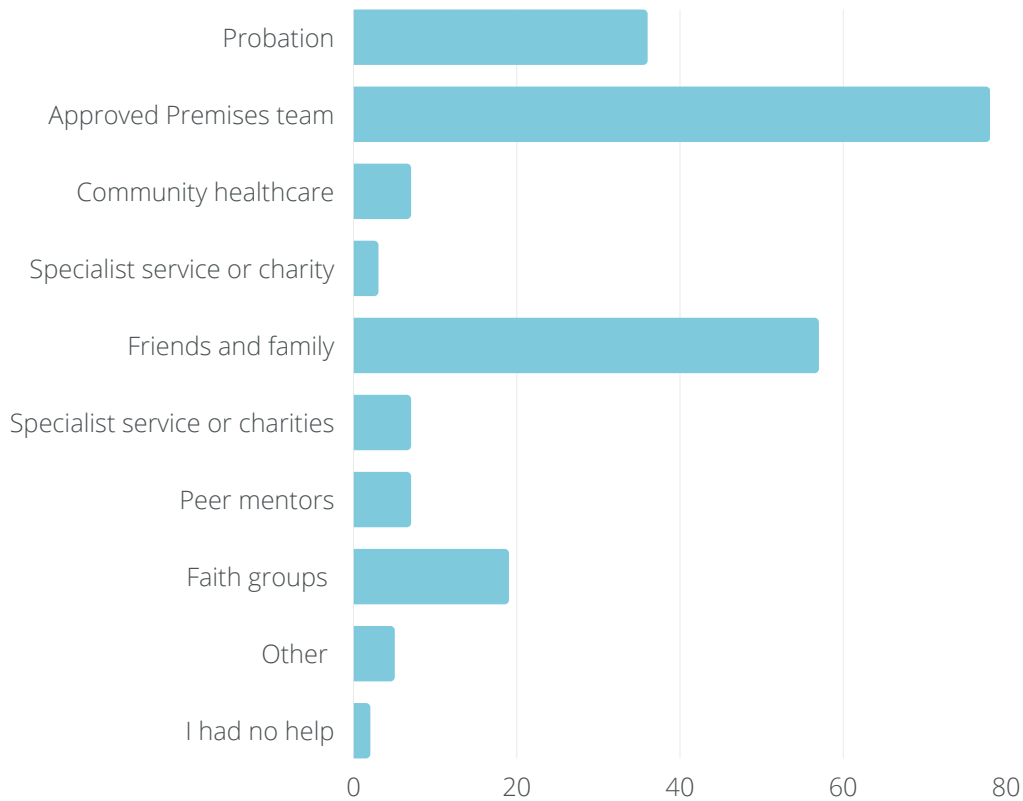
In terms of getting health services, how helpful were the following groups?



The support received from Approved Premises teams is mirrored in responses to the question, 'Who gave you the most helpful support in the month after release?', with 78% stating that they had received support from the approved premises team.

This is the most common answer to the question, with family/friends being the next most common at 57%, followed by probation at 36%.

Who gave you the most helpful support in the month after release?



Space was provided in the survey for respondents to share their ideas of how to better support people with their health and social care needs during the first month after release. This question yielded a large number of varied responses.

The most prevalent answer related to a buddy system, either peer-led or otherwise. Buddies would assist with practical tasks such as applications and locating services, and provide encouragement to seek support. Importantly, several respondents called for accountability, in the sense that services should see each case through to the point at which the individual feels comfortable in the community and health needs are addressed.

"We need to be given more one to one support till everything in place."

"I just needs more personal follow ups to make sure its all sorted."

"Can we have follow ups to make sure everything is progressing well and helping in any areas? It's a struggle to make sure release in the community is smooth."

Another common response suggested better utilising the Approved Premises space in relation to health and wellbeing, with consistent 'clinics' to help people understand an often-changing health services landscape.

"More available services to contact for advice. Maybe one stop hub to make it easy to get the information."

"Agencies from the community to either pop in the AP or telephone calls on an individual basis."

Several other suggestions by participants did not fit easily into any particular category but nevertheless were interesting and so are important to share:

"Look at people as an individual not as a group."

"Get somewhere longer for 12 weeks to stay. I'm getting kicked out soon and nowhere to go. It's stressful, man."

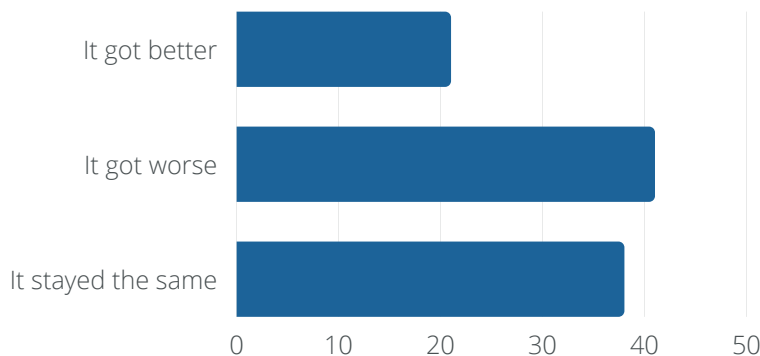
"Clear and concise and up to date info & tools to help people help themselves."

"Access to care before falling back into old habits."

WELLBEING AND MENTAL HEALTH

Individuals appeared to be affected by living in an Approved Premises, with 41% feeling that their mental health had declined since moving into Approved Premises. In contrast, 21% said that their mental health had improved during this time.

How did moving to an approved premises impact on your mental health?



When considering how this outcome differs with age, findings indicate that older residents were less likely to feel an improvement in their mental health and more likely to feel it had worsened. The group most consistently stating that their mental health had improved on entry to an approved premises was the under 21s.

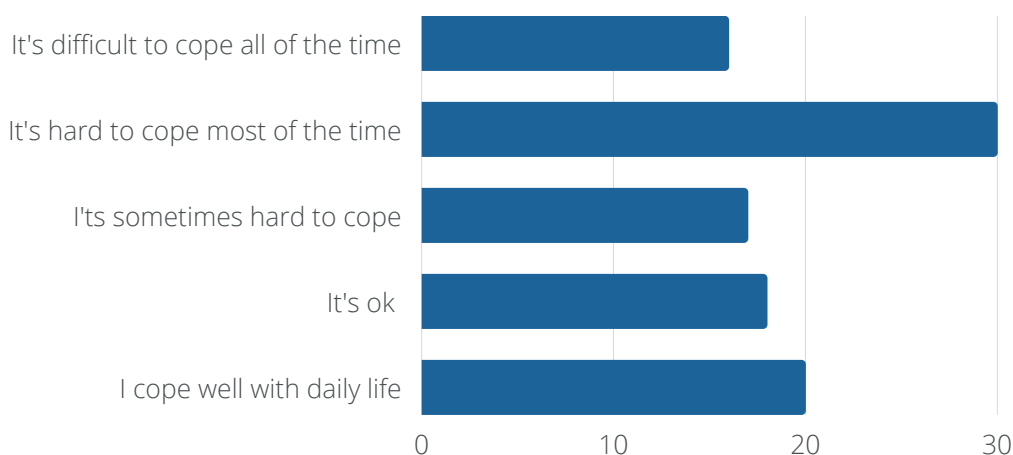
Further, when looking at ethnicity, some ethnic groupings appear to differ substantially, with Asian and mixed ethnicity groups more frequently reporting that their mental health had deteriorated when compared with other ethnicities.

In addition, women were more likely to feel that their mental health had worsened upon entering Approved Premises, when compared with men. The transgender respondent felt their mental health had improved on entry to the Approved Premises.

The survey explored how well people coped with daily life and a range of responses was collected. Over a third of respondents (38%) felt that they could manage with daily life, while:

- 16% found it difficult to cope every day
- 30% found it hard to cope most of the time
- 17% sometimes found it hard to cope

How well are you coping with daily life?



When asked what would help them cope, the following dominant themes arose from the 97 respondents who answered:

- **Access to a mentor**

A fifth of respondents believed a mentor would be helpful, sometimes also stating that it would be helpful for that person to have experienced the criminal justice system personally. The purpose of the mentor is to be both a source of advice – understanding the process more fully than the individual just leaving prison – and a source of guidance and inspiration.

A further 20% referred simply to 'support' or 'more support' without further detailing what this would look like; however, certainly having someone to call on for support seems to be an important necessity when leaving prison.

"A mentor to be available to guide and help struggling and poor coping people released from prison."

"Have a buddy of some sort to talk to, to go through the transition with, and get advice from – to point people in right direction."

"To show the way to get through the tricky times, to guide the path and to lean on when you don't think you can."

- **Through the Gate support**

Relatedly, there was a call for a smoother transition from prison into the community, especially where the Approved Premises comes following an extended stay in prison. Some of this related to having a buddy or support in place (as above), but there was also a feeling that external partners should communicate with each other and have processes in place. This would be reassuring during this turbulent time.

"I think that people that are going to an Approved Premises should have someone from Approved Premises to visit prison to talk to them."

"Communication – my release day was very stressful as I was told to be in three different places at once, which wasn't doable."

"Help sort out transferring to new GP etc before release."

- **Additional training for staff**

Several respondents referred to Approved Premises staff accessing further training (and being funded to do so), reducing reliance on third party services. This consultation highlights that Approved Premises staff are a source of support to many. Any additional training would be in addition to their workload, and varied in nature.

"Staff who better understand my culture and faith."

"Help with money and debt and family contact."

"More training for staff on mental health issues."

"Help with staff understanding my depression and anxiety."

- **Accommodation**

One additional need to arise multiple times related to housing. Several respondents reported that, under the threat of homelessness, it is difficult to manage other needs and settle into the community. We also saw that being housed in an approved premises some distance from family and friends could be difficult.

"Better facilities and more support for housing."

"Point people in the right direction, links to housing etc."

"Not moving me so far away from my home town and family - they can't help me like they want to."

SECTION SUMMARY

Most people needed medication on release from prison (79%). Most got it, at 59%, but this does leave a sizeable minority without their medication needs being met. Younger participants were less likely to leave prison with medication, as were those who were Black or mixed race suggesting some degree of inequality of experience. Similarly more men than women reported they went without their correct medication as they moved onto their approved premises.

Participants wanted improved health resettlement planning from prison services in the lead up to release including better communication with outside agencies including the Approved Premises and the community GP. Some felt they might need more than a week's medication, as the wait to register and access a GP could take some time, others felt that Approved Premises' should be more involved in healthcare and understanding health-related needs, with perhaps a health check or assessment on arrival so that healthcare needs are fully understood.

Approved premises staff were rated highly by participants in relation to supporting them into healthcare, with most finding them helpful. For those who had seen RECONNECT or Through the Gates these were also seen as enabling but the majority of participants did not see them. Prison healthcare and Prison resettlement, as well as outside probation were viewed less favourably in terms of giving support in accessing healthcare in the community.

Participants thought a buddy system would be an effective way to help people access their healthcare needs, support applications, learn about the services available and encourage access.

It was noteworthy that 42% noted that their mental health had declined since moving into an

approved premises, whilst only a fifth found it had improved. Again the learning suggested there were differences in experiences for different patient groups, with Asian and mixed ethnicity groups more likely to say their mental health had deteriorated. Older respondents and women of all ages also appeared more prone to a decline in mental health.

Despite some people finding every day life easy to manage there was a portion of those who found it difficult to cope every day. Being far from home and concerns over next-step accommodation all seemed to contribute to people's wellbeing, though it was recognised that peer mentors and improved training to staff could help this.



KEY FINDINGS

UNDERSTANDING AND LEARNING ABOUT HEALTH CONDITIONS

- Poor diet, genetics and smoking were considered the most significant risks to heart health.
- Around half referred to chest pain as a symptom of poor heart health.
- Other symptoms were raised, but it was clear that understanding was varied.
- 9% had received support for heart health.
- The most common instance to see or hear something about health health was on TV.
- Smoking, air pollution and genetics were seen as the greatest risks to lung health.
- The effects of vaping were raised in the free text box as a concern for lung health.
- Breathing difficulties and coughing were the most frequently understood symptoms of poor lung health.
- GP surgeries, cigarette packets and Approved Premises were the most common locations of information about lung health.
- Harmful drinking, drug use and a poor diet were considered the greatest risks to liver health.
- When participants were asked to state symptoms of liver health, jaundice and pain were most easily identified.

- More respondents seemed to have some knowledge of mental health than other conditions, with 69% stating that they had needed mental health support.
- Stress, past experiences, being in prison, and drug and alcohol abuse were seen as the most significant contributors to poor mental health.
- 50% had received medication to help with their mental health while, for 31%, talking therapies had helped.
- 27% of respondents had learnt about mental health through TV and 25% had seen or heard related information at the Approved Premises.
- Individuals described learning the most about their health from friends and family (65%).
- Almost everyone wanted to enhance their knowledge of mental health, and about half of participants wanted to further their knowledge around heart, lung and liver health.



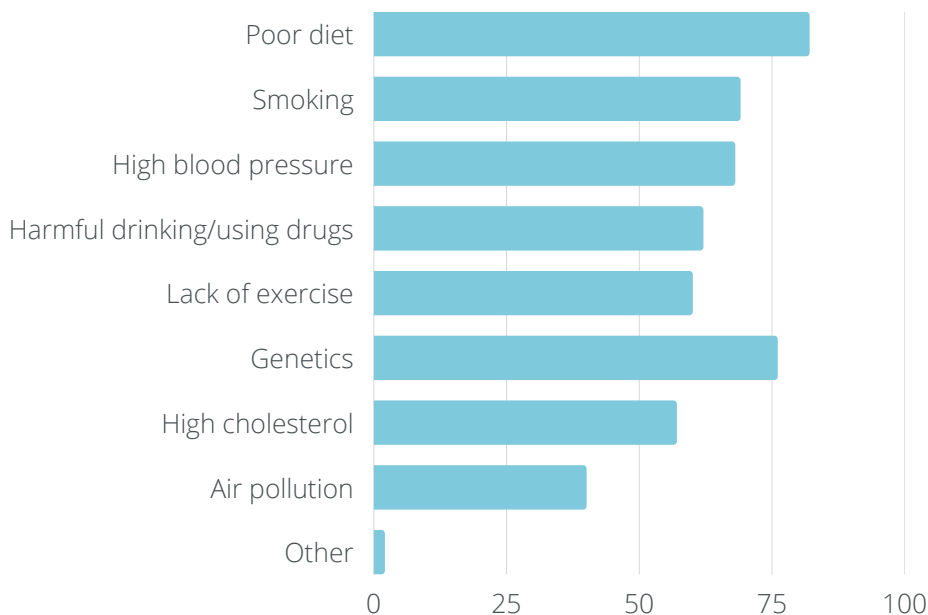
LEARNING

UNDERSTANDING & LEARNING ABOUT HEALTH

Heart health

Starting with the heart, individuals were asked to list what they felt were the causes of poor heart health. Of the options provided, the most commonly linked factor was diet, with 82% citing this as a contributor. Family history/genetics was the next most cited factor, followed by smoking.

What do think can cause people to develop poor heart health?



In the free text section, stress and life events were noted as contributors to poor heart health.

Respondents were asked to list all the warning signs and symptoms they could think of related to poor heart health and the responses are listed below:

- 46% related to chest pain
- 20% referred to breathing difficulties
- 9% referred to pain in the shoulder or arm
- 9% reported a change in blood pressure
- 7% stated fatigue or lethargy
- 5% noted a lack of willingness to partake in usual activities
- 5% highlighted being overweight or obese
- 4% stated a change in skin colour
- 5% reported pins and needles or tingling
- 2% reported sweating
- 3% suggested poor circulation
- 3% mentioned dizziness
- 2% mentioned headaches
- 2% mentioned diabetes

Just under a tenth, 9% of participants reported having needed treatment for heart health.

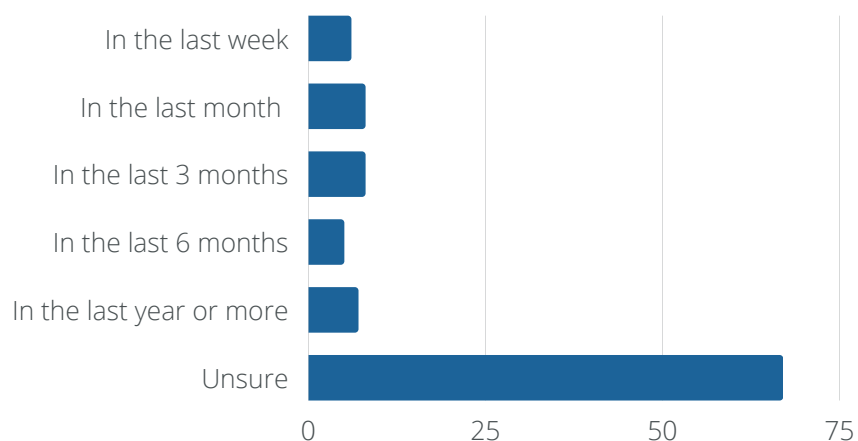
Surprisingly, 10% were unsure whether they had ever required such treatment.

Have you ever needed treatment, care or support for heart health?	
Yes	9%
No	81%
Unsure	10%

When asked what had helped them feel better, five people stated that they had taken medication and one had been fitted with a pacemaker. Another individual felt that 'time' had helped, while another referred to having a 'negative diagnosis', but did not expand. One further respondent referred to how cancer medication had helped his heart.

Most people were unsure when they had last seen or heard any information relating to heart health, while a range of responses was provided by those able to recall when this had last occurred. The highest proportion believed they had seen or heard information about heart health during the previous one to three months.

When was the last time you saw or heard something about heart health?



When asked where individuals had last heard or seen information concerning heart health, most did not answer. Of those who did respond, their answers are below:

- 13% on the TV (33% of those who answered)
- 5% through the GP surgery
- 5% through Approved Premises
- 4% via prison education or healthcare
- 2% from personal experiences such as having a scan or surgery
- 2% from friends

It is worth noting the degree to which these results differ from the community sample, where many more community locations were listed by participants. This is potentially due to the Approved Premises cohort serving prison sentences (some very long) and being newly released.

One respondent had never had a conversation about heart health and, due to literacy needs, had missed any sharing of information. He stated:

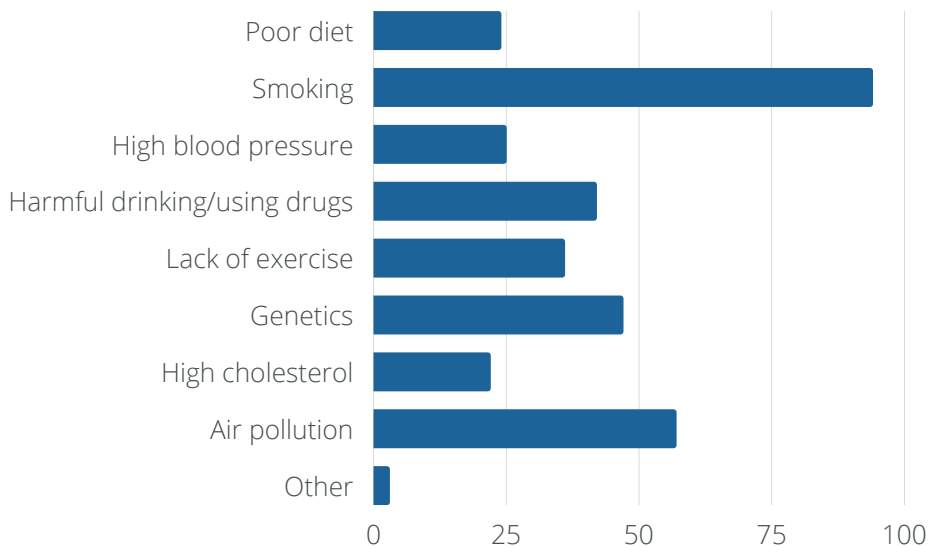
"Only now from you, I can't read so you're the first person to talk to me about this stuff."

Lung health

When considering people's understanding of lung health, almost all (94%) correctly identified smoking as a contributor to poor lung health. The next most commonly identified contributors were air pollution at 57% and genetics at 47%.

In the free text box, working without PPI in dusty conditions, long COVID and unknown effects of vaping were considered to impact on lung health.

What do you think can cause people to develop poor lung health?



Respondents were asked to list as many warning signs and symptoms of poor lung health as possible, and 104 people responded to this. In the free text box individuals mentioned illnesses related to the lungs, rather than symptoms, such as COPD, bronchitis and asbestosis. Additionally, some symptoms not typically related to lung health were mentioned, such as weight gain and nausea.

However, the most common responses around warning signs are symptoms were listed as;

- 69% mentioned breathing difficulties
- 19% referred to coughing
- 6% did not know of any symptoms
- 7% reported feeling tired and unable to participate in usual activities
- 4% mentioned wheezing
- 4% spoke of coughing up either blood or mucus

Have you ever needed treatment, care or support for lung health?	
Yes	13%
No	82%
Unsure	5%

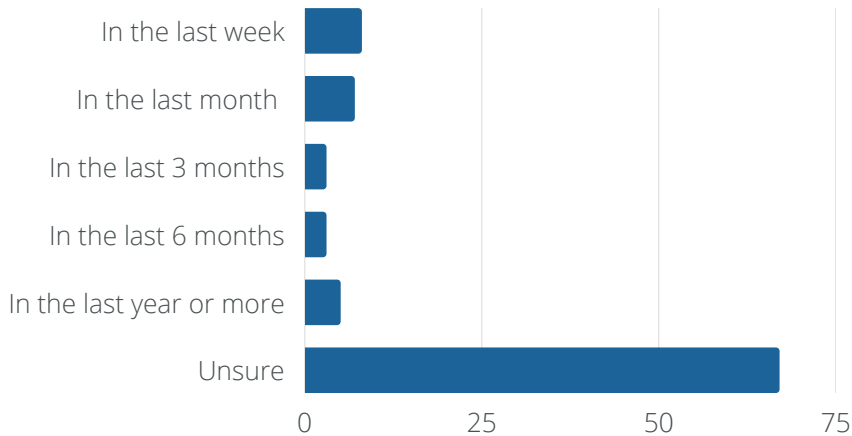
Over a tenth, 13% of participants reported that they had undergone treatment for lung health.

Several were unsure whether they had undergone any such treatment (5%).

Very few of those who had undergone treatment for a lung condition commented further on what had helped them, and those who did comment all referred to their asthma inhaler as being important to them.

Again, the majority of participants were unsure of the last time they had heard or seen any information relating to lung health, more so than with heart health at almost three quarters. Of those who could recall, many answers were given, the most common of which was 'in the last week'.

When was the last time you saw or heard something about lung health?



Under a third of respondents noted where they had last seen or heard information about lung health, the absolute numbers of which are set out below:

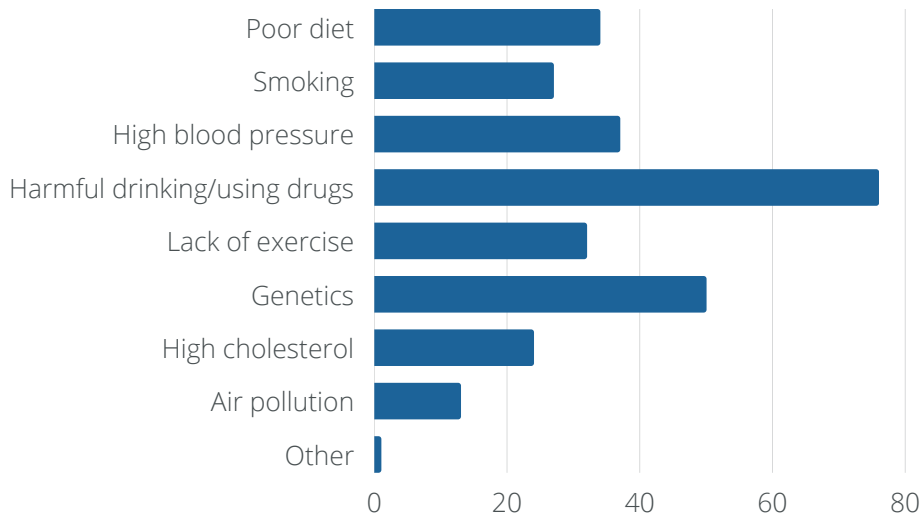
- 5 at a healthcare setting
- 6 on a cigarette packet
- 5 at Approved Premises
- 2 in prison
- 5 on TV
- 4 from friends and family
- 2 on adverts on social media (YouTube mentioned)
- 1 via a leaflet

Liver health

Similarly, individuals were asked their views on what can cause people to develop poor liver health. Harmful drinking and drug use was the most commonly ticked cause, at 76%. This was followed by family history/genetics, with 50% of those completing the survey believing this to be a cause. The full results can be seen in the graph below.

Only one respondent used the free text box to list another cause, which was 'hepatitis'.

What do you think can cause people to develop poor liver health?



When asked about the warning signs and symptoms associated with poor liver health, 21% of participants mentioned yellowing of the skin or eyes, or jaundice. The next most common answer was pain (16%), although the location of the pain varied around the upper body.

Additionally, 9% cited difficulty breathing and 7% referred to a red face as symptoms.

The list of symptoms for poor liver health offered by participants was vast, and many symptoms were cited by just one or two people. The symptoms listed included:

- Changes to urination, including dark urine or blood in urine
- Tiredness
- High blood pressure
- Bloating
- Passing out
- Rising heart rate / heart attack symptoms
- Diarrhoea
- Sickness

Eighteen individuals (14%) openly stated that they did not know any symptoms, and 27 (21%) left the question blank.

Some 6% had required treatment for liver health – less than the number needing treatment for heart or lung health.

Have you ever needed treatment, care or support for liver health?	
Yes	6%
No	84%
Unsure	10%

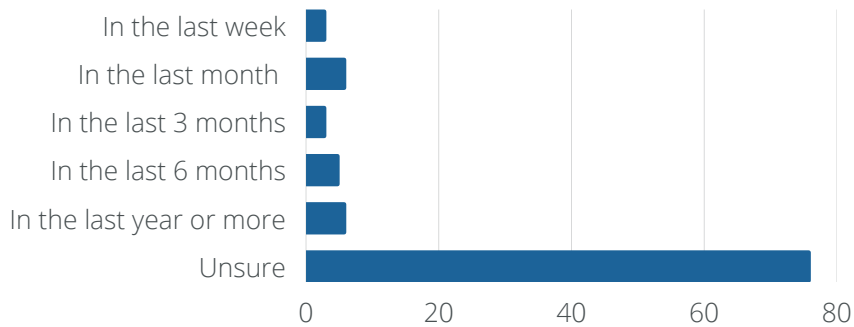
Two of these individuals mentioned their treatment. In one case, the respondent's liver had improved following chemotherapy, while the other had been addressing alcoholism to improve his liver health.

"Drink addiction so liver not in good condition but it can repair itself if I cut down on booze."

"I had Hep C meds."

25% of respondents recalled seeing or hearing something about liver health. Of these, most felt it was six months to a year prior to the survey, or more.

When was the last time you saw or heard something about liver health?



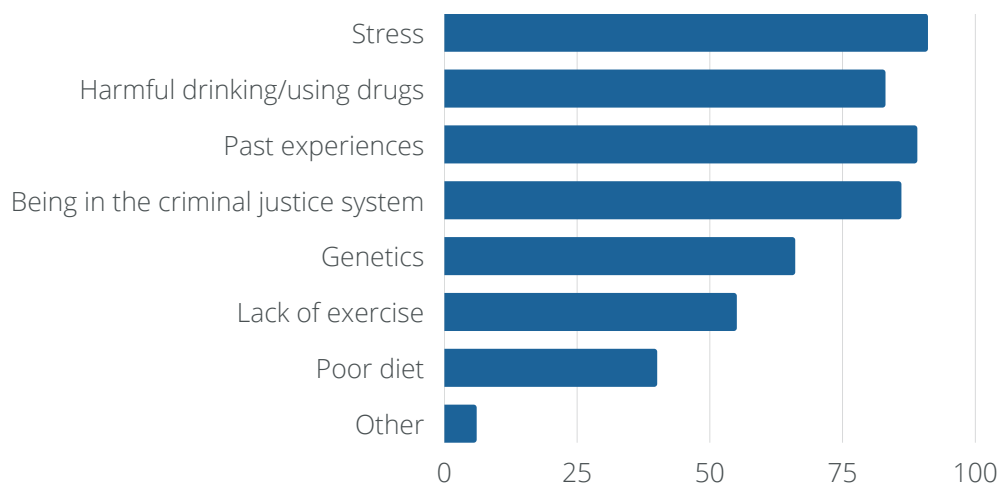
Far fewer responses were received in relation to liver health than other health conditions, but information had been observed in the following locations by the following numbers of individuals:

- 5 in prison.
- 4 through the GP
- 4 via friends
- 3 at Approved Premises
- 1 through drug and alcohol services
- 3 on TV

Mental health

Participants were asked about the causes of poor mental health (more than one box could be selected). Stress, past experiences, being in the criminal justice system, and drug and alcohol abuse were seen as the most significant contributors to poor mental health, although even the option with the fewest votes (poor diet / eating unhealthily) was ticked by 40%.

What do you think can cause people to develop poor mental health?



In the free text box, social isolation, abuse and trauma, bereavement, homelessness, family issues (including managing legal proceedings around children), finances and hunger were all mentioned as contributors to poor mental health.

In addition, 6% wrote a comment in the 'other' box. These comments included a range of issues and, due to their small number, they have all been included within the text below.

Relationship breakdowns, withdrawal from drugs and alcohol, homelessness, probation officers, police brutality and the news.

"Being stopped by police for no reason."

"Not being listened to, made to feel useless and worthless by others. Not being given time to explain oneself, or have someone explain to us."

"Financial worries and relationship worries."

"Pretty much anything if it's left to get out of control."

"The whole state of the world."

"Relationship breakdown."

Have you ever needed treatment, care or support for mental health?	
Yes	69%
No	26%
Unsure	5%

A substantial 69% had previously required treatment for mental health. More individuals than not had required treatment for mental health issues across all ages, with the exception of the under 21s group, where this was not the case.

This is also the case for all ethnic groups and both genders. For example, it appears that a greater number of mixed race respondents have needed support with mental health than

respondents from other ethnicities, and more women than men have needed support.

The following range of interventions has helped individuals manage their mental health, the most common being prescribed medication. It was clear however, that being prescribed medication for pain and neurodiverse conditions could also prove helpful in improving mental health.

- 50% reported medication as being important to them in some form
- 26% referred to medication in isolation of any other intervention
- 24% preferred medication alongside a talking therapy
- For 31%, talking to a professional service, such as counselling, mental health teams or a psychiatrist, had been helpful
- 10% felt that speaking in support groups or with peers had been helpful
- 7% referred to the gym or taking exercise
- 3% referred to family and friends being a support

Two people referred to music as a source of help, one of whom also referred to self-harming as a coping method, as well as being in nature. Alongside the above, for 12% nothing had helped them manage their mental health.

A selection of comments is set out below, demonstrating the variation in the mechanisms participants have felt to be of benefit.

"Tablets. I don't want to talk to anyone. I don't want to talk about my past with no one."

"Nothing, maybe talking to someone, not meds. They make you worse as you rely on them and they are just masking your problems."

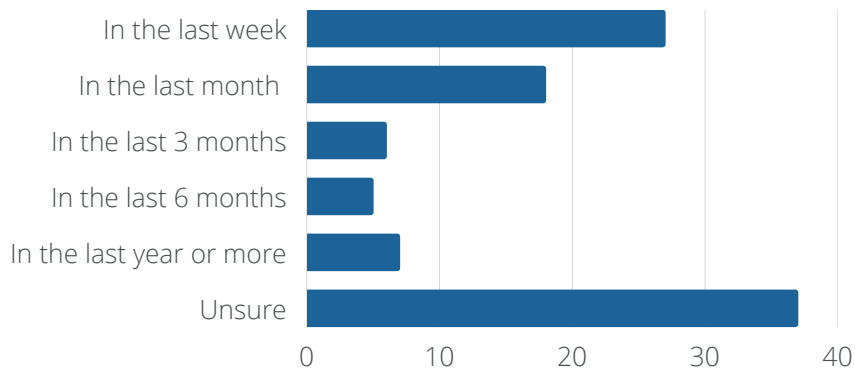
"Support workers, recovery programmes, forward trust, charities, family support, knowing that there is a life after crime and that you can do better in life, working as a volunteer."

"Taking action on a personal level, rather than waiting to be fixed."

More people than not had seen or heard something concerning mental health during the previous year while 27% had encountered information within the previous week.

A greater number had seen or heard something about mental health during the previous year, compared to heart, lung and liver health. Only 37% were unsure whether they had seen or heard anything.

When was the last time you saw or heard something about mental health?



Of those who commented, the locations in which individuals had heard or seen information in relation to mental health are listed below:

- 27% on TV (through adverts or programmes, including soap operas)
- 25% at Approved Premises, such as via induction or a key worker
- 10% when seeing a GP or nurse
- 10% while in prison
- 8% refer to visual tools such as leaflets and posters, although with no mention of where these were located
- 5% had spoken about it with friends and family

Two people recalled seeing something on social media, two referred to their probation team and one had spoken about it with a counsellor.

"Recovery program[me] talks about mental health awareness."

"People talking in here about being depressed. It's everywhere to be honest. Harder at Xmas when you got no one."

When people living in Approved Premises were asked which health conditions they would like to learn more about, the responses received were as follows:

- 56% wanted to learn more about heart health.
- 51% wanted to learn more about lung health.
- 51% wanted to learn more about liver health.
- 87% wanted to learn more about mental health.

Similar proportions of men and women were keen to learn about the physical health conditions, with slightly more interest being evident in relation to heart health. Most men and women were also keen to learn about mental health.

Participants were asked to share their views on which aspects of health it would be most helpful for them to increase their knowledge. Most (41%) referred to generic health, stating that any information on any condition would be useful to them. Some stated that it would be "useful to know more, can only help" and "it all helps".

A further 16% spoke specifically about mental health, wishing to learn more about this aspect of health.

"How to cope better without being forced to take antidepressants."

A tenth voiced the desire to learn more about how to prevent certain conditions from occurring, and how to stop them worsening.

"Spotting signs, what to do in an emergency."

"What signs are and how not to get them."

Less than a fifth, 16% of respondents were keen to learn about the availability of support groups, and a further 5% were keen to gain further information on how to access health services.

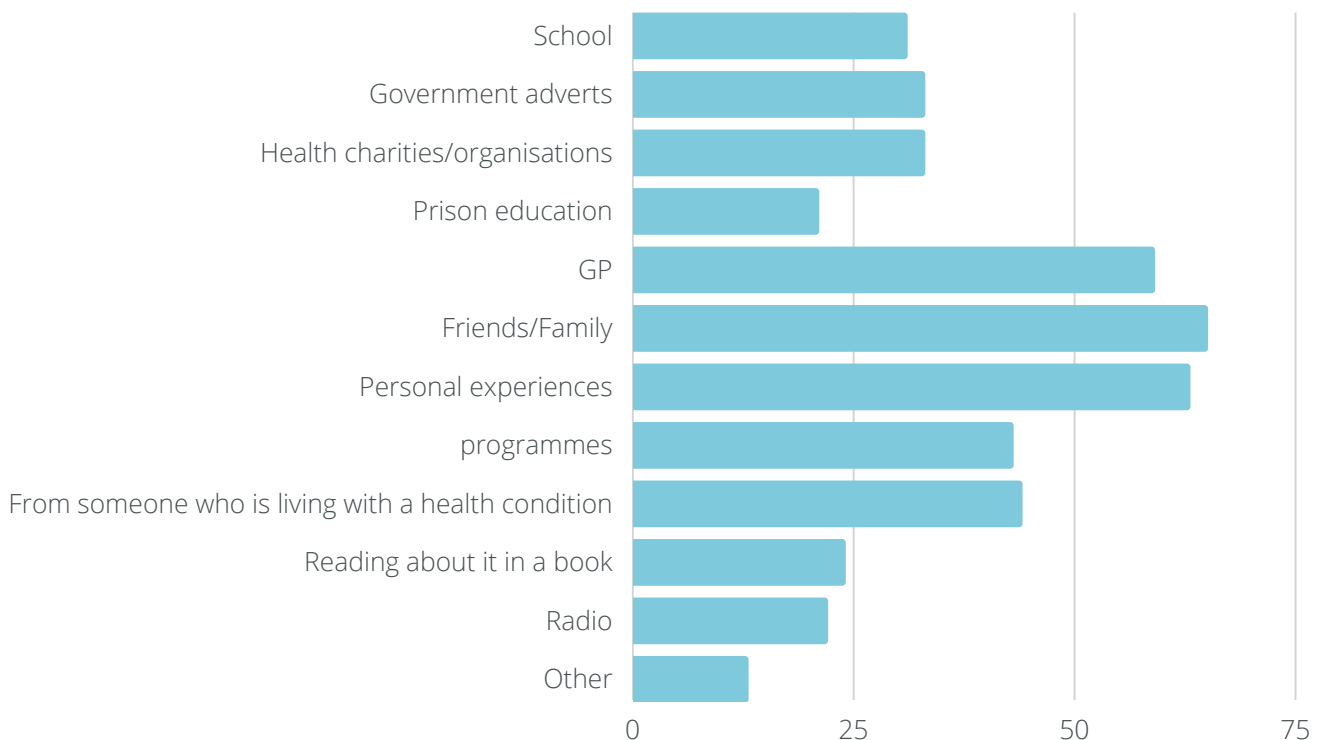
A small number made specific mention of particular conditions, such as in relation to the lungs and heart, as well as addiction.

"How to improve my mental health and sustain my drinking safely."

"How to smoke and not damage my lungs or reduce damage to them."

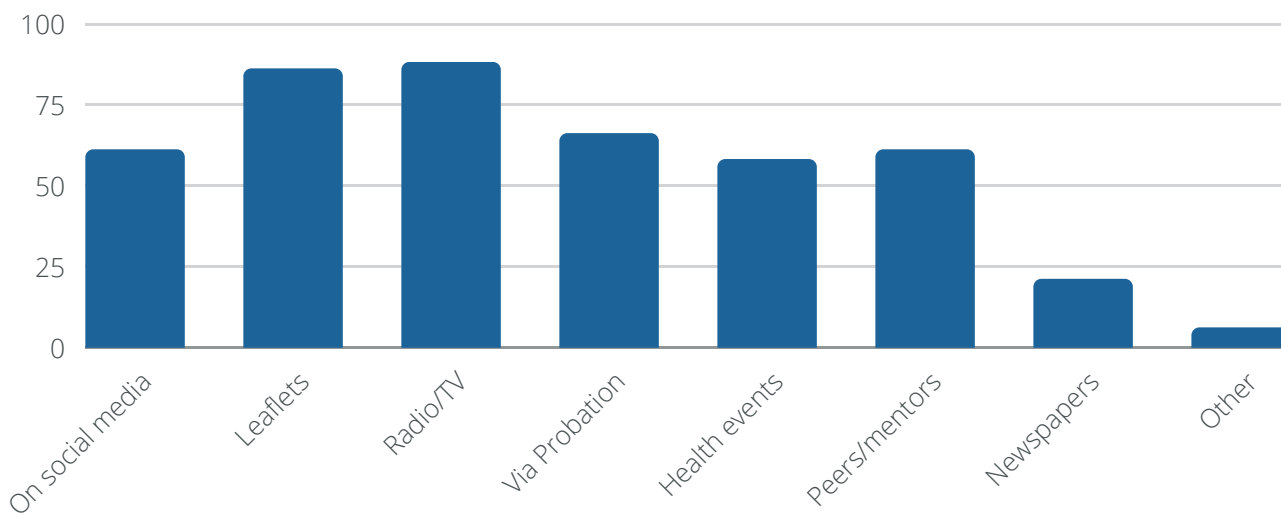
Where did people in Approved Premises learn the most about health?

Individuals reported learning the most about health from friends and family, at 65%. This was followed closely by learning through personal experiences (63%), while over half also learnt via a GP (59%). All responses are listed in order of commonality in the table below.



How can we best inform people in Approved Premises about health?

The range of responses indicates that individuals would like to be informed in a variety of ways, with leaflets and radio/TV being the most popular options. Probation (including Approved Premises workers) was felt to represent an important source of health information. Social media, peer mentors and health / wellbeing events were all ticked by over half of the respondents.



SECTION SUMMARY

People in Approved Premises were able to recognise a range of risk factors and symptoms related to the heart, lungs and liver, although more people left blanks or said they did not know in regard to liver health. Mental health risk factors and symptoms were much more broadly understood, but half the participants had also needed support for mental health compared with lower numbers for heart, lung and liver health.

Looking at where people had seen or heard information relating to each health condition, the TV was the most popular for heart health, but we also saw noted GP surgeries, conversations with others and in the Approved Premises. In the case of mental health, the TV and the Approved Premises were the most common answers. Individuals reported learning the most about health from friends and family or through personal experiences. Over half said they had learned about health via the GP.

Around half were keen to learn more about heart, lung and liver health, but almost everyone wanted to learn more about mental health. The desire to learn clearly raised with age, perhaps as health conditions are either personally experienced or when they become more pressing within social circles. Those of black and mixed heritage were least likely to wish to learn about physical health conditions.

Participants wanted to be informed about health via a range of means, as to be expected. The most popular option was via leaflets, followed by via Probation (including Approved Premises workers). Social media, peer mentors and health / wellbeing events were all ticked by over half of the respondents.



KEY FINDINGS

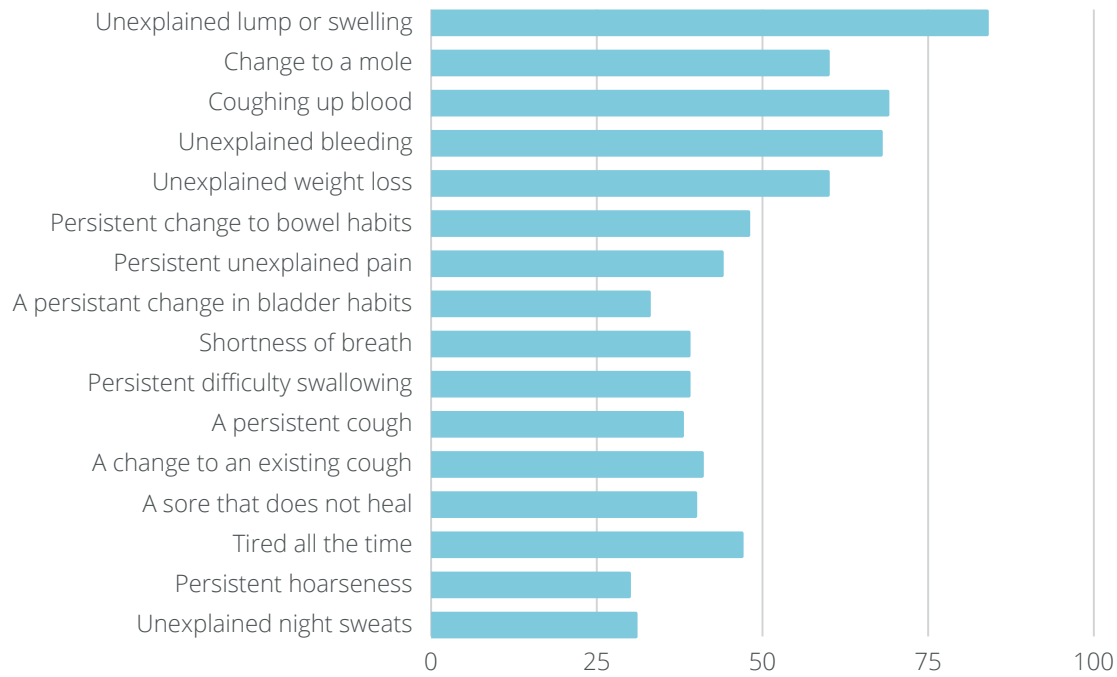
CANCER

- People in Approved Premises were able to identify a range of signs and symptoms of cancer, with an unexplained lump or swelling being cited by almost all participants.
- A range of contributors to cancer were noted, with smoking being identified by 70%.
- Two thirds did not know the eligibility criteria for bowel screening.
- Around a quarter knew how bowel screening was conducted, with all those aged over 60 knowing the process.
- Half of participants said they would complete a screening kit if offered one, with the likelihood of undertaking a bowel screening test increasing with age, though there was differences across ethnicities,
- An absence of bowel cancer symptoms increases reluctance.
- 25% knew when they would become eligible for prostate screening, while 28% understood the screening process.
- 50% said they would accept a prostate screen as and when it was offered, though there were differences across ethnicities.
- The most common barriers to attending a prostate screening appointment included embarrassment, experiencing no symptoms and considering themselves not to be at risk.
- 78% of women understood the age criteria for cervical screening, with 90% reporting they would attend their next cervical screening.
- Two thirds of women were put off a cervical screening due concerns it is painful.
- 58% of women were aware of breast screening eligibility criteria.
- 47% had attended breast screening. Of these, 50% were aged over 50.
- Almost three quarters (72%) of the women said that they would attend a future breast screening appointment.
- A further 23% felt that they were not at risk of breast cancer.
- Painful (23%), not believing to be at risk and embarrassment were the most commonly cited reasons for not attending a screening appointment.
- Around half of the women knew how to check their breasts for lumps.

Warning signs and symptoms of cancer

People in Approved Premises were able to identify a range of signs and symptoms of cancer; here, they were able to select more than one box. The graph below illustrates the most commonly understood symptoms, with an unexplained lump or swelling being recognised by 84% of respondents

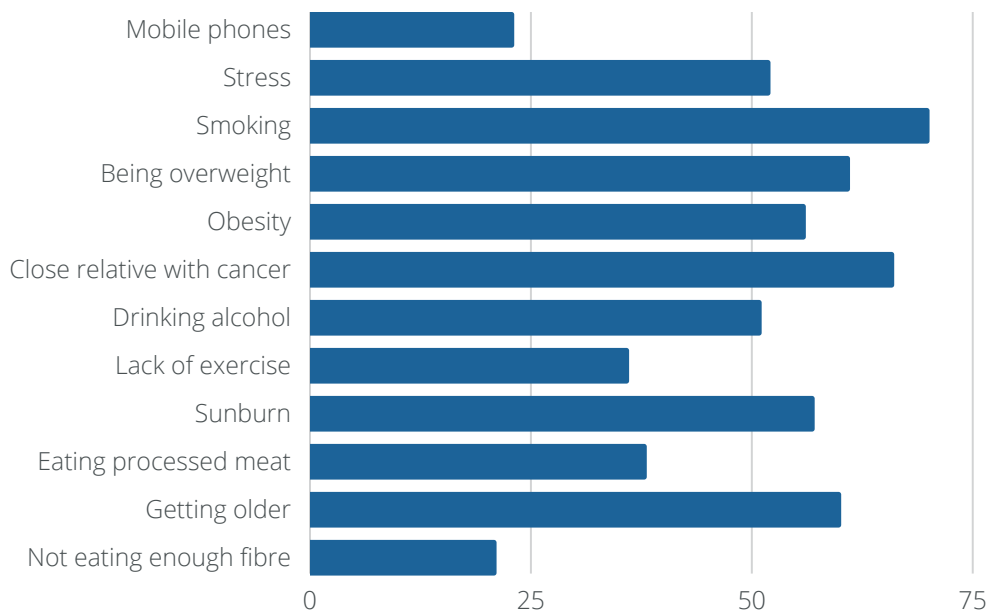
Which of the following, if any, do you think could be warning signs or symptoms of cancer?



Coughing up blood and unexplained bleeding were the next most understood warning signs of cancer, at 69% and 68% respectively. A change in the appearance of a mole and unexplained weight loss were both recognised by 60% of the respondents. All other symptoms were ticked by less than half of the sample. There was a free text box for people to include any further symptoms, but this was not used.

When asked what could increase a person's chance of developing cancer, the most common answer was smoking, with 70% of respondents recognising this as a risk factor. Some 66% identified heredity and 61% referred to being overweight. Sixty percent recognised growing older as a risk related to cancer.

Which of the following do you think could increase a person's chance of developing cancer?



Bowel cancer

The majority of those responding from an Approved Premises did not know when they would be eligible for bowel screening, with just under a quarter giving an affirmative answer (24%).

Two thirds were clear that they did not know, whereas 11% were unsure if they knew.

Do you know when people are eligible for a bowel screening test kit?	
Yes	24%
No	65%
Unsure	11%

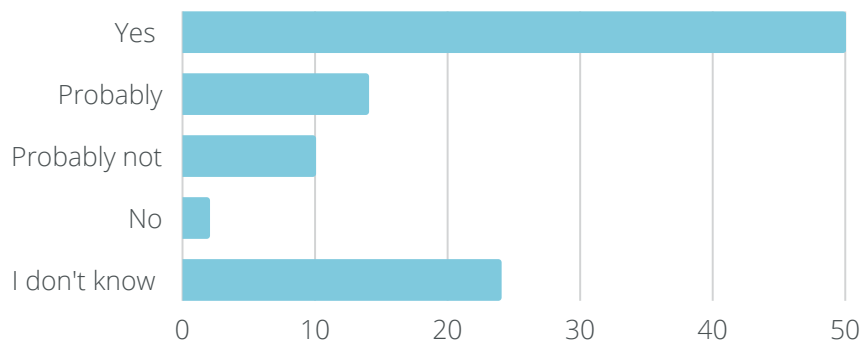
Do you know how health services screen your bowel?	
Yes	24%
No	64%
Unsure	12%

Further, similar numbers were unsure how screening was conducted, as shown in the table.

Importantly, of those aged over 60 (i.e. those who were eligible), only one respondent was unsure when he would be eligible. All of those aged over 60 knew the screening process.

We asked participants whether they would take a bowel screening test when next invited. Half confirmed that they would, and a further 14% said they probably would. Only two people said that they definitely would not. A high proportion, at a quarter, did not know whether they would accept the invitation.

Will you complete a kit next time you are sent or given one?



Of those stating that they would not take a test, or probably would not, 7% knew the process of screening. Of those who said they would take a test, 45% knew what this process involved.

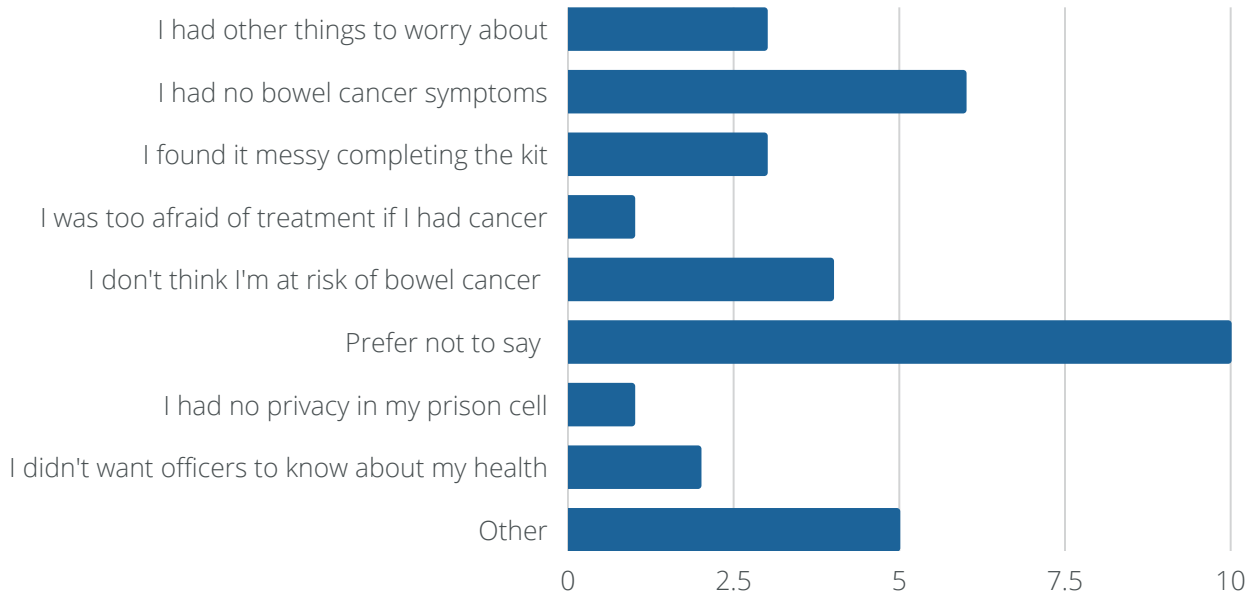
Clear differences are evident in the views of participants from different ethnicities. Strikingly, compared with 64% of white participants stating that they would take the test, only 29% of Asian participants, 27% of black participants and 18% of participants of mixed heritage would likewise take the test. Interestingly, none of these participant groups stated that they would categorically not take a test.

A total of 36% of Asian participants said they probably would not take a test, and 36% of mixed heritage participants said they probably would.

Women appeared to be more open to taking a test, although the low number of women answering the question makes it difficult to generalise for gender.

When asked what would discourage them from taking a test, most respondents stated that they had not been sent a test kit (53%), and a further 15% said that nothing would put them off. However, other notable responses are seen below, with an unexpectedly high number preferring not to say (10%).

Thinking about the last time you received a bowel cancer stool test kit, did any of the following put you off completing it?



Prostate cancer screening

Similar to bowel cancer screening, most individuals did not know when they would become eligible for prostate cancer screening.

Nor how the prostate was screened for cancer. The results are shown in the tables below.

No increased awareness with age is evident, with only six out of 23 respondents over 50 knowing when they can access prostate screening, and just five out of 23 knowing how this screening is conducted.

Do you know when people are eligible for prostate screening?	
Yes	25%
No	70%
Unsure	5%

Do you know how health services screen your prostate?	
Yes	28%
No	56%
Unsure	14%

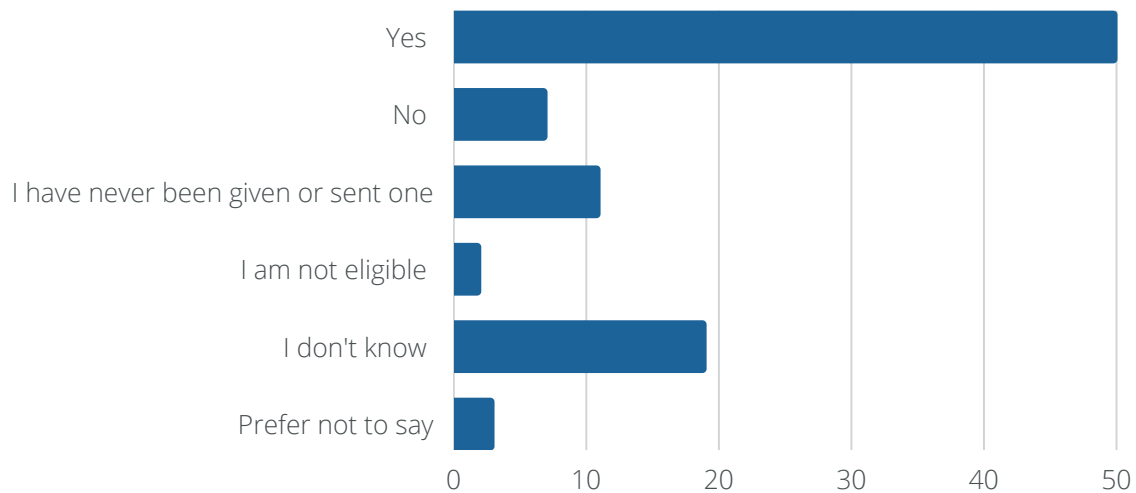
Due to the age of the sample, most had not been offered prostate screening.

When asked whether they had accepted prostate screening the last time they were invited, 20 participants, across a range of ages, stated that they had been offered and had accepted the offer.

Half of participants said that they would accept a prostate screen as and when they were invited, with 19% stating that they did not know if they would accept. A further 7% would not accept a test invitation.

There were some differences identified across groups, with acceptance increasing as people age. Some differences were again evident in terms of ethnicity. More white participants would take a test than other ethnicities, at 60%, compared with 25% from the black community, 30% from the Asian community and 50% from the mixed heritage community.

Will you accept a prostate screening next time you are offered one?



When asked what would discourage them from accepting the offer of a test, the majority of individuals provided responses related to either not being of a particular age or not having ever been invited. A further 10% chose not to say while, for 14%, nothing would put them off. However, the following results are of interest.

- 8% would find it too embarrassing
- 7% did not consider themselves to be at risk of prostate cancer
- 5% would be discouraged if they had no symptoms of prostate cancer
- 3% would not wish to undertake such a test in prison
- 2% did not want officers to know about their health

Each of the following were stated by separate individuals:

- I was too frightened of what the test would find
- I was too afraid of having treatment if I was found to have cancer
- I couldn't afford to get to the appointment
- I couldn't get an appointment
- I was worried about putting extra strain on the NHS

Cervical cancer screening

Women in Approved Premises were asked about cervical screening. The majority knew when they would become eligible, at 78%. Those who did not know were of mixed ages: one was aged under 21, one was 30-39, one was 50-59 and one was 60-69. One of these preferred not to say whether she identified with the gender she was assigned at birth.

Women were asked whether they had attended cervical screening the last time they had been invited. All but four had attended. Again, these four were of mixed ethnicity. One did not identify with the gender assigned at birth. All were aged under 40.

Participants were also asked whether they would attend their next cervical screening. Most, at 90%, would attend. One said that she was not eligible, and another did not know. When asked what would discourage women from attending cervical screening, 46% said nothing would, which is positive. However:

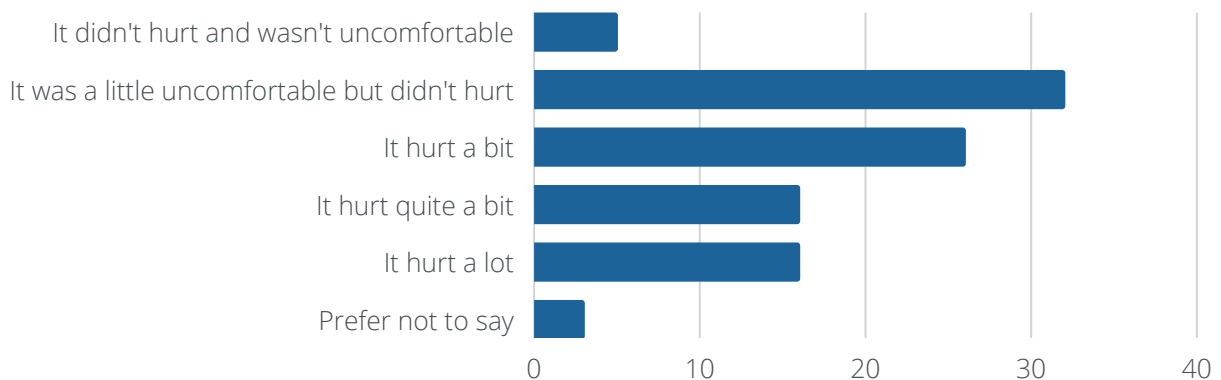
- 69%, the thought of the test being painful had put them off
- 15% had found it painful previously
- 31% were too embarrassed to attend
- 23% were too scared of what the test might find
- 15% would be worried about the treatment if they were found to have cancer

Each of the following were stated once:

- I don't think that I am at risk of cervical cancer
- I didn't want a man to carry out the test
- I've had a bad experience of cervical screening in the past
- After thinking about it, I decided the risks of taking part outweigh the benefits
- It's too far away / I couldn't afford to get there
- I'm not registered with a GP

The graph below outlines how participants felt about their previous cervical screening. Around a third had found it a little uncomfortable, but not painful (32%).

Which of the following statements best describes how it felt when a nurse/health professional collected a sample from your cervix last time you went?



Breast screening

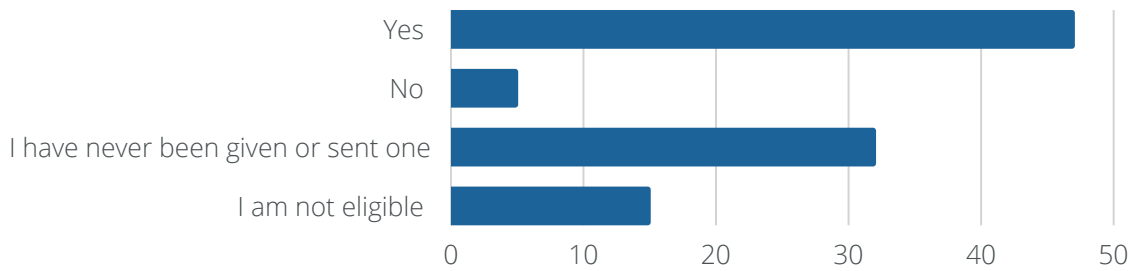
Do you know when women are eligible for a breast screening?

Yes	58%
No	42%
Unsure	0%

In relation to breast screening, over half of the women in Approved Premises (58%) knew when they would become eligible.

Some 47% had attended breast screening. Of these, 50% were aged over 50. One woman, who was over 50, had not attended her previous screening appointment.

Did you attend a breast screening appointment last time you were invited?



Thinking about next time they are invited to attend a breast screening appointment, almost three quarters (72%) of the women said that they would attend, with a further 11% stating that they would probably attend. Two women were ineligible and one was unsure whether she would attend.

When considering factors that can discourage women from attending breast screening, the most common answers were:

- I was worried it might be painful (23%)
- I don't think I was at risk of breast cancer (23%)
- I was too embarrassed to go (15%)

One woman said she had no symptoms, while another needed help to attend an appointment. One further woman did not have a GP.

The final question queried whether women knew how to check their breasts for lumps, to which over half responded that they did know and 42% were unsure.

Just one woman did not know.

Do you know how to check your breasts for lumps or changes?

Yes	53%
No	5%
Unsure	42%

SECTION SUMMARY

Awareness of cancer causes and symptoms was varied but generally there was some awareness within our sample. For example, most people identified an unexplained lump being a symptom and most identified smoking as a contributor.

Regarding bowel screening, two thirds did not know the (age) eligibility criteria for bowel screening, or how bowel screening was conducted, although positively, all the contributors over 60 years old understood this. Half said they would undertake a screening test when they were next sent one. A quarter were unsure. It seemed that people did not all fully understand the purpose of screening, as not having symptoms was the most common reason given for taking a test. The likelihood of undertaking a bowel screening test increased with age but was lower for ethnic minorities across the board.

Regarding prostate cancer, three quarters of men did not know the eligibility criteria for prostate screening. Around three quarters said they did not understand the screening process. Half said they would accept a prostate screen as and when it was offered, with a fifth saying they were unsure. Again, white participants were the most likely to accept a screening, at over half. Just a quarter from the black community said they would accept screening. People cited embarrassment, experiencing no symptoms and considering themselves low risk were barriers to having screening.

Women were more aware of their cancer screening eligibility, with over three quarters understanding the age criteria for cervical screening and over half understanding the criteria for breast screening. Most would attend their next cervical screening (90%) and most (72%) said they would attend their next breast screening. Fear of pain was the most commonly cited barrier for both cervical and breast screening. Around half of the women knew how to check their breasts for lumps.



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