



Policy name: HMPPS Responsibility for enabling access to healthcare services and local authority social care services (Custody and Community) Policy Framework

Issue Date: 1st June 2026

Implementation Date: 1st June 2026.

Replaces the following documents (e.g. PSIs, PSOs, Custodial Service Specs) which are hereby cancelled:

PSO 3100 Clinical Governance

PSI 04/2012 Enablers of Health, Library, Education and Job Centre Plus Services in Prisons

Enablers of National Co-Commissioned Services in Prison Service Specification

Introduces amendments to the following documents: N/A.

Action required by:

x	HMPPS HQ	x	Governors
x	Public Sector Prisons	x	Heads of Group
x	Contracted Prisons	x	The Probation Service
x	Under 18 Young Offender Institutions	x	Other providers of Probation and Community Services
x	HMPPS Rehabilitation Contract Services Team		

Mandatory Actions: All groups referenced above must adhere to the Requirements section of this Policy Framework, which contains all mandatory actions.

For Information: By the implementation date Governors¹ of Public Sector Prisons and Contracted Prisons must ensure that their local procedures do not contain the following:

- References to HMPPS responsibilities for contract or performance management or clinical governance of healthcare services.

Governors must ensure that any new local policies that they develop because of this Policy Framework are compliant with relevant legislation, including the Public-Sector Equality Duty (Equality Act, 2010).

The Policy Framework contains guidance to implement the mandatory requirements set out in the Policy Framework. Whilst it will not be mandatory to follow what is set out in this guidance, clear reasons to depart from the guidance should be documented locally. Any questions concerning departure from the guidance can be sent to the contact details below.

How will this Policy Framework be audited or monitored:

¹ In this document the term Governor also applies to Directors of Contracted Prisons.

- Area Executive Directors (AED) are accountable for the delivery of this policy framework.
- Prison Group Directors (PGD) and Governors are responsible for monitoring establishment compliance with the mandatory actions set out in this framework.
- Regional Probation Directors (RPD) are responsible for the oversight, development and implementation of strategies and partnership arrangements with community health and social care providers, including engagement with Integrated Care Boards. Probation Delivery Units and Approved Premises Managers support delivery through local implementation and information-sharing arrangements, but do not hold strategic partnership responsibility.
- External scrutiny is provided by HM Inspectorates and Independent Monitoring Boards.

Resource Impact:

The effective delivery and oversight of this policy entail staffing and time commitments. These resource requirements are already embedded within existing prison and probation staffing models across local, regional, and national levels.

As the activities outlined in this framework reflect current practices, and the framework serves to formalise and consolidate that work, its implementation will not generate any additional resource impact.

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Approved by OPS for publication: Helen Judge, Chair, Operational Policy Sub-board, May 2026

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1. Purpose

- 1.1 The National Health Service (NHS) in England and Wales is responsible for commissioning and delivering healthcare services, and Local Authorities are responsible for social care provision for people in prison and under probation supervision. HMPPS has no statutory role in commissioning or managing the quality of these services; however, it has a critical responsibility to work in partnership with health and social care bodies to support timely, safe and equitable access to care.
- 1.2 This policy framework sets out those responsibilities and the expectations on Governors, probation leaders and practitioners in enabling access to health and social care services. It also emphasises the importance of ensuring both physical and functional access, so that individuals can understand, navigate and effectively engage with the services available to them, including those who require additional support due to disability, communication needs or cognitive impairment.

2. Evidence

- 2.1 People engaged with HMPPS services typically have more complex physical and mental health needs than the general population. Complex social and personal issues, drug and alcohol use and adverse childhood experiences are more common amongst justice involved populations and being in prison can itself exacerbate poor mental health and wellbeing. Taking care of the health of people engaged with HMPPS services is important not only to the individual, but also to delivering the sentences of the courts and public protection.
- 2.2 There is a growing body of evidence highlighting the lack of access to health services provided to prisoners and people under probation supervision.² Tackling the health needs of people in prison and under probation supervision underpins operational challenges such as issues of violence, addiction, self-harm and suicide, debt, rehabilitation and reducing reoffending.
- 2.3 The evidence highlights that timely and reliable information sharing across HMPPS, NHS and Local Authority partners is critical to identifying risks, supporting continuity of care, and improving health outcomes for people in contact with the criminal justice system.³⁴

3. Outcomes

- HMPPS statutory responsibilities are delivered.
- Prisoners and people under probation supervision and orders are supported to access health and social care services.
- At all levels of operation, HMPPS works in partnership with those responsible for health policy, commissioning and delivery of services.
- Governors and Probation Practitioners utilise HMPPS services to support health recovery and improve the wellbeing of those in prison and under supervision or orders.

² [Prisoner health | Nuffield Trust](#); [Improving cancer care in prisons | King's College London](#); [Core20PLUS5: His Majesty's Prison and Probation Service – an approach to address inequities in healthcare for people in contact with the criminal justice system | BMJ Leader](#)

³ https://justiceuk.sharepoint.com/sites/HMPPSIntranet-Prison/_layouts/15/viewer.aspx?sourcedoc={044787dc-44a5-4534-9520-753ae76bbc8e}

⁴ Continuity of care for adult prisoners with a substance misuse need: London deep dive report

- A multi-disciplinary approach is embedded in the management and support of prisoners and people on probation, particularly those with complex health, social care, or risk-related needs, ensuring coordinated and person-centred care.

4. Requirements

4.1 Access to Health Services – Prison

The Secretary of State for Justice has general control over prisons and prisoners (section 1 of the Prison Act 1952); in practice, almost every aspect of a prisoner's environment, regime and conditions is decided or regulated by the Secretary of State. The Secretary of State is under a statutory duty under section 4 of the Prison Act 1952 to make arrangements necessary for the maintenance of prisons and prisoners.

There is also a general duty of care at common law to take reasonable care to keep prisoners safe and free from harm. These powers and duties rest ultimately with the Secretary of State but are generally exercisable by HMPPS staff and Governors.

4.2 From 1st January 2010, rules 20(1) and (2) Prison Rules 1999 provide that:

- (1) The Governor must work in partnership with the local health care providers to secure the provision to prisoners of access to the same quality and range of services as the general public receives from the National Health Service.
- (2) Every request by a prisoner to see a healthcare professional shall be recorded by the officer to whom it was made and promptly communicated to a health care professional.

4.3. Healthcare in Welsh prisons is a devolved responsibility of the Welsh Government, and healthcare delivery is undertaken by Local Health Boards. Governance for healthcare in Wales includes Local Partnership Boards, which are co-chaired by the prison and the Local Health Board. Above these Boards there is a National Oversight Board for Prison Healthcare and Social Care in Wales, which can be used for any issues that cannot be resolved locally. The following Health Boards provide governance to prisons in Wales: Cwm Taf Morgannwg University Health Board (HMP Parc), Betsi Cadwaladr University Health Board (HMP Berwyn), Cardiff and Vale University Health Board (HMP Cardiff), Swansea Bay University Health Board (HMP Swansea), and Aneurin Bevan University Health Board (HMP Usk & HMP Prescoed).

4.4. The Secretary of State's overall duty for the maintenance of prisoners and general duty of care, exercised by the Governor, means that prisoners' right to receive healthcare provision is respected and facilitated where necessary. Prisoners are entitled to receive treatment that is of an equivalent standard as a person in the community and Governors must ensure that prisoners are able to access healthcare in a way that respects this right; whilst there may be some necessary constraints, such as security considerations, this must not result in the prisoner not receiving treatment that is clinically appropriate. The duty on Governors is therefore to make arrangements to ensure that prisoners have access to healthcare services:

- Prisoners are able to access healthcare services safely and effectively.
- Prison regimes support an integrated health offer to prisoners, maximising HMPPS based services to improve wellbeing and maximising opportunities for approved health digitalisation products.
- Prisoners' contact time for health service providers is maximised.

- Where the internal prisoner movement cannot be facilitated by main movement, additional prisoner movement under risk assessed levels of authority and supervision takes place to maximise healthcare service capacity. *Please see the Management of Internal Security Procedures Policy Framework for further information on movements of prisoners and the prison's Local Security Strategy*
- Prisoner movement is authorised and conducted in a safe, secure and timely manner which ensures fair treatment for all.
- Prisoner searching in relation to access to healthcare is conducted in accordance with the Searching Policy Framework and the prison's Local Searching Policy.
- Prisoners are supervised under risk assessed levels in a safe, secure and decent manner whilst attending health and social care services, including medicine access points. *Please see the Management of Internal Security Procedures Policy Framework and the prison's Local Security Strategy for more information.*
- Prisoner requests to see a healthcare professional are recorded and systems are in place to monitor demand and attendance at health services, including external hospital appointments; monitoring takes into account protected characteristics.
- Prisoners must be informed of their healthcare appointments unless there is a documented operational, security or clinical justification for not doing so. This requirement does not apply to Category A prisoners.
- Governors must ensure, in partnership with healthcare providers, that appropriate arrangements are in place to prevent appointment details or status updates from being disclosed to prisoners, or to their family members or associates, via external digital patient systems where such disclosure would be inconsistent with operational or security requirements.
- Systems are in place to monitor the progress and timeliness of security vetting applications for healthcare staff.

4.5 Access to Health Services – Probation (Annex A – Legal Framework)

There is no express duty on the Secretary of State in relation to health promotion or health improvement for Probation and there are no statutory provisions that direct Probation to provide such services. Probation responsibilities for supporting access to health and social care services are derived from a statutory duty to co-operate with NHS bodies and Local Authorities, enabling them to meet their statutory responsibilities, and from partnership arrangements with health, social care and other criminal justice partners in accordance with the Offender Management Act 2007.

- 4.6 In relation to Community Sentence Treatment Requirements, courts derive their authority from the Sentencing Act 2020 (the Sentencing Code), which consolidates earlier provisions, including those previously contained in the Criminal Justice Act 2003, to impose mental health, drug and alcohol treatment requirements as part of community sentences. Probation responsibilities under these requirements are related to promoting compliance with the court order. Probation can also signpost individuals to relevant services to support rehabilitation, but this does not in itself create a wider duty on Probation to promote health, social care or health improvement.
- 4.7 The provision in relation to health and wellbeing in the Approved Premises Regulations is limited to ensuring that facilities are available for the provision to residents of any necessary medical and dental treatment.
- 4.8 Probation responsibilities for the health and care of people under supervision more generally are connected to the Probation duty to supervise and rehabilitate people charged with or convicted of offences under the Offender Management Act 2007 and to making necessary arrangements in connection with a treatment requirement imposed as part of a court order, and promoting offender compliance with that requirement, under the

Sentencing Act 2020. The duty on Probation Practitioners is therefore to support people to comply with court orders and health-related licence conditions by encouraging engagement with treatment, and by signposting and supporting individuals to access healthcare and relevant social care services for their wider wellbeing and rehabilitation. This includes:

- Supporting individuals subject to supervision or court orders to improve their health and wellbeing as part of their wider rehabilitation.
- Supporting prison leavers to complete GP registration.
- Signposting people subject to supervision or court orders to relevant health and wellbeing services.

5. Partnership Working – Prison

Section 23 of the Health and Social Care Act 2012 requires NHS bodies and the prison service to work together to improve the health of prisoners. Whilst there is no equivalent provision under s.188 NHS (Wales) Act 2006 Governors in Wales are expected to cooperate with NHS bodies in Wales in the same way:

- Local and Regional partnerships are developed with NHS commissioners and providers of healthcare services, including Ambulance Trusts and local hospitals to ensure the effective operation and continuous improvement of health service delivery to prisoners.
- There are systems in place to monitor HMPPS statutory responsibilities at local, group and national levels, including the operation of effective governance arrangements as set out in the respective national partnership agreement.
- Governors will appoint operational points of contact for health and social care services.
- Governors and healthcare providers will develop and monitor local health improvement plans.
- Governors and healthcare providers will agree an information sharing agreement for the sharing of information between health care staff and prison staff and vice versa.

6. Partnership Working – Probation

6.1 Probation responsibilities for working in partnership with the NHS are derived from a statutory duty to co-operate to help the NHS meet its own statutory responsibilities, or from arrangements with the NHS and/or other criminal justice partners for purposes connected with probation provision, in accordance with the Offender Management Act 2007:

- Local and Regional partnerships are developed to ensure visibility of justice involved populations in NHS strategic planning and commissioning.
- Opportunities for joint working and engagement are sought, including providing support to NHS neighbourhood and place-based models of care, to improve availability of and access to health services for people under probation supervision or subject to orders.
- Local and Regional Probation Teams will appoint points of contact for health and social care services.
- Probation delivery units and Approved Premises Managers will agree information sharing agreements for the sharing of information between probation practitioners and identified health care professionals and services.

7. Social Care – Prison and Probation

- 7.1 The Care Act 2014 applies to those aged 18 and over, including those in prison in England. The principles of enabling access covered in this policy framework equally apply to social care provision; however, the detailed requirements for social care and safeguarding are covered by the Adult Social Care Policy Framework and PSI 16/2015, Adult Safeguarding in Prison.
- 7.2 In Wales, the Social Services and Well-being (Wales) Act 2014 establishes the statutory framework for social care for all ages, including those in prison. Annex Two of the Act, The National Care and Support Pathway for Adults in the Secure Estate, outlines the specific requirements and partnership responsibilities for HMPPS, Local Authorities and health partners.

8. Constraints

- 8.1 HMPPS does not have responsibility for clinical decision making. For example, decisions about what treatment an individual prisoner or person on probation might need are for healthcare providers and the treating clinician. Any complaints or challenges in relation to a particular decision, (for example, if an individual considers that they should be prescribed one medication rather than another), should properly be directed to the appropriate health or social care complaint process. These are not the responsibility of HMPPS.
- 8.2 HMPPS does not have responsibility for clinical governance, (e.g. arrangements for managing, monitoring or improving healthcare services). Primary responsibility for clinical governance rests with the NHS in England and Wales. HMPPS is not responsible or accountable for the management of delivery by healthcare providers nor for the contract management of healthcare providers in custody or community.
- 8.3. HMPPS does not have responsibility for determining whether an individual has health and social care needs. However, the quality and safety of health and social care delivery is, in part, dependent on HMPPS providing effective custodial and probation services as set out in this policy framework. By implementing this policy framework and delivering the expectations of the relevant National Partnership Agreement, HMPPS is able to demonstrate its responsibilities in relation to health and social care services.

9. National Partnership Agreements⁵

- 9.1 National Partnership Agreements set out the shared strategic intentions, joint corporate commitments and mutually agreed developmental priorities in relation to healthcare services in prisons and the Youth Custody Estate in England and Wales. These agreements also set out the agreed escalation, dispute resolution and governance structures for healthcare.

10. Guidance

- 10.1 Additional guidance and tools to support delivery of this policy framework are provided and will continue to be updated.⁶

⁵National Partnership Agreement for Health and Social Care
[Partnership agreement for prison health in Wales | GOV.WALES](#)
[NHS England » Health and Justice Children Programme national partnership agreement 2023-25](#)

⁶ NHS commissioning » Health and justice

RELEVANT LEGAL FRAMEWORK – PROBATION

Offender Management Act 2007

The OMA places a statutory duty on the Secretary of State to ensure that sufficient provision is made for probation throughout England and Wales for probation purposes – i.e. a requirement to formulate and implement programmes/systems for the purposes of supervising and rehabilitating offenders (s2(1)(a)).

Section 1 of the OMA 2007 includes “the supervision and rehabilitation of persons charged with or convicted of offences”; this includes giving effect to community orders and suspended sentence orders, and supervising persons released from prison on licence and providing accommodation in approved premises. In relation to approved premises, the Secretary of State is required to provide accommodation in approved premises as part of the probation purpose (s1(2)), and under the Offender Management Act 2007 (Approved Premises) Regulations 2008, Probation must ensure that facilities are available for the provision to residents of any necessary medical and dental treatment and may appoint a medical officer to assist it in discharging its functions (Reg 12). And in discharging functions in relation to the provision of probation services, the Secretary of State must have regard to certain aims in s2 of the OMA 2007. These include the reduction of re-offending, proper punishment of offenders and the rehabilitation of offenders (s2(4)).

Criminal Justice and Court Services Act 2000

Pursuant to s64(3) of the 2000 Act and s256D(1) of the 2003 Act a person may be required to provide a sample for the purposes of ascertaining whether they have a specified class A drug or specified class B drug in their body. Section 64 applies to persons over 18 who are released from a sentence of imprisonment on licence and a condition for testing under s64 is imposed on their licence under s250(4)(b) of the Criminal Justice Act 2003. Section 256D is imposed as a requirement under s256AB and s256B of the 2003 Act for post sentence supervision. In both cases, the Secretary of State must be satisfied that:

- a) the misuse by the person of a specified class A drug or a specified class B drug caused or contributed to an offence of which the person has been convicted or is likely to cause or contribute to the commission of further offences by the person, and
- b) the person is dependent on, or has a propensity to misuse, a specified class A drug or a specified class B drug.

Sentencing Act 2020

Under the Sentencing Code, Probation is required to give effect to community orders and suspended sentence orders and probation officers are responsible for making necessary arrangements in connection with requirements and promoting offender compliance with requirements imposed by the court as parts of a sentence.

Under s214 and s300 of the Sentencing Code the duty of the Secretary of State via a responsible officer is to make necessary arrangements for an offender to fulfil the requirements of an order made by the sentencing court as parts of a sentence, which includes promoting offender compliance with the treatment order requirements in Schedule 9 of the Code. These include community sentences where the offender has to attend and complete treatment for a mental health, drug and/or alcohol problem. In particular: Mental health treatment requirement (MHTR), Drug rehabilitation requirement (DRR), and Alcohol treatment requirement (ATR) introduced as sentencing options in the Criminal Justice Act 2003, as well as a drug testing requirement inserted

by the PCSCA 2022 enabling Probation to test offenders for a range of drugs, including prescription medication or psychoactive substances.

In relation to treatment order requirements, it is noted that the Community Sentence Treatment Requirements (CSTRs) Programme was developed in 2017 as a joint initiative by the MoJ, DHSC, NHS England and NHS Improvement, Public Health England and HMPPS to address the low use of treatment requirements.

In respect of Probation's responsibility for the health and care of people under supervision more generally, these are connected to its duty to supervise and rehabilitate people charged with or convicted of offences under the OMA and making necessary arrangements in connection to a treatment requirement imposed as part of a court order and promoting offender compliance with the requirement under the Sentencing Code.

Wales-Specific Arrangements for Enabling Access to Healthcare and Social Care

Purpose of this Annex

This annex supplements the HMPPS *Responsibility for Enabling Access to Healthcare and Local Authority Social Care Services* Policy Framework by setting out the distinct commissioning, governance and operational arrangements that apply in Wales. Healthcare and social care in Wales are devolved responsibilities of the Welsh Government, and Welsh prisons operate within a separate organisational, legislative and policy context from England.

This annex clarifies how mandatory requirements in the main framework apply in Wales and identifies Wales-specific processes, partnership structures and expectations for Governors, HMPPS Wales, and health and social care partners.

Commissioning and Delivery of Healthcare in Welsh Prisons

Devolved Responsibility

Healthcare services in Welsh prisons are commissioned, funded and overseen by Welsh Local Health Boards (LHBs) under Welsh Government arrangements, not by the body responsible for commissioning health services in England.

Delivery in Wales is by the following Health Boards:

- HMP Berwyn – Betsi Cadwaladr University Health Board.
- HMP Cardiff – Cardiff & Vale University Health Board.
- HMP Swansea – Swansea Bay University Health Board.
- HMP Usk & HMP Prescoed – Aneurin Bevan University Health Board
- HMP & YOI Parc – Cwm Taf Morgannwg University Health Board

For HMP Berwyn and HMP & YOI Parc, primary healthcare is commissioned and funded by HMPPS (Ministry of Justice) under a Memorandum of Understanding between HMPPS, Welsh Ministers and the relevant health board.

Responsibilities of Local Health Boards

LHBs hold statutory responsibility for:

- Commissioning and delivery of primary healthcare, mental health, substance misuse services and specialist care.
- Clinical governance, including quality assurance, safeguarding arrangements and professional regulation of healthcare staff.
- Ensuring that clinical pathways for prisoners align with equivalent provision for the community, including access to secondary and tertiary services.

Partnership Governance in Wales

Local Partnership Boards

Each Welsh prison operates a Local Partnership Board, co-chaired by the Governor/Director and the relevant LHB. These boards:

- Oversee the planning and delivery of healthcare and social care services.
- Review performance, demand, capacity and operational pressures.
- Provide a forum for escalation and resolution of issues that cannot be resolved at operational level.
- Develop and monitor local health improvement plans.

National Oversight Board for Prison Healthcare and Social Care in Wales

Issues that cannot be resolved locally may be escalated to the National Oversight Board, jointly led by Welsh Government, HMPPS Wales and health partners. This board:

- Provides strategic oversight and direction for prison healthcare.
- Ensures consistency with Welsh Government policy and national service standards.
- Oversees cross-cutting issues including estates, workforce, and national commissioning priorities.

Welsh Government and Cross-Government Collaboration

HMPPS Wales works closely with the Welsh Government, Public Health Wales, Local Authorities and LHBs to ensure that national strategies—such as those on substance misuse, mental health, and reducing inequalities—are reflected in prison settings.

Legislative and Policy Context in Wales

The operation of prison healthcare in Wales is shaped by distinct legislative frameworks, including:

- NHS (Wales) Act 2006 – establishing LHB responsibilities.
- Social Services and Well-being (Wales) Act 2014 – setting duties for Welsh Local Authorities to assess and deliver adult social care, including for prisoners.
- Wellbeing of Future Generations (Wales) Act 2015 – requiring public bodies to work collaboratively and take preventative approaches.

These frameworks inform partnership expectations and the delivery of services in custody.

Information Sharing and Digital Systems (Wales)

Given the separate digital infrastructure operated by NHS Wales, prisons in Wales must comply with:

- Wales Accord on the Sharing of Personal Information (WASPI) as the principal framework for multi-agency data sharing.
- NHS Wales Digital Services systems, including:
 - Welsh Clinical Portal.
 - Welsh GP IT platforms (e.g., Vision, EMIS where implemented).
 - WCCIS (for social care information).

Where HMPPS digital systems interact with NHS Wales systems, local agreements must be in place that reflect Welsh IT, cybersecurity and governance standards.

Operational Expectations Specific to Welsh Prisons

While core custodial responsibilities remain consistent, certain operational considerations are unique to Wales:

Prisoner Movement and Access to Healthcare

Governors must ensure access to healthcare is facilitated in line with:

- Local Health Board clinical pathways.
- Local Partnership Board agreements regarding movement for appointments, including for off-site care.
- Welsh ambulance service models and local emergency pathways.

Cross-Border Issues

Given the proximity of some Welsh prisons to English hospitals and community services, specific arrangements may be required for:

- Referrals to English NHS providers.

- Transport and escort planning for cross-border care.
- Information sharing between Welsh and English systems under WASPI and UK GDPR.

Public Health Responsibilities

Public Health Wales provides public health advice, outbreak management support, and collaborations on health promotion. Governors must:

- Support delivery of Welsh national screening programmes (where applicable).
- Ensure infection prevention and control follows Welsh guidance and PHW oversight.

Probation and Community Health in Wales

Distinct Health and Social Care Structures

Probation responsibilities in Wales operate alongside:

- Area Planning Boards for substance misuse.
- Jointly commissioned criminal justice services with partners, including Police and Crime Commissioners and Area Planning Boards.
- Welsh mental health services organised through LHBs and local clusters.
- Local Authority social care teams operating under Welsh legislation.

Expectations of Probation Practitioners

Probation Practitioners in Wales must:

- Support GP registration with Welsh primary care.
- Signpost individuals to Wales-specific mental health, drug and alcohol services and community wellbeing services.
- Align with local multi-agency arrangements including community safety partnerships and health improvement initiatives.

Summary of Key Differences from England

This annex reflects key structural and operational differences including:

- Healthcare commissioning via Welsh Local Health Boards rather than Integrated Care Boards.
- Distinct national governance structures, including the National Oversight Board for Wales.
- Separate digital, legislative and public health frameworks.
- Divergent community health pathways for probation.