

Voluntary Sector-Led Framework on Social Prescribing in Criminal Justice



Briefing

June 2025

Executive Summary

Social prescribing enables professionals to refer people to a range of local, non-clinical services to support their health and wellbeing. It recognises that people's health is shaped by social, economic and environmental factors and seeks to address these needs in a holistic way. It also aims to support individuals to take greater control of their own health (National Academy for Social Prescribing, 2024).

Within the criminal justice system (CJS), social prescribing offers significant potential to address entrenched health inequalities, improve mental health outcomes, and support rehabilitation and desistance. It connects people in prison and under probation supervision with accessible, personalised interventions that complement clinical care.

This framework sets out a proposed justice-specific model of social prescribing, recognising that access to healthcare in custody is often limited or delayed, and that clinical thresholds exclude many in need. It calls for investment in voluntary sector-led approaches that are responsive to the needs of people with lived experience of the justice system.

What Informs the Framework

- Survey and site visits with voluntary organisations delivering social prescribing in custody and the community.
- Focus groups with people in a range of custodial settings, including closed and high-security prisons, women's prisons, a YOI, and category B and C men's prisons.

Key Findings

- Peer-led initiatives such as Health and Wellbeing Champions (HAWCs) and buddy schemes increase trust and engagement.
- Participants want access to purposeful, structured activity, including creative and physical outlets.
- There are significant gaps in provision for disabled and neurodivergent people.
- Consistency, access and communication are critical to uptake.
- Social prescribing cannot replace clinical healthcare, but it can support people to navigate health systems, reduce isolation and improve wellbeing through relational, non-clinical activity.

Strategic Priorities

1. Expand peer-led models with structured training and support.
2. Integrate voluntary sector providers into commissioning and delivery.
3. Design for inclusion using trauma-informed and culturally relevant approaches.
4. Strengthen through-the-gate continuity of care.

Social prescribing complements rehabilitative goals by improving individual wellbeing, creating structure and purpose, and supporting desistance. It must, however, be delivered alongside access to high-quality healthcare that meets the principle of equivalence – meaning people in prison must receive healthcare services of a comparable quality and range to those available to the general population.

Introduction

This framework sets out a vision for voluntary sector-led social prescribing across the criminal justice system. It builds on existing practice and evidence and is informed by people with lived experience. The aim is to strengthen access to non-clinical support that addresses social determinants of health, supports wellbeing, and improves outcomes for people in prison and under probation supervision.

Defining Social Prescribing in Justice Settings

Social prescribing enables professionals to refer people to a range of local, non-clinical services to support their health and wellbeing. It acknowledges that people's health is shaped by social, economic, and environmental conditions and promotes personalised support that builds confidence and connection.

Justice Specific Definition

Social prescribing in the criminal justice system can be defined as connecting people with targeted, non-clinical activities and community-based support that meet identified wellbeing needs, with or without a clinical diagnosis. It improves health, resilience, and rehabilitation outcomes by addressing social determinants through trusted relationships and meaningful engagement.

This definition reflects the reality that many people in custody or under supervision face exclusion from traditional healthcare systems, whether due to stigma, gatekeeping, or institutional constraints. By adopting a relational and inclusive approach, social prescribing provides a route to support and empowerment.

Health Inequalities in the Criminal Justice System

People in prison and on probation experience profound health inequalities. They are more likely to live with multiple long-term conditions, to experience mental illness, and to have unmet needs relating to trauma, neurodivergence, and substance use. Life expectancy is significantly shorter, and suicide and self-harm rates remain disproportionately high (Ministry of Justice, 2024).

Recent data shows:

- 1 in 3 people in custody waited over six weeks for dental care (NHS England, 2023)
- A 9% rise in self-harm incidents in 2023
- Widespread delays in access to mental health services.

People with long-term conditions such as diabetes or asthma report inconsistent access to medication and limited health education. Screening and prevention are often unavailable. Women, racially minoritised individuals, and disabled people face compounded barriers. Loneliness and disconnection are widespread, and in some cases people resort to self-treating dental problems using dangerous methods (Howard League, 2022).

These inequalities extend to families, who may experience stress, bereavement, and financial strain. Children of incarcerated parents are at increased risk of poverty, school exclusion and mental ill-health. The economic impact is significant: poor prison health increases emergency healthcare use, reduces post-release employment, and raises reoffending risk.

The Role of Social Prescribing

Social prescribing cannot replace clinical services. People in custody have a legal and ethical right to healthcare equivalent to that available in the community (WHO, 2007; Nuffield Trust, 2023). Yet access is patchy and reactive.

Social prescribing can:

- Support emotional regulation and trauma recovery
- Reduce reliance on crisis care
- Increase health literacy and self-management
- Offer meaningful activity and connection
- Bridge gaps in access to mainstream services.

Evidence shows:

- Peer support and activity-based interventions improve engagement with services (Mills et al., 2020)
- Structured arts, movement and mentoring programmes reduce stress, anxiety, and social withdrawal (Tierney et al., 2022)
- Social prescribing supports people to take control of their wellbeing, while addressing wider determinants of health like social connection, identity, and purpose.

Insights from Focus Groups

Participants across prison types shared consistent priorities. The following quotes and vignettes are illustrative.

Physical Activity and Mental Health

“If I couldn’t exercise, I’d lose it. The gym is the only place I feel like myself.”

People valued structured activity, especially sports, gym access and movement-based sessions. These were seen as vital for managing ADHD, trauma, and mood.

Arts and Creativity

“When I draw, I stop thinking about everything else. That’s my calm.”

Art, writing, and music were consistently cited as ways to cope with distress. Creative outlets were especially important for those unable to access talking therapies.

Peer Support

“I talk to a HAWC more than I talk to anyone else. He understands.”

HAWCs and buddies were a trusted source of support. Participants said peer-led schemes improved confidence, reduced violence and increased activity take-up.

Nature and Environment

“Getting my hands in soil, planting something—that’s healing.”

Participants described nature-based activity as calming and transformative, but often unavailable.

Emotional Isolation and Loneliness

“Even when you’re around people all day, you can still feel completely alone. It’s the kind of loneliness that makes you stop caring.”

Loneliness and emotional isolation were described by many participants as daily experiences. For some, these feelings were linked to estrangement from family or the emotional toll of long sentences. Others explained that their neurodivergence, mental health or experiences of trauma made it harder to engage in social relationships without support.

Participants noted that access to structured, meaningful interaction could ease this burden. In particular, arts-based sessions, communal cooking, faith-based events and peer mentoring were identified as positive outlets that helped build confidence and connection.

“The writing group saved me. I didn’t speak to anyone when I came in, now I run it. That’s how I found myself again.”

Strategic Priorities

Expand Peer-Led Models

- Invest in HAWCs and buddy programmes.
- Provide training, supervision, and accreditation.
- Promote peer-led activity across settings.

Integrate VCSE Services

- Commission VCSE providers in both prison and probation pathways.
- Embed services in induction, resettlement, and health planning.
- Co-locate workers with healthcare and education teams.

Design for Inclusion

- Develop offers for neurodivergent people and those with disabilities.
- Embed trauma-informed and culturally responsive practice.
- Co-produce activities with people with lived experience.

Strengthen Through-the-Gate Support

- Link in-custody social prescribing to community-based continuation.
- Fund bridge roles or link workers to maintain engagement post-release.
- Support housing, employment, and benefits advice alongside wellbeing support.

Recommendations

To implement this framework, the following actions are recommended:

- **Commissioners** should embed social prescribing in NHS and HMPPS contracts
- **HMPPS** should mandate access to peer-led wellbeing models
- **Probation** should integrate VCSE partners into local delivery models
- **VCSE organisations** should be supported to expand provision sustainably
- **People with lived experience** should be involved in governance, evaluation, and design.

Next Steps

- Pilot co-designed social prescribing models across diverse settings.
- Gather and publish outcomes data and qualitative impact.
- Build shared metrics and referral tools.
- Develop a national learning and infrastructure programme.

This framework provides a collaborative, evidence-informed roadmap for integrating voluntary sector-led social prescribing into justice settings. With appropriate investment, leadership, and partnership, it can form a core part of rehabilitative practice and health inequality reduction.

End notes

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Our vision

Our vision is of a vibrant, independent and resilient voluntary sector that enables people to transform their lives.

Our mission

To support, represent and advocate for the voluntary sector in criminal justice, enabling it to provide the best possible opportunities for individuals and their families.

Join Clinks: be heard, informed, and supported

Are you a voluntary organisation supporting people in the criminal justice system?

Join our network of over 500 members.

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- Practical assistance to be effective and resilient
- Support from a community of like-minded professionals.

82A James Carter Road
Mildenhall
Suffolk
IP28 7DE

☎ 020 4502 6774

✉ info@clinks.org

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💻 www.clinks.org

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