



Better health, better lives for prisoners: A framework for improving the health of Scotland's prisoners

**Volume 1:
The framework**

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Foreword

In my Annual Report for 2010¹, I highlighted the health and health care needs of people incarcerated in Scottish prisons. I noted that not only did prisoners often come from some of the most challenged communities in Scotland, their experience of health and wellbeing was amongst some of the poorest in the country and that they were often those with the fewest personal assets on which to draw in moving towards healthier lifestyles and life circumstances and to reduce the likelihood of reoffending.

Against this background, I welcome the publication of *Better health, better lives for prisoners: A framework for improving the health of Scotland's prisoners*. The framework provides an essential resource to allow all those involved in the planning, commissioning and delivery of health improvement services to those in Scotland's prisons. Local needs and circumstances will have an influence on how the framework is implemented. However, the framework can be used to ensure that the full range of actions to improve health and wellbeing and reduce health inequalities is recognised and appropriate interventions agreed and put into place.

Scotland has clearly moved very quickly in taking action to address these health needs, without compromising the necessary stability and security of our prisons. Whilst it is still very early days, it is already becoming apparent that there is a real enthusiasm amongst local prison and NHS staff to use the new opportunities afforded by the transfer of health care responsibilities from the Scottish Prison Service to the NHS in Scotland to benefit prisoners, their families and the communities from which they are drawn.

I concluded my Annual Report by noting that is was:

"...the task of prisons is to create an environment of safe custody and good order, humane care and opportunities for re-integration after periods of detention. It aims to provide an environment of hope and challenge, and the ability to build on personal assets of offenders. Good health services are integral to the task of prisons. Prisons, in turn, can be a prime setting in which to tackle health inequalities, most starkly demonstrated by the high mortality of prisoners who have recently been released. Part of the contribution of prison health services reduces the harm that loss of liberty incurs - harm to the prisoner, the effects on other prisoners, but particularly harm to children, families and communities they leave behind and, usually and inevitably, to whom they return."

Ultimately, *Better health, better lives for prisoners* is about helping people to develop the skills and opportunities to sustain the social and familial "connectedness" which improves health and changes lives for the better.

Harry Burns
Chief Medical Officer

¹ Chief Medical Officer, Chief Medical Officer Annual Report 2010 Assets for Health, Scottish Government, 14 December 2011 <http://www.scotland.gov.uk/Publications/2011/12/14120931/0>

Contents

Executive summary	4
1 Introduction	6
The purpose of <i>Better health, better lives for prisoners</i>	
Who is the target audience?	
What is health promotion?	
What is the policy context?	
General principles underpinning strategy	
2 Where we are now	10
Health of prisoners in Scotland	
Health inequalities of prisoners in Scotland	
Current health promotion in Scotland	
Current measures of health promotion in prisons	
3 Improving health and wellbeing in prisons	13
Benefits of a healthier prison	
Achieving healthier prisons through a whole prison approach	
4 The vision for improving prisoners' health	14
The practicalities of applying a whole prison approach	
Guidance where it's needed – none, where it's not	
Key elements of the framework	
5 Turning vision into action	18
Health promotion in prisons	
Looking out for particularly vulnerable groups	
Supporting staff to deliver healthier prisons	
6 Delivering healthier prisons in practice	24
Cross-cutting STRIPE recommendations	
Health topic-specific recommendations	
7 Conclusion	57
8 References	58

Executive summary

1. This framework is a new document that supports a new partnership between Scottish prisons and NHS Scotland. It provides an opportunity to consolidate, refocus and refresh actions in prisons towards a set of priorities for health improvement taking account of needs and resources locally and nationally. It is for prison, health and voluntary sector professionals to support continued development and sustain a 'health promoting prison'. It presents a structured and comprehensive overview of Health Improvement topics (Volume 1) drawing on a body of supporting evidence in a full review (Volume 2).
2. The health of prisoners is poor and health inequalities are very marked. Prisons have made good progress since the first Health Promotion Strategy, 'The Health Promoting Prison', was published in 2002. While there are excellent examples of good work in several prisons in reality it has been difficult to develop and sustain a comprehensive range of health improvement opportunities and services.
3. This framework aims to achieve better health for prisoners and a better working environment for staff by defining the need for work across a range of topics, delivered by a number of disciplines and involving prisoners in various capacities, including planning, feedback and peer support.
4. This framework advocates a whole prison approach, building on achievements to date. It recognises that many risk factors are inter-related and can best be tackled through comprehensive, integrated programmes. Similarly, a 'healthy prison' is one which is safe, secure, reforming and health promoting, and grounded in the concept of decency and respect for human rights^{6,19}

There are three key elements:

- Developing policies in prisons which promote health
 - Promoting an environment in each prison that is actively supportive of health
 - Prevention, health education and other health promotion initiatives which address health needs within each prison
5. The framework proposes a vision of the healthy prison and offers a practical guide to achieve improved health outcomes and a reduction in health inequalities while also recognising and linking to offender outcomes relevant to health.
 6. The framework is built around health promotion 'pillars' as follows:
 - Reduce use of tobacco
 - Reduce harmful use of alcohol
 - Reduce harmful use of illicit drugs
 - Improve mental wellbeing
 - Increase uptake of healthy eating and reduce obesity
 - Encourage better oral health
 - Increase safer sex and better personal relationships

- Reduce transmission of blood-borne viruses
 - Increase physical activity
 - Improve parenting
 - Management and prevention of long-term conditions
7. To reduce the risk of silo working, there are four horizontal ‘unifiers’ that cross the vertical health pillars. These attempt to highlight where there is the opportunity for prisoners, prisons and stakeholder partners to be involved and specifically address the prison context for that individual topic area. Prisons have always aimed to provide a safe and structured environment, the opportunity for stability and the opportunity to build on the assets and the positive personal qualities that prisoners possess. The relevant unifying themes are:
1. prisoner involvement
 2. healthy prison policies and environment
 3. links with community and public sector services including NHS health promotion services
 4. measurable outputs and outcomes.
8. There are three ‘foundations’ which support the whole framework. These are:
1. the cross-cutting ‘STRIPE’ which consists of six main elements:
 - standards
 - training
 - referral to community resources
 - impact assessment
 - personal planning
 - evaluation
 2. activities consistent with the SPS Mission:
 - elements of Custody Order Care Opportunity (COCO)
 3. hope, which underpins changes required to help prisoners and their families and their communities have a better and healthier life.

[See page 17 for a diagram of framework.]

9. The draft framework has been subject to wide consultation. The full set of consultation comments and responses can be obtained from the Scottish Public Health Network website (www.scotphn.net).

1 Introduction

The purpose of this health improvement framework

- 1.1 This document will provide a framework to unite and guide prison, health and voluntary/third sector professionals in providing a health-promoting environment in Scottish prisons. Prisoners can and do benefit and gain support from a 'health promoting prison'.
- 1.2 The responsibility for healthcare provision in prisons changed from the Scottish Prison Service (SPS) to the NHS on 1 November 2011. This framework will allow each individual prison establishment to work in conjunction with its corresponding NHS Board to develop its own more detailed implementation plan in accordance with the National Implementation Board Plan, thus reflecting local needs and assets. This will also allow a greater degree of local flexibility to deal with often rapidly changing prisoner profiles within prisons, resulting from large transfers of prisoners. This includes both the 14 state-run and 2 privately-run prisons.
- 1.3 The 2002 Scottish Prison Service Health Promotion strategy¹ was the first time that health promotion was put on the prison agenda. Nine years on it has been considered by those in the prison environment to have made a real difference. The transition of the provision of healthcare from the Scottish Prison Service to the NHS presents an ideal opportunity to refresh this work. Therefore, we draw on the latest evidence and experience of what works, particularly where we have the information from Scottish prisons. We have, however, retained the use of the term Health Promotion in this document to cover both health promotion and health improvement. This provides continuity with the earlier strategy and provides links to the concept of the prison as a health promotion setting.
- 1.4 This work contributes to Scottish Government's National Outcomes², not only through supporting the health outcome, 'living longer healthier lives' and contributing to the outcome of tackling the significant inequalities in Scottish society through tackling health inequalities but also towards the criminal justice outcomes by the association of better health and reduced reoffending.
- 1.5 Specifically, there are nine National Offender Outcomes³, with two in particular relating to the health and wellbeing of the prisoner; sustained or improved physical and mental wellbeing and reduced or stabilised substance misuse.
- 1.6 Like the Chief Medical Officer of Scotland⁴, we call for new 'step change' to significantly improve the health of prisoners in Scotland. We will deliver a framework based on a combination of keeping doing what works and, where it does not, being brave enough to do things differently from before.

Who is the target audience?

1.7 We are clear that for a truly health promoting prison, the culture and the very way that the prison operates is key. The SPS Mission Statement is referred to as 'COCO' (Custody Order Care Opportunity) to:

- keep in custody those committed by the courts
- maintain good order in each prison
- care for prisoners with humanity
- provide prisoners with a range of opportunities to exercise personal responsibilities
- prepare for release.

1.8 As such, our audience is multi-fold and in the immediate term, comprises particularly:

- governors
- prison staff
- NHS Boards and those delivering health improvement programmes
- voluntary organisations that work within prisons
- prisoners themselves.

1.9 However, a prisoner's level of health and wellbeing must be seen within the context of the communities they come from and will, in the most part, return to. As such, it is vital to reflect the role played by wider determinants of health including employment, housing, education, training and participation in society and the related public services.

1.10 It is important to stress the role of continuity between offender rehabilitation started in prison through a prisoner's integrated case management (ICM)⁵, into throughcare and the work done in the community within the remit of Scotland's nine Community Justice Authorities. Health improvement is a key component of any approach to offender management and any attempt to improve community justice outcomes.

What is health promotion?

1.11 The Ottawa Charter for Health Promotion (1986)⁶ defines health promotion as: 'the process of enabling people to increase control over, and to improve their health'.

The Ottawa Charter mentioned five priority action areas for promoting health:

- build healthy public policy
- create supportive environments for health
- strengthen community action for health
- develop personal skills
- re-orient health services.

1.12 A comprehensive use of each of these strategic areas has been proven to be most effective. For example, in terms of re-orienting health services, it is useful to consider that every healthcare contact is an opportunity for health promotion.

What is the policy context?

- 1.13 This framework is fundamentally guided by *Equally Well*⁷ and other key over-arching policies that drive improved health and wellbeing in Scotland. Policies that deal with specific health topics, e.g. alcohol or drugs, are outlined in Chapter 6 as each specific topic is dealt with.
- 1.14 *Equally Well*⁷ brought a new focus to cross-governmental action to tackle the root causes, the social determinants that underpin the wellbeing and health of individuals and communities. It makes a number of recommendations related to access to services in order to help address health inequalities, particularly in vulnerable groups, such as prisoners. The report specifically recommends services addressing the following areas for offenders:
- dental health
 - general access to health and other public services, with women having priority based on needs
 - addictions
 - learning disabilities
 - mental health and wellbeing
 - family and relationships.
- 1.15 This framework offers a way for interested parties to build on the aspirations of *Equally Well*, not just in the provision of specific services, but in taking a holistic, whole prison approach to improving the health and wellbeing of prisoners.
- 1.16 *Equally Well* also identifies the key role that Community Health Partnerships (CHPs) have in addressing both causes and consequences of health inequalities and that no agency on its own can reduce these inequalities. Local NHS Boards and other key stakeholder organisations are actively involved in the delivery of local community plans and single outcome agreements through CHPs and Community Planning Partnerships. It is hoped that prisoners' health will be a feature of these partnerships, bringing key agencies, including local authorities, together with a common purpose.

General principles underpinning this framework

- 1.17 There are a number of principles which guide and underpin the development of this framework. We considered it important to:
- aim to empower and inspire prisoners to make positive informed choices that can improve their lives, good health is a part of that
 - recognise that 'health services' are only one part of a wider team working in partnership with a prisoner, to help improve health. (This team includes within prison, prison officers, chaplains, social workers, teachers, voluntary/third sector staff and outside of prison, Community Justice Authorities, local authorities and representatives from the wider community.)
 - build on a prisoner's 'assets' rather than just their 'deficits'
 - inspire the vision but provide a practical toolbox for key stakeholders
 - build on the evidence but also value stakeholders', including prisoners', assessment of what works and what should be priorities
 - view each prisoner potentially as one of the parents or grandparents of Scotland's future.

1.18 In order to form as full an understanding as possible and making best use of the time and resources available, the project comprised a literature and policy review and the gathering of stakeholder (including prisoner) opinions through focus groups, questionnaires and a stakeholder event. The methodology and results of these are detailed in Volume 2, Annexes B to F respectively. A stakeholder consultation on the draft framework was also undertaken. Collated responses are available on the ScotPHN website.

2 Where we are now

Health of prisoners in Scotland

- 2.1 The reviews of evidence on individual health promotion topics in the current report suggest prisoners' health is at greater risk from excess alcohol consumption, drug use, blood-borne virus (BBV) infection, smoking, social deprivation, mental ill health, unsafe sex, unhealthy diet, bad dental hygiene, and low physical activity.⁸
- 2.2 The latest prisoner survey⁹ identifies evidence of individual risk factors affecting health, which present key health improvement opportunities within this community. For example:
- 50% of prisoners surveyed stated that they were drunk at the time of their offence and 38% report that their drinking affected their relationship with their family. This is in contrast to 14% of men and 9% of women in the Scottish population saying they had an alcohol problem¹⁰
 - 76% of Scottish prisoners report being smokers compared to the national average of approximately 24%.¹¹ However, 56% of those surveyed stated that they wished to give up.
 - Prisoners surveyed reported 'feeling interested in people', 'feeling loved' and 'feeling close to other people' (57%, 43%, 56%) only 'some of the time' or 'rarely'.
 - 44% of surveyed prisoners reported being under the influence of illicit drugs at the time of their offence and 39% reported that drug use was a problem for them on the outside.

The health inequalities of prisoners in Scotland

- 2.3 Since 1999, life expectancy in males living in the poorest 15% of areas in Scotland has increased by 1.4 years while life expectancy for males living in the rest of Scotland has increased by 2.1 years. The corresponding figures for females are 1.2 years for those living in the poorest areas and 1.6 years for the rest of Scotland.¹² In general, prisoners, both before and on liberation from prison, live in these poorest areas of Scotland. Their health inequalities are further exacerbated by the even higher rates of premature death that ex-prisoners experience, related to violence, accidents, substance misuse and suicide. As referred to earlier, *Equally Well*¹³ is the Government's response to these challenges.

Current health promotion in prisons

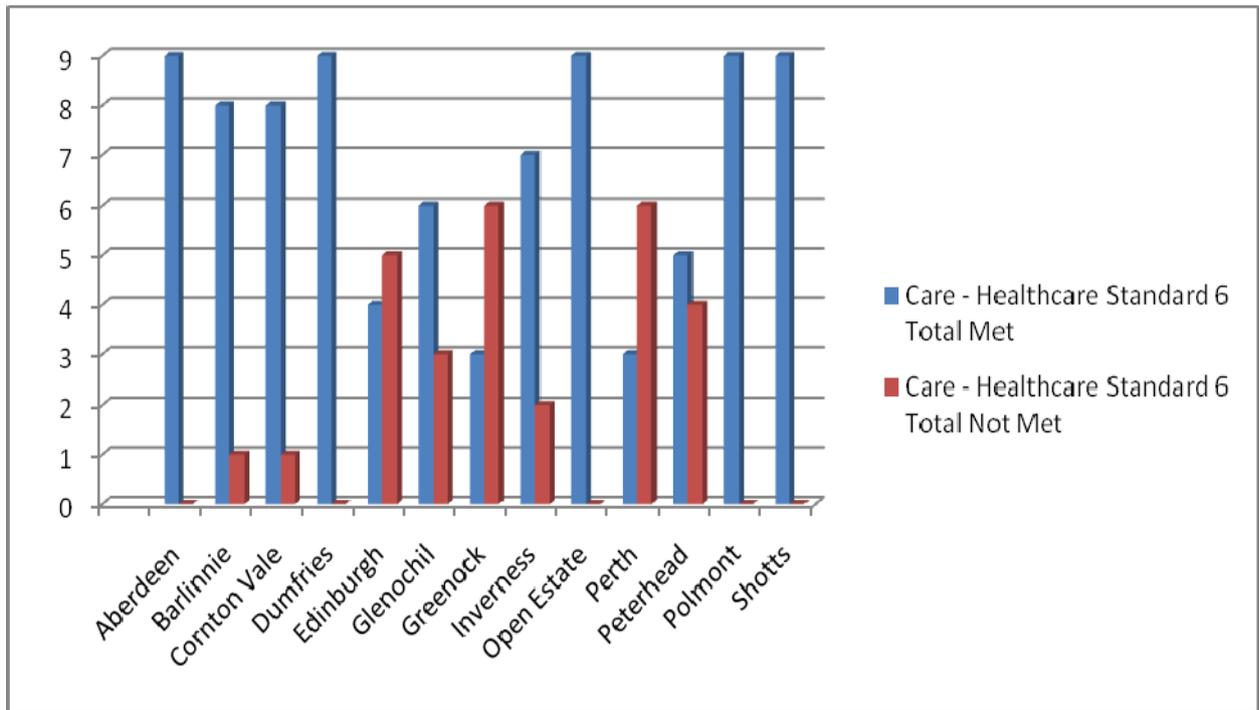
- 2.4 The results from listening to stakeholders including prisoners highlight that there are a large number of formal health promotion activities already going on in prisons, provided by prison, NHS and voluntary organisations staff, including both in-house and in-reach services. They cover the wide array of traditional health promotion areas, for example, alcohol advice, safe sex interventions or healthy eating initiatives. Unfortunately, their provision, delivery and reach to prisoners is often reported as being ad hoc, variable across the prison estate and rarely formally evaluated against their impact on prisoner health and wellbeing.
- 2.5 However, in addition to the activities labelled as health promotion, the promotion of healthier lives continues, often unrecognised, within prisons. For example, the provision of healthy meal options, physical activity sessions, chaplaincy, work details,

education, training and family visiting opportunities all contribute to both the physical and mental wellbeing of prisoners.

Current measures of health promotion in prisons

- 2.6 SPS developed 13 Health Care Standards to ensure that provision of 'health care to the prisoner population of the Scottish Prison Service [that] is equivalent to that available in the wider community setting and in a manner that is consistent with the standards set by national health professional and advisory bodies, and The Prisons and Young Offenders Institutions (Scotland) Rules 2006'.¹³ (New Prison Rules came into effect on 1 November 2011.)
- 2.7 Health Care Standard (HCS) 6 relates to health promotion. Its purpose is to 'develop and provide clinical services focused on preventing illness and promoting health'. It focuses on nine criteria, including both organisational requirements as well as the deliverables required to reach the standard. The criteria are listed in Volume 2, Annex A.
- 2.8 The results of the most recent annual assessment of these standards highlight a variation in compliance (Chart 1). While four (of 13) prisons had full compliance with Health Care Standard 6, five prisons did not fulfil multiple elements of HCS 6, most commonly by failing to have a member of healthcare staff participating in prisoners' induction and pre-release processes and in evaluating health promotion events. Unfortunately, at least four prisons did not have a Local Health Promotion Action Group (which comprises a multidisciplinary team including at least one external Health Promotion specialist) to lead health promotion within the establishment and as such, were unable to devise an annual activity plan to tackle either local or national health promotion priorities. Four establishments did not hold focus groups to allow prisoners the opportunity to contribute to health promotion planning.
- 2.9 The results highlight the variation of health promotion across the prison estate, even for relatively straightforward processes.

Chart 1: Chart showing SPS Health Care Standard 6 compliance results - April 2010



3 Improving health and wellbeing in prisons

The benefits of a healthier prison

- 3.1 Improved health is associated with reduced re-offending outside prison. In particular, improved mental and physical health and tackling drug and alcohol misuse are two of nine key factors known to reduce reoffending.¹⁴ Other key factors include housing, employment, education and training.
- 3.2 Improved health is associated with fewer disciplinary issues in prison. For example, Gesch et al observed 'that supplementing prisoners' diets with physiological dosages of vitamins, minerals and essential fatty acids caused a reduction in antisocial behaviour [prison-defined disciplinary breaches] to a remarkable degree'.¹⁵

Achieving healthier prisons through a whole prison approach

- 3.3 While individual choices about lifestyle and health risk factors have an impact on a person's health, this is only part of the story. In fact, in promoting changes to health-related behaviour, care should be taken not to highlight a sense of failure for the individual which risks violating the ethical principle 'do no harm'. The concern is that 'already alienated individuals may experience an even greater sense of powerlessness when they try to change health-related behaviours and fail, and this in turn may have negative health consequences.'¹⁶
- 3.4 It is important not to ignore the impact on health that wider social and economic determinants have, for example, housing, education, employment, income and access to services. These relate to both the community environment from which the prisoner has arrived (and will eventually return to) and the prison environment and culture.
- 3.5 The Ottawa Charter for Health Promotion⁶ stresses the importance of approaching health holistically, through a 'healthy settings' approach:

'Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates the conditions that allow the attainment of health by all its members.'
- 3.6 Taking this healthy settings approach 'recognises that many risk factors are interrelated and can be best tackled through comprehensive, integrated programmes in the contexts and places where people live their lives'.⁶ Similarly, a 'healthy prison' is one which is safe, secure, reforming and health promoting and grounded in the concept of decency and respect for human rights'.¹⁷
- 3.7 In most healthy settings, action is usually focused in three areas:
 - creating a healthy working, living and learning environment
 - integrating health into the core business and routine life of the setting
 - contributing to the health and wellbeing of the wider community.
- 3.8 Within Scotland's prisons, we should adapt this 'healthy settings' approach to our context. We can build on the experience of prisons in England and Wales where they have found it helpful to tailor the three 'healthy settings' elements to:
 - policies in prisons which promote health (eg a no smoking policy)
 - an environment in each prison which is actively supportive of health
 - prevention, health education and other health promotion initiatives which address health needs within each prison.

4 The vision for improving prisoners' health

The practicalities of applying a whole prison approach

- 4.1 This framework is keen to drive a holistic approach to a healthy prison but the reality is that the differential development of approaches across organisations and how they have been – of necessity – implemented mean that work is often topic based.
- 4.2 In writing this framework, we recognise that the approach taken could increase the risks around 'silo thinking' and be less conducive to supporting local working between and within agencies seeking to promote healthy lives. However, we are not able to understand fully the nuances of all local arrangements and therefore our response has had to be a pragmatic one. We have not sought to presume local arrangements and have started from a basic model of structures and expertise to build from, while also attempting to address the risks and limitations of this approach by a series of practical cross-cutting themes that enable a more 'whole prison' approach.

Guidance where it's needed - none, if it's not

- 4.3 We offer practical guidance for prison governors on what they can do to further develop a healthier prison. In general, we anticipate that NHS Boards will implement interventions related to health promotion good practice in line with current national health guidance. In addition, where possible, the framework attempts to better align existing prison and NHS performance measures in order to minimise duplication of effort in data collection for front line staff.
- 4.4 We intend that this framework will facilitate a greater insight into the interactions of health and the prison environment, making explicit the roles and responsibilities of each party. On a similar note, it will be helpful for others, including the voluntary/third sector and prisoners themselves to understand what can be expected.

Key elements of the framework

- 4.5 The framework, as shown in Diagram 1, consists of three main elements:
- long-term and intermediate outcomes
 - implementation recommendations
 - conditions that underpin the implementation of recommendations.
- 4.6 The overall long-term outcome for the framework is that there is a better and healthier life for prisoners, their families and their communities.
- 4.7 The three intermediate outcomes are:
1. Achieving Offender Outcomes: While the main aim is to achieve Offender Outcomes 1 and 3, it is anticipated that this framework, in variable part, will assist in the achievement of the other 7 Offender Outcomes. It is anticipated that better overall prisoner health and wellbeing will assist in a prisoner's ability to engage with other services and activities that lead to the other 7 Offender Outcomes.

2. Improved Health Outcomes: These will be evidenced by measures developed as part of each topic area. Currently, the NHS is developing a variety of logic models that define key outcomes that are relevant to areas such as mental wellbeing, alcohol misuse, etc.
3. Reducing Health Inequalities: Improved health and better ability to engage in rehabilitation contributes to a reduction in health and social inequalities.

4.8 There are 11 vertical pillars that correspond to well-recognised specialist health promotion areas. It is anticipated that the NHS will provide expert advice and resources to support the health-related input to these topic areas in line with the current national guidance. It is envisaged that specialist national topic strategies and guidance provide the core of each pillar.

4.9 The health promotion areas are:

- reduce use of tobacco
- reduce harmful use of alcohol
- reduce harmful use of illicit drugs
- improve mental wellbeing
- increase uptake of healthy eating and reduce obesity
- encourage better oral health
- increase safer sex and better personal relationships
- reduce transmission of blood-borne viruses
- increase physical activity
- improve parenting
- management and prevention of long-term conditions.

4.10 To reduce the risk of silo working, there are four horizontal 'unifiers' that cross the vertical 'health' pillars. These attempt to highlight where there is the opportunity for prisoners, prisons and stakeholder partners to be involved and specifically address the prison context for that individual topic area. These 'unifiers' are:

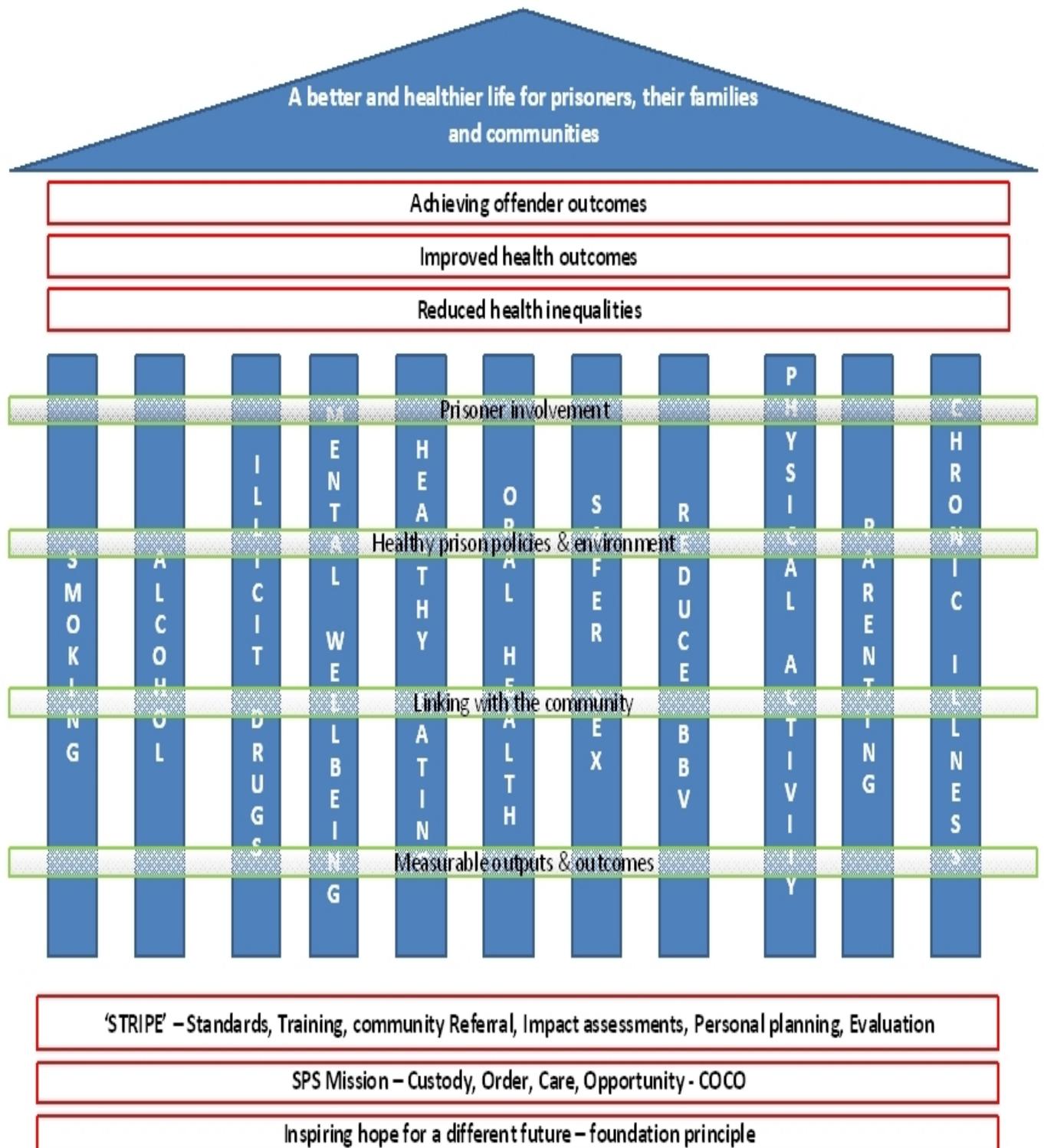
1. prisoner involvement
2. healthy prison policies and environment
3. linking with the community and public sector services
4. measurable outputs and outcomes.

4.11 Finally, there are three 'foundations' which support the whole framework. These are:

1. The cross-cutting 'STRIPE' which consists of six main elements (See p18):
 - standards of health promotion
 - training
 - referral to community resources
 - impact assessments of prison policies
 - personal planning
 - evaluation.

2. The SPS Mission: This acknowledges and builds on the fact that all health promotion is both supported by and depends on the provision of a safe and orderly environment – for prisoners, staff and visitors. It relies on the SPS Mission elements of Custody, Order, Care and Opportunity.
3. Hope: One could argue that without hope for a different future, neither prisoners nor other stakeholders will be sufficiently inspired to make the, often difficult, changes required to help prisoners and their families and communities have a better and healthier life.

Diagram 1: Diagram showing the key elements of Scotland’s prisoners’ health promotion framework



5 Turning vision into action

- 5.1 The prison environment offers many opportunities to improve the health of the prisoner. Many prisons already have a good track record of making a clear difference to prisoners' lives and this knowledge and experience can be utilised to make further improvements. Such opportunities exist for:
- a. health promotion
 - b. working with vulnerable groups
 - c. supporting staff to deliver change.
- 5.2 This framework acknowledges that there are challenges in achieving these, but wishes to build on the good practice that already exists throughout Scottish prisons.

Health promotion in prisons

- 5.3 While the practice of health promotion is founded upon the concepts of empowerment and choice, prisoners are restricted in meeting their own needs by their inevitably reduced autonomy within the prison regime.¹⁸
- 5.4 For many, prisons are not perceived as physically or psychologically healthy places.¹⁹ There is an inherent tension between security needs and health improvement schemes because the overriding priority for enforcing security puts constraints on attempts to enable individuals to improve their health.²⁰
- 5.5 Many prisoners bring with them into prison, demographic characteristics and health behaviours that present a real challenge for health promotion.²¹ In addition, the prison workforce may not have training and awareness in health promotion²² nor have been given 'permission' by their line management, to engage in health promotion within their custodial duties. They may not be aware of how different staff groups can support prisoners to make/consider positive health behaviour changes.

Looking out for particularly vulnerable groups

- 5.6 The numbers of prisoners in minority groups, such as those over 60 years of age, women and ethnic minority prisoners, are increasing rapidly²³ but despite an increase in government commissioned research into the needs of these minority groups, little is known about their specific health promotion needs and the health choices they make in prison.²⁴ Like many prisoners, they may come to prison in a poor state of health. They may not have accessed formal health care, including specific health programmes such as screening or immunisations. These programmes are often particularly relevant to these minority groups.
- 5.7 Being part of a minority group may not only isolate a prisoner within the prison itself but may (for some groups, such as women or young people where there are national establishments) result in a greater risk of geographical separation from their families with an associated impact on their mental health and wellbeing.
- 5.8 Specific prison health promotion activities tend to be geared for the general prison population and might not address the needs of minority groups. As such, it is important

that an impact assessment, such as the Health Inequalities Impact Assessment, of new prison policies is carried out to understand the impact on health and wellbeing on all prisoners but especially of the minority groups. (Impact assessments are described further on page 26). The following minority groups are considered below:

- a. women prisoners
- b. young people who offend
- c. older prisoners
- d. prisoners of minority ethnic origin
- e. prisoners with a disability
- f. LGBT prisoners
- g. prisoners with assigned protection status.

Women prisoners

- 5.9 Prisons and prison systems are still typically organised around the needs and requirements of male prisoners. As a result, any provisions made for women prisoners are still applied within a male-oriented framework and lack the female focus needed to assist women with their rehabilitation and social reintegration. Accordingly, many prison models do not provide women prisoners with the support, services and requirements they need to achieve their rehabilitative goals.²⁵ SPS has recently finalised its strategy for women prisoners.²⁶
- 5.10 In an Australian study, Forsythe and Adams (2009)²⁷ recently found that female detainees were more likely than men to use 'hard' drugs and there was a stronger relationship between experiences of mental illness, drug use and arrest. They suggested that mental health care be considered as a measure to reduce re-offending and those programs designed for male offenders may not be suitable for addressing female offenders' needs, which tend to be more complex. This experience is echoed in Scotland. For example, the Willow Project in Edinburgh is a health-led initiative working with women at risk of or involved in offending. The women show very high levels of mental illness although most have not had contact with mental health services. On completion of the Willow Project, mental wellbeing and health is substantially better.²⁸
- 5.11 The *Kyiv Declaration on Women's Health in Prison* was finalised in 2009 (WHO and UNODC, 2009)²⁹ and sets out key principles in relation to the health needs and treatment of female prisoners, including acknowledgement of both physical and mental health issues. These include female offenders' frequent history of physical and sexual abuse and their high health needs related to mental illness (including post-traumatic stress disorder) and substance misuse.
- 5.12 The Declaration offers recommendations regarding processes that improve the management and care of women in prison, for example, in the provision of:
- gender-sensitive training and training on the specific health needs of women in prison
 - effective systems of independent prison inspection and oversight
 - continuity of care (throughcare) upon release.
- 5.13 In order to create an appropriate holistic service to suit the special needs of women, health improvement activities relating to mental health and wellbeing, antenatal care, breastfeeding, and sexual health should be provided.

Young people who offend

- 5.14 Young offenders have particular needs that are related to their often poor experience of early years and poor parenting. Their needs are likely to include emotional issues (such as low self-esteem and limited ability to form relationships), poor educational attainment (including poor literacy and numeracy), and limited social and employment skills.
- 5.15 From a health perspective, they also have particular needs that may be related to, as yet, undiagnosed mental health needs or learning disability. There may be physical health needs or sexual health needs to be met. For example, Young Offender Institutions offer a rare opportunity to ensure immunisations are up to date and to target sexual health needs of high-risk young men.³⁰
- 5.16 Young people may benefit from a different approach to communication, in particular, for messages relating to health and wellbeing. The issues that may prompt an adult to make lifestyle changes (for example, ill health) are unlikely to act as catalysts for a young person.

Older prisoners

- 5.17 It has been suggested that prisoners may have a health status about 10 years greater than their age peers in the community.³¹ Approximately 85% of older prisoners will have at least one chronic illness.³² Prisoners are often detained far from home and can be moved at short notice. For older prisoners, often with older or less mobile visitors, the issues associated with this, such as transport difficulties and costs, can be worse. Bullying and substance misuse are common, and many older prisoners are held in 'locations that offer some protection from younger inmates. Even there, proper access to exercise, social contact or education is sometimes difficult if prisoners or their visitors have mobility or other health problems, or if they feel intimidated'.³³ It is important to acknowledge the particular challenges faced by older prisoners in order that they can best benefit from any changes in the prison environment.
- 5.18 Specific health programmes, determined by age, include bowel cancer, abdominal aortic aneurysm (AAA) and breast screening and are effective in prisons. In Scotland, the Keep Well programme starts when prisoners are 35 years old and continues up to 64 years old. Keep Well health checks are delivered, focusing on assessing cardiovascular risk and supporting people to reduce their modifiable cardiovascular disease risk factors such as hypertension, raised cholesterol and diabetes. Keep Well also allows some assessment of mental wellbeing.
- 5.19 UNODC and WHO (2009)²⁹ have noted that the special needs of older women in prison are rarely considered separately. For example, in addition to possibly needing more specific health care than younger prisoners, for some older women, the effects of menopause may particularly affect their healthcare needs. They may also have different personal care needs.

Prisoners of minority ethnic origin

- 5.20 This is a particularly small group in Scotland at the moment. On 30 June 2010, it was estimated that there were approximately 331 (4% of 7983) of prisoners in Scotland who are not white Caucasian and many of these are also foreign nationals.³⁴

5.21 There may be particular health needs related to ethnicity or country of origin, for example, where a particular condition is more common than in the indigenous population. There may also be health promotion issues relating to cultural or religious differences, e.g. relating to promoting safer sexual health. Family support can be limited or absent exacerbating mental health and wellbeing issues. There can be additional communication difficulties relating to English not being the first language. As such, it is important to ensure that there are sufficient translation and interpretation services and support available.

Prisoners with disability

5.22 In a recent review of the prison estate in England and Wales,³⁵ it was found that provision for disabled prisoners was variable, with the needs of many disabled prisoners remaining unmet. Only approximately 1 in 3 prisoners with a disability had been identified by the prison – 15% self-reported. In Scotland, prisoners self-reported a similar level of disability with 19% saying they had a disability.⁹

5.23 Worryingly, disabled prisoners considered that they had a worse prison experience, across all areas of prison life, than non-disabled prisoners. They reported difficulty accessing activities and feeling physically unsafe, both of which had a negative impact on their mental wellbeing.³⁶

5.24 Given an ageing prison population, physical disability is an increasingly important issue for prisons. Prisons can do more to address the challenges that physically disabled prisoners face, particularly with issues relating to mobility, sight and hearing impairment. The challenges are worse in prisons that are older, lack modern refurbishment or are overcrowded.

5.25 Learning disability also remains largely unrecognised. It is estimated that between 1–10% of prisoners have a learning disability and between 20–30% of offenders have a learning difficulty that interferes with their ability to cope within the criminal justice system.³⁶ Additionally, even where prisoners are known to have problems, research has shown that the relevant information did not accompany the prisoner into prison, nor were there systematic procedures upon reception. There was concern both about the support for prisoners with a learning disability or difficulty and also the support and training for staff to deal with such issues.³⁷ Prisoners with learning disabilities have particular problems with communication. Approximately 2 in 3 prisoners with a learning disability report difficulty with reading, writing and understanding spoken conversations and approximately half reported difficulties in being understood.³⁸ This may present a particular problem for accessing health related information. Work in Her Majesty's Young Offender's Institute (HMYOI) Polmont using a 'talking mats' approach has been used to address this.

5.26 While having due regard to the difficulties that face prisoners with disability, health promotion interventions still need to be offered to people so that, for example, promotion of physical activity or weight management is offered.

Lesbian, gay, bisexual or transgender (LGBT) prisoners

- 5.27 The sexual orientation of a prisoner can make them particularly vulnerable, especially if they are lesbian, gay, bisexual or transgender (LGBT). In healthcare terms, LGBT prisoners are likely to be at increased risk of sexually transmitted disease, HIV/AIDS and other blood-borne viruses and substance misuse. LGBT prisoners are also likely to be at increased risk of mental health problems; some will have experienced rejection by their families and are likely to have experienced harassment and violence because of their sexuality.³⁹
- 5.28 Ensuring effective assessment of the individual needs of the LGBT prisoner and facilitating access to health care and health promotion services for them is essential. This will be especially so if the prisoner does not wish to disclose their sexuality to the wider prison population.

Prisoners with assigned protection status

- 5.29 Prisoners who have been assigned protected status, due to the type of crime committed, are potentially at risk of being unable to make full use of health promotion activities due to limitations which may be placed on them for their own safety. Mechanisms to reduce the impact of this on such individuals need to be included in their individual assessments of need.

Supporting staff to deliver healthier prisons

- 5.30 A fundamental part of a healthier prison is that staff must also be adequately cared for. It is acknowledged that policies must address 'the increasingly complex psychosocial problems of prison employees – burnout, alcohol and drug consumption, internal withdrawal and their inability to come to terms with traumatic experiences in daily work'.⁴⁰ *Healthy Working Lives*⁴¹ is a national resource that supports employers and employees to develop health promotion and safety themes in the workplace. The Scottish prisons have signed up to *Healthy Working Lives* and several prisons have achieved recognition of their work for their staff through the *Healthy Working Lives Award* scheme.
- 5.31 Prison officers have a challenging role and getting the balance right can be difficult. This is particularly the case when a prison is overcrowded. On the one hand, as part of Care and Opportunity, they show involvement, contact and support to prisoners, yet on the other hand, as part of Custody and Order, exert power and authority. To develop this balance they need support. As one commentator has highlighted, 'staff-prisoner relationships are at the heart of YOIs and prisons, yet no attention is paid to how staff achieve the task of getting them right.'⁴² Prison officers in Scotland have already received training in working with prisoners and this can be further developed so that any interaction with prisoners will impact positively on prisoner health and wellbeing.
- 5.32 While many prison officers may not fully recognise the role they already play in promoting a healthy prison, there are clear examples of where this is the case. For example, the Bradley Report (2009)⁴³ highlighted that mental health services are still reliant on non-mental health trained staff, including prison officers, to refer clients to

them. Residential prison officers have the most contact with prisoners on a day-to-day basis, and as such often act as their primary carers.

- 5.33 In addition to their approach to a generally healthier environment, there are specific areas where prison officers, particularly Personal Officers, may be able to offer specific formal health promotion interventions. For example, in encouraging smoking cessation and drug and alcohol awareness.

6 Delivering healthier prisons in practice

6.1 In this section, we describe recommendations to address both general measures, as part of a cross-cutting 'STRIPE' and 11 health topic-specific measures.

Cross-cutting 'STRIPE' recommendations to facilitate improved health and wellbeing outcomes in prisoners

6.2 The recommendations described below make up the cross-cutting 'STRIPE' (standards, training, referral to community services, impact assessments, personal planning and evaluation), one of the 3 'underpinners' to the health improvement framework. They describe fundamental tasks of what should be done, as part of the 'core business' across the prison estate in order to make prisons healthier.

6.3 The cross-cutting 'STRIPE' consists of six core recommendations:

'STRIPE' recommendations:

Standards of health promotion

- The current health promotion standards (Annex A) will be revised to reflect the new Framework once agreed.
- In addition to their current criteria, they will include advice on how local Health Promotion Groups prioritise formal health promotion activities or focus.

Training

- Staff training in health and wellbeing:
 1. Increase general knowledge about 'healthy prisons' for all prison staff: introduce health and wellbeing module to basic officer training which also addresses the particular health and wellbeing needs of minority groups.
 2. Make health and wellbeing part of each officer's annual objectives and personal development plan.
 3. Offer brief intervention training for all Personal Officers in the following areas:
 - Smoking cessation
 - Drug awareness
 - Alcohol brief intervention
- Prisoner Health Trainers:

Selected prisoners should be trained to offer health advice and support to their peers and improve their engagement with services. The role, introduced in prisons in England and Wales in 2006, aims to empower offenders themselves to overcome health inequalities, which in turn may help to reduce re-offending.¹
- Prisoner induction training:

Make compulsory for every prisoner, a health and wellbeing module during the nationally approved prisoner induction programme.

Referral to community resources

- Introduce routine health and wellbeing community signposting and referral where appropriate, to all prisoners on liberation, tailored to a prisoner's updated wellbeing personal plan (see below - Personal planning).

Impact assessments of prison policies

- Ensure that all new prison policies are assessed with respect to their impact on prisoner (and staff) health and wellbeing.
- Include health impact assessment at the same time as current Equality and Diversity impact assessment is completed. A useful approach is the Health Inequalities Impact Assessment which assesses impacts on health, equalities and human rights. This was developed to meet the recommendation in *Equally Well*.
- Impact assessments should include the specific impact on health of diverse groups such as women, older people, young people, people of minority ethnic origin and those with disability.

Personal planning

- Offer every prisoner a simple health and wellbeing assessment and action plan (with appropriate signposting) during induction, on change of prison, or at least annually, and on liberation. This could be part of their existing Community Integration Plan and part of the Integrated Case Management process (as described in paragraph 1.10). This may be offered by a prisoner health trainer, prison staff (for example, personal officer) or healthcare staff.

Evaluation

- Using agreed measures (including NHS HEAT targets and SPS performance indicators).
- Consider introduction of targets where performance would benefit.

Health topic-specific recommendations

- 6.4 The following section examines what interventions appear to work best in prisons to tackle specific risky health-related behaviours. We outline what policy and guidance already exists and then what the literature and stakeholder opinion recommend.
- 6.5 It should be highlighted that there is detailed Scottish Government health guidance which underpins each specific health topic. The emphasis in this section is to signpost the relevant resources and highlight additional changes that are needed within the prison context.
- 6.6 The aim is to unify, not only the health but also structural and cultural elements of a healthier prison. However, as already stated, although each topic is being dealt with separately, the ideal is that health improvement is dealt with by a 'whole prison' approach.
- 6.7 This section will deal with interventions that:
- reduce use of tobacco
 - reduce harmful use of alcohol
 - reduce harmful use of illicit drugs
 - improve mental wellbeing
 - increase uptake of healthy eating and reduce obesity
 - encourage better oral health
 - increase safer sex and promote positive relationships
 - reduce transmission of blood-borne viruses
 - increase physical activity
 - improve parenting
 - management and prevention of long-term conditions.

Reduce use of tobacco

The issue

The proportion of prisoners who smoke is very high (approximately 76%)⁹ compared to the national average (approximately 24%).¹¹ Tobacco is integral to the culture of prison life; tobacco is utilised not only as a tool to manage stress and boredom, it can also be used as a form of currency. There can be particular challenges to prisoners wishing to stop smoking while in prison.

National policy/workstreams

- Towards a future without tobacco: The report of The Smoking Prevention Working Group (Scottish Government, 2006) identifies target groups for tobacco control measures and smoking cessation support including young people and pregnant women;
- A Guide to Smoking Cessation in Scotland 2010.⁴⁴

SPS policies

- SPS Amendment 1A/10. Stop-Smoking Support: Guidance, Process and Staff training (2010).

What works?

Strategies which stakeholders considered as helpful in trying to stop smoking were:

- support from family members
- nicotine replacement therapy
- not sharing a cell with a smoker
- smoking cessation plans with clear goals
- physical activity
- further restrictions including smoking bans (as has been done in HMPYOI Polmont's Blair House for under 18s, HMP Corton Vale's mother and baby unit, in the Isle of Man and prisons in many states of the USA).

How can prisoners be involved?

- As Health Trainers.
- As participants in groups, supporting each other.

What is the scope for healthier prison policies and environment?

- Role of Integrated Case Management (ICM) Practice Guidance Manual – following Core Screen, there is currently only a requirement to offer smoking cessation where

the sentence is longer than 1 year. This equates to a minimum of 6 months in custody).

- Cell-sharing policy.
- Role of purposeful activity.
- Role of recreational and leisure activity, especially physical activity.
- Policy regarding cell-sharing with smokers.
- Policy regarding smoking in mother and baby units.

What are the links to the community?

- Signpost to community smoking cessation services.
- Develop links with community justice services. For example, in Portsmouth, Hampshire, ex-prisoner Health Trainers have been employed to work with recently released prisoners to promote health.

Reduce use of tobacco – Summary of recommendations:

1. Ensure there is adequate provision of purposeful activity, including at weekends and evenings. This should include adequate access to physical activity.
2. Routinely offer smoking cessation opportunities (including adequate access to nicotine replacement therapy) to motivated prisoners, including those on short-sentences.
3. Consider anticipatory offers of smoking cessation interventions, particularly to those at most risk of harm from smoking (e.g. pregnant women, young people).
4. Ensure that prisoners who do not wish to smoke do not share cells with prisoners that smoke.
5. Consider introducing voluntary smoke-free wings.
6. Ensure that mother and baby units are smoke-free.
7. Routinely signpost prisoners who smoke to community smoking cessation services on liberation.
8. Promote smoke-free prisons – focus on young people (ban in place for under 18s); pregnant women.

What are the current NHS measures?

- Target – Smoking Quits at one and three months.

What are the current SPS measures?

- Smoking cessation intervention 'Quits'.
- Prisoner survey: self-reported prevalence of smoking.
- Purposeful activity: This ties in with SPS Key Performance Indicator (KPI) 4 (Number of hours of completed programmes and approved activities) and KPIs 5 and 6 (Offender Development Hours).

Recommendations for additional relevant measures:

- None.

Reduce harmful use of alcohol

The issue

There is a strong association between alcohol and an offence resulting in imprisonment. In the 2011 Scottish Prisoner Survey, 50% reported being drunk at the time of their offence. 41% of male and 36% of female prisoners had an alcohol problem in 2006⁸ compared to 14% of men and 9% of women in the Scottish population.¹⁰ This is a particular problem in young offenders.

In terms of resources allocated within prisons, alcohol is perceived as a much lower priority in comparison to drugs. For example, there is insufficient identification of alcohol as a problem, eg the use of screening tools such as Alcohol Use Disorders Identification Test (AUDIT) and the widespread perception that, as alcohol is not available in prison, it is no longer a problem. Alcohol problems for prisoners need to be understood in connection to their current circumstances, offending behaviours, employment and mental health, and that requires a whole prison approach. This is particularly important as alcohol problems are getting worse.

National policy/workstreams

- Changing Scotland's Relationship with Alcohol.⁴⁵
- Prison health needs assessment for alcohol problems.⁴⁶

SPS policy

- Strategy Framework For The Management Of Substance Misuse In Custody (2010).

What works?

- In 2003 SIGN⁷ recommended brief interventions for hazardous and harmful drinkers identified using clinical interviews with GPs and the Fast Alcohol Screening Test (FAST) or 'Cut down, Annoyed, Guilty, Eye Opener' (CAGE)⁴⁷ screening tools including consumption questions. This applied to the community. A study on the use of brief interventions in prisoners is awaited.
- The Health Technology Board for Scotland in 2003⁴⁸ recommended coping skills training and other cognitive interventions with pharmaceutical interventions as adjuncts.
- The Prison health needs assessment for alcohol problems⁴⁹ recommends the planning and development of tiered interventions based on detection with a validated screening tool and subsequent comprehensive specialist assessment when appropriate. Integrated alcohol care pathways are an important part of the process.
- The voluntary/third sector has a key role to play within the context of alcohol-related harms and rehabilitation.

How can prisoners be involved?

- As Health Trainers
- As peer supporters

What is the scope for healthier prison policies and environment?

- Alcohol screening on admission/induction.
- Links to alcohol training programmes for health, social work and criminal justice staff
- Links with Mental Health policies.
- Consider Alcohol Brief Intervention training for custodial staff as part of ICM. (At time of publication, NHS Lothian was conducting an ABI pilot in HMP Edinburgh and HMP Addiewell supported by an ADP funding allocation, however, this was limited to health professionals delivery only.)

What are the links to the community?

- Signpost and/or arrange pre-release appointment with Community Alcohol Services including AA, 'recovery communities' and other peer support agencies.
- General policies that address socio-economic determinants of alcohol misuse (e.g. policies dealing with mental health, parenting, visits and work and education).

Reduce harmful use of alcohol – summary of recommendations:

1. Introduce routine alcohol screening using a suitable tool at the beginning of admission.
2. If the evidence from the custodial service pilot supports it, consider the introduction of alcohol brief intervention (ABI) training for health and custodial staff.
3. Refer, as appropriate via throughcare, to community alcohol services on liberation.

What are the current NHS measures?

- Target - the number of ABIs delivered
- Target - maximum three-week wait from referral to treatment.

What are the current SPS measures?

- Prisoner survey monitoring

Recommendations for additional relevant measures:

- Number and percentage of prisoners screened
- Number and percentage of prisoners screening positive (with scores)
- Number and percentage of prisoners with an alcohol screening soon after admission with a plan, if appropriate, for tackling alcohol problems in their Integrated Care Management plan
- Number of prisoners receiving detoxification treatment

Reduce harmful use of illicit drugs

The issue

- 82% of the prisoner population self-reported that they had used an illegal drug in the 12 months prior to imprisonment.⁵⁰
- 44% of prisoners reported that they were under the influence of drugs at the time of their offence.
- 39% stated that their drug use was a problem for them on the outside while 20% of prisoners reported drug use had continued in prison in the past month.⁹

Interventions to reduce drug use in prison must address socio-economic circumstances (social factors) that exacerbate the consequences of drug use, e.g. homelessness and mental health problems. This is particularly important on release from prison. Similarly, drug interventions need to provide support for short-term prisoners beyond maintenance of a current intervention or detoxification.

National policy/workstreams

- The Road to Recovery (2008).⁵¹

SPS policy

- Strategy Framework for the Management Of Substance Misuse In Custody (2010).⁵²
 - aims to maximise recovery as compared to punishment
 - longer stay prisoners are provided with:
 - detoxification and substitute prescribing after initial assessment on entry
 - an integrated care plan addressing wider needs, e.g. local councils, families etc.
 - information sharing (e.g. about substitute prescribing and voluntary through care for those not subject to statutory measures).
- Harm Reduction Protocol 38A/07: Needle-cleaning and foil provision but not needle exchange.
- Take home naloxone policy.

What works?⁵⁷

- Initial assessment at reception.
- Support recovery through secure substitute prescribing of methadone. (There should be a clear policy for reduction in order for prisoners not to feel anxiety and to reduce the likelihood of their topping up on illegal drugs.)
- Timely follow-up from assessment to intervention.
- Cognitive distraction helps cessation of drug use, boredom threatens it.
- Family support, where possible.
- Supportive uniformed staff having brief conversations over multiple short sentences.

How can prisoners be involved?

- As Health Trainers.
- As peer supporters in recovery programmes and addiction support areas.

What is the scope for healthier prison policies and environment?

- Drug specific policies include:
 - risk reduction policy to include all drug-taking paraphernalia including needle exchange
 - canteen sheet should include foil-covered products (This is part of harm reduction as foil allows drugs to be more safely taken through smoking rather than injection.)
 - addiction support areas
 - management of blood-borne viruses including hepatitis B vaccination programme.
- General policies that address socio-economic determinants of drug misuse include:
 - policies dealing with mental health, parenting, visits and work and education.

What are the links to the community?

- For those known to have addiction problems: a pre-release appointment with Community Drug Services.
- Adequate housing, employment, personal support, throughcare arrangements on liberation.
- Take home naloxone on liberation.
- In general: raise awareness to community drug service provision.

Reduce harmful use of illicit drugs – summary of recommendations:

1. Ensure there is adequate provision of purposeful activity, including at weekends and evenings. This should include adequate access to physical activity.
2. Raise general awareness of substance misuse for general prison population and not just those currently known to have drug misuse problem.
3. Consider adding all drug-taking paraphernalia, including needle exchange as part of Risk Reduction Policy.
4. Make changes to Canteen sheet to routinely provide some foil-wrapped merchandise.
5. Raise awareness to community drug services on liberation.
6. Continue roll-out of Take Home Naloxone scheme.
7. Continue provision of needle replacement pack on liberation.
8. Continue to innovate and make progressive changes to limit illicit drug supply into prisons.

What are the current NHS measures?

- Target - maximum 3 week wait from referral to treatment.
- Throughcare.

What are the current SPS measures?

- Monitoring drug-related deaths: in custody, within 30 days of release.
- Number of overdoses.
- Prisoner survey - self-reported drug use (especially re injecting).
- Number of prisoners attending community appointment after release from prison.
- Purposeful activity: This ties in with SPS Key Performance Indicator (KPI) 4 (Number of hours of completed programmes and approved activities) and KPIs 5 and 6 (Offender Development Hours).

Recommendations for additional relevant measures:

- Percentage of prisoners on methadone leaving prison with a home address.

Improve mental wellbeing

The issue

Good mental health is a 'positive sense of wellbeing, from which springs the emotional and spiritual resilience which is important for personal fulfilment and which enables us to survive pain, disappointment and sadness. It requires an underlying belief in our own and others' dignity and worth.'⁵³ It is important to state that mental wellbeing is not just about mental illness and disorder but includes the mental wellbeing of those without any diagnosable mental illness. It includes those who 'just don't feel in good spirits'.

Mental wellbeing underpins a person's ability to engage with the community and in the prison context, thus developing social capital and will affect a prisoner's ability to engage with rehabilitation addressing offending behaviour. There is plenty of evidence of poor mental wellbeing and higher levels of mental illness among prisoners, often related to poor early years experience including domestic violence, sexual and physical abuse and physical and emotional neglect.

It is also common for people to experience combinations of mental ill health, learning disability and substance misuse (alcohol and/or drugs).

National policy/workstreams

- Scottish Government: Towards a Mentally Flourishing Scotland (2009).⁵⁴
- NHS Scotland: Outcomes Framework for implementing Scotland's mental health improvement strategy (2010).
- Refreshing the National Strategy and Action Plan to Prevent Suicide in Scotland.⁵⁵
- Responding to Self-harm in Scotland.⁵⁶

SPS policy

- Positive Mental Health (2002).
- Taking Steps: A pathway for supporting prisoners experiencing emotional distress or mental health problems (2009).⁵⁷
- ACT 2 Care Suicide Risk Management Strategy 2005.
- New mental health strategy (In draft at time of publication).

What works?

The WHO⁶² recommends:

- regular physical exercise
- regular participation in education, work or training
- access to the arts
- anti-bullying strategies
- prevention of depression
- cognitive/behavioural procedures
- spiritual reflection, which could include meditation or yoga
- the acquisition of skills
- utilising prisoners' resources, for example for peer support.

In addition to WHO recommendations, another is:

- access to green space, contact with family and developing social capital.

How can prisoners be involved?

- As a Health Trainer.
- As a Listener.
- Participating in prison 'democracy', for example, prisoners' groups and contributing to the prison 'community'.

What is the scope for healthier prison policies and environment?

- Tackle boredom and learn and use new skills:
 - *SPS Standard 4.1.1.1* Purposeful activity (Convicted prisoners – should have half a day of each week day/remand - no requirement but may participate if available)
 - *SPS Standard 3.1.4.2* Leisure and recreational arrangements (Includes evening and weekend activity).
- Education and training policy – to improve functional and health literacy and ability to participate more fully in society on release.
- Visits policy and contact with family and friends.
- Anti-bullying policy.⁵⁸
- *SPS Standard 3.4.4.2* Pastoral care: Work with Chaplains.
- Physical activity.
- Link with quality of prison food.
- Prison outside space planning to allow access to outdoor and green areas.
- Listeners.
- Prison officers (particularly personal officers) trained in Mental First Aid for example.

What are the links to the community?

- Links with families and communities through supported interactions during sentence.
- Referral to relevant organisations on liberation.

Improve mental wellbeing – summary of recommendations:

1. All residential staff and personal officers should be trained in mental health awareness and not just focus on ACT 2 Care.
2. Ensure tie-in with other relevant prison policies to improve the general prison environment (e.g. physical activity, Chaplaincy, activities provision, etc).

What are the current NHS measures?

- Target – reduce suicide rate between 2002 and 2013 by 20%
(NB: SPS suicide numbers are relatively small and so any changes in actual numbers from year to year can present misleading fluctuations in the rate of suicide in SPS).

What are the current SPS measures?

- SPS Prisoner Survey on mental wellbeing (Please note: this uses the Warwick-Edinburgh Mental Wellbeing Scale and therefore may be helpful to follow trends in the mental wellbeing of the prison population).
- Purposeful activity: This ties in with SPS Key Performance Indicator (KPI) 4 (Number of hours of completed programmes and approved activities) and KPIs 5 and 6 (Offender Development Hours).

Recommendations for additional relevant measures:

- None.

Increase uptake of healthy eating and reduce obesity

The issue

A healthy diet brings benefits such as reduced risk of diseases such as cardiovascular disease and cancer. For some, e.g. in the treatment of those with hepatitis C, adequate nutrition is actually a part of their treatment plan. Healthy eating and keeping active help maintain a healthy weight which has health benefits such as reduced risk of musculoskeletal problems and diabetes. Among some people, there is also evidence that a poor diet is associated with antisocial behaviour which may have additional implications for health promotion in the criminal justice setting.⁵⁹

In Scottish prisons, prisoners are heavily dependent on catered meals as there is no routine provision of prisoner cooking facilities. For many prisoners, prisons provide a stable routine of meals that they lacked on the outside. However, canteen choice can be problematic with a 'catch 22' situation where canteen managers do not order healthy items if there is going to be limited uptake but if it is not provided, then prisoners cannot choose it. Prisoners may buy snacks and confectionery from prison-provided 'canteen sheets'. It is important to appreciate that especially within the prison setting, for many, food represents more than nutrition; it may be symbolic for dissatisfaction, pleasure or control.

Healthy Eating 'road shows' are popular with prisoners and provide an opportunity for catering managers and health promotion staff an opportunity to provide taster sessions for new recipes/choices. However, there is a risk that these sessions may introduce transient changes that do not ultimately promote a sustained improvement in healthy eating.

Among prisoners, weight management is a potential area of need. While the recording of BMI for prisoners is not complete, data from autumn 2011⁶⁰ suggests that across the whole estate, indicated that some 25% of prisoners are overweight, obese or severely obese. At the same time, it was noted that nearly 13% were underweight. The variation between prisons was large with the greatest proportion of the prison population being overweight, obese or severely obese in HMP Peterhead (57%) and the HMPYOI Polmont having the greatest proportion of underweight prisoners (33%). As both HMP Peterhead and HMPYOI Polmont are among the prisons with the highest BMI recording (96% and 92% respectively), these figures may be accepted as robust. Interestingly, HMPYOI Corton Vale has the least prisoners assessed as having a weight within the normal range (15% underweight, 32% normal weight, 50% overweight, obese or severely obese). However, as BMI was only recorded for 42% of women prisoners, these figures may be less robust.

While seeking to manage overweight, obese and severely obese prisoners in to reduce overall obesity is an important area for health promotion in prisons, this must be set against within a context of individual prisoners for whom eating may be poor or subject to eating disorder and requiring appropriate management.

National policy/workstreams

- Scottish Government has supported dietetic provision within SPS to support catering managers meet the challenge of healthier food provision. This will allow the development of a national framework.
- Food Standards Agency Scotland – Draft guidance for Scottish prisons was issued by the Food Standards Agency (Scotland) in 2007.⁶¹
- Scottish Government. Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight.⁶²

SPS policy

- Standardised SPS recipes were introduced in May 2010.
- SPS Caterers Handbook – which contains information on the current government recommendations for a balanced diet and guidance for therapeutic, religious, cultural and ethnic diets.
- All SPS sites are committed to achieving the healthy living award which encourages caterers to provide and promote healthier food choices for their consumers.
- Prison Rule 29(1): 'sufficient wholesome and nutritious food and drink, well prepared and presented.
- SPS Standard 3.1.2.1. Menus must include access to five portions of fruit or vegetables a day and must distinguish the healthy option. (It should be noted that this may change very shortly as a new European ruling will not allow healthier options to be promoted or identified. The Scottish Consumer Council is expected shortly to provide guidance on the implications of this.)

What works?

- SIGN 115 (2010) Management of Obesity⁶³ deals with adult obesity prevention and management.

How can prisoners be involved?

- As Health Trainers (e.g. three sites deliver the Royal Environmental Health Institute of Scotland [REHIS] Elementary Food & Health course).
- As Peer supporters in weight management programmes.
- SPS Standard 3.1.2.5 Requires that there is Prisoner Membership on each prison's Catering Panel.
- SPS Standard 3.1.2.4 Prisoners should have role in 'shopping facility' (i.e. canteen) choices.

What is the scope for healthier prison policies and environment?

- Full sign up to FSA guidance for Scottish prisons.
- Canteen choice guidance: e.g. provision of sugar-free products and fruit. There is scope for greater partnership between the Catering Manager/Dietician (with nutritional expertise) and canteen ordering managers.

- Educational activity policy: availability of 'independent living skills' training including cooking skills and healthy eating/food safety and food hygiene as part of Prisoner Induction.
- Link with mental wellbeing due to improved morale with enjoyable food and skill acquisition for cooking skills.
- Improved nutritional quality of catering provision of all food not just 'healthy option'. This is ongoing through the use of standardised recipes.
- Provision of food storage and preparation facilities in halls especially for 'top-end' prisoners (i.e. those soon to be released).
- Develop links to Keep Well, with referral of prisoners for weight management programmes.
- Develop more formal weight management programmes in prisons based on the successful approaches in HMP and YOI Cornton Vale.

What are the links to the community?

- Signpost to local Healthy Living Centres for advice and practical support on liberation;
- Signpost to local CHP/Community programmes for health eating and weight management.

Increase uptake of healthy eating and reduce obesity – summary of recommendations:

1. Conform to guidance on public sector catering.
2. Include Healthy Eating (including basic food nutrition knowledge) as part of prisoner Health and Wellbeing module at Induction.
3. Ensure ongoing availability of Dietetic advice for prison Catering Managers.
4. Ensure the coordination of Healthy Eating promotions with Catering Managers to ensure sustainability.
5. Request finalising of FSA Scotland guidelines for prisons.
6. Improve nutritional quality of all meal options and increase acceptability of 'healthy option'.
7. Improve canteen options in consultation with prisoners and nutritional experts (i.e. catering managers and/or dieticians).
8. Ensure adequate nutritional support for prisoners with special needs, for example, for pregnancy and breastfeeding, diabetes or during hepatitis C treatment.
9. Consider routinely offering nutritional supplements for young offenders to reduce anti-social behaviour.
10. Improve the provision of cooking skills training for prisoners.
11. Develop weight management programmes in prisons, linked to Keep Well where appropriate.
12. Signpost to Healthy Living Centres, local health eating / weight management programmes on liberation.

What are the current NHS measures?

- No relevant 2011/12 target for adults.

What are the current SPS measures?

- Uptake of 'healthy option' meals.

Recommendations for additional relevant measures:

- Routine audit of compliance of prisons with FSA guidance and standardised recipes.
- Number and percentage of prisoners with BMI for 'underweight', 'normal weight' and 'overweight, obese, and severe obesity' by prison.

Encourage better oral health

The issue

Good oral health contributes to health and wellbeing throughout life by facilitating healthy and enjoyable eating, improving facial appearance which can help self-esteem, reducing dental pain and infection. Regular examination by a dental professional will aid early detection of oral cancer, which improves the likelihood of simplified treatment and improved survival from the disease. It is important that oral health and oral health promotion are seen as an integral part of overall good health.

The Scottish Prisons Dental Health Survey⁶⁴, reported that levels of oral disease among the prisoner population in Scotland were much higher than those seen in UK adults living in the community. For example, prisoners had significantly more decayed teeth, fewer filled teeth (related to poor dental attendance before entering prison) and fewer standing teeth than the general population. In addition, the prison population may be at higher risk of oral cancer, with more lifetime exposure to known risk factors such as smoking and alcohol consumption. Poor oral health is also related to opiate addictions and substitute treatments that dry the mouth.

Current provision of dental care in the Scottish Prison Service focuses on treatment, not prevention of disease; the service is directed at pain relief and emergency care and non-emergency dental treatment. However, despite the constraints, there are examples of good practice of oral health promotion within Scottish prisons. For example, NHS Forth Valley has been particularly active in HMP Cornton Vale.⁶⁵ The Oral Health Improvement Project conducted 2008 to 2011 in HMP Shotts, demonstrated that in spite of the many challenges experienced, it is possible to improve the 'knowledge, attitudes and behaviours' of the prison population (and staff) and to create opportunities and supportive environments where oral health improvement is possible. While clinical data was unavailable, self-reported oral health problems in prisoners were found to have reduced.⁶⁶

National policy/workstreams

- Equally Well (2009). This identified the need for specific, personalised programmes to improve the oral health experience of vulnerable groups including prisoners.
- Dental Action Plan⁶⁷ (2005). Emphasises that vulnerable adults have access to preventative dental programmes which would assist them in maintaining good oral health.
- Dental Priority Groups Strategy⁶⁸ (in draft). This includes detail on oral care for prisoners.

SPS policy

- SPS Standard 3.2.9 Dental services. No requirement for oral health promotion, only for treatment provision.

- No specific SPS Policy or Guidance; however, contracts regarding the provision of dental care normally specific a requirement for providers to engage in health promotion.

What works?

- Brushing twice daily with a good quality brush and fluoride toothpaste containing at least 1,350 ppm fluoride.
- Interdental cleaning aids.
- Alternatives to sugary food and drinks, e.g. drinking water and fresh fruit and vegetables.
- Oral health education to promote oral health messages including:
 - provision of suitable educational resources (including visual aids for those with literacy problems)
 - linking smoking cessation with oral health.
- Use of chair-side oral health promotion.

How can prisoners be involved?

- As Health Trainers.
- Prisoners trained in oral health promotion.

What is the scope for healthier prison policies and environment?

- Catering policy and meal provision.
- Canteen options including dental care products.
- Smoking policy.
- Addictions policy with an emphasis on recovery toward a drug-free lifestyle.
- Availability of sugar-free methadone and other medicines.
- Availability of cooled drinking water in the halls.
- Availability of fruit with meals/in halls.
- Purchase of high fluoride toothpaste, i.e. containing at least 1,350 ppm fluoride.

What are the links to the community?

- Ensuring all prisoners have access to a local NHS dentist on liberation.

Encourage better oral health – summary of recommendations:

1. Ensure good links between oral and general health promotion.
2. Ensure wide availability of cooled drinking water in Halls.
3. Subsidised/cost price sugar-free products in Canteen.
4. Provide high-fluoride toothpaste containing at least 1,350 ppm fluoride and toothbrushes to all prisoners (or at least, subsidise to buy).
5. Provide security-approved affordable interdental cleaning aids.
6. Routinely provide oral health promotion education and resources in prisons, tying-in with Healthy Eating and Smoking Cessation. This should be included at Induction.
7. Government to publish Dental Priority Group strategy.
8. Signpost prisoners to registered NHS dental services on liberation.

What are the current NHS measures?

- No 2011/12 adult target.

What are the current SPS measures?

- Care and dental standards.

Recommendations for additional relevant measures:

- Consider adding oral health questions on prisoner survey.

Increase safer sex and better personal relationships

The issue

There are strong associations between risky sexual behaviour and other higher risk behaviours such as drug use and harmful alcohol use. Younger prisoners in particular are at risk of poor sexual health. There are also high needs relating particularly to contraception and dealing with the physical and psycho-social impacts of sexual violence for both male and female prisoners.

Delivery of health promotion interventions in sexual health to prisoners has to be gradual and in proper context; health promotion interventions in sexual health should be tailored to the needs of the individual prisoner and prioritised according to those most in need – e.g. young offenders and their partners, and women who may be vulnerable to harmful sexual relationships.⁶⁹

National policy/workstreams

- *Respect and Responsibility* (2005).⁷⁰
- *Sexual Health and Blood-Borne Virus Framework* (2011)⁷¹. There will be five main outcomes:
 - Outcome 1. Fewer newly acquired blood borne virus and sexually transmitted infections; fewer unintended pregnancies.
 - Outcome 2. A reduction in the health inequalities gap in sexual health and blood-borne viruses.
 - Outcome 3. People affected by blood borne viruses lead longer, healthier lives.
 - Outcome 4. Sexual relationships are free from coercion and harm.
 - Outcome 5. A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood-borne viruses are positive, non-stigmatising and supportive.

SPS policy

- SPS 18A/07: All prisoners will have access to condoms and/or dams in custody.
- Draft SPS Family and Relationships Strategy.
- Draft Health Care Standard 14.

What works?

- Age group-specific sexual health information and health service provision.
- Relationships, sexual health and parenthood (RSHP) education (e.g. SHARE⁷²).
- Addressing gender-based violence.
- Provision of condoms, lubricant and dams and contraception (including long acting reversible contraception).

How can prisoners be involved?

- As Health Trainers.

What is the scope for healthier prison policies and environment?

- Encouraging family and partner involvement in sentence and release planning.
- Encouraging relationships counselling services into prisons.
- Educational activities provision: relationship and parenting courses.
- Tackling gender-based violence through raising general awareness and targeted approaches to those known to be at higher risk of committing or suffering from it.
- Improve general mental wellbeing.
- Availability of condoms, dams and lubricants in the Hall.
- Prison officer training in sexual health to help improve staff attitude to sex/condoms in the Hall.

What are the links to the community?

- Partner notification.
- Improved working with NHS Sexual Health services.
- Improved working with NHS alcohol and drug services.
- Signpost to Community Sexual Health services on liberation.

Increase safer sex and better personal relationships - summary of recommendations:

1. Improve staff awareness of sexual health issues.
2. Raise general awareness of gender-based violence and target approaches to those at risk of committing or suffering from gender-based violence or sexual violence (not just male-female or homophobic).
3. Ensure wide availability of condoms, lubricants and dams.
4. Ensure access to options for contraception for male and female prisoners.
5. Increase wider availability for prisoners of high quality:
 - parenting courses
 - relationship courses.
6. Signpost to Primary Care/Community Sexual Health services on liberation.
7. Increase involvement of local NHS specialist sexual health services in both adult prisons and young offender establishments.
8. Increase involvement of voluntary/third sector organisations addressing sexual health and victims' needs in both adult prisons and young offender establishments.

What are the current NHS measures?

- Sexual Health and Blood-Borne Virus Framework Indicators.

What are the current SPS measures?

- Draft Health Care Standard 14 outlines various measures.

Recommendations for additional relevant measures:

- Measuring percentage increase in uptake of condoms in the Hall.
- Measuring the number of new sexually transmitted infections (STIs).

Reduce transmission of blood-borne viruses

The issue

The blood-borne viruses are HIV, hepatitis B and C and in the prison environment are transmitted mainly by intravenous drug use and unprotected sexual intercourse. However, tattooing is an additional risk factor in this setting.⁷³ The overall prevalence of hepatitis C in the prison population is estimated to be 16–20% (45–54% in current or previous intravenous drug users (IDUs) and 4% in non-IDUs).⁸ In 2006 there were 19 known HIV-positive prisoners, of whom seven were on highly active antiretroviral treatment (HAART). In addition to strategies needed while in prison, tackling post-release behaviour and linkage with community care is essential.

An ongoing study into the prevalence of hepatitis C in Scottish prisons⁷⁴, due to publish in 2012, should offer greater insight into the impact of current harm reduction strategies.

National policy/workstreams

- The Hepatitis C Action Plan for Scotland.⁷⁵
- Guidelines for services providing injecting equipment: best practice recommendations for commissioners and injecting equipment provision (IEP) services in Scotland.⁷⁶
- HIV Action Plan.⁷⁷
- Sexual Health and Blood-Borne Virus Framework (2011). There will be five main outcomes:
 - Outcome 1. Fewer newly acquired blood-borne virus and sexually transmitted infections; fewer unintended pregnancies.
 - Outcome 2. A reduction in the health inequalities gap in sexual health and blood borne viruses.
 - Outcome 3. People affected by blood borne viruses lead longer, healthier lives.
 - Outcome 4. Sexual relationships are free from coercion and harm.
 - Outcome 5. A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.

SPS policy

- Strategy Framework For The Management Of Substance Misuse In Custody (2010):
 - BBV prevention, treatment, care and support services
 - Hep A and B immunisation on admission
 - Signposting to services in prison
 - Harm reduction measures (including foil and needle cleaning but not needle exchange)
- SPS 133A/99 – All prisoners offered hepatitis B vaccination.
- SPS 24A/06 – All prisoners offered super accelerated hepatitis B schedule.
- SPS 18A/07 – All prisoners will have access to condoms and/or dams in custody.

What works?

- Peer-to-peer education.
- Health promotion messages delivered through prisoner media (e.g. prison radio or publications).
- Pre-release advice and linkage with community care - particularly if involving peer educators.

How can prisoners be involved?

- As Health Trainers.
- As peer supporters.

What is the scope for healthier prison policies and environment?

- Drug supply reduction through good security.
- Risk reduction (e.g. provision of injecting equipment/'clean works' ⁷⁸).
- Provision of condoms and dams.
- Safe tattooing policy.
- Effective pre-release education.

What are the links to the community?

- Ensure continuation of treatment and care after release. For example, in the completion of vaccination programmes for hepatitis A and B started in prison for short-term prisoners.
- Support the initiation and retention of prisoners on antiviral treatment within prison.
- Signpost to injecting equipment provision schemes.
- Provide with clean works on release.
- Signpost or refer as appropriate to other relevant organisations.

Reduce transmission of blood-borne viruses – summary of recommendations:

1. Consider introduction of injecting equipment provision within prisons as additional part of Harm Reduction policy in line with IEP Guidelines.
2. Raise awareness of risks of prison tattooing (among staff and prisoners) and consider introducing prison tattoo parlours as part of harm reduction strategy.
3. Continue to routinely offer:
 - condoms, lubricant and dams in Hall
 - hepatitis A and B immunisation
 - BBV screening and treatment **and** re-offer at intervals in line with prisoner's Personal Plan.
4. Link in with SPS Good Practice Guidelines for Working with Children and Families of Prisoners (2010) particularly for working with prisoners' sexual partners. (At time of publication being revised in line with SPS's strategy on promoting positive relationships; due for publication summer 2012.)
5. Recommendations should be reviewed in light of the findings of the forthcoming Hepatitis C Prevalence Study.

What are the current NHS measures?

- Sexual Health and Blood-Borne Virus Framework Indicators.

What are the current SPS measures?

- Hepatitis B vaccination uptake on admission (KPI).
- Uptake of Hepatitis C screening and treatment.

Recommendations for additional relevant measures:

- Guidelines for Services Providing Injecting Equipment.

Increase physical activity

The issue

Physical activity has multiple beneficial effects both to prevent and manage the effects of chronic disease, notably heart and lung disease, diabetes, depression or cancer.⁷⁹ It also improves energy levels, wellbeing and quality of life.⁸⁰ Many prisoners regard the gym as a coping strategy, a place to build self-esteem and a chance to meet and socialise.

A study⁸¹ found that many prisoners, especially young men, described themselves as taking more exercise in prison than outside prison, often because imprisonment was the only time they were not using drugs. However, others prisoners, particularly if they were less fit, e.g. due to older age or chronic illness, feel intimidated to exercise in a gym. These prisoners reported being more likely to engage with physical activity if it were available as 'remedial gym' for example. There is some evidence that physical activity can help other strategic aims, such as education or community re-integration.⁸²

National policy/workstreams

- Let's Make Scotland More Active (2003)⁸³ – set minimum recommended levels of physical activity for children and adults and targets for achievement by 2022.
- Promotion of Physical Activity in Secure Accommodation.⁸⁴

SPS policy

- Prison Rule 89 – Exercise and Open Air (prisoners offered at least 1 hour per day).
- SPS Standards 4.2.4.1 Physical activity provision:
 - voluntary participation
 - a link between physical education (PE) and healthcare services which promotes healthy living and encourages prisoners to adopt a healthy lifestyle.

What works?

Research suggests key factors that maximise levels of participation include:⁹⁵

- the context of physical activity promotion, ie within a prison setting
- the choice and range of activities offered
- the extent to which equality of access for all groups is pursued
- the extent and quality of physical activity-related facilities
- the nature and quality of instructors/facilitators
- the timing of activities
- ensuring physical activity can encompass specific exercises and sports but also be part of 'active living' such a walking or gardening.

How can prisoners be involved?

- As Health Trainers.
- Participation.

What is the scope for healthier prison policies and environment?

- Role of prison schedule to promote key activities within the timetable, e.g. both physical activity and work.
- Provision of physical activity sessions if there are no formal work or education activities available.
- Develop specific guidance regarding engaging key vulnerable groups, e.g. older prisoners, those with mental health problems or disability.
- Scope for managing gym attendance lists to encourage wider involvement.
- Availability of personal training equipment in Halls.
- Scope for gardening and graded work-related physical activity in prisons.

What are the links to the community?

- Potential links with probation services/non-governmental organisations working with prisoners post-liberation to encourage physical activity.
- Parenting care/Keep Well.

Increase physical activity – summary of recommendations:

1. Develop physical activity policy (which includes physical education) to include targeting vulnerable groups such as those with:
 - mental health problems
 - long-term disability or illness
 - women
 - older people
 - lonely or vulnerable prisoners.
2. Introduce a measure of prisoner daily physical activity.

What are the current NHS measures?

- No 2011/12 target.

What are the current SPS measures?

- Prisoner involvement levels in physical training activity.

Recommendations for additional relevant measures:

- Number and percentage of prisoners achieving recommended physical activity per day.
- Reduction in the proportion of prisoners reporting negligible physical activity in the Prisoner Survey.

Improve parenting

The issue

Parenting may be the most important public health issue facing society and the quality and style of parents' care of their children is widely accepted as central to understanding a variety of health outcomes. 'Good (enough) parenting', by both the mother and father, is currently seen as a solution to many of the ills of society.⁸⁵ There is growing evidence of the positive influence of father's engagement (defined as 'direct contact', such as play, reading, outings or care-giving activities) on offspring', social, behavioural and psychological outcomes.⁸⁶

Mothers who are imprisoned may struggle with particular issues such as breastfeeding and their own mental health that can affect their bonding with their children. There are particular links between mothers with borderline personality disorder, incarceration and intergenerational risk factors for crime. In these cases, evidence-based parenting programmes may be a cost-effective intervention that could have longitudinal benefits.⁸⁷

It is estimated that 45% of prisoners lose contact with their families while imprisoned and 22% of married prisoners experience a breakdown in that marriage due to imprisonment.⁸⁸ Although prisons do not routinely collect data on the fatherhood status, it has been estimated that at least one in four incarcerated young offenders is a father.⁸⁹ Prisoners who are able to keep meaningful contact with their families are almost six times less likely to re-offend due to improved resettlement on release.⁹⁰

National policy/workstreams

- Equally Well - The Scottish Prison Service should offer family and relationships support from the date of entry to prison.
- Early Years Framework (2009).⁹¹
- The National Parenting Strategy (in development).

SPS policy

- SPS Standard 3.4.2.1 and .2: Visits - must be conducive to a positive visiting experience.
- SPS Good Practice Guidelines for Working with Children and Families of Prisoners (2010).

What works?

- Good quality visitor centres to reduce pre-visit stress and offer support to vulnerable families of prisoners.
- Evidence-based parenting programmes – (including for prisoners on short sentences) – addressing both fathers and mothers in prison.
- Supported family visits.

How can prisoners be involved?

- As Health Trainers.
- As Listeners.

What is the scope for healthier prison policies and environment?

- Parenting course provision.
- Family-friendly visiting policy.
- Higher profile for Prison Family Contact Officers (Inside-out).
- Further developing partnerships with NGOs, e.g. Families Outside.
- Link with mental health and substance misuse.
- Evidence review of parenting interventions in custodial settings.
- Parenting and relationships to be integral part of case management.

What are the links to the community?

- Greater use within SPS of Court Social Enquiry information.
- Partnerships between prison-based criminal justice social work and children and families social work.
- Liaison with and signposting to relevant Voluntary / Third Sector agencies (e.g. Families Outside).
- Development of Family Support Workers (Outside-in).

Improve parenting – summary of recommendations:

1. Improve SPS use of Court Social Enquiry information to improve understanding of the parent-status and involvement of prisoners.
2. Routinely record prisoners' parent-status on admission.
3. Improve partnerships between prison-based social work and community-based social work.
4. Routinely offer at all prisons, good quality parenting courses. These include courses such as Incredible Years, Triple P, Parenting Matters, Positive Parenting. This should also include prisoners who have short-term sentences.
5. Ensure that each prison has dedicated Family Contact Officers.
6. Increase profile of prison Family Contact Officers and external Family Support Workers. Recent survey shows few visitors are aware of this existence.
7. Signpost prisoners who are parents to relevant agencies and community projects.
8. Ensure that visits with children are conducted in optimal conditions. This should cover all aspects of the visit including suitable timing and length of visit, provision of Visits Centres and specialist support to facilitate bonding.

What are the current NHS measures?

- No 2011/12 target.

What are the current SPS measures?

- Measure of attendance on existing parenting courses.
- Family visits survey: satisfaction with visits with children.

Recommendations for additional relevant measures:

- Prisoner survey: satisfaction with visits with children.
- Number and percentage of prisoners with parent-status recorded.

Management and prevention of long-term conditions

The issue

The burden of chronic disease, which is a growing problem in industrialised countries such as Scotland, disproportionately affects deprived and vulnerable populations therefore it is an area that cannot be ignored. This includes both the management and the prevention of chronic illnesses, including coronary vascular disease, diabetes, cancer and chronic blood borne virus infections such as HIV.

One of the key approaches to many of these long-term conditions has been the move towards anticipatory care. This is a form of preventative care which seeks to modify risk factors prior to the onset of disease or to provide the earliest possible intervention to manage the disease in its earliest stages and so delay the progression of the disease.

National policy/workstreams

- Equally Well (2009).
- Better Health, Better Care (2007).⁹²
- Gaun Yersel: The Self Management Strategy for Long Term Conditions in Scotland (2008).⁹³
- Shifting the Balance of Care (2005).⁹⁴

SPS policy

- Keep Well in Prison
- Chronic disease management

What works?

- Keep Well in Prison.⁹⁵ Keep Well is a national programme that was developed as part of plans to tackle health inequalities in Scotland in 2006. In the community, the Keep Well model aims to increase the rate of health improvement in 40–64 year olds in areas of greatest need. Within prisons, entry to the programme starts earlier, from 35 years old. It focuses on cardiovascular disease and the main associated risk factors, in particular blood pressure, cholesterol, smoking and diabetes. Treatments and referral to community and other NHS and voluntary services are offered, with regular monitoring and proactive follow-up.
- There is some evidence for the potential in prison of chronic disease self-management schemes such as the Expert Patients Programme (EPP). However, there are a number of cultural and structural barriers within prisons which would need to be addressed first.⁹⁶

How can prisoners be involved?

- As Health Trainers offering peer-led health promotion.
- Expert patient groups and self-management.

- Disease-specific clinics.

What is the scope for healthier prison policies and environment?

- Link with catering policy: nutritional quality of prison meals.
- Physical activity: involvement for those with a long-term condition.
- Suitable accommodation including adaptations for prisoners with disabilities.
- Fair access to activities.

What are the links to the community?

- Signposting to relevant statutory and voluntary organisations.
- Keep Well throughcare services.

Management and prevention of long-term conditions – summary of recommendations:

1. Continue Keep Well in Prison but increase access to also include prisoners serving sentences shorter than six months.
2. Develop SPS policy re managing prisoners with long-term conditions (eg diabetes, coeliac disease, long-term disability. This needs to:
 - ensure fair access to prison activities including physical activity
 - include accommodation adaptations.
3. Measure mental wellbeing of prisoners with conditions.

What are the current NHS measures?

- Target – number of Keep Well checks undertaken.

What are the current SPS measures?

- Uptake of Keep Well.

Recommendations for additional relevant measures:

- Prisoner survey – mental wellbeing of prisoners with long-term conditions.

7 Conclusion

- 7.1 From our work in drawing together this framework, there is clear evidence of a need for change in the approach to health promotion in Scottish prisons. Some cultural changes are needed, including greater understanding of health promotion from all staff and more effective action to empower prisoners to improve their own health.
- 7.2 Our focus group findings highlighted a sense of disempowerment among the prisoners, which international evidence suggests may be unhealthy; such ill health may in turn be associated with reoffending. Although policymakers and practitioners are working to their best ability they are often constrained by the competing priorities for resources and some organisational cultural barriers.
- 7.3 However, as we have shown, while there is still much that can be done to improve health among Scottish prisoners, there is already considerable progress and an enormous desire from all parties for a different future. It potentially presents a 'win-win' for all parties – to achieve improved offender outcomes, a longer, healthier life and reduces health inequalities.
- 7.4 Health promotion must become a higher priority within the Scottish Prison Service, attracting more consistent management commitment and ideally, acknowledged within its delivery mechanism, including its corporate and delivery plans and service agreement framework.
- 7.5 We hope that *Better health, better lives for prisoners* will help inspire greater hope for a different future. It provides an opportunity for prisoners to progress, have purpose, move towards the prospect of something better and as such, we hope that *Better health, better lives for prisoners* will become mainstream to care and opportunity in Scottish prisons.

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