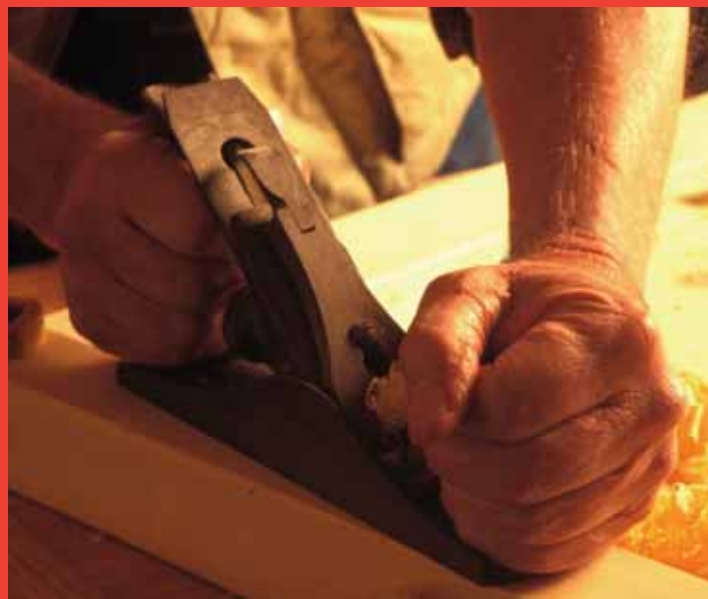


# Promoting healthy prisons

A conference report



NORTHERN IRELAND PRISON SERVICE



**Health**  
Promotion  
Agency

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A conference report



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# Acknowledgements

Promoting Healthy Prisons was a one day conference that was a joint initiative led by the Northern Ireland Prison Service and the Health Promotion Agency for Northern Ireland.

The conference was developed under the guidance of an Advisory Group, with membership from the following organisations:

- Causeway Health and Social Services Trust
- Department of Health, Social Services and Public Safety
- Down and Lisburn Health and Social Services Trust
- Eastern Health and Social Services Board
- Health Promotion Agency for Northern Ireland
- Northern Ireland Prison Service
- Opportunity Youth
- Probation Board for Northern Ireland
- South and East Belfast Health and Social Services Trust
- Western Health and Social Services Board

# Foreword

This report is a record of the Promoting Healthy Prisons conference, which took place at Lagan Valley Island, Lisburn, on Tuesday 12 September 2006. This conference was timely for many reasons: it provided us with the opportunity to highlight some of the excellent health development work being done in Northern Ireland's prisons, both by the Prison Service and other voluntary and statutory agencies; it enabled us to highlight the transfer of lead responsibility for prison healthcare to the Health Service, and the challenges and opportunities this will bring; it also gave us a valuable opportunity, during this time of change associated with the Review of Public Administration, to come together and reexamine how we do things.

Importantly, the conference enabled us to increase awareness of the value of the settings approach. The settings approach is highlighted in *Investing for Health* as an important strand of action to improve the health of the population in Northern Ireland, and this approach, which calls for comprehensive and integrated programmes of action, is likely to have a greater impact since prisoners are a group with many and complex, interrelated health risk factors.

It has clearly been of enormous value to bring together the many voluntary and statutory agencies who do so much valuable work in this area. Promoting prison health is the responsibility of a wide range of organisations and agencies and this is a message which came through repeatedly during the afternoon workshops: the fact that prison health is a shared agenda and that we must all continue to work in partnership and to join up and integrate services to make them as effective as possible. Another message which was heard resoundingly throughout the day was that this is a time of opportunity, although within the challenging context of a rising prisoner population. A third point was the need for integrated throughcare, a key factor which is a prerequisite to ensuring health improvements effected within the prison are not lost upon release.

The introduction to this report sets out the objectives of this conference, and we are delighted to say that these objectives were largely met by a very successful day and by the production of this report. However, the final objective, to influence the development of a future framework for taking healthy prisons forward, is clearly more ambitious, and although started by the conference, must be taken forward.

We hope that the event, and this report, have sowed the seeds in the sense that people have been prompted to ask: how can we build on this? To explore further how we can build on the conference and ensure that issues raised by the conference can be taken forward, the Health Promoting Prisons Advisory Group is meeting to discuss what practical measures might now take place to affect policy and practice in relation to promoting healthy prisons.

This will ensure that the Promoting Healthy Prisons conference is a vital step in our continuous striving for improvements in prison health.

Thank you again for your interest and commitment.



Robin Masfield  
Director General  
Northern Ireland Prison Service



Dr Brian Gaffney  
Chief Executive  
Health Promotion Agency for Northern Ireland

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# Introduction

It is reported that as many as 90% of prisoners in Northern Ireland have some mental health or personality disorder problems. Two thirds have the reading and mathematical ability of an 11 year old or younger when they arrive in prison. Many are long-term unemployed and have no fixed accommodation. High levels of chronic disease are an issue, as is substance abuse – particularly alcohol.

These factors are inextricably linked with ill health. Prison based health promotion therefore gives access to a population it would normally be hard to reach, offering a unique opportunity to tackle issues of social exclusion and inequalities in health, and to increase the capacity of prisoners to fulfil their potential upon release. The health of prisoners is affected by varied and complex factors, and therefore requires a coordinated response from both prison and community resources. A prison is also an important workplace and offers a prime opportunity to promote the health of staff.

Within this context, the Northern Ireland Prison Service and the Health Promotion Agency for Northern Ireland (HPA) came together to hold a one day conference to consider how these issues are addressed. The event was held at Lagan Valley Island, Lisburn, on Tuesday 12 September 2006.

The conference was aimed at all prison staff and other statutory, voluntary and community organisations whose work impacts on the health of the prison population. It was also open to those working to tackle inequalities in health at policy and operational level.

The objectives of this conference were to:

- bring together the organisations that contribute to prison health;
- raise awareness and understanding of health issues in prisons;
- raise awareness of the health promoting prisons concept;
- share information on what is effective for improving health in prisons;
- highlight existing good work carried out in prisons in Northern Ireland;
- influence the development of a future framework for taking healthy prisons forward;
- produce a conference report.

# Conference programme

|         |   |
|---------|---|
| 9.30am  | <b>Registration for parallel sessions</b><br>Tea, coffee and scones   |
| 10.00am | <b>Introduction to morning session</b><br>Dr Brian Gaffney, Chief Executive,<br>Health Promotion Agency for Northern Ireland  |
| 10.10am | <b>The need for joined-upness between health sector and criminal justice sector</b><br>Mr Robin Masefield, Director General,<br>Northern Ireland Prison Service               |
| 10.25am | <b>Improving the health of the prison population: a whole prison approach</b><br>Mr Paul Hayton, Project Lead Officer,<br>Health in Prisons Project, WHO Collaborating Centre |
| 10.45am | <b>Implementing a whole prison approach</b><br>Michelle Baybutt, Research and Development Coordinator,<br>Healthy Settings Development Unit                                   |
| 11.05am | <b>Questions</b>  |
| 11.15am | <b>Tea and coffee</b>   |
| 11.40am | <b>The health needs of prisoners</b><br>Dr Jackie McCall, Specialist Registrar,<br>Eastern Health and Social Services Board   |
| 12.00pm | <b>The Bamford Review – priorities for mental health</b><br>Professor Roy McClelland, Chair, The Bamford Review of Mental Health<br>and Learning Disability                   |
| 12.25pm | <b>Questions</b>  |
| 12.40pm | <b>Lunch</b>  |
| 1.30pm  | <b>Introduction to afternoon session</b><br>Dr Philip McClements, Director of Health and Healthcare,<br>Northern Ireland Prison Service                                       |
| 1.35pm  | <b>Prison health and the wider agenda</b><br>Dr David Stewart, Director of Public Health,<br>Eastern Health and Social Services Board   |

1.45pm

**Parallel sessions**

Parallel sessions will include a range of speakers from across the UK as well as an opportunity to debate some of the main challenges in each topic area:

- Substance misuse
- Improving mental health services
- Resettlement
- Workforce development
- Promoting better health

3.20pm

**Tea and coffee**

3.45pm

**The way forward and closing remarks**

Dr Philip McClements



# Introduction to the day

## Welcome and introduction to the conference

*Dr Brian Gaffney, Chief Executive, Health Promotion Agency for Northern Ireland*

I would like to say how very pleased I am that the Health Promotion Agency has joined with the Prison Service to hold this conference on promoting healthy prisons. As we have worked together over the past 10 months, it has become more and more apparent that this partnership is one which has the potential to make a real difference.

As outlined in its statement of purpose, the Northern Ireland Prison Service, through its staff, serves the community by keeping in secure, safe and humane custody those committed by the courts and, by working with prisoners and with other organisations, seeks to reduce the risk of reoffending. In so doing, it aims to protect the public and to contribute to peace and stability in Northern Ireland. Reoffending is an issue that has received a great deal of UK-wide press coverage over the past six months, and working in public health the big question for us is "how is reoffending – and offending in the first place – related to health?". The answer is, of course, that they are inextricably linked. We know that prisoners are more likely to come from lower socioeconomic groups; they are also more likely to have poor levels of education. These are two of the leading factors which contribute to ill health.

Prison based health promotion enables us to reach people whom we too often fail to reach, giving us the chance to tackle fundamental issues which can lead to social exclusion and inequalities in health. A healthy prisons or settings approach involves all aspects of prison that touch on the wider determinants of health (such as education, and life skills), while also addressing prisoners' health needs through health promotion, health education, patient education and prevention. This gives us a valuable opportunity to improve prisoners' levels of education, skills and self-esteem. By doing this we can increase the capacity of prisoners to fulfil their potential upon release and reduce the likelihood they will reoffend.

Prison is also an important workplace setting. All workplaces, including prisons have enormous potential for improving the health of the adult working population. This means looking at the workplace in the widest sense in terms of the processes, structures and physical environment that provide employees with the support and information that contribute to good health. This is a role for not just those working in health but for all those involved in prison life, not least those in human resource and senior positions.

Two of this morning's speakers will expand on this area of promoting healthy prisons. There is also a session this afternoon focusing on workforce development. This is not only an acknowledgement of the benefits of having a healthy productive workforce and the positive impact this has on prisoners but also that prison staff are an important target group for health improvement in their own right.

The HPA has been a vocal advocate of the healthy settings approach, and we have developed specific programmes aimed at bringing this approach to schools, hospitals, workplaces and communities. Prisons are ideally placed to benefit from this approach, and we are delighted to have as a speaker Paul Hayton from the World Health Organization Health in Prisons project, who was the primary author of the promoting healthy prisons strategy for England and Wales - *Health Promoting Prisons: a shared approach*, and who will be talking in more detail about the settings approach in relation to prisons.

I am especially pleased to see such a wide range of people here – the Prison Service and the Health Service are not alone in having a role to play – the importance of the role which voluntary and community groups play in improving prisoner health cannot be underestimated. The health of prisoners is affected by varied and complex factors, and therefore requires a coordinated response from both prison and

community resources. Ensuring that improvements in prisoners' health are sustained once they are released into the community also depends on effective working relationships between a multitude of stakeholders. Take a vulnerable prisoner who has been supported to overcome dependence on substances, who has been given the care and treatment they need to address mental ill health, and who has received training to develop their skills, confidence and employability and enabled to find housing in the community – the support needed to sustain such a powerful intervention outside the prison environment demands effective inter-agency working across that community. The settings approach is a powerful way of making sustainable improvements to health precisely because it encourages us to explore the connections between people, environments and behaviours and to work in partnership to make interventions as effective as possible.

In Northern Ireland around 5,000 prisoners pass through our prisons each year. This may seem a small percentage of the population, but it's important that we remember the wider impact our work can have. If we can support prisoners to improve their lives, we make a difference not only to the individual but also to their families and communities.

### **The need for joined-upness between health sector and criminal justice sector**

*Mr Robin Masefield, Director, Northern Ireland Prison service*

Thank you and welcome.

I am very grateful to the Health Promotion Agency, because today's conference is most timely. Prison healthcare is hugely challenging but it is changing fast and great progress is being made. Through working in partnership, and with your help, we can make a real difference.

Why should we care? Let me tell you what it feels like on the receiving end. Individuals in prison are deprived of one key thing – their liberty. So I make no apology by quoting Emma Lazarus' words on the Statue of Liberty:

*"Give me your tired, your poor, your huddled masses yearning to breathe free, the wretched refuse of your teeming shore, send these, the homeless, tempest-tossed to me, I lift my lamp beside the golden door".*

OK, let's put that in context. There are today just under 1,500 prisoners in Northern Ireland, over one third on remand. The number is rising annually by over 10%. Moreover, there are over 6,000 new receptions each year, so the huge majority of our prisoners are back in the community, with their families, accessing health, social services, and other community provision, on average after just a few weeks or months. There is a limit to the help we can give them in custody; continuity of care is essential therefore.

What characterises our offenders? It has been widely recorded that as many as 90% have some mental health or personality disorder problems. Two thirds have the reading and mathematical ability of an 11 year old or less, when they come to us. Many are long-term unemployed and have no fixed accommodation. High levels of chronic disease are an issue, as is substance abuse – particularly alcohol.

What benchmarks have we? The Prison Inspectorate has developed a definition of the healthy prison. It goes wider than just healthcare but, on that, its key tests are twofold:

- prisoners should be cared for by a healthcare service that assesses and meets their needs for healthcare while in prison and that promotes continuity of health and social care on release;
- the standard of healthcare provided is equivalent to that which prisoners could expect to receive in the community.

I am not sure that the second test goes far enough. Our governors feel directly, as do I and my Director of Healthcare, the duty of care to every one of our charges. In practice, that often means we strive to provide a level of service better than that in the community. It certainly means that we do not accept prison as a place of last resort.

Well, you may ask, what have we been doing about it, as a service? A lot. In the past year, we have:

- appointed a Clinical Governance Manager;
- published for the first time our service's policy on drug and alcohol abuse, and moved to appoint an Addiction Services Manager;
- developed well-man clinics at Magilligan;
- established a three year project with the University of Ulster to improve mental health screening on committal at Maghaberry;
- engaged three Cognitive Behavioural Therapists from South and East Belfast Trust to work with some of our most difficult individuals at Hydebank Wood;
- installed a long-awaited IT system for our healthcare staff;
- offered immunisation to prisoners and staff against Hepatitis B;
- recently distributed our revised self-harm and suicide policy, one direct consequence of Roy McClelland's seminal report published in January 2006;
- introduced a smoking cessation programme within all our prisons, supplemented by nicotine replacement therapy.

But the service has recognised that we cannot do it on our own. That is why, last year, Paul Goggins' predecessor announced the transfer of lead responsibility for prisoner healthcare from the Prison Service to the Health and Personal Social Services (HPSS) sector with effect from April 2007. That transfer and, more importantly, the practical partnerships that will flow from it are absolutely vital to improvements in the healthcare of offenders, not just in the prison context, but also in the community.

And it is not just the health side of HPSS to whom I am addressing my remarks. It is surely not acceptable for a governmental organisation in Northern Ireland to be obliged to leave a man with poor social and coping skills at a railway station on his release from prison in the certain knowledge that, with no home to go to and no real community support, he would be back with us within the week. He was – inside 48 hours. Or take the case of a vulnerable female offender in her forties: seriously abused as a child, taken into care, dependent on alcohol for a number of years, and holding 127 previous convictions. These are the individuals for whom continuity of care is in their interests, your interests, and those of the whole of society if we are to reduce reoffending and achieve successful resettlement.

A challenge, yes, but not impossible.

First, the Prison Service has vastly experienced and highly talented healthcare staff. As I know well, they are committed too. We can build on that sound platform. Second, excellent progress is being made in the

run up to the transfer. Already agreement has been reached between the Northern Ireland Prison Service and the HPSS that:

- the Eastern Health and Social Services Board will commission healthcare services for the three Northern Ireland prisons from next April;
- when the Health and Social Services Authority is established, it will then take on this commissioning role;
- HSS Trusts will enter into partnership arrangements with the prison establishments to develop more comprehensive and better integrated services for prisoners, to provide those critical linkages with the community and to contribute to a programme of staff development and training;
- Partnership Boards are to be established at each prison, jointly chaired by the Governing Governor and the Chief Executive of the local trust;
- three regional working groups are to be set up in the key areas of commissioning, human resources and service modernisation.

The Partnership Boards have now met and the working groups are doing so this month. So we have the structure in place.

Third, we will be hearing later this morning from Jackie McCall on the comprehensive health needs assessment that she carried out. We have had a recent update for the women. I have to say I despair sometimes at further recommendations in external reviews for yet more health needs assessments. The needs of our prisoners are well known. What seems not to be so widely accepted is the need for action. And with the rising prisoner population, and the greater demands on staff and managers, it becomes all the more essential.

That is in part why I have made mental health a personal priority since taking up post. The service has liaised closely with the Bamford Review of Mental Health and Learning Disability, about which we will be hearing from Professor Roy McClelland later this morning too. It has huge implications for the healthcare of offenders. It is absolutely vital that we achieve joined-upness between the health sector and the criminal justice sector – something that has eluded us in previous generations. We must guard against an outcome that would leave those with severe personality disorders or indeed mental health issues, but yet with some mental capacity, languishing in a setting where they cannot be most appropriately cared for.

Finally, I am absolutely determined that, as part of the transfer, one of the outcomes will be the leveraging of greater funding for mental health for those in custody. We are not looking for special treatment, but for our fair share of the developments that will surely flow in the coming years. You have only to look at the action plan in Colm Donaghy's Taskforce report this spring to see it spelled out. The Prison Service will have a seat on the Suicide Strategy Implementation Body.

I want to make clear that the transfer of lead responsibility is neither a panacea nor an abdication of responsibility by my service. It is essential that, as Philip McClements has recommended, prisoner health and social care is a high corporate priority for both the Northern Ireland Prison Service and the DHSSPS.

I cannot of course speak for the DHSSPS, but I am determined that it will remain a high priority in my service. Let me illustrate with two current examples. The Prison Service is now holding an increasing elderly population; it is almost certain this will grow further. It is likely that we will be making increasing calls on specialist clinical services and treatment facilities in major acute hospitals; this includes the

growing problem of prisoners with cancer requiring the specialist services of cancer units, and also the important issue of terminal care. I want to pay tribute to all those in the wider health community who help us in this way. But we have also recognised the onus on our service and we are accordingly about to create special accommodation at Magilligan.

In relation to tackling drugs and alcohol abuse, the Prison Service is also gearing up its efforts. I am determined to issue a tender before the end of this financial year for enhanced counselling and educational services within our establishments, building on the good work already done by the non-statutory organisations. Here too it is vital that we achieve continuity of care if we are to reduce the revolving door syndrome; the lack of joined-upness that results only in repeat offending and the creation of yet more victims in society.

The Prison Service has a statement of purpose, a set of values, and a short vision statement. Our vision is to be recognised as a model of good practice in dealing with prisoners and to be valued and respected for our service to the community.

In the field of healthcare, we have a real opportunity to do that. I am hugely encouraged by the contacts that have been made already in the transfer process in Northern Ireland. It is always good to hear about developments in other jurisdictions, but here we have a real opportunity for Northern Ireland to be that model of excellence.

I invite you to join with us in delivering it.



# Speakers' presentations

## Improving the health of the prison population: a whole prison approach (Abstract)

Mr Paul Hayton, Project Lead Officer, Health in Prisons Project, WHO Collaborating Centre

The prison environment can be difficult and complex, one whereby particular skills are required in dealing with alcohol and substance misuse, mental disorder and providing care for those from deprived communities. Prisoners are a transient population, from all social groups and from a range of ethnic backgrounds and ages, tending not to be typical of the community in terms of their use of health services.

As well as providing healthcare, prisons should also provide health education, patient education, prevention and other health promotion interventions to meet the assessed needs of the prison population. Good health and wellbeing is central to successful rehabilitation and resettlement, and in turn this requires a prison environment that is supportive of health.

In principle the concept of Health Promoting Prisons is the need to:

- build the physical, mental and social health of prisoners (and where appropriate staff) as part of a whole prison approach;
- help prevent the deterioration of prisoners' health during or because of custody;
- help prisoners adopt healthy behaviours that can be taken back into the community.

### Background

In England, prison health's objective is to improve the health of prisoners and tackle health inequalities by:

- improving the standard of prison health services through greater integration with the wider NHS;
- reducing or mitigating the effects of unhealthy or high-risk behaviours;
- promoting effective links with health and related services in the community to improve throughcare.

As well as treating those who are ill, the NHS also aims to improve health and prevent disease. Particularly, the aim of public health advocates is to prevent disease, prolong life and promote good health. The remit of being able to improve and protect their local population involves addressing the determinants of health and factors which create health inequalities. The public health focus is on dealing with diseases and with conditions affecting health, aiming to provide the maximum benefit for the largest number of people. Arguably then, prisons are of acute public health concern.

Most recently, the public health white paper in England, *Choosing Health – making healthier choices easier*, makes a commitment to helping people choose healthier lifestyles and includes measures to:

- promote healthier eating in adults and children;
- increase physical activity levels;
- reduce the number of people who smoke;
- improve sexual health services.

With such health improvements being central to current government reform, targeting interventions towards our prisons must surely provide an excellent mechanism to address broader health inequalities.

Key health issues of the prisoner population in England include:

- 90% of all prisoners have a mental health problem (including self harm), substance misuse problem (including alcohol) or both.
- 80% of prisoners smoke.
- Approximately 0.3% of male prisoners and 1.2% of female prisoners are HIV positive.
- 24% of prisoners have injected drugs and of these 20% are infected with hepatitis B and 30% with hepatitis C.

The mental health statistics alone make clear the case for offending as a public health concern.

### Concept of Health Promoting Prisons

The settings approach has its roots within the World Health Organization (WHO) *Health for All* strategy and more specifically the Ottawa Charter for Health Promotion (1986). This was important in encouraging a move towards a holistic model of health and describes health promotion as “the process of enabling people to increase control over, and to improve, their health” and presents a fivefold focus on building healthy policy, creating supportive environments, strengthening community action, developing personal skills and reorienting services. The charter states that

*“health is created and lived by people within the settings of their everyday life; where they learn, work, play and love”.*

### Health Promoting Prisons

The WHO Health in Prisons Project began an international movement to view prisons as healthy settings in which to promote health and tackle health inequalities (WHO, 1998). The concept of the healthy prison reinforces the fact that the health and wellbeing of prisoners is not the sole responsibility of those providing healthcare. Moreover, for health promotion in this setting to be fully realised progress in a number of areas need to be advanced:

- There must be an investment in sustainable policies, actions and infrastructure to address the determinants of health.
- Prisons need to build capacity for leadership, health promotion practice, knowledge transfer and research and health literacy.
- They need to regulate and legislate to ensure a high level of protection from harm and enable equal opportunity for health and wellbeing for prisoners, staff and those who visit prisons.
- Partnerships and alliances need to be established to create sustainable actions (WHO, 2005).

Therefore, developing a ‘whole prison’ or settings approach to promoting health is important to improving the chances of successful outcomes of interventions. There are three key elements:

- policies in prisons which promote health (eg a no smoking policy);

- an environment in each prison that is actively supportive of health;
- prevention, health education and other health promotion initiatives that address assessed health needs within each prison.

The vision is based upon a balanced approach recognising that our prisons should be:

- safe;
- secure;
- reforming and health promoting;
- grounded in the concepts of decency and respect for human rights.

Human rights and decency are an important foundation for promoting health because they underpin all aspects of prison life. If the following measures are attained then a basis exists from which to promote health:

- offering treatment for prisoners that is within the law;
- maintaining facilities that are clean and properly equipped;
- providing prompt attention to prisoners' proper concerns;
- protecting prisoners from harm;
- providing prisoners with a regime that makes imprisonment bearable;
- demonstrating fair and consistent treatment by staff.

### **Implementing a whole prison approach to promoting health: lessons from the prisons in North West England (Abstract)**

*Michelle Baybutt, Research and Development Coordinator, Healthy Settings Development Unit*

The prison has special difficulties when it comes to promoting health. Most notably that it is home to one group of people and a workplace to another. At an individual level, prison takes away autonomy and may inhibit or damage self-esteem. However, prison also provides a unique public health opportunity in terms of health promotion, health education and disease prevention – each prison has the potential to be a healthy setting, whereby a holistic approach to spiritual, physical, social and mental health and wellbeing is developed within a single institution.

Based on local and regional involvement with the 16 prisons in the North West, this presentation focused on challenges and opportunities for the effective implementation of the Prison Service Order, PSO3200 Health Promotion, in line with emerging public health policy, partnership development to deliver the PSO3200 and training to ensure effective and sustainable development.

By providing the background and some context in terms of healthy settings this presentation illustrated the links between the theory and the practice of developing prisons as healthy settings and throughout the presentation, key challenges and opportunities were highlighted from personal experience and from listening and observing the experience of others working in the prison context.

## **The health needs of prisoners (Abstract)**

*Dr Jackie McCall, Specialist Registrar, Eastern Health and Social Services Board*

A joint prison and NHS working group reported that prison healthcare in the UK was not planned on the basis of need. They recommended joint needs assessments and the Prison Health Task Force commissioned the *Toolkit for health care needs assessment in prisons* from the University of Birmingham.

Needs assessments in the UK have shown that prisoners are young, mostly male, with a high turnover. They are more likely to come from lower socioeconomic groups and have poor levels of education. The main health problems are mental illness, drug dependency and communicable disease. Suicide rates and consultation rates with health staff are higher than in the community.

The needs assessment was carried out in 2003–2004 in all three prisons. Since then, there have been changes in the prison population demographics, the prison estate and the services provided. The needs assessment involved site visits, interviews with key stakeholders, collation of epidemiological data, including a survey of all prisoners, and comparison with UK and Ireland data.

The key findings of the needs assessment included high levels of mental health problems and potential to improve the range of mental health services provided. There also need to be good links with the community services to ensure people are not lost to follow up. Mental health problems and drug and alcohol abuse often go hand in hand. Smoking, drug and alcohol related problems are a major issue. In addition to the problem of illegal drug use, there are high levels of prisoners entering prison on medications, including those prone to misuse. Levels of smoking are more than twice those in the general population. There was a high demand from prisoners for the current programmes of smoking cessation, drug and alcohol misuse and often long waiting times. Capacity should be enhanced to ensure a timely service, given the high turnover of prisoners.

Reported rates of chronic diseases such as diabetes and heart disease were high. Risk factors such as smoking and socioeconomic deprivation clearly contribute to this and this setting provides opportunities for chronic disease management and health promotion. Prisoners also indicated that they were keen to get more information on a range of health promotion topics.

Poor dental health was identified as a key issue, especially among young offenders. Although there were long delays for dental treatment at the time of the needs assessment this situation is now much improved. Dental services need to address both preventive and treatment needs.

Prisoners are a population usually hard to reach for health promotion. The main health problems identified in the needs assessment are similar to those reported across UK prisons. There are some excellent models of care in practice and there are great opportunities to really make a difference in health promotion and disease prevention in this setting.

## **The Bamford Review – priorities for mental health (Abstract)**

*Professor Roy McClelland, Chair, The Bamford Review of Mental Health and Learning Disability*

The Bamford Review provides a new vision for mental health in Northern Ireland and presents a detailed road map for reform and modernisation. A major priority is mental health promotion. Mental health is a precious resource – as the World Health Organization notes “there is no health without mental health”. Poor mental health influences outcomes across a number of domains – quality of life, relationships, employment. Our economic prosperity is dependent on the mental health of the entire community. Mental health must be made a priority by government and must shift from being a Cinderella to a central theme for government policy. Mental health promotion requires addressing factors toxic to the mental health of all of us – tackling those aspects of our culture which undermine mental health, eg bullying, abuse, violence and unemployment.

The Bamford Review has a particular concern for the most vulnerable in our society including those within the criminal justice system. People within the criminal justice system have the same rights to health as other citizens. Evidence has shown that people within our prisons are among our most vulnerable often with histories of mental health needs, trauma or substance misuse. Prisons, by their very nature, are a challenge to mental health with loss of control and loss of liberty. Other factors toxic to the mental health of prisoners are lack of purposeful activities, bullying, harassment.

The Bamford Review is a call to action including action for healthier prisons. Improving the mental health of our citizens will require action across government and government departments – the review provides the policy direction. We must build mental health awareness across the community and throughout our organisations, including our prisons. Organisations must be sensitised to the mental health impact of their policies and decisions.

Healthier prisons cannot be addressed in isolation. They must be part of the whole plan for modernisation of mental health services. The mental health of our prisoners must be part of the priority for improving the mental health of the whole community. This requires joined-up thinking, planning, action. It means addressing issues upstream from the prison situation – our schools, our youth programmes, alternatives to custody, court diversion systems, restorative justice. It also means addressing issues within our prisons, eg the need for a multidisciplinary approach to assessment and management of vulnerable prisoners suffering from mental health problems. It means addressing the prison culture – activity levels, workplaces, education and information. The challenge is to create a prison environment that actively promotes mental health.

### **Prison health and the wider agenda**

*Dr David Stewart, Director of Public Health, Eastern Health and Social Services Board*

This is an overview of the strategic agenda that lies behind some of the work that we heard about this morning. What I'm going to try and do is give the context of what we've been talking about, the drive to promote healthy prisons within the Northern Ireland agenda for improving health. I will also try to give a helicopter view as to what is in the five parallel sessions. I would like to credit Victoria Creasy, who was a major player in organising today and cannot be with us for unavoidable reasons.

One of the three partners involved in running the event today is Investing for Health. A number of people here will be aware of Investing for Health, but some may not be. The Northern Ireland Assembly has been in suspension now for a number of years, but before it was suspended one of the main legacies we have to thank it for is the development of the *Investing for Health* strategy. When the Assembly does get going again members may be quite surprised at the incredible amount of work that is going on in Northern Ireland in relation to this strategy. For those of you unaware of the document, it was published in 2002 after a long period of consultation with a wide range of people. Many of the strategy's goals and objectives were mentioned this morning, and just about every aspect of *Investing for Health* is related to the work we are talking about today in terms of improving the health of people in prisons.

The goals of the strategy are increasing life expectancy and healthy years among prisoners, but it is also about reducing inequalities in health, and we're talking about one of the most deprived sectors of our community. The objectives of the strategy include:

- reducing poverty – this is clearly a major factor for prisoners and their families;
- equipping all to meet their full potential – I think we've heard that coming through strongly this morning;
- promoting mental health and emotional wellbeing – was focussed on very strongly this morning;

- ensuring healthy workplaces and decent housing – this was the very last point that Roy made this morning;
- improving neighbourhoods – the whole focus again of the work in terms of resettlement is about moving people into neighbourhoods and we heard about the wider environment and improvements that occur in prisons through the action on smoking;
- reducing accidental injuries and deaths – a number of people that are in our prisons have been involved in accidents and road traffic accidents;
- enabling people to make healthier choices which is a key objective of our joint agenda on prisons.

*Investing for Health*, as our overall strategy, is still the one we're working to and it's now spawning a number of other strategies. Together these set a strong focus and context for the work we're talking about in relation to healthy prisons.

A very quick overview of the structure, and how Investing for Health operates is as follows. At the top it's set in the context of the Executive. When the Executive isn't meeting, it is led by the minister with responsibility for health. There is a Ministerial Group on Public Health, which involves all government departments – and it is important that we bring to everyone's attention the work that we're talking about today on healthy prisons. That includes all the government departments, whether their role is in the environment, employment, education – all of those are seen to have key roles in improving our health and in taking forward the Investing for Health goals. In each of our Board areas there is an Investing for Health partnership, which works in different ways in the different Boards.

In the context of health, the Review of Public Administration (RPA) is clearly focusing our minds, but the clear intention is that Investing for Health structure and processes will continue into the new world. This sets the context for what we're talking about.

A second document that some of you may not be aware of is *A Healthier Future*, the strategy for the Health and Personal Social Services for a 20 year period that really sets out the long-term vision and goals for the HPSS in Northern Ireland. It was launched on 21 December 2004 and is very important from a public health perspective. It was this strategy that launched the consultation on smoking in workplaces and public places which has led to the legislation. It has five main themes:

- investing for health and wellbeing
- involving people
- setting up teams that deliver
- establishing responsive integrated services
- improving quality

Now, as we're moving into a new era in which the health and prison service are working closely together in delivering care, all of these are important strategic themes that we want to see taken forward in this new work. The second part of my talk is to take you on a helicopter view of the five sessions this afternoon. When you look at the content of these sessions many of us would like to be attending several sessions. All of them have a strategic context that sets the framework for the work that you will be talking about this afternoon.

### Session one: Substance misuse

A very important document was launched a few months ago called the *New Strategic Direction for Alcohol and Drugs*, a five year strategy for Northern Ireland for 2006–2011. It has five supporting pillars:

- prevention and early intervention
- treatment and support
- law and criminal justice
- harm reduction
- monitoring, evaluation and research

Within that document there's a clear statement that focuses on the role of the probation and prison services – these services are seen as critical in taking forward the *New Strategic Direction*. In that session, you will be hearing more from Rob Phipps, who is chairing the session and driving forward this strategy. The work is being taken forward within a clear regional approach.

### Session two: Improving mental health services – the Bamford Review

We've heard this morning from Roy McClelland on the Bamford Review. In the second session you'll be thinking about improving mental health services and there are a number of key strategic documents.

The new strategy and taskforce work on suicide and the document *Protect Life – a shared vision*, aims by 2008 to ensure that the environment for those held in custody both in prisons and police stations has been suitably adapted to reduce the possibility of suicide, including restricting access to means of suicide. We've heard that there is already work within the prison service around this issue of suicide. An additional document, I don't think we mentioned this morning, is the overall strategy called *Promoting Mental Health*. This is one of a number of documents that have now been developed to take forward specific aspects of the *Investing for Health* strategy.

### Session three: Resettlement

You're going to be looking at resettlement. I understand that a clear strategic direction has been developed in the prison service and that the document, *Strategic Review of Resettlement Services*, published two years ago, sets out the strategic direction in which a whole range of processes will need to occur in relation to taking forward resettlement services. I was struck having looked at this document, just by reading the acknowledgments, that many organisations play important roles in resettlement. Looking round the room I'm sure there are representatives of these organisations here, who were involved in the process of developing the strategy. To me this clearly represents the need for a partnership approach, and that fits closely with the work in *Investing for Health*. A large number of partners would need to be involved in the process to develop an effective resettlement strategy.

### Session four: Workforce development

At the end of the session this morning we had a question in relation to the workforce in the prison service and in terms of the context of a strategy which is about promoting healthy prisons we are not solely looking at issues to do with prisoners but, equally important, looking at issues to do with staff who work in prisons. There is a clear regional strategy, which some of you may be aware of, *Working for Health* - a long-term workplace health strategy for Northern Ireland, and you may hear more about this in your session. But this strategy is really looking at all sectors of Northern Ireland in terms of developing workplace health. There are five work streams for the strategy issues to focus on – support, awareness, compliance, rehabilitation and intelligence, and there's a very good website that sets out how this whole

process can be taken forward. Again we want to look at how we're taking forward the prison health strategy in the context of this wider strategy on workplace health issues.

#### Session five: Promoting better health

This session will look in more detail at the theme of promoting better health. Under the *Investing for Health* strategy a whole series of strategies and documents has been produced in order to support various aspects of that strategy. These are just a few:

- *A five year tobacco action plan;*
- *Teenage pregnancy and parenthood;*
- *Home accident prevention;* and most recently
- *Fit Futures*, a regional strategy which is really targeting children and young people to look at the whole issue of obesity and promoting physical activity. It's looking at better diets and, in the context of what Jackie was telling us this morning, you have to think of the prisoner population as being a young population. I know that there are more older people now within the prison population but predominantly this is a younger population, and this strategy has significant relevance to the work on healthy prisons.

This has been a brief overview of some of the strategies, which support the work on Healthy Prisons. I think you are going to have an excellent afternoon and I hope you all enjoy your workshops. Thank you.

# Parallell sessions – abstracts

## Substance misuse

*Chair: Mr Rob Phipps, Regional Drug and Alcohol Strategy Coordinator, Department of Health, Social Services and Public Safety*

## Female and male young offenders

*Mr Steve Davis, Governor, Hydebank Wood Young Offenders Centre*

This presentation gave an overview of operational focus on drug and alcohol policy within Hydebank Wood.

The time in prison provides an opportunity for prisoners to change their behaviour and prevent reoffending following release back to the community.

The main problem drug for those entering Hydebank Wood is alcohol: 98% have been drinking and two thirds admit that alcohol has contributed to them being in jail. However, within the prison setting, alcohol is difficult to obtain and of poor quality when prisoners attempt to make it themselves.

In the month before committal, 97% of prisoners report having taken drugs and 70% report having used drugs daily. Prisoners are drug tested on committal. The principal drug is cannabis. However, steroid use is on the increase and there is also an issue with prescription medication. Drugs are smuggled into the prison in a variety of way such as Kinder eggs, cigarette packets, soft drinks cans.

Hydebank Wood operates a zero tolerance policy on misuse of drugs. Prisoners who have managed to get hold of drugs are difficult to deal with, there may be problems with bullying and control within the prison. There may also be pressure on families outside to supply or provide money to buy drugs.

In 2001, there were 1,400 adjudications in relation to alcohol and/or drugs. The number of adjudications has currently been reduced by 50%.

Within Hydebank Wood, prisoners are encouraged to have a responsible attitude to drugs; they are rewarded for being drug-free (provided with a TV) and good behaviour. Those with addictions are provided with care and assistance.

Reducing the supply of drugs to those within prison is only one part of prevention as any barriers are porous. The other focus is on reducing demand for drugs from within the prison and as such, education like that provided by Opportunity Youth is very important.

The four key action areas are as follows:

## Control

- prevent drugs coming into prison
- search – both visitors and staff
- use passive drugs dogs
- find and confiscate
- discipline

## Care

- Opportunity Youth sees all prisoners on committal – workers of a similar age are able to relate well to prisoners
- offer care and support
- prevent abuse of prescription medication – no swapping or hoarding

## Education

- it is not possible to control supply: need to change minds and attitudes by making prisoners aware of risks, eg risk of using needles for steroid use
- educate staff by making them aware of drugs

## Information

- monitor drug misuse within both the prison and the community
- make prisoners aware of the facilities available in the prison establishment; where they are and how they can be accessed
- make others aware of the Northern Ireland Prison Service policy on alcohol and substance misuse, eg Opportunity Youth

## Substance misuse services in the setting of the Northern Ireland Prison Service

*Dr Pamela McGucken, Consultant Psychiatrist, Northern Ireland Prison Service and South and East Belfast Health and Social Services Trust*

The Northern Ireland Prison Service has recently produced its *Alcohol and substance misuse policy 2006*, which is currently out for consultation, and it is fitting that this should be included at the Promoting Healthy Prisons conference. This document has been evidenced on previous needs assessments carried out on the prison population, research on blood borne viruses (DHSSPS, 2004) and the *Alcohol and Substance Misuse report (2005)* that was produced as part of *the Review of Mental Health and Learning Disability (NI)*, to name but a few key documents. It is hoped that this strategy will lead to the formation of a dedicated, multi-agency addiction service to meet the high level of need that exists in the prison population.

The principles will include that the prison will continue to provide a safer environment, with a zero tolerance to substance misuse, whilst at the same time ensuring that health promotion and education will be available to all, that treatment services embrace the philosophy of harm reduction, and that there should be equity between services provided in the community setting and those provided in prison. The aim is to treat individuals holistically, and improve all domains of functioning, including physical and mental health, interpersonal skills, education, vocation, leisure pursuits and address offending behaviours.

At present, alcohol remains the favourite drug of misuse. However, in keeping with the drug culture which exists in Northern Ireland, there is an increasing trend in the use of stimulants, in particular cocaine. There is a significant 'pick 'n' mix' culture of drug misuse, including prescribed medications such as dihydrocodeine and benzodiazepines. To date, the incidence of injecting drug behaviour and rates of blood borne viruses remains low, unlike most European prisons. This places the Northern Ireland Prison Service in a unique position to embrace the harm reduction philosophy.

## Opportunity Youth's Positive Steps throughcare programme – an effective model for working with young people

*Ms Karen McCullough and Mr Stewart Buchannan, Project Workers, Opportunity Youth, Hydebank Wood Young Offenders Centre*

Positive Steps is a ground-breaking initiative, based on a partnership between the Northern Ireland Prison Service and Opportunity Youth. The aim of the Positive Steps programme is to demonstrate a change in the attitudes of young offenders and female prisoners towards drugs and alcohol, and reduce the current drug culture within Hydebank Wood prison and young offenders centre. Eight Opportunity Youth staff, comprising six key workers, one counsellor and one administrative officer, are based in the centre and are supervised by a project manager and assistant manager.

The Positive Steps programme, using peer education methodology, has three main areas of focus: supply and reduction; education, care and support; and one-to-one mentoring (throughcare).

Supply and reduction focuses on reducing the availability of drugs within the Centre. This involves measures such as passive drug dogs, drug testing as part of the prison regime and random drug testing. Key workers complement these measures by offering inmates support and encouragement to remain drug free.

Education primarily focuses on the delivery of the OCN Drug and Alcohol Awareness programme to the remand population and a Cognitive Behavioural Therapy programme to sentenced prisoners. Alongside the delivery of these group programmes, Opportunity Youth produces a range of newsletters, information leaflets and posters, and delivers drugs awareness training to prison staff.

Care and support focuses on the individual support offered to programme participants. Each young person is interviewed within 48 hours of committal. Sentenced inmates presenting with drug and alcohol issues are offered a key worker to work with them throughout their incarceration and up to six months post-release. Key workers will then conduct regular one-to-one meetings to review drug and alcohol usage, reflect on how drugs and alcohol led to committal and plan lifestyle changes. The chaotic drug user on remand will also be offered individual support.

Throughcare comprises support for the inmate, firstly inside the centre and, secondly, in the community (post-release). Inside the centre consistent support is offered with the focus on building relationships through structured meetings on a weekly basis. Tailored individual packages are developed and agreed through the use of short, medium and long-term action plans. Key workers work closely with other prison staff and also provide family support once a positive role model has been identified.

In the community, key workers maintain daily contact for the first two weeks after release. Contact is continued thereafter, up to six months, although contact may be increased if the individual's life goes into crisis. Support in the community focuses on accountability for drug and alcohol use and implementing planned lifestyle changes. Assistance is also offered with other issues such as benefits, accommodation and employment.

## Improving mental health services

*Chair: Dr Ian McMaster, Medical Adviser in Mental Health and Physical Disability, Department of Health, Social Services and Public Safety*

### Service overview

*Dr Ian Bownes, Consultant Forensic Psychiatrist, Northern Ireland Prison Service and Sperrin Lakeland Health and Social Services Trust*

With the advent of increasing political stability a new set of challenges has emerged within the wider society in Northern Ireland that will inevitably impact upon psychiatric practice within our prisons – particularly the rise in drug and alcohol related crime, an emergent ‘knife culture’, the public’s demand for increasing safety in our homes and on our streets, the increasing awareness of the complex issues and high levels of risk relating to persons suffering from categorical disorder of personality and the trend of the courts to impose longer terms of imprisonment.

For some time research has consistently indicated that high numbers of persons committed to prison are universally characterised by a profile that includes socioeconomic disadvantage and abuse in their family backgrounds, poor educational attainment, low levels of social and occupational skills, a tendency to associate with others with criminal tendencies, high levels of psychiatric morbidity and poor personal resources, a sense of alienation from and lack of investment in society and limited vision regarding their future outside prison.

Prisons are potentially well placed to address many of these crucial issues. However, in order to meet the challenges posed by prisoners with complex mental health needs and to avoid a further compounding and exacerbating of their inherent deficits, the therapeutic interventions offered must be individualised according to identified need, shown to be effective, and followed up post release in order to avoid discontinuity of care. The proposals contained within the Bamford Committee Review of Mental Health and Learning Disability Report, the recent commissioning of the Shannon Medium Secure Clinic and the recommendation that the Health Service assume direct responsibility for the provision of healthcare across the prison estate, if effectively resourced and managed in the coming years, have the potential to meet both our prisoners’ and wider society’s needs.

### The development of a Cognitive Behavioural Therapy in-reach service for Hydebank Wood women’s prison and young offenders centre

*Mr Paddy Love, Senior Cognitive Behavioural Therapist/Team Coordinator, South and East Belfast Trust*

The South and East Belfast Trust established the Cognitive Behavioural Therapy (CBT) in-reach service for Hydebank Wood women’s prison and young offenders centre as a pilot project on 1 July 2005. It was widely acknowledged that mental healthcare needs were significantly higher among female prisoners than females in the general community population. Furthermore, the current service provision within the healthcare centre in the prison was not sufficient to meet the healthcare needs of the adult female prison population. The mental health resources in the prison service could meet the primary care needs. However, they were not sufficient to provide the specialist mental healthcare eg psychological therapies such as CBT.

Therefore the service was required so that the adult female prison population had access to the same range and quality of service appropriate to their needs as are available to the general population through the National Health Service. The development of CBT in-reach is a first step towards integration of the prison and NHS healthcare provision for the adult female population. Through this collaboration it is envisaged that not only will we create a seamless service to reintegrate the adult female population into

the community, but that we will reduce professional isolation of prison healthcare staff and encourage skills transfer and exchange of information.

In April 2007 the responsibility for provision of healthcare in prisons in Northern Ireland will transfer to the NHS Trusts. This will be a major challenge for the Prison Service and NHS. In this session the presenter will share the experiences of the team to date in meeting the challenge of developing a CBT service within a prison setting.

### Getting out and staying out – resettling women offenders: P3 Foston Hall linkworker scheme

*Ms Rebecca Harrington, Service Coordinator and Ms Kerry Dungavel, Link Worker, HMP Foston Hall linkworker scheme*

The Foston Hall linkworker scheme is a partnership between P3 and the Revolving Doors agency. It aims to improve support to people with mental health problems and complex needs such as drug or alcohol dependency and homelessness when they come into custody, with a view to preventing reoffending and facilitating a more stable, independent lifestyle following release.

The linkworkers work with people either on remand or sentenced to 12 months or less, returning to the Derbyshire or Staffordshire area. They are referred, assessed and supported while in custody and work continues upon release into the community. Interventions include liaison and referral to housing providers and appropriate agencies for addictions, mental health services and women's services, support during court appearances and release, collection from the prison gates, participation in Care Programme Approaches (CPAs), and engagement both in prison and in the community to provide practical and emotional support. The linkworkers often stay involved for a time following referral to external agencies to maintain an element of consistency and ensure clients are engaged.

## Resettlement

*Chair: Mr Austin Treacy, Deputy Governor, HMP Maghaberry*

### Northern Ireland Prison Service Resettlement Strategy

*Mr Brian Ingram, Head of Resettlement, Northern Ireland Prison Service*

I am pleased to have the opportunity to speak on the concept of the prisoner resettlement strategy for Northern Ireland and to say something about the work already undertaken by the Prison Service in partnership with the Probation Board for Northern Ireland and other supporting statutory agencies and voluntary and community based partners.

Within the *Prison Service and Probation Board Resettlement strategy* there are several pathways which I believe fully underpin the Healthy Prisons agenda. There are two key messages I would like you to think about and to take away this afternoon:

- The first is that I believe that a healthier prison environment can only be achieved and maintained when there is greater interconnectivity at all levels between those who engage with prisoners and their families on a daily basis. Interconnectivity, among other things, must be about establishing effective communications and relationships in order to coordinate all services in a proportionate logical sequence for the benefit of the recipients as well as for the organisations involved. Interconnectivity provides the required synergy for working with prisoners that only comes from the sum of the parts working and operating in harmony and with purpose in order to improve the lot of those incarcerated, without, of course, losing sight of the horridness of the impact of crime on the lives of victims and on local communities. Last year alone in England and Wales, the cost of crime was estimated to be in excess of £11 billion.

- Secondly, this combined effort, aimed at reducing reoffending and reintegrating offender back into the community, will not be achieved by quick fixes. Most of these prisoners in custody today will have developed criminal careers before entering custody. For many, their behaviour, their addictions, their attitudes towards themselves and others as well as social conditioning simply cannot be undone during their time spent in prison custody. Therefore in respect of 'what works' a one size fit does not fit all, when it comes to assisting individuals to address their needs. So, those involved in prisoner management and supervision know for sure that if we are to make a lasting impact in changing lives then it must be a concerted effort through individual case management, partnership and consent.

*The Prison Service and Probation Board Resettlement Strategy*, published almost three years ago defined resettlement as "A systematic and evidence based process by which actions are taken to work with the offender in custody and on release, so that the communities are better protected from harm and reoffending is significantly reduced. It encompasses the totality of work with prisoners, their families and significant others in partnership with statutory and voluntary organisations".

Several important principles for resettlement stem from this definition. The need to:

- reduce reoffending by prisoners following release from custody, thereby protecting the public from harm. A recent report by NISRA in 2000 highlighted a 6% decrease in reconvictions within a two year period following release from prison from a cohort of prisoners released during 2003/04. This is good; but why then is the prison population in Northern Ireland still growing by more than 10% per annum? And what, if anything, has worked for those who managed to break free from the spiral of imprisonment? These are difficult questions for which there are no direct answers.
- assist prisoners to resume citizenship in society as law-abiding members of the community. This means them accepting responsibility for past behaviour and events, taking ownership of social values and recognising and accepting difference and tolerance of others in the community in what is becoming an ever-increasing mixed economy.
- remove any barriers to what works in addressing prisoners' needs while in custody and on release – eg, tackling homelessness of those leaving prison; preparing the conditions for ongoing support in addressing addictions; increasing employability potential.

How then does this fit with the healthy prisons concept? The resettlement process requires the interconnectivity of a number of areas, including programmes, work, education, training, health, housing, drugs, benefits, employment and family. For example, while great efforts are taken by professionals to work with and treat individuals with mental health illness, behavioural and personality disorders; and while prisoners' personal safety and wellbeing in custody is taken very seriously (eg developing self esteem and self worth, protecting the vulnerable from bullying and self-harm); and while much effort is put into increasing physical fitness, self control, diet, addictions and providing warm, clean accommodation – while this is all very important and necessary, it is, I believe, incomplete and disconnected if we fail to structure the sociological conditions necessary for preparing people to retake their place in community and to break with peculiar patterns that perpetuate the need to continue with criminal activity.

Research tells us:

- 50% of prisoners experienced problems with their community because of their offending (manifested in punishment beatings, sectarian attacks, intimidation).
- 50% of prisoners will have accommodation concerns on release.
- 70% adult male offenders have numeracy/literacy deficiencies.

- 51% are unemployed on committal.
- 34% were in care as a child.
- 49% have financial difficulties.
- 66% have substance misuse problems.
- 40% have been diagnosed as suffering with mental health problems.

Our experience of offenders... what we know works with offenders:

- Offenders with jobs are 30–50% less likely to reoffend.
- Offenders with accommodation are at least 20% less likely to reoffend.
- Offenders with family support are 18–50% less likely to reoffend.
- Offenders without essential skills, education or training are three times more likely to reoffend.
- the volume of offences by drug dependant offenders was cut by 70% while offenders were in treatment.

The Prison Service and Probation Service have embraced several challenging aims:

- address the complex needs of prisoners;
- deliver Offender Behaviour Programmes;
- reintegrate prisoners into community in conjunction with expert partners;
- develop a prison structure which reflects the 'working day' outside;
- encourage greater interaction between staff and prisoners in the future;
- promote healthier and prosocial lifestyles;
- support women in custody and on release.

There have been a number of major achievements to date (not in any particular order):

- reintegration analysis report for women prisoners
- integration of services and staff training into prisons
- dedicated resettlement teams
- housing
- benefits

- Reachout Programme (NIACRO)
- Progress2Work (DEL)
- jobcentre kiosks
- Opportunity Youth
- Cruse bereavement counselling
- family workers, family centres: parenting skills development
- improved partnership with PBNI
- resettlement needs profile
- corporate review of PREPS completed
- multiagency steering group
- evaluation of labour market needs

There are a number of continuing concerns:

- continued prisoner population growth (13% since the beginning of this year alone)
- heightened media interest on individual cases
- ageing accommodation across estate
- maintaining a separated regime
- staff/prisoner interaction
- reluctance of employers to hire ex-offenders
- need for longitudinal studies and research, post release and supervision.

Three years into resettlement and I have accepted we have all embarked on a marathon and not a quick fix scenario. We are not daunted by those points listed as continuing as there will inevitably be changing factors that will influence the journey we are taking. Interconnectivity cannot be achieved without enthusiastic players who are committed to working with prisoners. Our achievements to date have been the results of an overwhelming commitment by prison staff, the supporting statutory agencies and voluntary and community based partners whom we have been working closely with over the last three years. We are not complacent and have learned a lot in this time, which will inform us in continuing to develop resettlement and thereby promoting a healthy prison.

Thank you for your interest and I look forward to further developments being achieved in the resettlement of prisoners in the next year.

## Accommodation issues for ex-prisoners

*Mr Paul Doran, Assistant Chief Officer, Probation Board for Northern Ireland*

This presentation was based around five key questions:

- Who are ex-prisoners?
- Why should we care?
- When should we do something about accommodation?
- Where do ex-prisoners go?
- What can be done?

In looking at the question of “who are ex-prisoners?”, research has indicated that there are nine key factors that influenced offending and reoffending. These are: education, employment, drug and alcohol misuse, mental and physical health, attitudes and self control, institutionalisation and life skills, financial support and debt, family networks and housing (Social Exclusion Unit, 2002).

In fact the same survey found that 32% of prisoners were not living in permanent accommodation prior to their imprisonment. Of those that have accommodation, a further 33% lose this accommodation during a prison sentence. Finally, a survey by Radford and Robertson in Hydebank Wood last year (2005) found that 36% of female prisoners did not know where they were going to live after their release.

In today's society the question of services for prisoners and ex-prisoners is a controversial one. The Probation Board for Northern Ireland (PBNI) works from an ethical basis that we value the person but not the offending behaviour and, furthermore, we believe that offending is a learned behaviour. It is accepted that prisoners are citizens and entitled to the same opportunities as other citizens, and recent developments with regard to health provision are welcomed in that respect. Setting aside the humane issue for addressing accommodation for prisoners, there is also a significant financial implication for the tax payer. A reoffending ex-prisoner is likely to be responsible for crime costing the Criminal Justice System, on average, £65,000 and this excludes the cost of imprisonment. The current cost for a prisoner in Northern Ireland is £85,000 per annum (£234 per day).

The Probation Board in Northern Ireland does not manage any hostels, unlike the position in England and Wales. There are a number of hostels that provide accommodation for ex-offenders and these facilities are funded through the Supporting People process. However, there are fewer than 80 places available throughout Northern Ireland and recent publicity has threatened the future of such establishments. PBNI strongly believes that such hostels play a vital role in both public protection and the rehabilitation of offenders and should be fully supported by the community in their important work. Given that there are 1,500 prisoners in Northern Ireland the level of provision is something that needs to be addressed.

There are offenders from every village, town and city in Northern Ireland. They originate from their community and virtually all of them will return to the community. There is no part of Northern Ireland where children or other vulnerable people are not present. This is an important issue for society in 2006.

In answer to the question “when should we intervene?”, it is acknowledged that prison can help accommodation issues in some limited circumstance, eg to save a tenancy/reduce arrears, to carry out an assessment of accommodation need, to gain skills in managing tenancies and to address offending behaviour. However, prison can worsen the situation in that, as well as losing accommodation, rent arrears

can build up, prisoners are barred from some housing opportunities, there is an increased chance of homelessness and a greater risk of loss of employment. All of these can lead to problems in accessing health/benefits/services which can lead to further offending.

In Northern Ireland, 49% of prisoners are reconvicted within two years in comparison to 58% of prisoners in England and Wales. If the offender is subject to post custody supervision, the reconviction rate drops to 32%. This demonstrates that some positive work is being carried out in Northern Ireland prisons and also in the community when a prisoner is released. The Social Exclusion Unit found that having stable accommodation reduces the risk of reconviction by 20%. There have been a number of recent initiatives to further improve the situation, for example, the establishment of Supporting People in 2003, the publication of the *Northern Ireland Prison Service Resettlement Strategy* in 2004, the needs analysis of women offenders carried out by Northern Ireland Prison Service Resettlement Branch, the funding of a housing rights worker by the Housing Executive to work across the three prison establishments and finally ongoing work on female offenders. However, there is still much to be done in a climate which demands simple solutions to complex problems.

The conference on healthy prisons was an important event in taking forward the core principle that prevention of further offending is a matter for all of society in Northern Ireland.

#### **The importance of family ties in supporting resettlement and reducing reoffending**

*Ms Siobhan O'Dwyer, Director of Services, Northern Ireland Association for the Care and Resettlement of Offenders*

The Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO) is a voluntary organisation, working for 35 years to reduce crime and its impact on people and communities. NIACRO has been involved in resettlement work since 1971 and we are very pleased to be partners with the Northern Ireland Prison Service and PBNI in the resettlement strategy launched in 2004. NIACRO is privileged to have gained a wealth of experience from the people we have worked with both in prisons and from the children and families of offenders.

In this workshop, I will amplify the voice of children and families of prisoners who "serve a silent sentence when a period of imprisonment is imposed." I will outline some of the services that are currently available to support families and children of prisoners and the need to further enhance those services. I will touch on why those services are important and what impact they can have both on positive resettlement and a reduction in offending by children and young people of prisoners. In conclusion, I will emphasise the important role that families play in the effective resettlement of prisoners and raise questions about how the Northern Ireland Prison Service, PBNI, the Youth Justice Agency and others can ensure that families are supported to actively participate in resettlement planning.

#### **Healthy lifestyles: better choices**

*Mr Jim Begley, Deputy Director - Education, Programmes and Activities, Youth Justice Agency, Juvenile Justice Centre for Northern Ireland*

Youth Justice Agency, The Juvenile Justice Centre for Northern Ireland (JJCNI) adopted the 'Every Child Matters' framework when developing its business plan for services to young people. In 2003, the Government had published a green paper called 'Every Child Matters'. The paper identified the five outcomes that are most important to children and young people:

- Be healthy
- Stay safe

- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing

The five outcomes are universal ambitions for every child and young person, whatever their background or circumstances. Improving outcomes for all children and young people in custody underpins all the work within JJCNI. These outcomes are mutually reinforcing. For example, young people learn and thrive when they are healthy, safe and engaged. Evidence clearly shows that educational achievement is the most effective route out of poverty.

Young people are admitted to custody for a variety of reasons and with a variety of problems. It is our experience in JJCNI that often their pathway into custody is the direct result of poor or ill-informed decisions and choices. Often those poor choices are due to a lack of options or a lack of experience in making appropriate choices. JJCNI seeks to redress that imbalance. Young people's time in custody needs to be purposeful if we are to effect any change. Making better choices in relation to lifestyle options is one beginning.

Further information about 'Every Child Matters' can be found at [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

## Workforce development

*Chair: Dr David Mills, Department of Health, Social Services and Public Safety*

### Well at work? Exploring opportunities to promote the health and wellbeing of staff working in the prison setting

*Ms Michelle Baybutt, Research and Development Coordinator, Healthy Settings Development Unit, University of Central Lancashire*

The workplace is a key setting to tackle ill health as identified in national public health strategies.

This presentation will consider the aims of workplace health in the context of the prison setting by drawing on the involvement of HMYOI Hindley with the Well@work initiative.

Well@work is a national programme led by the British Heart Foundation with funding from Active England (Sport England and Big Lottery Fund joint awards programme) and the Department of Health.

HMYOI Hindley is one of two sites in northwest England for this programme, which aims to increase employee knowledge about health; develop employees' skills to help them achieve a healthier lifestyle; provide opportunities for employees to participate in and become more involved in health promotion in the workplace; and provide a supportive environment to encourage healthy choices.

This presentation will highlight specific issues identified by this initiative considered to be unique to workplace health in the prison setting and integral to future planning.

### Employee assistance programmes for staff in the Northern Ireland Prison Service

*Mr Maurice Campbell, Personnel Manager and Mr Robin McDonald, Chief Welfare Officer, Northern Ireland Prison Service*

The Northern Ireland Prison Service is committed to creating a healthy environment for its staff. Staff are the service's most valuable resource. Their health, safety and wellbeing are critical to enable us to deliver the type of service which society needs and expects.

The Prison Service is a unique department within the Northern Ireland Civil Service. The majority of staff are Prison Service grades who spend their working hours managing prisoners. This puts them in a position where they are more likely to be assaulted and threatened and as a result will be more likely to be injured on duty or suffer from stress. Unlike other departments, our staff cannot leave their jobs behind when they finish their shifts. Over the years, staff and their families have suffered attacks at their homes and 29 have been murdered.

This has resulted in a wide range of support services being developed and put in place to support staff at work, throughout their illness and in their rehabilitation process.

Within the service we have:

- an Occupational Support Unit, which incorporates an in-house welfare and an external counselling service providing individual counselling sessions for staff;
- occupational health services;
- back to work programmes;
- reasonable adjustments;
- workplace health improvement programmes;
- work life balance;
- in-house physiotherapy;
- FI TECH health assessments;
- Hepatitis B immunisation programme.

Due to our unique workforce we have a number of additional schemes in place to assist staff who may have suffered. These schemes range from supplying a range of security equipment at the home of the member of staff, to actually assisting the member of staff to move house.

- Prison Service protection scheme;
- key persons protection scheme;
- assisted home removals;
- special purchase of evacuated dwellings.

### Implementing a smoke-free prison

*Ms Vicky O'Dea, Governor, HM Prison and Young Offenders Institution Ashfield*

A smoke-free prison was introduced in response to staff litigation and complaints from non-smokers.

In discussion with our Senior Management Team, Prison Service Union and young people we set a date for a total smoking ban. We gave the young people a date after which there would be sanctions for smoking and which also allowed time for them to smoke the tobacco they had already bought.

Young people were offered Nicotine Replacement Therapy (NRT), acupuncture support groups, etc., and despite threats of riots, disorder, litigation, human rights violation, the date came and went and smoking stopped without incidence.

However, for staff who smoke, the process has been more difficult and still rumbles on. I addressed staff groups and explained that during difficult times, we would no more think of having a gin and tonic at our desk, to de-stress us, than fly to the moon – we would not expect or tolerate alcohol use at work and from now on we would not tolerate tobacco.

I offered NRT, acupuncture, support groups, etc., to all staff. Over 30 staff took advantage of this (so far only one has still stopped, two years on).

We took a mature view with staff, saying that I would not search staff for tobacco, but our routine staff searches would continue and we did a two-strike approach for staff. Those caught with tobacco would be given a written warning and a second 'event' would result in dismissal – so far only two staff have received warnings.

We did not get the rise in self-harm, fights, riots or indiscipline that was predicted despite our young people being volatile, impulsive, lacking in consequential thinking or anger management.

The hardest bit was making the decision to do it.

## Promoting better health

*Chair: Dr David Stewart, Director of Public Health, Eastern Health and Social Services Board*

### Making sustainable health improvements

*Ms Katie Roberts, Health Improvement Specialist: Prisons, Warrington Primary Care Trust (HM Prison Risley and HM Young Offenders Institution Thorn Cross)*

The Healthy Prisons work takes place at two prisons in the Warrington area – HMP Risley and HMYOI Thorn Cross. HMP Risley is an adult male, category C prison with a capacity of approx 1073 prisoners. Thorn Cross is a young offender and juvenile open prison (category D) with a capacity of 320 prisoners.

The aim of the work is for health improvement to become integral within the structures, policies, processes and culture of the prison. Hence, a health promoting prison, which becomes a setting for sustainable and integral health improvement, similar to the healthy schools initiative.

The Healthy Prisons work in the Warrington is led by a multi-disciplinary team of staff from across the establishments and partner agencies. The work is also developed by the prisoners themselves and their families. The planning of the work is done through the Prison Health Improvement Groups and Prisoner Group with break-off planning groups to work on specific projects such as health improvement days and arts and health projects etc. It involves a mixture of organisational development work and highly visible project work, empowering, and requiring ownership across the whole prison. The priority areas are:

- Mental health and wellbeing
- Healthy eating and nutrition
- Smoking
- Drugs and other substance misuse
- Healthy lifestyles (including sex and relationships)
- Physical activity/active living

- Workplace health
- Over 50s

The work has been praised by the regional prison team and has been highlighted as good practice in recent inspections. Feedback from prisoners has also been positive.

### Experience of a Genito Urinary Medicine in-reach clinic in Northern Ireland male prisons

*Dr Raymond Maw, Consultant Physician, Genito Urinary Medicine Clinic, Royal Victoria Hospital*

A Genito Urinary Medicine (GUM) Consultant service first began in the early 1980s at the Crumlin Road Prison provided by Dr Raymond D Maw. This service was transferred to the Maze after the closure of the Crumlin Road and currently the service is provided to Maghaberry, Magilligan and Hydebank by Professor W W Dinsmore and Dr Maw. Visits occur approximately once a month. This presentation refers to Dr Maw's experience in Maghaberry Prison, which has a turnover of 6,000 male prisoners per annum with high rates of remand of 25–30 men received daily.

Part of the admissions process to the hospital is a healthcare needs review and the nurses involved make prisoners aware of the availability of a GUM service. Patients attending the monthly session are referred from the prison GP or nurse, other specialist and at an individual's request. The patients have a standard GUM check up involving noting of sexual history, examination and taking relevant samples. All patients are offered microbiology tests for syphilis, HIV, chlamydia trachomatis, urethritis and, if appropriate, N gonorrhoea.

The patients are asked if they agree to their attendance being registered in the GUM clinic at the Royal Victoria Hospital, which means a record of their episode of care is recorded in the GUM system. Almost all patients agree to this. A short dictated note of each episode is made for the hospital notes. No reference is made to confidential sexual history. Patients inevitably give a history of heterosexual contact with only a few giving a history of same sex contact outside prison and virtually none of same sex contact in prison. The session is attended by a member of the prison nursing staff. Although there are attempts to provide nurses familiar with the service this is not always possible. Between four and nine patients are seen per session.

Problems resulting in patients not attending include patients who refuse to attend on the day – they are attending visits, court, the gym, other activities, or have been discharged. The large majority of patients are new referrals. For the year August 2005 to 2006, the new to review ratio was approximately 4 to 1. Although no official record is kept of the disease diagnosis, trends noted have been an increase in chlamydia trachomatis diagnosis (DNA amplification test on urine introduced in 2005). There has been an increase in the number of men seeking HIV and hepatitis testing secondary to past injecting drug experience, and recently there have been two patients who have been diagnosed with HIV prior to their incarceration. The prison has provided electrosurgical and cryotherapy equipment for the treatment of genital skin lesions mostly genital warts.

A Consultant GUM service is offered on a monthly basis in three of the male prisons in Northern Ireland. A reasonable service is provided but improvements could be made by more dedicated and trained nursing staff, routine offering of written information on the service to all inmates and the provision of a Health Adviser service which is currently lacking. These implementations would result in a higher number of referrals needing additional sessions and staff.

# The way forward

*Dr Philip McClements, Director of Health and Healthcare, Northern Ireland Prison Service*

My particular thanks to the team from the HPA who have managed to get all this saved from the reporters from the five groups and hopefully put it on PowerPoint so that I can present it in the next 10–15 minutes.

There's been so much... I mean the thing that struck me going round – I got to three of the groups – was that there was such an amount of material and information and experience in all the rooms and people working in the various aspects of the service, that it would be almost impossible to do what we are trying to do, ie try and feedback all that has happened this afternoon.

We will produce a full report of the conference proceedings. The Health Promotion Agency wants to do that so that everybody will get a full report, which will give us things in detail. All I can hope to do today is to give you a flavour of each of the five groups. I should say at the start that Robin Masefield, because he was called away to another meeting this afternoon, has had to pull out. He was to do the final five minutes just to set the scene for where we go from here but he has asked me to include that in my summing up session. So I will rapidly run through what the reporters have picked up from the five groups. If it's not an accurate reflection, or if there are major things that we've missed, we're quite happy to listen to comments on that. We have asked them to confine themselves to three points in each slide, and you'll see the points on each slide illustrate the old saying that there are really only three types of people in the world: there are those that can count and there are those that can't. So most of the three point slides have got five or six points on them. But that's super because as I say there was so much covered.

## Substance misuse

### Special role of voluntary sector in addressing the issue of substance misuse

If we start with the group that was looking at substance misuse. It's very difficult in an hour and a half's discussion to pick out three or four main points but what they did see, and maybe something that we have slightly neglected today looking back with hindsight, [is the importance of voluntary groups]. We've talked a lot about the Prison Service. We've talked a lot about the Health and Social Services. We probably haven't talked enough about the important role of the voluntary organisations in working, doing tremendous work, in prisons, sometimes when nobody else would come in. And, I think, sometimes that the voluntary organisations pick up things that the statutory services are very uncomfortable with. And this was particularly relevant when we were looking at substance abuse, an area where, as you know, there are three main voluntary organisations: Opportunity Youth in Hydebank Wood, Dunlewey in Maghaberry and Northlands in Magilligan. And all our current services, in terms of therapeutic services, are in the hands of those three voluntary organisations. So this was a key point.

### Challenges that lie ahead – harm reduction

The second thing they said is that one of the big challenges we face in substance misuse for prison services, is harm reduction. We're talking about needle exchange, we're talking about condoms and we're talking about safe sex. And when I raise these questions at the prison management board with the other directors it is extremely difficult. But I've said to them, it may not be in my time but at some stage we will get an increasing problem and I know Enda Dooley would reiterate because he's been through a lot of these experiences in the South in the Dublin scene, and in the drug scene in the South. And so the prison service at some stage will have to grasp harm reduction in a big way. We're into it slightly at the moment but not to the extent that the Health Service would deal with those issues.

### Enforced detox

The third point they made was the whole question of enforced detox. That you're dealing with a sort of, almost an unnatural situation, that people who are on drugs or particularly on alcohol arrive in prison and the alcohol is withdrawn. And there are two major issues there. There's obviously that they are detoxed properly, and we're conscious of the need to look at how we do that as a service, but also they're then in a situation of enforced detox for the time they're in prison, an enforced abstinence, and there is obviously a risk but it's also an opportunity, I would suggest. One of the key parts of our alcohol strategy is to try and maybe use that time of enforced abstinence more profitably, by using it for intervention and therapeutic intervention.

### Problem of prescribed medication

We had it raised earlier today – the problem in prisons of prescribed medication. We inherit people; most of our prisoners come in on prescribed medication, much of which is dependence forming. And very often we find that even when our doctors or nurses try to change that pattern of subscribing then there's a backlash: either the prisoner complains or they even bring in the legal authorities to suggest we are not treating the prisoner properly because we have stopped the medication that they were getting from outside. And there's a lack of understanding, I think on part of society. In terms of Northern Ireland, it is a very high prescribing area. It's always been either number one or number two in the UK in the rate of, in the amount of, prescribed medication that goes out to all our patients.

### The need for throughcare and resettlement

And then the final thing was the need for throughcare and resettlement and that's a theme we've heard all through today. It's, we must link up, we must, when we try to provide substance misuse services we have to link them properly with what's particularly available outside. And I think it's particularly difficult in terms of substance misuse with drugs and alcohol, particularly young offenders, to find a way of making sure that once they leave prison they continue on their recovery programme or whatever interventions they have been given. Would the group that looked at substance misuse be reasonably happy with that as a summary of their deliberations? Ok.

## Improving mental health services

### A need to "get real" about morbidity

There's a very straightforward statement. There's a need to "get real" about morbidity in terms of – Robin Masefield hinted at this, this morning – we don't need any more needs assessments. We know the problems are there, they're massive, they're confronting the prison service in a way that sometimes we wonder if we can ever cope. And the problem now is how we actually get services into prisons to deal with this massive amount of psychiatric and psychological morbidity and get proper joined-up services.

### Personality disorder – complex needs

I'm not surprised that the group got very early onto the thorny question of personality disorder. Is it in or is it out? Is it part of the legislation or is it not part of legislation? Is it part of services or is it not? Because certainly in prison a lot of our offenders are personality disordered offenders and very often they are dual diagnosis in that they have personality disorder and mental illness. So the group obviously highlighted that as a complex problem.

### Need to work in partnership with mental health services and criminal justice systems

The third point was the need to work in partnership with mental health services and criminal justice systems. And as you heard again from Robin Masefield, there's no need to talk to us in the prison side to remind us of the need for joined-up working between the two sectors and between the voluntary organisations as well.

### Opportunity to improve services

The group highlighted that they see there is an opportunity at the moment: with Bamford, with the transfer of healthcare, with all of these issues and the health promotion agenda today. There's a golden opportunity to actually, genuinely move things forward.

### Need to address practical issues through throughcare and improved coordination

And finally there's a need to address practical issues through throughcare and improved coordination of services. That's another repeating theme. The issue of throughcare and improved coordination of services was a recurring theme.

Is group two reasonably happy with that? Ok.

## Resettlement

This group was looking at resettlement. Again they picked out five key points.

### Everybody's business

First, like all the healthcare agenda in prison, resettlement is no different, it's everybody's business, everybody working in prison and also all the agencies working outside. It's a shared agenda. It's not somebody working in a silo; that they do resettlement and somebody else does healthcare and somebody else does suicide prevention. It's that everybody's in the same business. And I think that's something we have to try and grasp and move forward on.

### Promote treatment in balance with protection

And the second point is to promote treatment in balance with the protection or the security agenda, and that's what I found was a shock to my system. I had worked for 34, 35 years in healthcare, where the corporate agenda's top item was health. I suddenly found myself in a situation in the prison service where I was competing with other corporate priorities. So security was the top of the agenda and health was trying to be seen in a priority situation. And I think the resettlement group has flagged this up. It's to get that balance: society wants to be protected from criminals who are sent to prison, but we want to treat them as individuals, and treat them with proper care and proper services. And that balance between custody and protection and treatment and rehabilitation is a very delicate thing and I think, at times a very politically and societally emotive thing. But I think it's something we can get right.

### Increasing numbers in custody

They also flagged what Robin Masefield and everybody working in the prison service will flag up. Every month the numbers seem to increase. So it's harder within the existing resources that we have, to provide the level of services that we need for all our prisoners and to get resettlement programmes and links with the community and all of that done in the face of ever increasing numbers of prisoners and an overstretched workforce.

### Accessing housing/accommodation

The fourth big area. If they were highlighting one area out of all the interagency working, it was housing and accommodation. This seems to be a particular problem in helping with resettlement. Prisoners have great difficulty at times, in getting any form of proper housing and accommodation when they return to the community.

### Nine reasons for reoffending identified by social exclusion unit

And the final point they made. There was a clear statement that there are basically nine areas, nine reasons that affect the reoffending agenda and all these can be grouped under one heading which is social exclusion. They're all common to the overall social exclusion agenda and that's why prisoners tend to recidivism and keep returning time and time again to our institutions.

## Workforce development

This group looked at workforce development.

### Recognise there is a lot of support with regards to health

And the first point they made is that at the moment there is a lot of support, there's a lot of resource there, there's a lot of experience, there's a lot of skill in the service at the moment to take forward the agenda. And I would be the first to reiterate that. I mean we do have a very skilled workforce in prison currently working with prisoners in healthcare. However, we tend to have been isolated in terms of the linkages between ourselves and the wider community of Health and Social Services. But there's a lot of support inside, and what I really do appreciate now, and today is an example of it, there's a growing support from the Health Service and Social Services as well. And David Stewart in his presentation has made a challenge to us all, that as part of the overall Investing for Health agenda, we need to get together and work together in a supportive way.

### There's an opportunity to join this up with a wider healthy prisons agenda

I think secondly that, as the group has said, there's an opportunity to join this all up with the wider healthy prisons agenda. Working together with our colleagues in discipline, and colleagues working in criminal justice, to try and drive forward the whole total healthy prisons concept.

### Smoking policy

The third point was around the whole area of smoking policy. Everybody was aware policy will be changing in Northern Ireland coming in next April and people are struggling with how we will actually end up in formulating our final policy in prisons in terms of smoking, and more importantly how we implement it. Writing the policy will be one thing but actually making sure it is implemented and how we implement it and what are the implications, is something that the group highlighted as a key area.

### Welfare of staff

And the fourth point was an overall one, which we probably again, because of time today, we haven't probably talked enough about – our staff as well as our prisoners. There's a whole question about healthy prisons and there are health and lifestyle issues within the prison workforce. I mean it has been – and some speakers referred to this – particularly in Northern Ireland over the last 30 years, it has been an extremely stressful place to work. And we've had, in the past, very high incidence of sickness rates, and absenteeism and stress-related illness. And we need to concentrate our efforts, not only in looking after prisoners but also, in the real sense, developing the people that work within the systems. So that was highlighted, the welfare of staff was seen as a key issue.

## Promoting better health

### More resources

And then, I think the final group was looking at promoting better health and surprise, surprise their key, number one priority to do this – we need more resources. And I would accept that. I mean, basically my view of healthcare in prison and healthy prisons has been that there are four divisions of services. There's basically primary care which we have been doing very well to date. There's secondary healthcare that we have to look at, there's mental health including addiction, and there's the whole question of promoting health. Health promotion, public health is what this conference is about today. And to get all four parts of that right. And we traditionally have only been concentrating really on primary care and secondary care for the last 30 years. It's only relatively recently that we've started to address the key issues, and these are expensive issues. And I've been trying to make the point that if this is going to work that we will have to get some investment of new resources. England got 40% additional resources to transfer health over to the Health Service and most of that was for mental health. So, I mean, I have no difficulty with the group highlighting resources at the top.

### More integrated care

More integrated care. Another issue that comes up again and again, working together, joining up services, everybody working and linking.

### Better information on what's on offer and more formalised offering of services

The question, and this came out in Jackie's survey of needs assessment, of giving prisoners better information on what is on offer. Some prisoners may not be aware, for various reasons, of what we actually do offer and what we can put them in touch with, and there needs to be a more formalised way of doing that.

### Ownership and responsibility across the prison involving staff and prisoners.

And then finally, the fourth point the group made was the ownership and responsibility across the prison involving staff and prisoners. We haven't really got into that today. I mean the time is coming, I've no doubt the time will be coming when we will have to get user representation on some of our groups that look at these issues. We're going to have to ask the prisoners. Because that's how health services have moved in my lifetime. It's much more consumer driven. So there is a role.

So that's, in a nutshell, what has come out of today. I obviously want to thank some people. Can I thank, particularly, Brian Gaffney and Victoria Creasy, who wasn't here today. Really the initial idea developed from Brian and Victoria. Because, I think it has been a milestone, in terms of this event today, that has brought together a tremendous mixture of people who have all got an interest. And I think the fact that you're all still here shows there is an interest there because, as I say, I've been at conferences where by this stage of the day there would be more spaces than people, and we've still got more people than spaces here. I usually say at the end of conferences that I always love the last session because the people that are at the last session are my type of people. If I have a party at home it's the people that are there at two in the morning that I really get on with. But the people that stay to the bitter end are the ones that I like, and your commitment today has been enormous. So we'll thank the HPA on your behalf. I want to thank all our speakers in terms of the presentations which have all been of high quality and how the working groups and so forth were run this afternoon.

So basically the final thing is to thank you yourselves for the contribution. We will produce a report. I think the team will meet up after this to say we're not allowing this, this is just not going to die. We're determined that we will try to follow up and see how we can now move this forward. But until that happens I would ask you to thank everybody involved in the usual way.



# APPENDICES

## Appendix 1 - Participants' evaluation of the conference

### Method

A questionnaire was provided to all participants as part of the delegate pack.

Of the 161 participants who attended, 61 completed the questionnaire. This is a response rate of 38%.

The results are reported to include the number (n) of responses and the percentage, with the exception of instances where there are 30 or fewer responses, when only the number of responses is reported.

Where percentages are stated, these may not add up to 100 due to rounding or multiple responses.

Where appropriate, in order to highlight the main themes to responses, responses relating to similar issues or expressing similar opinions have been grouped.

### Results

#### Question 1

Participants were asked how they found out about the conference.

Participants reported that they had become aware of the conference through two main sources, colleagues (39%) and the conference flyer (38%).

| Responses                                      | %  | Total (n) |
|--|----|-----------|
| From colleagues                                | 39 | 24        |
| Conference flyer                               | 38 | 23        |
| Website  | 8  | 5         |
| Inform   | 3  | 2         |
| Other, please specify                          | 15 | 9         |
| <b>Total number of participants responding</b> |    | <b>61</b> |
| <b>Total number of responses</b>               |    | <b>63</b> |

## Question 2

Participants were asked to rate the presentations in terms of the usefulness of the content, where a score of 1=poor and 5=excellent.

Overall, participants found each of the presentations very useful (score 4 or 5).

| Rating   |   | 1 | 2  | 3  | 4  | 5  | Total (n) |
|--|---|---|----|----|----|----|-----------|
| Improving the health of the prison population: a whole prison approach | % | 2 | 5  | 24 | 42 | 27 | 59        |
| Implementing a whole prison approach                                   | % | 3 | 15 | 22 | 37 | 22 | 59        |
| The health needs of prisoners  | % | 2 | 7  | 31 | 27 | 34 | 59        |
| The Bamford Review – priorities for mental health                      | % | - | -  | 22 | 36 | 42 | 59        |

When asked to provide further comment on the presentations, 25 participants responded.

The main comments received related to:

- the quality of the presentations and information provided. Comments included terms such as excellent, informative, well linked, stimulating, motivational, useful, interesting – 44%.
- support/advocacy for the approach – 12%.

| Responses   | Total (n) |
|---|-----------|
| Presentations /information - excellent, informative, well linked, stimulating, motivational, useful, interesting.   | 11        |
| Support/advocacy for the approach.  | 3         |
| Rushed in parts.  | 2         |
| Overhead quality not good (especially in first three sessions) (first and second sessions).   | 2         |
| Request for speaker contact details. I would like to learn more about the needs assessment work.  | 1         |
| Good background – need to reinforce the ‘rhetoric’ of health inequalities. Many in audience not convinced of validity in practice – still talk of primacy of ‘prisoner’ responsibility. | 1         |
| Consultation document – management of mothers/babies in prison – not mentioned.   | 1         |
| Would have liked more information on what the healthcare services are doing and the vision for where they want to go given the changes in April 2007.                                   | 1         |
| Implementing needs of prisoners very interesting but too theoretical /difficult to understand. Needs simpler language for people without background in prisons theory.                  | 1         |
| Health needs appeared limited – response rate not mentioned; given literacy problems surprising that no other research tool used – in particular focus groups or interviews.            | 1         |
| Frustrated by gap between theory and reality. I would acknowledge value of healthcare within NIPS but it is sabotaged by lack of adequate throughcare.                                  | 1         |
| One speaker didn't really sound interested in their own subject, used too much jargon and not enough practical examples.  | 1         |
| Prisoners' health problems may well be a direct result of drug abuse, this problem should be addressed before the health of prisoners deteriorates.                                     | 1         |
| Very little information on what resources will be made available.   | 1         |
| Prison officers: captive workforce – thought given to more training of staff – develop staff self-esteem – promote the job as a very worthwhile profession.                             | 1         |
| <b>Total number of participants responding</b>  | <b>25</b> |
| <b>Total number of responses</b>  | <b>29</b> |

### Question 3

Participants were asked to indicate which parallel session they attended.

| Parallel session attended        | %  | Total (n) |
|----------------------------------|----|-----------|
| Substance misuse                 | 37 | 21        |
| Resettlement                     | 18 | 10        |
| Workforce development            | 16 | 9         |
| Promoting better health          | 16 | 9         |
| Improving mental health services | 14 | 8         |
|                                  |    | 57        |

Participants were asked to rate the parallel session attended in terms of the information provided, where a score of 1=poor and 5=excellent.

| Rating                           |   | 1 | 2 | 3  | 4  | 5  | Total (n) |
|----------------------------------|---|---|---|----|----|----|-----------|
| Substance misuse                 | % | - | - | 11 | 44 | 44 | 18        |
| Improving mental health services | % | - | - | 14 | 14 | 43 | 7         |
| Resettlement                     | % | - | - | -  | 78 | 22 | 9         |
| Workforce development            | % | - | - | 50 | 25 | 25 | 8         |
| Promoting better health          | % | - | - | -  | 25 | 75 | 8         |

When asked to provide further comment on the parallel sessions, 36 participants responded.

The main comments received related to:

- the quality of the presentations and information provided in the parallel sessions. Comments included terms such as excellent, good, very informative, interesting, useful, very well organised, comprehensive, thought provoking – 56%;
- the fact that the conference was informative and highlighted the need for more time for discussion or to attend parallel sessions – 28%.

| Responses   | %          | Total (n) |
|---|------------|-----------|
| Presentations/information - excellent, good, very informative, interesting, and useful.   | 56         | 20        |
| Very informative/more time required for parallel sessions and input.  | 28         | 10        |
| Misleading/little comment about the work of the voluntary sector with regard to addiction.  | 6          | 2         |
| Poorly represented by one speaker due to lack of consultation.  | 3          | 1         |
| Two good presentations – the other inaccurate and at times insulting.   | 3          | 1         |
| Not enough information about services within prisons and how they work with prison staff/services and support staff and prisoners.                  | 3          | 1         |
| Quite a lot of repetition. A more strategic/DHSSPS approach could be helpful.   | 3          | 1         |
| Would like to see an introduction of minimum fitness assessment being drip fed in to assist staff of lesser fitness.                                | 3          | 1         |
| Copies of first speaker would have been welcomed, pace of session too fast to take notes.   | 3          | 1         |
| Emphasis on the statutory and psychiatric. Joined-up throughcare is crucial – without this we set people up to fail, then punish them for doing so. | 3          | 1         |
| A specialist interest group in substance misuse throughout the prisons would be beneficial.   | 3          | 1         |
| Was presenting.   | 3          | 1         |
| <b>Total number of participants responding</b>  | <b>114</b> | <b>36</b> |
| <b>Total number of responses</b>  |            | <b>41</b> |

#### Question 4

Participants were asked what was the most useful aspect of the conference and why.

Fifty participants responded.

The main responses related to:

- the opportunity to network with colleagues and other agencies (26%)
- the multidisciplinary nature of the conference (16%)
- the conference providing an overview of planning for and vision of prison healthcare for the future (8%)
- the conference providing increased knowledge and understanding of prison service and needs of prison population (8%)

Many of the responses received related to the usefulness of particular presentations, for example The Bamford Review (10%) and the interesting and relevant nature of the information provided.

One comment reported being "Interested to hear that the health of prison staff is being supported as well as prisoners" while another felt that the conference provided "affirmation of what is being done".

| Responses   | %          | Total (n) |
|---|------------|-----------|
| Networking/colleagues/other agencies/reinforced need to work together, shared vision.                     | 26         | 13        |
| Multidisciplinary approach to the issue.  | 16         | 8         |
| Bamford Review/very informative/interesting/too brief.  | 10         | 5         |
| The future direction for prisons.   | 8          | 4         |
| Increased knowledge, awareness and understanding of prison service and needs of prison population.        | 8          | 4         |
| Substance misuse – very informative.  | 6          | 3         |
| Workforce development workshop.   | 4          | 2         |
| Presentations – very useful information.  | 4          | 2         |
| Parallel session particularly relevant to some aspects of my work.  | 2          | 1         |
| Workshops were incredibly interesting – would have liked to have attended more.                           | 2          | 1         |
| Information from Opportunity Youth.   | 2          | 1         |
| Extremely timely, excellent topics.   | 2          | 1         |
| The morning presentations.  | 2          | 1         |
| Afternoon introductory session outlining HPSS policy context very helpful in setting the scene.           | 2          | 1         |
| Foston Hall presenters – integral throughcare is not being done except in a patchwork way by counsellors. | 2          | 1         |
| Health needs of prisoners – but much too brief.   | 2          | 1         |
| Summing up also very useful.  | 2          | 1         |
| The work of the Cognitive Behavioural Therapy (CBT) team at the Young Offenders Centre.                   | 2          | 1         |
| Presentation by the Director of Prisons.  | 2          | 1         |
| Models and background.  | 2          | 1         |
| Recognition of wider, non 'health' aspects that contribute to health.                                     | 2          | 1         |
| Prison link services – good idea that could be introduced here at low cost but very effective.            | 2          | 1         |
| Interested to hear that the health of prison staff is being supported as well as prisoners.               | 2          | 1         |
| Ideas, themes re connectedness, prison environments, leadership.  | 2          | 1         |
| First attempt to get to grips with huge mental health problems in prisons.                                | 2          | 1         |
| Affirmation of what is being done.  | 2          | 1         |
| <b>Total number of participants responding</b>  | <b>118</b> | <b>50</b> |
| <b>Total number of responses</b>  |            | <b>59</b> |

## Question 5

Participants were asked what was the least useful aspect of the conference and why.

Twenty nine participants responded.

Seven responses commented that they found all aspects of the conference informative.

The main responses related to:

- the need for more discussion/question time and interaction at parallel sessions (21%)
- the need to provide practical information/develop solutions to prison issues (14%)
- participants not being able to attend all parallel sessions (10%)

| Responses  | Total (n) |
|--|-----------|
| Workshops not long enough – no time for discussion.  | 6         |
| Not enough focus on practical issues/developing solutions.   | 4         |
| Unable to attend all parallel sessions.  | 3         |
| Implementing whole prison approach.  | 2         |
| Jargonised and lot of language stigmatised those with emotional and mental difficulties.   | 1         |
| Link between children in care going on to offend ending up in prison – could some consideration be given to pre prison as well as after prison care. | 1         |
| Sound.   | 1         |
| Morning sessions.  | 1         |
| One speaker's assumption that we can 'resettle' people who were often never settled without adequate help on the outside.                            | 1         |
| Prison health and the wider agenda.  | 1         |
| Several speakers were duplicating.   | 1         |
| Lunch was poor and not enough.   | 1         |
| <b>Total number of participants responding</b>   | <b>29</b> |
| <b>Total number of responses</b>   | <b>30</b> |

## Question 6

Participants were asked what impact (if any) the conference would have on their work practice.

Forty participants responded.

The main responses related to:

- an increased knowledge, understanding and awareness of issues within prisons (25%)
- enabling a focus on health and health promotion (15%)
- influence policy development to include the health agenda (8%)

Three responses (8%) reported that the conference would have no or little impact on their work practice.

Two responses (5%) felt that the conference had increased their knowledge on the future direction of prisons. However, other responses expressed concern about healthcare in prisons, the future and the absence of any commitment to throughcare.

| Responses   | % Total (n) |           |
|---|-------------|-----------|
| Increased knowledge/understanding/awareness of issues.  | 25          | 10        |
| Improve/bring forward health promotion.   | 15          | 6         |
| Influence policy.   | 8           | 3         |
| Lots of contacts to follow up.  | 8           | 3         |
| Little or no impact.  | 8           | 3         |
| Insight on future direction of prison.  | 5           | 2         |
| Being individual centred/ commitment to be there for people in an authentic and personal way. | 5           | 2         |
| Much food for thought – much to take back to our Healthcare Commissioners Group (Prison).     | 3           | 1         |
| Discuss with team.  | 3           | 1         |
| That others recognise my own concerns regarding health care in prisons.                       | 3           | 1         |
| Just an increasing frustration at the absence of any commitment to throughcare.               | 3           | 1         |
| Have come away feeling more worried and concerned about the future.                           | 3           | 1         |
| Impact on the need for better leadership skills to lead the healthier prisons approach.       | 3           | 1         |
| Implementing the smoking legislation within prisons.  | 3           | 1         |
| Source some examples.   | 3           | 1         |
| Very well.  | 3           | 1         |
| A lot – South and East Belfast Trust will be working closely with Hydebank.                   | 3           | 1         |
| To think more broadly in relation to service delivery.  | 3           | 1         |
| Possibility of further working with the prison service.                                       | 3           | 1         |
| Reinforce integration issues.   | 3           | 1         |
| <b>Total number of participants responding</b>  | <b>105</b>  | <b>40</b> |
| <b>Total number of responses</b>  | <b>42</b>   |           |

### Question 7

Participants were asked to rate the conference with respect to location, length and organisation, where a score of 1=poor and 5=excellent.

Overall, participants rated the conference very positively (score of 4 or 5) in terms of location (85%), length (88%) and organisation (84%).

| Rating                         |   | 1 | 2 | 3  | 4  | 5  | Total (n) |
|--------------------------------|---|---|---|----|----|----|-----------|
| Location of the conference     | % | 2 | 2 | 12 | 17 | 68 | 60        |
| Length of the conference       | % | - | 2 | 12 | 52 | 35 | 60        |
| Organisation of the conference | % | - | 3 | 13 | 32 | 52 | 60        |

## Question 8

Participants were asked to rate the conference overall, where a score of 1=poor and 5=excellent.

Overall the conference was rated very positively with 83% of respondents giving a score of 4 or 5, and 97% giving a rating of 3 or more.

| Rating                             |   | 1 | 2 | 3  | 4  | 5  | Total (n) |
|------------------------------------|---|---|---|----|----|----|-----------|
| Please rate the conference overall | % | - | 3 | 14 | 44 | 39 | 59        |

When asked why they rated the conference poorly, six participants responded.

Two responses reported a lack of concrete innovative ideas and practice while another felt that it would have been more helpful to discuss how issues would be addressed. Other comments related to poor facilities within the venue and the sound system letting speakers down.

| Responses   | Total (n) |
|---|-----------|
| Issue relating to venue.  | 2         |
| Bad directions.   | 1         |
| Little by way of concrete innovative ideas – a lot of vague references.   | 1         |
| Too jargonised – not grounded enough in practice.   | 1         |
| Conference would have been more helpful if there had been time to discuss how each of the subjects are going to be actioned – funding/staffing/resources – when? How? | 1         |
| <b>Total number of participants responding</b>  | <b>6</b>  |
| <b>Total number of responses</b>  | <b>6</b>  |

## Question 9

Participants were asked to suggest improvements to the conference.

Twenty six participants responded.

The main responses related to:

- more time (46%). Responses suggested a longer conference, possibly over two days with the opportunity to attend more parallel sessions and allow more input from those attending.
- better lunch (15%). Responses felt that lunch was poorly organised and of a poor standard for a full day.
- improved sound system (12%)

Two of the responses related to further input and recognition of the work of the non-statutory sector. Another response suggested that a similar conference be held in two years to see what has been accomplished following this event.

| Responses  | % Total (n) |           |
|--|-------------|-----------|
| More time.   | 46          | 12        |
| Lunch.   | 15          | 4         |
| Sound system/roving mike.  | 12          | 3         |
| Do not black out windows – people like daylight.   | 4           | 1         |
| Better ventilation.  | 4           | 1         |
| Not to have staff of venue make so much noise with the cutlery.  | 4           | 1         |
| The heat in the afternoon in the Alder Room was unbearable.  | 4           | 1         |
| Introductions.   | 4           | 1         |
| More information on delegate list – location and email details.  | 4           | 1         |
| Keep specific and focused.   | 4           | 1         |
| Discussion on mothers and babies in the prison and how services may be developed to promote their health.  | 4           | 1         |
| Less input from those distant from the prisoners' real experience. More for those closely involved in the work, eg non-statutory sector. Openness to bottom-up rather than top-down approach.  | 4           | 1         |
| Acknowledgement that non-statutory just as professional and experienced, sometimes more so, than statutory.  | 4           | 1         |
| No mention of dental health.   | 4           | 1         |
| Another conference needed in two years' time to see what has been accomplished following on from this one.   | 4           | 1         |
| Education is a key need for the public to help assist with resettlement and we all need to work together to improve health etc for prisons. One good idea would be to complete a talk within universities to nursing students as part of our transcultural module. | 4           | 1         |
| <b>Total number of participants responding</b>   | <b>123</b>  | <b>26</b> |
| <b>Total number of responses</b>   | <b>32</b>   |           |

## Question 10

Participants were asked if they had other health promotion training needs.

Five participants responded.

| Responses  | Total (n) |
|--|-----------|
| Addiction training.  | 1         |
| Continuing professional development, perhaps linked to other UK training.                        | 1         |
| Health impact assessment.  | 1         |
| Nutrition and exercise and well man issues.  | 1         |
| Practical training in mental health issues (for a non-mental health specialist).                 | 1         |
| Training in initiating change.   | 1         |
| More training in substance misuse, sexual health and healthcare needs throughout all UK prisons. | 1         |
| <b>Total number of participants responding</b>   | <b>5</b>  |
| <b>Total number of responses</b>   | <b>7</b>  |

## APPENDIX 2 - Prison Health Conference Advisory Group

|                         |  |
|-------------------------|--|
| Dr Griffith Boreland    | Department of Health, Social Services and Public Safety  |
| Maurice Campbell        | Personnel, Northern Ireland Prison Service   |
| Victoria Creasy (Chair) | Senior Manager for Public Health, Health Promotion Agency for Northern Ireland                               |
| Maura Devlin            | Acting Director of Primary Care Services, Down Lisburn Trust   |
| Peter Dew               | Health Care Officer, Northern Ireland Prison Service (HMP Maghaberry)  |
| Audrey Garvin           | Principal Nursing Officer, Northern Ireland Prison Service (HMP Maghaberry) (until September 2006)           |
| Margaret Gordon         | Director of Nursing and Quality, Causeway Health and Social Services Trust                                   |
| Julie Hill              | Health Promoting Workplaces Coordinator, Health Promotion Agency for Northern Ireland (until September 2006) |
| Dr Jackie McCall        | Specialist Registrar, Eastern Health and Social Services Board   |
| Sandra McCarry          | South and East Belfast Health and Social Services Trust  |
| Ann Marie McClure       | Director, Opportunity Youth  |
| Dr Ian McMaster         | Medical Adviser in Mental Health and Physical Disability, DHSSPS   |
| Julie Neill             | Health Development Officer, Health Promotion Agency for Northern Ireland                                     |
| Sally Newton            | Chief Nursing Advisor, Northern Ireland Prison Service   |
| Jean O'Neill            | Probation Board for Northern Ireland   |
| Maura O'Neill           | Health Promotion, Western Health and Social Services Board   |
| Trevor Patton           | Healthcare Manager, Northern Ireland Prison Service (HMP Magilligan)   |
| Calum McDonald          | Acting Principal Nursing Officer, Northern Ireland Prison Service (HMP Maghaberry) (from September 2006)     |

## APPENDIX 3 - Speaker profiles

### Dr Brian Gaffney, Chief Executive, Health Promotion Agency for Northern Ireland

Dr Gaffney trained and worked as a GP in England and Northern Ireland. He entered academic epidemiology and subsequently worked as a Consultant in Public Health Medicine in Northern Ireland.

He has broad experience of the Health Service and a number of specialist research interests, including child health, health behaviour and cardiovascular disease. He also has a particular interest in the development of information systems and has published a range of articles in this area.

Dr Gaffney joined the Health Promotion Agency for Northern Ireland (HPA) as Chief Executive in 1996. He has continued in his role as a public health doctor and taken responsibility for health strategy and corporate planning.

In addition, he is Director of the World Health Organization Collaborative Centre, based at the HPA.

As head of the leading health promotion organisation in Northern Ireland, Dr Gaffney is working to tackle major health issues, especially to reduce inequalities in health.

### Robin Masefield, Director General, Northern Ireland Prison Service

Robin Masefield returned to the Northern Ireland Prison Service as Director General on 1 December 2004. He was previously Director of Finance, Planning and Estate Management between 1997 and 2000.

Robin joined the Northern Ireland Office in 1973 and since then, much of his career has been spent in Northern Ireland. Between his Prison Service positions, he was head of the Policing Reforms Division in the Northern Ireland Office, working with the PSNI to implement the Patten recommendations.

From 1991 to 1994, he was head of Management Services in the Prison Service of England and Wales.

Married with three children, his interests including running and writing.

### Paul Hayton, Project Lead Officer, Health in Prisons Project, WHO Collaborating Centre

Paul Hayton is Lead Officer of prison health promotion and Deputy Director of the WHO (Europe) Collaborating Centre for Health and Prisons at the Department of Health in London. He has worked there since the reform of prison health in England and Wales began in 2000.

Prior to that, Paul worked in the Directorate of Health Care for the Prison Service.

He previously worked as a Health Promotion Specialist, employed by the NHS (in both England and Scotland) and the King's Fund, London.

### Michelle Baybutt, Research and Development Coordinator, Healthy Settings Development Unit

Michelle Baybutt is Research and Development Coordinator for the Healthy Settings Development Unit, University of Central Lancaster.

Until recently, she played a leading strategic role in north west healthy prison development. She also coordinated the North West Regional Healthy Prisons Partnership Network and assisted the North West Healthy Settings Development Unit, working across settings and contributing to research, training and consultancy.

Michelle's background involved working with offenders and vulnerable groups, and acting on issues relating to young people, prisoners and wider offender partnerships.

Having previously worked as a substance misuse practitioner, prisons health improvement specialist and community outreach worker, Michelle is committed to improving the health and addressing the inequalities of those who are socially excluded or marginalised.

**Dr Jackie McCall, Specialist Registrar,  
Eastern Health and Social Services Board**

Dr McCall is a public health doctor working at the Eastern Health and Social Services Board (EHSSB).

She carried out a health needs assessment of all Northern Ireland prisoners in 2003–2004 and occupied an advisory role in the health needs assessment of female prisoners in 2005.

Dr McCall is currently on the EHSSB team involved in the process to transfer lead responsibility for prison healthcare to the Health and Personal Social Services.

**Professor Roy McClelland, Chair,  
The Bamford Review of Mental Health and Learning Disability**

Roy McClelland is Professor Emeritus of Mental Health in the School of Medicine and Dentistry at Queen's University, Belfast, and a Consultant Psychiatrist at Belfast City Hospital Trust.

He is Chairman of the Review of Mental Health and Learning Disability (NI), Chairman of the Privacy Advisory Committee (NI) and Chairman of the Review of Non Natural Deaths in Northern Ireland Prisons.

Roy is also Chairman of the Royal College of Psychiatrists Confidentiality Advisory Committee and Chairman of the Northern Ireland Healing through Remembering initiative.

He is a member of the Patient Information Advisory Group, Department of Health (London) and coordinator of a European 5th Framework Project that has developed confidentiality guidelines for healthcare practice in Europe.

**Dr Philip McClements, Director of Health and Healthcare,  
Northern Ireland Prison Service**

Dr McClements is Director of Health and Healthcare in the Northern Ireland Prison Service. He is also Independent Medical Adviser to the Assembly Ombudsman and Adviser in Management Training to the Northern Ireland Medical and Dental Training Agency.

Deputy Chief Medical Officer in the DHSSPS until his retirement in 1999, Dr McClements had previously worked as a general practitioner in Newtownards. He is married with three children and his hobbies include golf, gardening, music and painting.

**Dr David Stewart, Director of Public Health,  
Eastern Health and Social Services Board**

Dr Stewart has been Director of Public Health at the Eastern Health and Social Services Board since 1995. Previously, he was a Consultant in Public Health Medicine at the Northern Health and Social Services Board.

A member of the Board of Directors of Belfast Healthy Cities for the past nine years, Dr Stewart took on the role of Chair in October 2005. He is also Chair of CREST, a regional group that develops guidelines for best practice in clinical care.

## APPENDIX 4 - Press releases

Health Promotion Agency Press Release 28.06.06

### Major conference planned to promote prison health

Recent statistics from England and Wales indicate that nine out of ten prisoners have a diagnosable mental health problem, substance misuse problem or both, while four out of five prisoners smoke, in comparison to one in four of the general population.

With these statistics in mind the Health Promotion Agency for Northern Ireland (HPA) and the Northern Ireland Prison Service are planning to hold the conference, Promoting Healthy Prisons, later this year with the aim of raising awareness of health issues in prison. This will be the first conference of its kind where the focus will be on the health of the whole prison population, which includes the health of all staff, not just of prisoners.

Dr Brian Gaffney, Chief Executive of the HPA, said: "Promoting the health of prisoners is very important in helping to reduce the risk of re-offending and assisting prisoners to lead useful lives in the future. The factors which make someone more likely to re-offend, for example, lack of education or employment, substance misuse, poor housing, and weak social and family links, are the same factors which contribute to poor health.

"Ensuring the health and wellbeing of employees who work in the prison setting is also a priority as this can help reduce sickness rates and accidents as well as increasing performance and productivity. It can also improve staff-prisoner relationships which may help reduce prisoner self-harm."

The conference will provide the opportunity to share information about what is effective for improving health in prisons, and to raise awareness and understanding of what the current health issues are, as well as offering a chance to highlight the existing good work already carried out in prisons here. In addition to the key themes of the conference, there will be a number of sessions running during the day focusing on issues such as resettlement, substance misuse, mental health and workforce development.

Robin Masefield, Director General, Northern Ireland Prison Service said; "Safety, respect, purposeful activity and resettlement are the four constituent components of the healthy prison agenda and the Northern Ireland Prison Service actively promotes these ideals to reduce the risk of re-offending when the prisoner is released into the community. The Prison Service works closely with a wide range of partner agencies in delivering a programme of constructive activity in a positive working environment.

He added: "Prison-based health promotion gives access to a population that would normally be very difficult to reach. I welcome this initiative by the Health Promotion Agency; the conference will provide an excellent opportunity to discuss some major issues and it is hoped it will help create a future framework for taking healthy prisons forward."

The Promoting Healthy Prisons conference will take place later this year at Lagan Valley Island, Lisburn on 12 September.

END

Notes to the editor:

Dr Brian Gaffney will be available for interview on Wednesday 28 June.

Promoting Healthy Prisons has been developed in conjunction with the Department of Health, Social Services and Public Safety, Probation Board for Northern Ireland, Opportunity Youth, Eastern Health and Social Services Board, Western Health and Social Services Board, South and East Belfast Health and Social Services Trust (HSST), Causeway HSST and Down and Lisburn HSST.

More information about the conference can be found at:  
[www.healthpromotionagency.org.uk/work/Training/courses/prisons2006.htm](http://www.healthpromotionagency.org.uk/work/Training/courses/prisons2006.htm)  
For further information contact:  
Jenny Dougan at the HPA on Tel: 028 9031 1611.

### Health Promotion Agency Press Release 12.09.06

#### **Major conference highlights needs of prison population**

More than 6,000 prisoners pass through the gates of Northern Ireland prisons each year and Prison Service statistics show that two thirds of all new inmates have the reading and mathematical ability of an 11 year old or younger.<sup>1</sup>

Furthermore, statistics from England and Wales indicate that 9 out of 10 prisoners have a diagnosable mental health problem, substance misuse problem, or both, while four out of five prisoners smoke, compared to one in four of the general population. These are just some of the areas that will be under the spotlight today at the Promoting Healthy Prisons conference in Lagan Valley Island, Lisburn.

The conference has been organised by the Health Promotion Agency for Northern Ireland (HPA) and the Northern Ireland Prison Service, with the aim of raising awareness of health and personal development issues in prison.

Speaking at the event, Dr Brian Gaffney, Chief Executive of the HPA, said: "Today, the attention is on the needs of the whole prison community – not just prisoners. We are looking at the healthy prison approach, which involves all aspects of prison life that have an impact on health, including education and life skills, while at the same time addressing prisoners' health needs through education and health promotion.

"The factors that make someone more likely to reoffend, for instance, lack of education or employment, substance misuse, poor housing, and weak social and family links, are the same factors that contribute to poor health.

"The healthy prison approach provides a valuable opportunity to improve prisoners' levels of learning and self-esteem, which can increase their capacity to reach their full potential when released, and as a result, reduce the likelihood of re-offending."

The conference covers a wide range of topics, including implementing a smoke-free prison, exploring opportunities to promote the health and wellbeing of prison staff, resettlement issues for ex-prisoners, substance misuse and mental health.

Professor Roy McClelland, Chairman of the Bamford Review of Mental Health and Learning Disability (NI), highlighted priorities for mental health, as detailed in the Bamford Review, a recent report showing the new vision for mental health in Northern Ireland.

He said: "Mental health promotion for people within the Criminal Justice System means recognising both the vulnerability of our prisoners and the toxicity of our prisons. It means reform and modernisation of our prisons as part of a wider reform of mental health services and a wider community strategy for mental health promotion. It means addressing issues upstream. Within our prisons, the challenge is to create a prison environment that actively promotes mental health."

The conference provides the opportunity to share information on what is effective at improving health in prisons, as well as a chance to highlight the good work already carried out in prisons here.

Robin Masefield, Director, Northern Ireland Prison Service, concluded: "The theme and timing of this conference are highly appropriate given the fact that preparations are well underway for the transfer of lead responsibility for healthcare in prisons from the Prison Service to the Health and Personal Social Services. The issue of healthcare in prisons is not solely a prison issue – it is a wider societal issue.

"There is a much greater need for higher levels of cooperation between the health sector and the criminal justice sector. People with mental health disorders should be cared for in the most appropriate location – not the most convenient one. The transfer of prison healthcare gives us a tremendous opportunity to adequately address the health and social care needs of prisoners. Continuity of care is not only in the interests of the prisoner. It's in all our interests, as by adequately addressing the needs of prisoners, they are being fostered towards successful resettlement, hence reducing the likelihood of reoffending."

END

Notes to editors:

There will be a media facility on Tuesday 12 September at Lagan Valley Island from 10:00 – 11:30am when Dr Brian Gaffney, Chief Executive, HPA, Robin Masefield, Director, NIPS, and Professor Roy McClelland, Chairman, Bamford Review of Mental Health and Learning Disability (NI), will be available for interview.

Promoting Healthy Prisons has been developed in conjunction with the Department of Health, Social Services and Public Safety, the Probation Board for Northern Ireland, Opportunity Youth, Eastern Health and Social Services Board, Western Health and Social Services Board, South and East Belfast Health and Social Services Trust (HSST), Causeway HSST, and Down and Lisburn HSST.

Information about the conference can be found at:  
[www.healthpromotionagency.org.uk/work/training/courses/prisons2006.htm](http://www.healthpromotionagency.org.uk/work/training/courses/prisons2006.htm)

For further information:

Contact Jenny Dougan or Rosie McGaughey on 028 9031 1611/9031 1514 or Brian McAvoy on 07884 490658.

1. Northern Ireland Prison Service committal statistics.
2. Promoting Health Prisons: A Shared Approach. London: Department of Health, 2002.

## APPENDIX 5 - Delegate list

| Name                  | Title                                | Organisation                                 |
|-----------------------|--------------------------------------|--|
| Agnieszka Martynowicz |                                      | NI Human Rights Commission                   |
| Ms Linda Barclay      | Director of Programme Development    | Health Promotion Agency for Northern Ireland |
| Ms Michelle Baybutt   | Research and Development Coordinator | Healthy Settings Development Unit            |
| Ms Donna Beer         | Support Services Administrator       | Health Promotion Agency for Northern Ireland |
| Mr Jim Begley         | Deputy Director                      | Juvenile Justice Centre for Northern Ireland |
| Ms Kim Bernard        | Head of Sector Development           | Welsh Assembly Government                    |
| Ms Sharon Bingham     | Health Promotion Officer             | Causeway HSS Trust                           |
| Dr Griffith Boreland  |                                      | HMP Maghaberry                               |
| Ms Louise Brennan     | Health Visitor                       | Killynure House                              |
| Mr Fred Browne        | Consultant Forensic Psychiatrist     | South and East Belfast HSS Trust             |
| Mr Paul Bullick       | Investigating Officer                | Prisoner Ombudsman's Office                  |
| Ms Gill Burns         | Service Manager                      | Community Addiction Service                  |
| Ms Pauline Campbell   | Assistant Director of Services       | Dunlewey Substance Advice Centre             |
| Ms Barbary Cook       | Director                             | Community Development and Health Network     |
| Mr Brian Coulter      | Representative                       | The Prisoner Ombudsman for Northern Ireland  |
| Ms Sharon Crooks      | District Manager                     | Northern Ireland Housing Executive           |
| Ms Carrie Crossan     | Support Services Administrator       | Health Promotion Agency for Northern Ireland |
| Ms Mary Cunningham    | Senior Practitioner Family Links     | NIACRO                                       |
| Mr Oscar Daly         | Consultant Psychiatrist              | Down Lisburn Trust                           |
| Mr Paul Devine        | Forensic Consultant Psychiatry       | South and East Belfast HSS Trust             |

| Name                  | Title   | Organisation                                  |
|-----------------------|---|---|
| Ms Maura Devlin       | Acting Director of Primary Care Services                  | Down Lisburn HSS Trust                        |
| Mr Richard Dixon      | Chief Officer   | Eastern Health and Social Services Council    |
| Mr Paul Doran         | Representative  | Probation Board for Northern Ireland          |
| Lesley Dorward        | Director of Health Promotion                              | Health Promotion                              |
| Ms Jacqueline England | Counselling Practitioner                                  | Dunlewey Substance Advice Centre              |
| Ms Trudie Fawcett     | Dental Nurse  | Down Lisburn Trust                            |
| Dr Brian Gaffney      | Chief Executive   | Health Promotion Agency for Northern Ireland  |
| Mr Martin Gibney      | Cognitive Behavioural Psychotherapists                    | South and East Belfast HSS Trust              |
| Ms Margaret Gordon    | Director of Primary Care, Elder Care, Nursing and Quality | Causeway HSS Trust                            |
| Ms Alicia Graham      | Administrative Assistant                                  | Health Care Centre HMP Maghaberry             |
| Ms Ruth Gray          | Representative  | Down Lisburn Trust                            |
| Ms Lynne Hamilton     | Cognitive Behavioural Psychotherapist                     | Woodstock Lodge Mental Health Resource Centre |
| Mr Paul Hayton        | Project Lead Officer                                      | Health in Prisons Project                     |
| Ms Sarah Heal         | Staff Grade Psychiatrist                                  | Sperrin Lakeland HSS Trust                    |
| Ms Angela Higgins     | Counselling Practitioner                                  | Dunlewey Substance Advice Centre              |
| Miss Julie Hill       | Health Promoting Workplace Coordinator                    | Health Promotion Agency for Northern Ireland  |
| Ms Claire Hind        | Events Administrator                                      | Health Promotion Agency for Northern Ireland  |
| Ms Helen Hirst        | Pharmacist  | Boots the Chemist                             |
| Ms Claire Holmes      | Dietitian   | Western Health Action Zone                    |
| Ms Jennifer Hood      | Dental Nurse  | Down Lisburn Trust                            |

| Name                    | Title  | Organisation                                 |
|-------------------------|--|--|
| Ms Claire Humphreys     | Reachout Officer                             | NIACRO                                       |
| Ms Sian-Marie James     | Senior Policy Advisor                        | Welsh Assembly Government                    |
| Ms Irene Johnston       | Member of Independent Monitoring Board       | Independent Monitoring Board                 |
| Ms Caroline Lappin      | Senior Dental Officer                        | Down Lisburn Trust                           |
| Ms Jane Lappin          | Manager                                      | Probation Board for Northern Ireland         |
| Miss Geraldine Lennon   | Investigating Officer                        | Prisoner Ombudsman's Office                  |
| Ms Linda Leonard        | Programme Manager                            | ASDAN  |
| Ms Siobhan Logue        | Drug and Alcohol Counsellor                  | Northlands                                   |
| Dr Patrick Love         | Senior Cognitive Behavioural Psychotherapist | Woodstock Mental Health Resource Centre      |
| Ms Arlene Lusty         | Health Promotion Officer                     | Action Cancer                                |
| Ms Michelle Martin      | Drug and Alcohol Counsellor                  | Northlands                                   |
| Ms Martine Mateer       | PA to Chief Executive                        | Health Promotion Agency for Northern Ireland |
| Dr Raymond Maw          | Consultant                                   | Newry and Mourne HSS Trust                   |
| Ms Karen McAfee         | Investigating Officer                        | Prisoner Ombudsman's Office                  |
| Ms Mimi McAlinden       | Manager                                      | Investing for Health                         |
| Mr David McCall         | Principal Administrative Officer             | Prisoner Ombudsman's Office                  |
| Dr Jackie McCall        | Specialist Registrar                         | EHSSB  |
| Ms Sandra McCarry       | Health Promotion Co-ordinator                | South and East Belfast HSS Trust             |
| Prof Roy McClelland     | Chair, The Bamford Review                    |  |
| Ms Christina McClements | Drug and Alcohol Counsellor                  | Northlands                                   |
| Ms Nicola McKee         | Smoking Cessation Co-ordinator               | EHSSB  |
| Ms Joyce McKee          | Principal Social Worker                      | EHSSB  |
| Ms Sandra McKeenan      |  | University of Ulster                         |

| Name                 | Title  | Organisation  |
|----------------------|--|---|
| Mr Michael McKenna   | Team Leader - Work with Young men                        | Youth Action NI   |
| Ms Janette McKnight  | Director   | Ulster Quaker Service Committee   |
| Ms Arlene McLaren    | Centre Manager   | Brook Northern Ireland  |
| Dr Ian McMaster      | Medical Adviser in Mental Health and Physical Disability | DHSSPS  |
| Ms Deirdre McNamee   | Senior Manager: Public Health                            | Health Promotion Agency for Northern Ireland                            |
| Ms Paula McSorley    | Health Promotion Officer                                 | Action Cancer   |
| Mr Patrick McSwiggan | Counselling Practitioner                                 | Dunlewey Substance Advice Centre  |
| Ms Angeline McTier   | Project Manager  | Re-Solv   |
| Dr David Mills       | Representative   | Civil Service Occupational Health Service                               |
| Ms Elaine Moore      | Drug and Alcohol Counsellor                              | Northlands  |
| Mr Francis Murphy    | Manager of Drug and Alcohol Outreach Project             | NHSSB   |
| Mr Billy Murphy      | Planning and Performance Manager                         | Mental Health Services  |
| Ms Julie Neill       | Health Development Officer                               | Health Promotion Agency for Northern Ireland                            |
| Ms Elaine O'Doherty  | Advocate for Health and Wellbeing Improvement            | NHSSB   |
| Ms Siobhan O'Dwyer   | Director of Services                                     | Northern Ireland Association for the Care and Resettlement of Offenders |
| Ms Geraldine O'Hare  | Forensic Psychologist                                    | Probation Board for Northern Ireland                                    |
| Ms Jean O'Neill      | Probation Manager  | Probation Board NI  |
| Mr Rob Phipps        | Regional Drug and Alcohol Strategy Coordinator           | DHSSPS  |
| Ms Barbara Porter    | Coordinator: Health Promoting Hospitals                  | Health Promotion Agency for Northern Ireland                            |
| Ms Geralyn Quinn     | Press Office   | Press Office  |

| Name                | Title                                     | Organisation   |
|---------------------|---|--|
| Ms Katie Roberts    | Health Improvement Specialist:<br>Prisons | Warrington Primary Care Trust                                |
| Ms Deirdre Savage   | Cognitive Behavioural<br>Psychotherapist  | South and East Belfast HSS Trust                             |
| Ms Sandra Semple    | Assistant Health Promotion Manager        | Westcare Business Services                                   |
| Ms Anne Sharvin     | Nurse Manager                             | Cregagh Clinic   |
| Ms Avril Shields    | Housing Officer                           | Northern Ireland Housing Executive                           |
| Mr Jim Smyth        | Vice Chairman                             | Prison Officers' Association                                 |
| Dr David Stewart    | Director of Public Health                 | Eastern Health and Social<br>Services Board                  |
| Ms Christine Thomas | Men's Health Coordinator                  | Task Healthy Living Centre                                   |
| Mr Frank Toner      | Clinical Services Manager                 | Carecall   |
| Mr Davis Turkington | Drugs and Alcohol Coordinator             | Eastern Drugs and Alcohol<br>Coordination Team               |
| Ms Lynda Vladeanu   | Health Promoting Hospital<br>Coordinator  | Down and Lisburn Health and<br>Social Services Trust         |
| Mr Michael Weir     | Management Consultant/Social<br>Worker    | Threshold  |
| Ms Jean Winters     | Counselling Practitioner                  | Dunlewey Substance Advice Centre                             |
| Name not available  | Nurse                                     | Northern Ireland Prison Service                              |
| Name not available  | Consultant Forensic Psychiatrist          | Northern Ireland Prison Service and<br>Sperrin Lakeland HSST |
| Name not available  | Senior Nurse                              | Northern Ireland Prison Service                              |
| Name not available  | Key Worker                                | Hydebank Wood YOC  |
| Name not available  | Representative                            | HMP Magilligan   |
| Name not available  | Personnel Manager                         | Northern Ireland Prison Service                              |
| Name not available  | Senior Nurse                              | Northern Ireland Prison Service                              |
| Name not available  | Supervisor                                | Northern Ireland Prison Service                              |

| Name               | Title  | Organisation                               |
|--------------------|--|--|
| Name not available | Representative                               | HMP Maghaberry                             |
| Name not available | Representative                               | Northern Ireland Prison Service            |
| Name not available | Governor                                     | Hydebank Wood YOC                          |
| Name not available | Representative                               | HMP Maghaberry Healthcare Centre           |
| Name not available | Representative                               | Irish Prison Service                       |
| Name not available | Representative                               | Northern Ireland Prison Service            |
| Name not available | Link Worker                                  | HMP Foston Hall                            |
| Name not available | Nurse  | HMP Maghaberry                             |
| Name not available | Representative                               | HMP Magilligan                             |
| Name not available | Representative                               | HMP Magilligan                             |
| Name not available | Representative                               | Hydebank Prison and Young Offenders Centre |
| Name not available | Shannon SPR                                  | Maghaberry Hospital                        |
| Name not available | Representative                               | Northern Ireland Prison Service            |
| Name not available | Nurse  | Northern Ireland Prison Service            |
| Name not available | Clinical Director - Dental Services          | HMP and YOC Hydebank Wood                  |
| Name not available | Service Coordinator                          | HMP Foston Hall                            |
| Name not available | A/Chief Inspector                            | Police Service of Northern Ireland         |
| Name not available | Education                                    | Prison Service                             |
| Name not available | Head of Resettlement                         | Northern Ireland Prison Service            |
| Name not available | Representative                               | HMP Magilligan                             |
| Name not available | Civil Servant                                | Northern Ireland Prison Service            |
| Name not available | Director General                             | Northern Ireland Prison Service            |
| Name not available | Representative                               | HMP and YOC Hydebank Wood                  |
| Name not available | Head of Communications and Corporate Affairs | Northern Ireland Prison Service            |

| Name               | Title  | Organisation                                |
|--------------------|--|---|
| Name not available | Representative   | Northern Ireland Prison Service             |
| Name not available | Medical Typist   | Northern Ireland Prison Service             |
| Name not available | Chairman, Independent Monitoring Board                 | Hydebank Wood                               |
| Name not available | Director of Services                                   | Northern Ireland Prison Service             |
| Name not available | Associate Director of Health and Healthcare            | Northern Ireland Prison Service             |
| Name not available | Supervisor   | Northern Ireland Prison Service             |
| Name not available | Nurse  | Northern Ireland Prison Service             |
| Name not available | Key Worker   | Hydebank Wood YOC                           |
| Name not available | Chief Welfare Officer                                  | Northern Ireland Prison Service             |
| Name not available | Acting Health Care Manager                             | Northern Ireland Prison Service             |
| Name not available | Consultant Psychiatrist                                | Northern Ireland Prison Service and SEBHSST |
| Name not available | Programme Manager                                      | Northern Ireland Prison Service             |
| Name not available | Nurse  | Northern Ireland Prison Service             |
| Name not available | Representative   | IMB Hydebank Wood                           |
| Name not available | Drug and Alcohol Programme and Counselling Coordinator | Northern Ireland Prison Service             |
| Name not available | Prinicpal Officer                                      | HMP Magilligan                              |
| Name not available | Psychologist   | Northern Ireland Prison Service             |
| Name not available | Suicide Coordinator                                    | HMP and YOC Hydebank Wood                   |
| Name not available | Representative   | HMP Magilligan                              |
| Name not available | Training Development Manager                           | Northern Ireland Prison Service             |
| Name not available | Chief Nursing Advisor                                  | Northern Ireland Prison Service             |
| Name not available | Senior Medical Officer                                 | HMP Magilligan                              |

| Name               | Title               | Organisation                    |
|--------------------|---------------------|---------------------------------|
| Name not available | Governor            | HMP/YOI                         |
| Name not available | Senior Nurse        | HMP Magilligan                  |
| Name not available | Representative      | Northern Ireland Prison Service |
| Name not available | Civil Servant       | Northern Ireland Prison Service |
| Name not available | Nurse               | Northern Ireland Prison Service |
| Name not available | Prinicpal Officer   | HMP Magilligan                  |
| Name not available | Psychology          | HMP Magilligan                  |
| Name not available | Mental Health Nurse | HMP Maghaberry                  |
| Name not available | Representative      | Northern Ireland Prison Service |
| Name not available | Deputy Governor     | HMP Maghaberry                  |
| Name not available | Nurse               | HMP Magilligan                  |

## APPENDIX 6 - Implementing a whole prison approach: bibliography

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