This Government is committed to providing high quality prison health services that are broadly equivalent to those in the NHS, including taking the fullest opportunity to promote health and prevent illness. Prison presents a unique chance to tackle some serious health issues, for example:

- 90% of prisoners have a diagnosable mental health (including personality disorder) problem, substance misuse problem or both;
- 24% of prisoners report having injected drugs - and of these 20% are infected with Hepatitis B, and 30% with Hepatitis C;
- more than 80% of prisoners smoke.

Promoting the health of prisoners is a core activity for both the Prison Service and the NHS, and this strategy sets the agenda for future developmental work in this area. For the Prison Service it forms part of the process of rehabilitation and resettlement, and for the NHS it 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.

It is well known that prison is a challenging environment and that prisoners often have complex health problems. However, the good news is that prison has also been shown to be a tremendous opportunity to meet health needs. This is amply illustrated in case studies within the strategy, which show the value of a multi-disciplinary approach within prison. Of course prison is also an important workplace, and the strategy recognises the opportunity for promoting health with more than 40,000 staff.

We are keen that this document is made available widely to all staff with a potential role to play, and encourage those involved to continue the good work under way. It is important work, of benefit to the community as a whole as well as contributing to the rehabilitation of prisoners.

Beverley Hughes MP
Jacqui Smith MP
Jane Hutt AM
Home Office
Department of Health
Minister for Health and Social Services
National Assembly for Wales
The drive to modernise health services for prisoners requires partnership action, by the Prison Service and NHS, across three major areas:

- Developing the workforce and infrastructure to support health care delivery; professional development, information (including communications) and capital;
- Focusing on improvements to specific clinical services including primary care, substance misuse and mental health, and in this document health promotion; and
- Strengthening systems for managing and monitoring change; clinical governance, health care standards and performance monitoring mechanisms.
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The NHS Plan (2000)
The NHS Cancer Plan
National Service Framework – Coronary Heart Disease
National Service Framework – Mental Health
National Service Framework for Older People
The Social Exclusion Unit report on Teenage Pregnancy
Teenage Pregnancy Unit
Sure Start
Securing Health Together: An occupational health strategy for Great Britain
Civil Rights for disabled people:
Definitions

Health
A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. (Constitution of WHO, 1948.)

Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities. (Ottawa Charter for Health Promotion, 1986.)

Health Promotion
Health promotion is the process of enabling people to increase control over, and to improve their health. (Ottawa Charter for Health Promotion, 1986.)

The Ottawa Charter mentioned 5 priority action areas for promoting health:

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

A comprehensive use of each of these strategic areas has been proven to be most effective.

Health Education
Health education comprises planned interventions or programmes for people to learn about health, and to undertake voluntary changes in their behaviour. It can include on the one hand simply the provision of information or on the other the development of skills and building of self esteem (adapted from Ewles L, Simnet I. Health Promotion: a practical guide, Baillier Tindall, 1999; 26–29)
Disease prevention
Disease prevention covers measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established (adapted from Health For All Series, WHO, 1984 in Health Promotion Glossary, WHO, 1998.).

These three stages are sometimes referred to as primary, secondary, and tertiary prevention; they can include medical interventions (e.g., immunisation) as well as information and education.

Healthy settings
Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one’s life circumstances, and by ensuring that the society one lives in creates the conditions that allow the attainment of health by all its members.

(Ottawa Charter for Health Promotion, 1986)

A Whole Prison Approach to promoting health
While deprivation of liberty presents obstacles to health promotion, prison is also a unique opportunity and powerful setting within which to address health needs. A Whole Prison Approach involves all aspects of prison which 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.

Public health
The science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society (adapted from the “Acheson Report”, 1988, in Health Promotion Glossary, WHO, 1998.)

Primary Health Care
Primary health care is essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable (Alma Ata Declaration, 1978.) In the UK typically it is the first point of contact with any NHS or health care services. Primary care providers typically serve local communities, providing services such as doctors and nurses (be it general community nursing, midwifery or specialist nurse practitioner services, specialising in areas such as chronic diseases like asthma and diabetes). Other services, such as dentists, opticians, chiropodists and
pharmacy, are also considered to be part of primary care. The services on offer include prevention and health promotion as well as clinical services.

**Health Improvement Programme (HImP)**

A HImP aims at ‘Improving health, tackling inequalities, and developing faster, more convenient services of a consistently high standard” (Guidance on Health Improvement Programmes, Health Service Circular 1998/167)

A further guide to NHS and Prison Service commonly used terms, ‘Unlocking the Jargon’, is available online at www.doh.gov.uk/prisonhealth or by contacting the NHS Response line on 08701 555455.
Executive Summary

Health Promoting Prisons: a shared approach has been prepared by the Prison Health Policy Unit (PHPU) and Prison Health Task Force (PHTF), joint units of the Prison Service and Department of Health. This document offers advice in support of the many staff in prisons, the NHS and voluntary organisations who have a role promoting health in prisons. It outlines an Action Plan to help take forward the agenda for this work up to 2005.

Introduction

1. The Prison Service, in partnership with the NHS, has a responsibility to ensure prisoners have access to health services which are broadly equivalent to those the general public receives from the NHS. This means that prisons should already provide health education, patient education, prevention and other health promotion interventions to meet assessed needs. Good health is central to successful rehabilitation and resettlement, and in turn requires an environment in each prison that is supportive of health.

Aims and objectives

2. Within that general context, this strategy aims to help those working with prisoners 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, especially by building on the concept of Decency in our prisons;
- help prisoners adopt healthy behaviours that can be taken back into the community.

Its specific objectives are to achieve:

- a Whole Prison Approach to health promotion in a majority of prisons;
- extended use of evidence based health promotion in prisons.

Clinical and health care services in prisons are not covered in this strategy except where health promotion is involved.
• wider dissemination of information and good practice;
• progress towards a Standard for a ‘Health Promoting Prison’;
• a record of progress made over the next four years in health promotion in prisons.

The target population

3. Approximately 140,000 prisoners pass through the prison system annually. At the time of publication the prisoner population was over 68,000, some 4,000 more than on the same date in the previous year, the majority of whom were adult males. Of the remainder approximately 10,500 were male young offenders, 600 female young offenders, and 3,500 female adult offenders. Most prisoners serve shorter sentences of 6 months or less, but about 20,000 are serving 4 years or more. Staff are also part of the target population, and while it is recognised that primary responsibility for staff health rests with the Directorate of Personnel, it is recommended that health at work initiatives take place alongside health promotion with prisoners where appropriate. The Prison Service currently employs nearly 44,000 staff.

The major health problems

4. In general the prison population reveals strong evidence of health inequalities and social exclusion. Prisoners tend to have poorer physical, mental and social health than the population at large. Their lifestyles are more likely to put them at risk of ill health. Many prisoners have had little or no regular contact with health services before entering prison. Mental illness, drug dependency and communicable diseases are the dominant health problems among prisoners.

• 90% of all prisoners have a diagnosable mental health (including personality disorder) problem, substance misuse problem or both.
• More than 80% of prisoners smoke.
• The rate of suicide in prisons is higher than in the community.
• 8% of a representative sample of prisoners tested positive for Hepatitis B and 7% for Hepatitis C, and 0.3% of male prisoners and 1.2% of females were HIV positive.
• 24% of prisoners report having injected drugs - of these 20% were infected with Hepatitis B, and 30% with Hepatitis C.
• 20% of women in prison ask to see a doctor or nurse each day.

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1 www.hmprisons.gov.uk/statistics on 19th November 2001
A difficult challenge and a unique opportunity

5. Prison is an environment with special difficulties when it comes to promoting health. At an individual level prison takes away autonomy and may inhibit or damage self-esteem. Common problems include bullying and boredom, and social exclusion may be worsened as family ties are put under more stress by separation. However it is also a unique opportunity for all aspects of health promotion, health education and disease prevention:

- prison offers access to disadvantaged groups who would normally be hard to reach. It is therefore a prime opportunity to address inequalities in health by means of specific health interventions as well as measures that impact upon the wider determinants of health;
- each prison has potential to be a healthy setting: spiritual physical social and economic health and well-being can all be addressed within a single institution;
- to the many prisoners who have led chaotic lifestyles prior to prison, it is sometimes their only opportunity for an ordered approach to assessing and addressing health needs;
- the strategy sets out clearly health promotion needs that are common to all prisoners (such as prevention of communicable diseases or measures to promote mental well-being), those common to many prisoners (such as parenting education) and those more relevant to some prisoners (such as patient education for those with diabetes).

An opportunity to promote the health of staff too

6. Prison is a home to one group of people and a workplace to another. Wherever possible this strategy encourages Health at Work initiatives to promote staff health, adding value to the work of existing Health and Safety Committees within prisons. An obvious example is smoking, where staff and prisoners will both need information and support when they wish to give up.

The current state of prison health promotion

7. A 1999 survey of prison health promotion, funded by the King’s Fund, found that there were encouraging areas of excellence, but in general health promotion was starting from a low level:

- specific budgets for health promotion were poorly resourced or difficult to identify, with consequent implications for the range and quality of provision;
there was a significant amount of health promotion activity, though it was often poorly prioritised;

- the concepts and practice of promoting health were sometimes poorly understood, and evaluation was largely absent;

- most prisons did not have a written strategy in this area;

- just a handful of prisons were adopting the ‘Whole Prison Approach’ to health promotion suggested in this strategy.

The Whole Prison Approach and our vision of a health promoting prison

8. Developing a Whole Prison Approach to promoting health is fundamental to Health Promoting Prisons: a shared approach, and has three main components:

- policies in prisons which promote health (e.g. a No Smoking Policy);

- an environment in prisons which is actively supportive of health (e.g. as part of developing the agenda around Decency in prisons);

- prevention, health education and other health promotion initiatives.

The strategy illustrates several examples under each of these headings, which should involve a variety of staff as well as health care professionals. The content of any prison’s work plan must be based upon local health needs assessment.

9. In Health Promoting Prisons the vision is based upon a balanced approach recognising that our prisons should be:

- safe;

- secure;

- reforming & health promoting;

- grounded in the concept of decency.

These elements are interdependent and in balance in a properly functioning prison.
10. The concept of decency is an important foundation for promoting health because it underpins all aspects of prison life. If the following measures of decency are attained then a basis exists from which to promote health. They include:

- treatment for prisoners that is within the law;
- delivering the Prison Service’s Performance Standards;
- 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;
- fair and consistent treatment by staff.

Where do we want to be by 2005? An Action Plan

11. There is a need to gather more evidence on what works and to develop the Whole Prison Approach through pilot sites and intervention studies, and this will need continued national co-ordination. At the same time we should try to make some progress on a wider front: there must be a general encouragement to all prisons to begin the process of becoming ‘health promoting prisons’ and adopting the Whole Prison Approach. The Goals set out below are challenging but achievable by 2005.

12. There are 5 Goals to take prison health promotion forward to 2005.

- **GOAL ONE:** to develop a Whole Prison Approach in a majority of prisons
  - **ACTION:** encourage Prisons, in partnership with the local NHS, to take action in line with the following health promotion Checklists by the end of 2002 (see tables overleaf)

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2 Deputy Director General Phil Wheatley’s speech to the Prison Service Conference, 2001, available from HM Prison Service Internal Communications Unit
Checklist: things local NHS partners, e.g. Primary Care Trust (PCT) Prison Leads, can do now

The location of each checklist point in relation to the text is given in brackets

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<tr>
<td>1. Continue to integrate prisons into the wider public health approach through (page 27): the annual report; the Health Improvement Programme (HImP); PCT plans; national Service Framework (NSF) Implementation; local health inequalities targets.</td>
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<td>2. Ensure a named person in your PCT is responsible for this area of work (page 28).</td>
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<td>3. Recognise prisons exist as part of the local community, regard prisoners as part of the local population, regard prison as a setting for promoting health (page 29).</td>
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<td>4. Acknowledge, and educate others about, the public health importance of prisons (page 29).</td>
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<td>5. Consider with the Governor if a shared resource, such as a NHS health promotion specialist, is a useful model for closer co-operation (page 42) – see examples in this document.</td>
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<td>6. Invite prison representatives on all local health or other relevant groups e.g. National Service Frameworks on Mental Health, Coronary heart Disease, Older People etc. (page 51).</td>
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<td>7. Include prisons in your routine information gathering about the population you serve (page 55).</td>
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## Checklist: things Governors and prison health promotion co-ordinators can do now
The location of each checklist point in relation to the text is given in brackets

1. Engage at a senior level with your local NHS partners (e.g. Primary Care Trust [PCT]) about how health promotion is organised in your community, and how you can become part of that (page 25).

2. Make sure *promoting* health (i.e. not just *health care*) is adequately covered in your prison Health Improvement Programme (page 28).

3. Make sure management responsibility for health promotion in your prison is clear, with clear line management responsibility, including team-working implications (page 28).

4. Produce a prison policy statement on health promotion, and in your annual business plan clarify any work commitments and resource implications e.g. resources to be bought in. (page 33).

5. Adopt and implement the WHO Consensus Statement on Mental Health Promotion in Prisons – it is a good start to a Whole Prison Approach (page 36).

6. Ensure that there is a Health at Work initiative as part of the Whole Prison Approach (in addition to existing Health and Safety requirements in all prisons) (page 38).

7. Adopt a Whole Prison Approach to health promotion as an integral part of prison's planning and practice; it should never be treated as solely a health care issue. It should be recognised as part of the drive for decency in a prison (page 52).

8. Consider how you can currently monitor performance (e.g. quarterly) and evaluate progress (e.g. annually) (page 56).

9. Consider as a priority those groups of prisoners and staff who may be most vulnerable to adverse health impacts from prison, and ways in which those effects can be made less adverse for them (page 58).
GOAL TWO: to improve dissemination of information and good practice
ACTION: establish Pilot Prisons within the framework of a Health Promoting Prisons Network (HPPN) to share ideas and promote good practice.

GOAL THREE: to develop evidence based practice in prisons.
ACTION: encourage further local/national/international research and development on promoting health in prisons to encourage evidence based practice.

GOAL FOUR: to agree a Standard in England and Wales for a ‘Health Promoting Prison.’
ACTION: consult on the content of a Prison Service Order on the Whole Prison Approach to Health Promotion, and on a related amendment to the Health Services for Prisoners Standard.

GOAL FIVE: to monitor progress over the next four years in improving the range and quality of health promotion in prisons
ACTION: establish arrangements for performance management of this Action Plan by PHPU and PHTF, in consultation with partners, and for reporting on progress.
Chapter 1: Introduction and context

This strategy stems from the 1999 joint report from HM Prison Service and the Department of Health, which emphasized that the Service should focus more on health, be based on health needs assessment, have a primary care focus, and that greater emphasis be placed on promoting health and well-being. In terms of future action the report stated:

We would encourage the developments already taking place with regard to health promotion and recommend that health care and health more generally, form an appropriate and integral part of prisoners’ regimes, taking a proactive approach to the services provided in the light of assessed prisoner health needs. While prisoners had good access to primary care this did not always meet their needs in terms of health promotion and disease prevention.  

Health Promoting Prisons: a shared approach is a strategy for taking forward these recommendations. It has the status of an Information and Practice Note within the Prison Service and a Dear Colleague Letter within the NHS. Although not mandatory, it is a strong encouragement to good practice.

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1.1 The role of the Prison Service in promoting health

Promoting health is already on each Governor's agenda:

- Prison Service Objectives call for prisoners to be held in ‘a safe, decent and healthy environment.’ The Objectives emphasise constructive regimes to address offending behaviour, and therefore impact upon many of the wider determinants of health, such as education or employment;

- the Health Services for Prisoners Standard (currently being revised) requires health promotion to take place within all prisons, as does Health Care Standard 6;

- since April 2000, the Prison Service has entered into a new partnership with the NHS, for which promoting health is of course a primary objective. The new partnership was symbolised by the creation, within the Department of Health, of the Prison Health Policy Unit (PHPU) and Prison Health Task Force (PHTF). Both are jointly accountable to ministers within the Home Office and Department of Health; the Head of the PHPU sits on the Prison Service Management Board as the Director of Prison Health.

1.2 The Aims of Health Promoting Prisons: a shared approach

All publications from PHPU are intended to promote understanding of the importance of health in prisons. This strategy, supported by the Prison Service, National Assembly for Wales and the Department of Health, aims specifically to help those working with prisoners to:

1. build the physical, mental and social health of prisoners (and where appropriate staff) as part of a Whole Prison Approach to promoting health;

2. help prevent the deterioration of prisoners’ health during or because of custody, especially by building on the concept of decency in our prisons;

3. help prisoners adopt healthy behaviours that can be taken back into the community.

---

1.3 The objectives of *Health Promoting Prisons: a shared approach*:

- to achieve a Whole Prison Approach to health promotion in a majority of prisons;
- to extend the use of evidence-based health promotion in prisons;
- wider dissemination of information and good practice;
- to progress towards a Standard for a ‘Health Promoting Prison’;
- to record progress made over the next four years in health promotion in prisons.

These objectives are addressed in detail within the Action Plan in Chapter 5.

1.4 The content, structure and audience for this document

**What aspects of health are covered?**

- It is intended to cover all aspects under the umbrella term health promotion. Figure 1 below shows the total health system for prisoners. *Health Promoting Prisons: a shared approach* has its main focus in the bottom half of the triangle from disease prevention downwards. Obviously primary care is relevant too as it often involves elements of health promotion e.g. patient education, screening programmes and many other aspects of prevention. NHS involvement towards the base of the triangle is particularly useful in the context of this document, helping ensure that prisons can offer broadly equivalent health promotion based on need.

- Areas not covered include developmental programmes for clinical and healthcare services in prisons. These are covered in other PHPU/PHTF strategy documents or sections in the Health Services for Prisoners Standard.
Figure 1: The Total Health System for Prisoners

About the content

- Firstly, it provides advice on promoting health in prisons to a range of interested parties, including Governors and Directors of Public Health and other public health/health promotion specialists.

- Secondly, it provides case studies of current health promotion practice. These appear in shaded boxes and have a contact point or person for further information.

- Thirdly, in the Action Plan there is a timetable for taking this work forward.
Case Study: developing a Whole Prison Approach

HMP Risley has developed a three-year health promotion strategy. Whilst using a whole systems approach to health improvement/health promotion, Risley have also focused on the following areas:

- smoking cessation;
- dads and families/Quality Family Visits;
- health care induction;
- diet/nutrition;
- hygiene;
- mental health (with an emphasis towards mentally disordered offenders);
- sexual health and communicable disease;
- evening activities.

The ‘healthy prisons’ project is also undertaking a disability audit to ascertain a baseline whereby improvements can be made for the whole prison population.

A multi-disciplinary team of committed staff and prisoners have developed the ‘healthy prisons’ project at HMP Risley. The group will monitor the effectiveness of projects and will be responsible for identifying new initiatives.

For further information on any of the prison initiatives please contact: Michelle Baybutt, Health Promotion Co-ordinator, HMP Risley.

About the structure

After this introduction chapter 2 considers Health Needs Assessments and summarises the major health issues concerning the target population, and themes for action which arise from them. This is followed by:

- Chapter 3: the current state of health promotion in prisons, Where are we now?
- Chapter 4: our concept and vision of a health promoting prison, Where do we want to be?
- Chapter 5: our plan of action and how we can measure progress, How will we get there?

Who should read it?

The document is aimed at anyone who has a role in promoting health in prison. This includes colleagues in Primary Care, Probation, Social Services, local authority agencies and voluntary organisations, Prisons and in the NHS (especially public health/health promotion specialists and Primary Care.)
1.5 The Core Principles in *Health Promoting Prisons: a shared approach*

- Promoting health in Prisons is core work for both the N H S and Prison Service. Responsibility for health promotion, which is covered by the Health Services for Prisoners Standard, must ultimately rest with management.

- Prisoners should be provided with a broadly equivalent range and quality of services, based on assessed need, as the general public receives from the N H S. In line with the principles of the N H S Plan, prisons will provide services and support to individuals in relation to health promotion, disease prevention, self care, rehabilitation and after care.

- Improving the health and well-being of prisoners is recognised as a vital element in their rehabilitation and resettlement.

- The needs and preferences of the target group in prisons will shape health promotion policy and practice. The target group is prisoners and where appropriate staff.

- It is fundamental to promoting health in prison that health inequalities should be tackled by addressing some of the wider determinants of health. As well as providing health education and other forms of health promotion, the Prison Service will work with others to address social, environmental and economic factors that impact on health.

- The prison regime and environment should be assessed with regard to the concept of decency, and there should be an intention to avoid exacerbating inequalities or creating new ones. For example, there must be no discrimination against any target group on the grounds of age, gender, ethnicity, religion, disability or sexuality. There should be respect and dignity for all who live and work within prisons.

1.6 The role of the Prison Health Policy Unit and Task Force

The Prison Health Policy Unit (PHPU) is a joint unit spanning the Department of Health and the Prison Service. Its role is to develop policy and guidance for those who deliver health care and promote health in prisons. This includes ensuring prisons are in step with wider policy development such as The N H S Plan, Improving Health in Wales: a plan for the N H S with its partners and the Human Rights Act (there is an Annex to this document covering wider policy issues). The Prison Health Task Force (PHTF) supports local implementation of change through the new partnership approach between prisons and their local health community. PHPU / PHTF have a joint 3-year developmental work programme designed to address major issues including clinical governance, mental health, substance misuse, harm reduction and dental services.
1.7 Can a prison ever truly be health promoting?

The World Health Organisation has defined health promotion as "The process of enabling people to increase control over, and to improve their health."\(^5\) Can this widely accepted definition be applied fully in a prison? How intrinsically difficult is it to promote health within a prison? For example, is there a tension between the need to enforce security and restrict freedom and autonomy on the one hand while also trying to enable individuals to exercise more control over and improve their health on the other?\(^6\) What of the problems created when there is overcrowding with subsequent pressures on the prison regime? These are genuine issues that need addressing within each prison. In reality every setting presents its own problems and challenges. A 'healthy school' will still have exams and tests which may lead to pupil stress, and staff may similarly experience workplace stress - such problems are best tackled where they are found, within the setting.\(^7\) The Whole Prison Approach suggested here will enable a wide variety of staff to work together to bring creative solutions to the specific challenges of health promotion in the prison setting.

1.8 Building on success

It is important to acknowledge achievements so far across England and Wales. There is already excellent work taking place in partnership with the NHS (often led by specialist health promotion services) and others, including in a handful of prisons the adoption of the type of Whole Prison Approach described below in Chapter 4. For example in all prisons there are opportunities for education (including health education), and also special initiatives to meet the needs of people who misuse drugs. A few prisons have consulted staff and set up dynamic health at work initiatives. However, in 1999 a national survey of health promotion in prisons was completed in order to provide a benchmark for measuring progress. Measures to promote health in prisons were sometimes of poor quality, not co-ordinated, and not based on health needs assessment.

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Case Study: involving the target audience

HMYOI Lancaster Farms

The aims and objectives of this Young Offender Institution (YOI) included health promotion when this establishment was opened in the early 1990s. In 2000 the YOI began a review of the way it promotes health, a process which is on-going.

The review has included workshops for young offenders and staff which:

- identified the range of schemes, initiatives and facilities available to the young people;
- identified what things were not working well, and how these could be improved;
- prioritised improvements.

Contact: Inda Khan, HMYOI Lancaster Farms and Lancaster Health Promotion Services

Case Study: Peer Education in health promotion

HMP Wormwood Scrubs

There is a full time Health Promotion Worker seconded since 1999 from Hammersmith and Fulham Social Services to co-ordinate this work. Others involved include a Health Care Officer and a Health Visitor from Riverside Health Trust.

The major form of health promotion in the prison is peer education. This means training selected interested prisoners from all areas of the prison and giving them skills to deliver health promotion messages to other prisoners. This takes different forms.

- Inmate Health Promotion Worker
  The philosophy underpinning peer education has led to the employment of an Inmate Health Promotion Worker, and this post is currently held by a prisoner serving a life sentence.

- Health Promotion Plays
  There is a prisoner Peer Educators Group responsible for meeting with the staff to discuss the Health Promotion Plays, which are shown to prisoners, their families and outside agencies.

  Each play has been based on a well-known story, easily recognisable for the wide prison population and adapted to include drug awareness, behaviour change and sexual health. The group has a big say in the production and direction of the play. To date we have done “The Wizz Ed of OZ” “Snow White and the 7 Addictions” and very recently “Oliver with a Twist”.
1.9 How important is Health Promoting Prisons: a shared approach?

This document reflects the emphasis on prevention and tackling health inequalities in The NHS Plan and The National Assembly for Wales’ Strategy for Promoting Health and Well-being.

- It is core business for the NHS and other organisations and agencies with an interest in promoting health. Poor health and unhealthy lifestyles are characteristics of many prisoners and their families with implications for inequalities in health. It is a workplace with high levels of reported stress and sickness absence, the reduction of which can benefit from health-at-work initiatives. The document crosscuts important Government initiatives such as The NHS Plan, National Service Frameworks on Coronary Heart Disease, Mental Health, the Elderly and the developing Sexual Health and HIV Strategy.
It is core business for the Prison Service, as indicated in the introduction. For example it encourages multi-disciplinary work to promote mental health and well-being. Healthier prisoners, who are emotionally and physically resilient, have a better chance to succeed on their own account and contribute positively to society when they leave prison. Health at Work initiatives for staff offer the prospect of improved job satisfaction, a healthier work environment and less sickness absence. In order to develop the shared approach NHS colleagues, who have their own heavy agenda to follow, need to be assured that their local prison is an enthusiastic partner for developing work in this area. Useful contacts should be fostered at a variety of levels, but commitment has to start with senior management.

Checklist Point No 1 for Governors: Engage at a senior level with your local NHS partners (e.g. Primary Care Trust [PCT]) about how health promotion is organised in your community, and how you can become part of that.
Chapter 2: Identifying the health problems and assessing health promotion needs of prisoners and staff

This chapter provides a national overview of key facts and issues, assessing their implications for promoting health among prisoners and staff. Findings point to the public health importance of the prison population, especially with regard to risky health behaviours and lifestyles, mental illness, communicable diseases and health inequalities.

2.1 The prison population

- Approximately 140,000 prisoners pass through the system annually. Many prisoners pass through the system quickly (6 months or less) and a busy local prison will have a very rapid turnover, presenting less opportunity for planned intervention and more issues around aftercare. By contrast a High Security or Training Prison will have a more settled population with more scope for planned longer term interventions.

- At the time of publication the prisoner population was over 68,000. The majority were adult male prisoners. Of the remainder more than 10,500 were male young offenders, nearly 600 female young offenders and nearly 3,500 female adult prisoners.

8 www.hmprisons.gov.uk/statistics
In the ten year period since 1990 longer prison sentences (over 4 years) have tended to increase as a proportion of all sentenced prisoners, moving from 36 per cent in 1989 to 41 per cent in 2000. However most prisoners have shorter sentences of about 6 months.

2.2 Health Needs Assessment (HNA), Health Improvement Programmes (HImPs) and the role of the NHS

Health Needs Assessments led to the creation for the first time of local Prison Health Improvement Programmes in 2001. This is part of an ongoing process with great potential for health gain.

This HNA/HImP process is vital to promoting health in prison by:

- assessing need using epidemiological, comparative and corporate approaches. The latter approach requires the views of prisoners and staff to be ascertained by the use of focus groups, questionnaires, ‘citizen’s panels’ etc.;
- agreeing local priorities;
- developing, implementing and evaluating plans.

Prison HImPs are a fundamental tool for developing the health of prisoners. HImPs should cover 4 major aspects of health and well-being (all of these aspects of the will contain elements of health promotion, especially the first three below):

1. social and economic well-being and tackling inequalities. This includes developing the life skills required to be healthy, and economic opportunities to support health;
2. a healthy environment - including issues like the impact on health of the built environment or less tangible issues such as the local ‘culture’;
3. a healthy lifestyle - concerned with all aspects of choice and health behaviour, including if healthy choices are made easier or more difficult in prison;
4. access to high quality health care.

Checklist Point No. 1 for the NHS: Continue to integrate prisons into the wider public health approach through:

- the annual report
- the Health Improvement Programme (HImP);
- PCT plans;
- National Service Framework (NSF) Implementation;
- local health inequalities targets.

Further information on HNA and HImPs is available from the Prison Health Task Force.
Who should lead on this area of work? Experience and expertise in this area rests to a large extent with the NHS locally. However partnership is still the key to success, and the experience so far seems to point to the importance of having a named individual responsible for taking the work forward on the NHS side. Similarly it is best to have a named individual within the prison responsible for co-ordinating health promotion. Currently HImPs are the responsibility of local Health Authorities. Ensuring continuity on the NHS side may require extra effort in the short term because of impending major re-organisation. As of April 2002 the majority of the functions of Health Authorities will devolve to Primary Care Trusts (PCTs), which are able to both commission and provide services for their population. PCTs will be performance managed by a much smaller number of Strategic Health Authorities. Most PCTs will be created from existing Primary Care Groups, but in their new role will be free-standing, legally established statutory NHS bodies. PCTs will control the majority of all NHS spending, and will be providers of primary and community health services and commissioners of hospital and other specialist health care. The detail of the relationship between prisons and their local PCT will emerge in the months following publication of this strategy.

Checklist Point No. 2 for the NHS: ensure a named person in your PCT is responsible for this area of work.

Checklist Point No. 2 for Governors: make sure promoting health (i.e. not just health care) is adequately covered in your prison HImP.

Checklist Point No. 3 for Governors: make sure management responsibility for health promotion within your prison is clear, with clear line management.

2.3 General factors in a prison that can impact on health

Each prison presents unique issues, but there are five major factors for consideration which have been identified as impacting upon the health of prisoners:

- the social demography of the prison population;
- the built environment of the establishment;
- the organisational culture in the prison;
- the relationship between prisoners and with the external world;
- specific medical issues facing the prison population.10

It is therefore important that these wider issues are also considered in needs assessment alongside the more obvious health promotion needs listed below. How to achieve this balance is addressed in Chapter 4 under a ‘Whole Prison Approach’.

### Case Study: the link between positive regimes and health

**HMP Leeds (Armley)**

Staff at HMP Leeds have attempted to improve the regime for prisoners through the introduction of a new programme. Since the introduction of ‘Excell’ there is higher employment and prisoners have had their association time increased. Discussions with prisoners on the scheme revealed very favourable responses to the revised regime. Prisoners said they felt safer and thought that requests and complaints had probably decreased. Listeners (who are specially trained to provide a service to other prisoners which is similar to that offered by Samaritans in the community) reported a decrease in contacts and overall the regime appears to work well.

Contact: Steve Hall 0113 263 6411

### 2.4 The major health problems of prisoners

This chapter shows the extent to which prison presents an important public health opportunity to benefit of the community at large by meeting the needs of a target group that are normally difficult to reach and influence. There are also some opportunities that can be created to benefit the health of prisoners' families. It has been mentioned above that the majority of prisoners pass through the system and re-enter the wider community within a few months of imprisonment.

**Checklist Point No. 3 for the NHS:** recognise prisons exist as part of the local community, regard prisoners as part of the local population, regard prison as a setting for promoting health.

**Checklist Point No.4 for the NHS:** acknowledge, and educate others about, the public health importance of prisons.

In general prisoners have poorer health than the population at large, and many have lifestyles that put them at risk of ill health. Each prison has a unique population revealing strong evidence of health inequalities and social exclusion, and many prisoners have had little or no regular contact with health services before entering prison.
2.5 Social exclusion

Social exclusion may be worsened during imprisonment as family ties are put under more stress by separation. Future employment prospects may be damaged by having a criminal record. Although substance misuse does not of itself constitute a disability under the Disability Discrimination Act 1995 (DDA), it is clear that many prisoners with mental health problems or with progressive illnesses are probably DDA-disabled. Prisoners’ families are also likely to suffer increased social exclusion, especially through imprisonment of a parent.

2.6 Physical health problems

In July 1994, the Office of Population Censuses and Surveys was asked by the Directorate of Health Care of the Prison Service (the predecessor to the PHPU) to carry out a survey of the physical health of prisoners. Almost half (48%) of those surveyed said that they had a long-standing illness or disability. The most commonly reported long-standing problems were musculo-skeletal complaints (reported by 17% of respondents) and respiratory conditions (15%). Health problems most likely to have been experienced in the 12 months before interview were skin diseases, asthma, bronchitis and other respiratory conditions.

MAJOR HEALTH PROBLEMS:

Mental illness, drug dependency and communicable diseases (such as Hepatitis B or sexually transmitted infections) are dominant health problems among prisoners.

- 90% of all prisoners have a diagnosable mental health (including personality disorder) problem, substance misuse problem or both.
- The rate of suicide in prisons is greater than that in the general population.
- 80% of prisoners smoke.
- 24% of prisoners have injected drugs – of these 20% are infected with Hepatitis B, and 30% with Hepatitis C.
- A recent survey showed 8% tested positive for Hepatitis B and 7% for Hepatitis C; by contrast only 0.3% of the male prisoners and 1.2% of females are HIV positive.
- 20% of women in prison ask to see a doctor or nurse each day.

The survey looked at the male prisoners' use of health services inside prison and in the NHS. Over a third had consulted a doctor in the fortnight before interview. It was found that male prisoners were more likely than those in the general population to:

- report a long-standing illness or disability;
- have consulted a doctor in the two weeks prior to interview; and,
- be taking prescribed medication.

### 2.7 Health-related behaviour

This is also examined in the 1994 survey.

- Eighty-one per cent of respondents were current cigarette smokers. The proportion that smoked varied with age, from 84% of the 16-24 age group to 66% of those aged 45 and over.
- Prisoners aged 18-49 were more than twice as likely to be current smokers as men of equivalent age in the general population.
- Men who had been in prison for less than two years were asked about their drinking behaviour in the 12 months before imprisonment. Prisoners aged 18-49 were almost four times as likely as men of equivalent age in the general population to describe themselves as heavy drinkers.

### 2.8 Women's health problems

Although men and women often face similar problems, such as mental illness, substance misuse and communicable diseases, there are certain distinctive issues and inequalities to be addressed for women prisoners. Obviously there are maternity and gynaecological health issues, but also a greater incidence of past or recent physical, emotional or sexual abuse. About 20% of women in prison ask to see a doctor or nurse each day, almost twice as many as male prisoners, and women self report much higher incidences of health problems and symptoms than the general population of women in the community. Priority health issues for women may be summarised as:

- mental health and issues arising from abuse;
- self harm;
- substance misuse;
- maternity care;
- sexual health;
- lifestyle issues such as smoking.

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12 Working with women prisoners, Women's Policy Group, HM Prison Service, August 2000
2.9 Identifying health promotion needs of individuals and different groups of prisoners

Each prison population is of course unique. However, it is a useful prioritisation exercise to generalise the particular health promotion needs of the prison population as a whole, as is done in the following table.

2.10 Health Promotion needs of prisoners: a range of examples

<table>
<thead>
<tr>
<th>ALL NEED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice on Prevention of communicable diseases e.g.</td>
</tr>
<tr>
<td>*Advice on avoiding sexually transmitted diseases, HIV and hepatitis.</td>
</tr>
<tr>
<td>*Hepatitis B immunisation.</td>
</tr>
<tr>
<td>Advice on risky lifestyles e.g.</td>
</tr>
<tr>
<td>*Advice on avoiding drug overdose on leaving prison (needed by all because staff cannot identify all at risk).</td>
</tr>
<tr>
<td>Protection against harm caused by smoking (including passive smoking).</td>
</tr>
<tr>
<td>Support to adopt healthy behaviours e.g.</td>
</tr>
<tr>
<td>Appropriate levels of physical activity.</td>
</tr>
<tr>
<td>A balanced diet.</td>
</tr>
<tr>
<td>Mental Health Promotion measures including:</td>
</tr>
<tr>
<td>Adequate association time#.</td>
</tr>
<tr>
<td>A meaningful occupation (work, education, artistic activity, physical education).</td>
</tr>
<tr>
<td>Contact with the outside world and help to maintain family ties.</td>
</tr>
</tbody>
</table>

*All prisoners can be considered to have these type of health needs although not all prisoners are necessarily at high risk. This is because it is difficult for staff to identify all those who are at high risk, and because all prisoners need information in order to reduce fear and stigma.

#These sorts of measures involve policy and practice not necessarily intended to affect health, but with the potential to impact importantly on an individual's health and well-being.

Case Study: promoting mental health

**HMP Kirkham**

HMP Kirkham and North West Lancashire Health Authority have been working together on a project to promote mental health amongst prisoners. A diary has been produced for prisoners which has some pages inserted for each month on a different area of mental well-being. For example, there are sections on assertiveness, relaxation, and planning for visits.

Lynn Pattison, HMP Kirkham

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13 Marshall, T. Toolkit for health care needs assessment in prisons, University of Birmingham, 2000, 24
The above complement health care provision but are important in their own right. Everyone involved should resist the tendency, which has sometimes existed and been observed, to stop at the boundaries of health care instead of having an holistic view of health in its widest sense.\footnote{Caraher et al. The Range and Quality of Health Promotion in HM Prisons, Prison Health Policy Unit/King’s Fund, 2000.}

Checklist Point No. 4 for Governors: produce a prison policy statement on health promotion, and in your annual business plan clarify any work commitments and resource implications e.g. resources to be bought in.
2.11 Prisoners’ views on their own health needs

- There is no recent national study in England and Wales to draw upon, but there are a growing number of local initiatives.

- Findings from the Office for Public Health in Scotland on prison health promotion have indicated that prisoners operate a more social model of health causation than the general population, so concerns and issues that impacted on their health were found to be located in their social world. Thus inmates identified the stress of family visits, or their infrequency, as a major impact on their well-being.

Case Study: working with prisoners’ families

HMP Wayland

The project began in 1997 following an invitation by a local voluntary organisation, the Ormiston Children and Families Trust, to take a Parenting Support Initiative into Wayland prison. The purpose was to strengthen family ties that have been weakened and/or severed by a father being imprisoned and to increase the access by prisoners and their families to community services. The literature search for the evaluation highlighted the distress of prisoners’ families and the effect of imprisonment on the mental and emotional health of their children, which in turn provided a predictive factor for future criminal behaviour. The project is into the second year of two years pilot funding.

The initial rationale for the work is simply to address the mental and emotional health needs of prisoners’ children in order to try and prevent a downward spiral of disturbed behaviour, school truancy/exclusion, vandalism, juvenile crime, adult crime and imprisonment themselves. However, the development of helping prisoners to pick up their responsibilities, especially for their children, could very well have a positive impact on recidivism.

Major themes are:

- Visits Room Child Health Clinics: allows both parents and other family members to access family health services regarding the health and welfare of children. The Family Health Nurse is frequently able to highlight the emotional ill health of the mother, which gives her an opportunity to express how she feels. It is well documented how the health of a mother, especially if she is a lone carer, has an effect on her children;

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In contrast prison staff had a more medical model of health. This helps to illustrate the importance of discussion with the target groups as part of Health Needs Assessment.

A recent study in Devon prisons (Exeter, Channings Wood and Dartmoor) used focus discussion groups with 24 prisoners that supported the Scottish findings. The prisoners had been given an opportunity to consider physical, social and mental aspects of health. In each prison the top priority of the groups was the amount and quality of contact with their families and friends and its impact on their sense of well-being. The second most important issue for them was access to enjoyable food (which can be even more of an issue where minority ethnic and foreign national prisoners are concerned, due to food being perceived as unfamiliar or unsuitable, which may in turn aggravate feelings of isolation and increase stress).

It is interesting to note that top concerns are related to social and mental aspects of promoting health.

A survey of two male prisons showed half the population being interested in diet, exercise, stress and sleeping problems. Preferred methods of receiving health information were individual or group discussion, followed by leaflets and video.

About 10% of male prisoners ask to see a doctor or nurse each day which can be explained to some extent by difficulties prisoners have in self care compared to those in the community. While there is an obvious health need, it also has implications for costs and the staff time involved.

Contact: Jan Evans. Child and Family Public Health Practitioner
Bowthorpe Health Centre, Wendene, Norwich NR5 9HA Tel: 01603 726090
2.12 The implications for promoting health with prisoners

- The health of prisoners is affected by varied and complex factors, which require a co-ordinated response from a variety of resources within prison, not just from health care.

- At the level of the individual, health promotion needs should be included in sentence planning as a good practice measure.

- Because many prisoners have very low educational attainment, poor literacy and little experience of work – all important wider determinants of health – prison should be an opportunity to offer new life chances e.g. through social and lifeskills programmes.

- The treatment of mental illness is a major issue for prison health care. It therefore follows that promoting mental health, combating prejudice and ensuring the prison environment and structure are as supportive as possible should be a key health promotion objective across the whole prison estate. Indeed such an approach is wholly in line with the Mental Health NSF Standard 1, concerned with promoting mental health. This may also assist in suicide prevention, as only 20% of those who commit suicide in prison are identified as being at risk at the time of their death.19, 20

Checklist Point No 5 for Governors: adopt and implement the WHO Consensus Statement on Mental Health Promotion in Prisons – it is a good start to a Whole Prison Approach (see footnote 22).

- Some issues present especially complex health promotion challenges that require carefully co-ordinated responses across each prison. For example where drugs are concerned there is:
  
  - a need for general education of prisoners and staff;
  - prevention through harm minimisation initiatives;
  - prevention through hepatitis B vaccination;
  - many prisoners urgently require targeted initiatives, for example targeted sexual health promotion and HIV prevention, because they are either at particular risk or are vulnerable. Such targeting may be on an individual basis or aimed at groups e.g. juveniles, young offenders, pregnant women.


20 WHO, Consensus Statement on Mental Health Promotion in Prisons, Collaborating Centre for the WHO Health in Prisons Project, HM Prison Service, 1999
The very high prevalence of smoking (2 or 3 times that in the general population) requires a carefully judged programme of intervention. This can be integrated as part of coronary heart disease prevention and cancer prevention.

Lack of basic skills and knowledge about self care and how to access services are important areas for the target group both inside and on release.

While it must be emphasised that there needs to be a local HImP the priorities of which reflect health needs of prisoners in the context of the type of prison and length of stay, priorities to be addressed in the local plan will almost certainly reflect many of the areas mentioned above. Local plans may equally well include other topics such as healthy eating, physical activity, sexual health, cancer prevention, hygiene and so on.

The discharge plan for each prisoner should include wider health needs as well as health care issues.

2.13 The health of staff

There is no national study to call on in this respect. The Prison Service employs almost 44,000 people in 135 locations across England and Wales. Prison Service statistics show that during the year 2000, the Service lost 129,326 working days due to psychological illnesses, and that the cost to the Service was £14.2 million. In the same year, a further 114,706 working days were lost as a result of back pain and musculo-skeletal related absences, the cost to the Service being £11 million in pay costs alone.

The Prison Service's Occupational Health Group have identified the areas of priority in their business plan as follows.

Case Study: sexual health

**HMP Preston**

This prison has developed a sexual health project for prisoners, promoting awareness and responsibility, called the Sexual Health Awareness Group (SHAG). The group produces a magazine for prisoners called Shagmag. This uses art as a model for working with prisoners to develop materials which are both written and drawn.

The magazine covers a wide range of sexual health issues for men, including testicular self-examination and safer sexual practices.

Contact: Lynn Pattison, HMP Preston
2.14 Implications for promoting health with staff

Although primary responsibility for health at work initiatives rests with the Directorate of Personnel, the Whole Prison Approach should be inclusive of all who work there whenever possible. Examples could include:

- an encouragement to all staff to improve both physical and mental health. This could include taking more planned physical exercise and making better use of prison facilities when not being used by prisoners;
- engaging with local Smoking Cessation Services to support to staff who wish to give up smoking alongside help for prisoners, while also devising and implementing a No Smoking Policy for all;
- stress management;
- encouragement to take up vaccination against Hepatitis B.

Checklist Point No. 6 for Governors: ensure that there is a Health at Work initiative as part of the Whole Prison Approach (in addition to existing Health and Safety requirements in all prisons).
Chapter 3: The current state of health promotion in prisons

This chapter considers evidence of current activity to promote the health of staff and prisoners. In this context health is taken to mean “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” 21

3.1 The Policy Context

Current policy on what should be provided as a minimum can be found in the Prison Service’s Health Care Standards which have been in force since 1994. Health Care Standard 6 requires all establishments to produce a written policy statement, reviewed annually, describing the services provided. In addition, the Health Services for Prisoners Standard was introduced in 1999, and incorporates and reinforces requirements set out in Standard 6.

Both Health Care Standard 6 and the Health Services for Prisoners Standard require all prisons to provide health education around the following subjects:

- coronary heart disease and stroke;
- cancer;
- mental health;

21 Constitution of World Health Organisation, 1948
HIV/AIDS;
substance misuse;
sexual health.

In addition Health Care Standard 6 requires health education to be provided around dental health, and the Health Services for Prisoners Standard requires health education to be provided around healthy eating.

Both Health Care Standard 6 and the Health Services for Prisoners Standard require establishments to make links with the NHS and other organisations to support the prison in its health promotion work. Similarly a theme in the NHS National Service Frameworks is that Health Authorities should make contact with relevant local agencies, which should include prisons.

The Prison Service has made the prevention of suicide and self-harm in prisons a very high priority. The Suicide and Self-Harm Standard requires each prison to have a Suicide Awareness Team which must co-ordinate a multi-disciplinary, multi-agency approach to suicide awareness. The Standard also requires that all prisoners must be assessed for the risk of self-harming or suicidal behaviour when they arrive at the prison. In addition, all staff are required to be alert to signs or symptoms indicating risk of self-harm or suicidal behaviour.

3.2 The 1999 Survey of Health Promotion

A survey entitled 'The range and quality of health promotion in prisons in England and Wales,' which relates to prisoners only, was completed in 2000. More recently Health Needs Assessments have been undertaken by Health Authorities in partnership with establishments, and they are beginning to provide a clearer picture of the health promotion needs of prisoners.

Thames Valley University and the Mental Health Foundation carried out the Survey between November 1999 and April 2000 on behalf of the Prison Service and the King's Fund, and responses were gathered from 120 prisons and 59 of the 64 Health Authorities with prisons within them. The report covered:

- the range and quality of health promotion initiatives currently operating in all prisons in England and Wales;
- understanding of the concepts and terminology related to health promotion in prisons in England and Wales;
- staff who carry out health promotion and assessing their training needs.

The main finding of the survey were:

- only 15% of prisons reported having a written health promotion plan or strategy;

- specific budgets for health promotion are poorly resourced or difficult to identify, with consequent implications for quality;

- there is a significant amount of activity on promoting health, but it is often poorly prioritised, and a ‘Whole Prison Approach’ is the lowest priority;

- the concepts and practice of promoting health (e.g. a Whole Prison Approach) were poorly understood. Secondary and tertiary care activities were often seen or interpreted as health promotion activities. For example the early detection and isolation of those with mental health conditions was seen as health promotion but the advancement of positive mental well-being was not seen as an issue of prime importance. The point here is that there is obviously a training need so that staff and management are clear about the difference between health promotion and health care;

- responsibility for health promotion within prisons mostly lies with the Head of Health Care; many other types of staff deliver health education and health promotion; a small minority of prisons have a committee for promoting health with an NHS member on the committee;

- a ‘health promotion group’ existed in 29% of establishments and of these nearly a third had an NHS member;

- qualifications and training related to promoting health were not common. The vast majority had received no specialist training in health promotion. However many others who may have elements of health education/health promotion in their training were involved in the provision of health promotion e.g. Education staff and PE staff, and most widely quoted of all, nurses.

Case Study: introducing a prison-wide smoking policy

HMP Stafford

Supported by South Staffordshire Health Authority, staff at HMP Stafford assessed the need for smoking cessation training amongst prisoners and staff at the prison. By using evidence gained from this assessment, the prison and the health authority made a successful bid for one-off funding. This funding was used to deliver Nicotine Replacement Therapy and training for staff and prisoners. The initiative itself raised awareness of smoking as an issue in the prison, as a result of which a prison wide smoking policy has now been introduced.

Contacts: Gary Hayes, HMP Stafford
Helen Merricks, South Staffordshire Health Authority
3.3 Recommendation of the 1999 Survey

The 1999 Survey made several recommendations that have helped shape this strategy. In particular it was noted by researchers that a model existed that was capable of delivering high quality health promotion when combined with a settings or Whole Prison Approach. It involved the appointment by the NHS of a dedicated Health Promotion Specialist to work in partnership with several local prisons (as happens in prisons around Stafford and Preston).

Checklist Point No. 5 for the NHS: consider with the Governor if a shared resource with local prisons e.g. an NHS health promotion specialist is a useful model for closer co-operation (see case studies in this document).

3.4 A review of national and regional activities and initiatives which promote health

*Education Services*

There is significant health education work provided by the Prisoner Learning and Skills Unit (PLSU). The actual teaching is carried out in Prisons under contract by local educational institutions. All Prisons must currently offer at least 3 out of a possible 13 Social and Lifeskills Units. Of the 13 Units:

- 2 are health education Units: Sex and Relationships Education and Healthy Living;
- 3 have elements of health education: Drug and Alcohol Awareness, Family Relationships and Parent Craft;
- 2 are related to mental health promotion: Personal Development and Improving Assertiveness/Decision making.

In October 2001 a Prison Service Instruction introduced a new Sex and Relationships Social and Lifeskills module in response to the Social Exclusion Unit report *Teenage Pregnancy*. This has been achieved through a partnership between Juvenile Operational Management Group, Education Services, the Sex Education forum and PHPU.

*Prison Service Drug Strategy*

Drug misuse is comprehensively addressed across the prison estate and the drug strategy seeks to tackle this issue strategically across the whole estate.23 A key element of this approach relates to health education and promotion. CARATs (Counselling, Assessment, Referral, Advice and Throughcare services) operate in every prison and, as part of its remit provide advice and

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information to prisoners about harm minimisation and the health implications of using drugs. CARAT workers also provide counselling, via individual or groupwork sessions, and refer suitable prisoners to both detoxification services and to rehabilitation programmes where more intensive treatment intervention is required. The work is generally led by the Drug Strategy Unit, with the Prison Health Policy Unit assuming primary input on medical issues and aspects of harm minimisation.

Key components of the drug strategy, which includes aspects of health education, prevention and harm minimisation include:

- reducing the supply of drugs in prison;
- continuing the Mandatory Drug Testing (MDT) Programme;
- increasing the availability of Voluntary Drug Testing (VDT) compacts;
- continuing research to assess the needs of specific groups of offenders;
- improving integration between the work of different departments within prisons and the different agencies involved in working with prisoners;
- increasing the quantity and quality of drug detoxification services;
- increasing the number of CARAT assessments;
- increasing the quality and availability of rehabilitation programmes.

Prison Service Alcohol Strategy

The Government is currently preparing a consultation document for a national strategy to tackle alcohol misuse; this will include a reference to a Prison Service Alcohol Strategy. In broad terms the Prison Strategy will aim to:

- ensure the adequacy of health care and health information for prisoners with alcohol problems;
- reduce illicit alcohol use in custody and on Release on Temporary Licence (ROTL);
- change behaviour to try to ensure that any drinking after release is within the Government’s sensible drinking limits, and that alcohol-related re-offending is reduced.
Developments from PHPU

PHPU has a Health Promotion Adviser: the post resides within the Prison Health Policy Unit and was originally a joint appointment with the King’s Fund. Work undertaken, very often co-operatively across directorates or with other agencies, includes:

- strategic guidance and project development for the PHPU and Task Force e.g. concerning the use of Nicotine Replacement Therapy in prisons;
- developing the 15 nation WHO Health in Prisons Project, for which PHPU is the Collaborating Centre. The current five year plans focus on communicable disease control, mental health promotion and drugs. Outputs include written standards and expert conferences supported by newsletters and a website24;
- partnership working and pilot projects, for example:
  - pilot sites to develop good practice in smoking cessation and the use of Nicotine Replacement Therapy;
  - a Health Impact Assessment of Family Ties Policy within the Prison Service (working co-operatively with Family Ties Section in the Resettlement Directorate and Northumbria University);
  - piloting of a ‘Health Promotion in Prisons Network’ (HPPN) – ten prisons recruited and stayed with the pilot, and were keen to maintain their membership;

Case Study: setting up a smoking cessation service in a prison

HMP Wealstun

Leeds Smoking Service (LESS) was launched in January 2000 as part of the national strategy to reduce the incidence of smoking. This funding stemmed from a recognition that smokers need help to give up smoking and that information alone is inadequate.

The overall aim of this specialist smoking cessation service was to contribute to the local HmP’s implementation of the National Service Framework for Coronary Heart Disease. Reducing the incidence of smoking, particularly amongst disadvantaged and vulnerable groups, where the percentage of the population smoking is significantly higher than in other groups, is fundamental to achieving the NSF objectives. Inherent in the objectives of LESS is the need to address inequalities in health and a commitment to ensuring that smoking cessation work is sustainable. The work of the specialist advisers therefore includes the smoking cessation skills training of other health/community workers as well as running groups to provide support and advice for people wanting to stop smoking.

24 www.hipp-europe.org
Wealstun prison is located within the Northeast PCG area of Leeds and one of the nursing staff took up the opportunity to go on the 3 day training in smoking cessation run by LESS. The nursing staff at Wealstun estimated that 300 out of the 580 prisoners were interested in giving up smoking. Providing one to one advice for 300 people was deemed an impossible burden on prison resources so other approaches were explored. Initially training prisoners themselves to provide peer support was considered and advisers from LESS carried out two focus groups of prisoners to find out what their views were. The general consensus was very much against peer support at this early stage and very much in favour of having specialist advisers from LESS come in to facilitate groups. The men also felt very strongly that they should have access to NRT products.

It was agreed that two advisers would run the first group, commencing January 2001. NRT is known to double a smoker’s chance of success in quitting smoking.

8 sessions were run exactly as they would for any other group of smokers in the community. The first session is for information; the second for planning and the third is the Quit Day. Subsequent sessions are for support, advice, problem solving and continuing motivation, and so on. Carbon Monoxide readings are checked at each session.

Evaluation is carried out by:
  a) the number reaching 4 weeks without smoking;
  b) using a questionnaire;
  c) focus group discussion;

Contact: Liz Hinchliffe, Specialist Smoking Cessation Adviser, Leeds Smoking Services 0113 2438090 Or: School of Health and Community Care Leeds Metropolitan University 0113 2832600 EXT4315

• strategy development: the current strategy for preventing the spread of communicable diseases in prisons covers training, education, prevention, risk reduction and harm minimisation.

The key points here are:

- prison doctors have authority to prescribe condoms, if, in their clinical judgement, there is a known risk of HIV infection;
- the Prison Service has no plans to introduce needle exchange schemes currently but is monitoring developments at home and abroad;
- Disinfecting tablets will be introduced at all Prison Service establishments, in the light of the conclusion, in a report from the London School of Hygiene and Tropical Medicine, that their earlier reintroduction on a trial basis at 11 sites had proved successful;
- prisoners who believe they may be HIV positive have access to pre- and post-test counselling; those who are HIV positive have access to psychological support; clinical monitoring; treatment; combination therapy; additional food if required. Integration into the prison community is the aim;

- hepatitis B Vaccination. The Prison Service’s policy is for all prisoners to be offered an accelerated programme of hepatitis B immunisation. Funding limitations have restricted the number of vaccination schedules completed previously, but funding has now been made available for the provision of a comprehensive immunisation programme for prisoners.

**Case Study: Developing the role of ‘Lifestyle Protection Adviser’**

**HMP Leeds**

This post exists, working in co-operation with CARAT workers in Leeds, to maintain awareness and good practice in applying universal precautions to resist the spread of all blood borne viruses such as hepatitis B and HIV. As well as providing training and creating relevant local literature, staff and prisoners are engaged through questionnaires including ‘emotive’ areas such as ‘your views on needle exchange within a prison.’

Contact: Officer Jeff Grantschuk, Lifestyle Protection Advisor

**Case Study: health promotion loop videos in health care waiting areas**

**HMPs Channings Wood, Dartmoor and Exeter**

The three Devon Prisons have developed an idea where all inmates who are waiting in Healthcare for MO Clinics, dentist etc. have the opportunity to watch a range of health promotion videos. These are played on secure mounted TV/video sets and controlled by nursing staff. A range of videos are bought or obtained from NHS sources and cover a wide range of subjects. A record of which videos are played when is kept to avoid repetition and the subject matter is regularly updated by the health promotion nurses. Specialist videos are played on specific days, ie World Aids Day, No Smoking day etc.

In the near future it is hoped that staff can make their own video which will involve introductions, explanations of services, healthcare information, and help-lines. This will then be played to all receptions at the time of their induction or initial examination.

Contact: Dave Wells, Health Care Manager Channings Wood (and Devon Cluster Lead)
Other initiatives
The above list is far from comprehensive. Other important areas, whose mention is curtailed here only for the need to be brief, include: catering, physical education, chaplaincy, and other activities undertaken by the Directorate of Resettlement which impact upon the health of prisoners.

Regional developments
- The Prison Health Task Force has set up Regional Prison Health Task Force Teams during 2001, creating Regional Prison Lead posts in co-operation with Area Prison Managers. Teams will drive forward and support much of the change being undertaken locally.
- There are several ad hoc groups e.g. The North West Healthy Prisons Network brings together practitioners mainly from within prisons and the NHS to develop and share good practice. Other groups are Kent Healthy Prisons Network and the Prisoner Initiative Group from West Midlands. These groups enable staff to share useful information and ideas.
- The Health Development Agency has designated one of its Regional Health Development Specialists as a prison lead.

3.5 Health Promotion with staff
Provision of health promotion for staff is not comprehensively documented nationally. Staff Care and Welfare Services dealt with over 7,000 cases annually. The most common problems were requests for transfers, physical illness, stress and debt. There are recent initiatives considering the possibility of setting up an occupational health service. Preparation for a Prison Service Order on Staff Fitness by the Health and Safety Policy Group has been undertaken. It is highly likely that the health promotion needs and priorities for staff and prisoners will often be very different from one another. The Prison Service's Occupational Health Group are currently reminding Governors of their need, through their Health and Safety Committees and in consultation with their trade unions, to undertake risk assessments in their establishments as part of their Health and Safety responsibilities. This process may identify areas of health promotion and health care need amongst groups of staff in prisons.

Locally there are interesting examples where staff and prisoner health promotion needs have been addressed as part of a whole prison approach e.g. in Stafford and Kirkham prisons. The leaders of these initiatives have found the inclusion of staff motivates them in general concerning health promotion within prison.
3.6 Summary

In conclusion, there is evidence of much good practice in the promotion of health among prisoners and prison staff. At the same time, there is tremendous scope for improved levels of activity and better organisation of prison health promotion.

Case Study: Addressing staff needs and initiating a Health at Work project.

HMP Stafford

As suggested in the White Paper *Our Healthier Nation*, HMP Stafford (in partnership with South Staffordshire Health Authority) initiated a Health At Work project. Amongst other things, it is hoped that this project will help to improve:

- staff health;
- morale;
- public image;
- workplace relations,

thereby reducing levels of sickness absence.

This has used a needs assessment to identify areas of concern and has set medium and long term goals for improvement.

Gary Hayes, HMP Stafford

Helen Merricks, South Staffordshire Health Authority
Chapter 4: A vision of a health promoting prison

4.1 A balanced approach based upon the concept of decency

It is important to have a properly balanced vision, recognising all prisons should be:

- safe;
- secure;
- reforming and health promoting;
- grounded in the concept of decency.

These elements are interdependent and in balance in a properly functioning prison (see figure 2 overleaf).
4.2 Defining and applying the concept of decency

The concept of decency is an important foundation for promoting health because it underpins all aspects of prison life. Without it health cannot be achieved. If the following measures are attained then a basis exists from which to promote health. It includes:

- treatment within the law;
- delivering promised standards;
- 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;
- fair and consistent treatment by staff.

4.3 What is meant by the Whole Prison Approach?

It is an approach that draws upon resources from across the prison and is interdependent with all aspects of prison life. It is a commitment of the PHPU
to involve by 2005 as many prisons as possible in a Whole Prison Approach to promoting health that includes:

- health education and disease prevention;
- policies and practices which promote health throughout the prison, involving a wide variety of staff as well as prisoners;
- an environment and infrastructure which are generally supportive of health, including the wider determinants of health, underpinned by the concept of decency in prisons.

This approach will benefit from the support and encouragement of colleagues in the NHS, and from finding opportunities to develop joint working. However the flow of information and support is not all one way, as prisons can help NHS colleagues gather valuable information and insights into a largely socially excluded group.

**Checklist Point No. 6 for the NHS: invite prison reps on all local health or other relevant groups e.g. National Service Frameworks on Mental Health, Coronary heart Disease, Older People etc.**

**4.4 What is the rationale for this Whole Prison Approach?**

- At a macro level this approach is linked with other community safety initiatives intended to address offending behaviour, reduce re-offending and crime, and to protect the public. Much health promotion is about preparation for release and resettlement.

**Case Study: prison as a ‘Healthy Living Centre’**

**HMP Hull**

This project introduced the concept of a ‘healthy living centre’ into the prison starting in July 2000, and is the first prison in the country to be awarded long term funding by a Health Action Zone.

Aim: ‘identify health and lifestyle issues that prisoners want to address, whilst in prison and on release.’

The underpinning principles of the project support existing health care services and encourage outside agencies to work in conjunction with the prison. The project came about as part of the Health Needs Assessment process which identified priority areas in health for prisoners. This was followed by a successful bid by Hull and East Riding Community Trust for monies from the Health Action Zone to support the concept within Hull Prison.

Contact: Sue Altass in the Health Care Centre, Hull prison.
Figure 3. A Whole Prison Approach to health promotion

Addressing prisoners’ health promotion needs as defined through Health Needs Assessment and written into the Health Improvement Programme. Also addressing staff health promotion needs where appropriate through health at work initiatives.

Checklist Point No. 7 for Governors: adopt a Whole Prison Approach to health promotion as an integral part of prison’s planning and practice; it should never be treated as solely a health care issue. It should be recognised as part of the drive for decency in a prison.

- Within the prison specific context the Whole Prison Approach should form part of the ongoing process of joint Health Needs Assessment and the development of prison Health Improvement Programmes.
It is of fundamental importance to this approach that promoting health is not just seen as the province of health care staff, but of many others including education, resettlement/ regime staff, PE, chaplaincy, and so on.

The approach recognises the potential of prisons as ‘healthy settings.’ Promoting health in a social context or setting has its origins in the World Health Organisation (WHO) Health for All movement and Ottawa Charter of 1986. In a later development in 1996 the 15 nation WHO Health in Prisons Project was begun, and the Prison Health Policy Unit is the WHO Collaborating Centre for the project today. Wherever people live or work or play can be regarded as a setting, and examples include Healthy Cities, Health Promoting Hospitals, Healthy Workplaces and Healthy Schools. The latter two settings are emphasised as important to the Government’s objectives published in Saving Lives: Our Healthier Nation (1999), and there is now a national Healthy Schools Standard, encouraging a whole school approach.

The determinants that lead to good health, or poor health and increased mortality and morbidity, are often social and economic, as is now widely recognised. The Whole Prison Approach must recognise and value the importance of initiatives such as skills development and preparation for work on release as important health building measures in their own right.

Many employers in the UK and abroad have recognised the value of paying special attention to the health of their staff, citing improved staff health, morale, workplace productivity, workplace relations and public image as a result. Health Promotion is seen as a key component of effective staff management and hence of a thriving organisation.

This approach builds upon other guidance suggesting a holistic/Whole Prison Approach such as the WHO Consensus Statement on Mental Health Promotion in Prisons and the Chief Inspector of Prisons’ ‘Tests of a Healthy Prison.’

Prison can therefore be seen as a key setting itself, with potential through a Whole Prison Approach for health improvement, rehabilitation and reform, enhancing the life chances of all that live and work there.

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26 www.hipp-europe.org
Case Study: a Whole Prison Approach to the benefits of exercise for staff and prisoners

HMP Channings Wood

The Health Care Centre and P.E. department worked together, with support from other departments, to promote Healthy Lifestyles and regular exercise for ALL regardless of ability, disability, age etc. One aim was to encourage those who would not normally exercise. All inmates are seen on reception by the M.O. and graded as to their fitness for P.E. The P.E. department see all new receptions as part of a full induction programme. This gives the inmates a chance to have a look at the facilities available and enquire how P.E. will be able to meet their needs as an individual. This may be through accredited and externally recognised course work certification or simply recorded personal achievement. FITECH Counsellor Series Assessments are available on request to ALL inmates and staff to help them fully understand the potential benefits of making desirable lifestyle changes including regular moderate exercise and it is important for them to consider their lifestyle and current fitness level. This provides a base line of information about themselves which will help them focus clearly upon personal goals and provide a start point from which to measure improvements in health and well-being.

All staff working in the prison who are in contact with inmates are able promote the benefits of healthy lifestyle and regular exercise. Therefore it is important for the sportshall facilities to be made available to staff for their own well-being. This enables them to support the ethos of the prison approach – a healthy lifestyle and regular exercise benefits everyone.

With this in mind a ‘Staff & Families’ session was introduced for husbands, wives, sons, daughters regardless of age, whether discipline or civilian grades. All are welcome to use the sportshall facilities to exercise, play games and have fun as a family in a friendly and relaxed atmosphere. These sessions take place every Friday evening throughout the winter months with the evening extending into a more social event in the officers’ mess. Summer plans include cycle rides and multi-outdoor activity weekends on Dartmoor and Snowdonia. A project for the millennium was to improve facilities for staff by installing a sauna to help relieve the build up of stress and tension. Funding for this project was through the Staff Association (PSSA) and it has proved to be an excellent form of mental and physical stress relief and has encouraged those staff who would not normally enter the sportshall complex to do so.
4.5 The three elements in a Whole Prison Approach

Prisons should contain the three major elements below as part of a written health action plan for each establishment. They illustrate important areas likely to be on the agenda in a health promoting prison. Fundamental to the Whole Prison Approach is recognition that everything here should underpin good staff/prisoner relationships.

1) Creating an environment within each prison, through procedural and capacity building measures, that is supportive of health and the concept of decency.

Measures which are helpful in achieving this are:

- **support, encouragement and recognition at national and area/regional level** of the importance of Prison Health from both the NHS and Prison Service;

**Checklist Point No. 7 for the NHS:** Include prisons in your routine information gathering about the population you serve.

- **an infrastructure that develops and supports this work** such as a multi-disciplinary committee for promoting health in each prison, especially including the involvement of outside agencies, a member of prison staff who is a ‘Co-ordinator of health promotion’, and who has received appropriate training. Such a committee may well include:
  - a chaplain;
  - an educator;
  - work shop supervisor;
  - a nurse, health care officer, doctor;
  - prison officers;

Plans are now well on the way to improve facilities further by incorporating a spa bath, power showers, toilet and changing area to make this a fully self contained unit. Again funds for this improvement have come through a loan from the PSSA which staff at Channings Wood will have to repay over the next few years. This can only improve the physical and mental health of staff, enhancing a state of well-being and self esteem. This reflects on the whole establishment creating a healthier, happier, safer environment to work in and, just as importantly, for inmates to live and work within.

Contact: Dave Wells, Health Care Manager, Channings Wood
- a member of the senior management team;
- support from local agencies, especially the NHS e.g. dedicated support from a named person to ensure the HImP adequately promotes health based on needs assessment.

The work involved is often complex rather than difficult, so a co-ordinator would require clear guidance on what is expected of the role and a clear work plan, and should be of sufficient seniority to influence the Senior Management Team in order to make things happen.

Checklist Point No. 8 for Governors: consider how you can currently monitor performance (e.g. quarterly) and evaluate progress (e.g. annually)

- **Awareness training** for all relevant staff on the Whole Prison Approach;
- **Staff and prisoner involvement** in processes and decision making, ensuring the views of individuals and groups are heard;
- **Health Impact Assessment (HIA) and the development of ‘healthy policy’ both nationally and locally**: this can help raise awareness about how ‘non-health’ policies and practices can impact on health and health inequalities both positively and negatively. Just as security and safety are considered automatically when considering or reviewing policy or practice in a prison, so should health. HIA is one of a range of tools to assist decision-makers to make ‘healthy policy’. Policies that make a good starting point because they can impact especially on mental health include:
  - Family Ties (it is up to each prison to enhance and improve national minimum requirements if they wish), taking note of the special problems faced by prisoners from abroad;
  - a review of local arrangements to comply with the relevant Standards which can impact on health, such as policy relating to time out of cell (such as association time or time improving the work/education skills and employment chances of prisoners). Some of the Standards which could be reviewed are: Drugs, Suicide and Self Harm, Enterprise and Work, Education, and of course the Safer Prisons Standard under which establishments are required to maintain order, control, discipline and a safe environment, especially including a review of the local anti-bullying strategy; this can particularly help vulnerable groups;
  - reviewing local arrangements to comply with the new offences introduced in 2000 under Prison Rules to combat racism e.g. racially aggravated assault or use of racist language (and similarly supporting the initiative Respect for staff, designed to provide support for minority ethnic staff);
- a review of local arrangements to comply with the Disabled Prisoners Standard to ensure that prisoners with physical, sensory and mental disabilities are able, as far as is practicable, to participate equally in prison life.

This list is not exhaustive. All of these can operate and be influenced at both a national or local level. Some issues can only practically be tackled nationally e.g. there is a link between prison design and prisoners and staff feeling safe, and prison building and overcrowding.

2) Policies which specifically promote the health of staff and prisoners

Here are just a few examples:

- a comprehensive No Smoking Policy, including assistance for those (staff and prisoners) who wish to stop, in co-operation with local NHS Smoking Cessation Services and in line with the national Cancer Plan;

- an exercise policy aimed at attracting those (staff and prisoners) who currently do not use facilities available within prison or wish to make better use of them;

- a sustained campaign to promote mental health and well-being among staff and prisoners (tying in with the National Service Framework on Mental Health Standard One);

- policy determining the education opportunities available such as:
  - the social and lifeskills modules that are on offer within a prison;
  - the opportunities that exist for developing language, the arts, and generally being creative (important for mental health and self esteem).

Case Study: Exercise on Prescription (EOP)

HMP & YOI Drake Hall

Patients attending either a nurse led clinic or GP surgery can be prescribed EOP. A Photocopy of the prescription is entered in the prisoner’s Medical Records and the original is presented at the Gym where, after initial assessment, the Physical Education Instructor arranges an individually designed exercise programme. Typically a prescribed course of exercise lasts 10–12 weeks. The scheme has been well received by all involved with excellent levels of compliance from prisoners, most notably from one woman who lost 4 stones over 3 months.

Contact: Nicola Battle, Health Care Centre, HMP and YOI Drake Hall, Stafford Tel 01785 858 162
3) **Health education** (including harm minimisation, patient education and disease prevention).

Health education involves planned interventions to achieve specific health outcomes with the target audience or individual. Disease prevention includes risk factor reduction to prevent or reduce the consequences of disease including harm minimisation. Harm minimisation sometimes relates to avoiding or reducing health risks from illegal activities, for example injecting drugs.

- Examples are many and varied and have been detailed extensively above in Chapters 2 and 3.

### 4.6 Resource Implications, obtaining best value

- Much of this work can take place at comparatively little extra cost, typically involving measures that are led by lateral thinking or cultural change.
- However, significant changes in health promotion capacity (such as the provision of training or appointment of a co-ordinator for health promotion) will have resource implications. The survey mentioned in Chapter 2 indicates that several prisons and local NHS Health Authorities or Trusts, albeit in the minority, are already committing significant resources. In general the challenge is to ensure that best value is obtained from existing resources.
  - Best value will require careful prioritisation and targeting of health promotion initiatives

**Checklist Point No.9 for Governors:** consider as a priority those groups of prisoners who may be most vulnerable to adverse health impacts from prison, and ways in which those impacts can be lessened.

### 4.7 Effective interventions in a health promoting prison

The following are likely to increase the effectiveness of health promotion initiatives, but their transferability to the prison setting has not been adequately demonstrated through identifiable research.30

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4.8 Research, evaluation and evidence based health initiatives

A Health Promoting Prison should be one with an appetite for research and evaluation. Such a prison will find ways of sharing information gained both inside and outside the establishment. There is a growing body of evidence concerning what works in health promotion, and the Health Development Agency is spearheading a more systematic approach towards evidence based practice. PHPU can assist in the transfer of this knowledge into the prison setting.

The current evidence base is not the last word on effectiveness and needs careful consideration on how it applies in a prison setting. By way of example there is a growing body of evidence on how best to promote mental health and well-being from a variety of sources. For example exercise has been shown to prevent clinical depression, reduce anxiety and improve self esteem.31

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4.9 Training for staff involved in promoting health in prisons

There are a variety of qualifications for people moving into health promotion work, or who are already engaged in it and wish to receive some formal training and accreditation. One example is the Open University’s Certificate in Health Promotion (currently being studied by at least one Deputy Governor, who is a health promotion co-ordinator within his establishment.) The Prison Health Policy Unit has not developed a firm view at present on what formal qualifications should be required of a member of staff who is ‘Co-ordinator of Health Promotion.’ It is likely to do so in consultation with Area Managers, NHS Regional Prison Health Leads, The Health Development Agency and prison health promotion staff. This question is likely to be addressed further in the PSO on health promotion at a later date.

The people who have been representing establishments in the Pilot Health Promotion in Prisons Network have a wide range of backgrounds and experiences. Some of them are health promotion specialists, some are health care officers, health care managers or nurses, some are prison officers or Governors, some are catering managers. Amongst the health promotion specialists, some are Prison Service employees, and others are working for NHS organisations. Amongst the latter, some are working on prison health promotion full-time, while others are working on it as part of a wider range of responsibilities. The important point is to come to this task with a commitment to improving and developing health promotion practice through multi-disciplinary working.

Finally, it is desirable to offer information about the Whole Prison Approach to promoting health to Prison Officers as part of their initial training, and also as part of staff development for staff already in prisons.
Case Study: providing a balanced health promotion programme to meet need

HMYOI Dover

A health promotion specialist is employed by East Kent Health Promotion Service, some of the funding coming from HMYOI Dover. This full-time post offers a range of health promotion initiatives, including:

- information about HIV and Hepatitis during induction;
- a well man programme;
- an allotments project;
- stress and relaxation advice;
- assertiveness training;
- parenting skills;
- advice on contraception;
- smoking cessation sessions, including nicotine replacement therapy;
- suicide awareness sessions;
- one to one discussions.

Taking part in the sessions is counted as Education, so young offenders are not discouraged by thinking that taking part might result in loss of earnings. The sessions are also part of the YOI’s throughcare programme, and contribute to the establishment’s sentence planning and parole work.

All the programmes aim to promote physical and emotional health and well-being, and to reduce the risk of offending behaviour.

Contact: Health Promotion Specialist, HMYOI Dover
4.10 Summary

The vision described above of a health promoting prison is balanced and based upon the concept of decency, dependent upon the enthusiasm of well trained and well led staff, and built upon the encouraging start already made in many prisons through existing health education and health promotion initiatives. It should be emphasised that staff should be included as recipients of health promotion too where appropriate.

There are pockets of excellent practice, but health promotion is starting from a low baseline in many prisons. There is a need to gather and then to share further evidence on what works, and to develop the Whole Prison Approach through pilot sites and intervention studies. This will need continued national support, research, development and evaluation. At the same time we will make progress on a wider front: there must be a general encouragement to all prisons to begin the process of becoming ‘health promoting prisons’ and starting to adopt the Whole Prison Approach. The following chapter contains challenging but realistic goals for achievement by 2005.
Chapter 5: Developing an action plan: where do we want to be by 2005?

PHPU invites key partners in this field to share taking forward the following agenda as resources become available.

Partners include:-

Governors and their staff, members of the local health community, other local agencies (such as Social Services), Prison Health Leads at Prison Area/NHS Regional Offices, staff at Prison Service Headquarters and the Department of Health, along with relevant voluntary organisations.

5.1 GOAL ONE: to develop a Whole Prison Approach in a majority of prisons

ACTION: encourage prisons, in partnership with the local NHS, to take action in line with the health promotion Checklists included above at the end of the Executive Summary, by the end of 2002

Milestones/outputs
The checklists can be acted upon immediately, often with little or no resource implications, progress can be measured through Prison HImPs etc.
Impact
Encouragement to good practice, standard setting, improved staff health and productivity

5.2 GOAL TWO: to improve dissemination of information and good practice

| ACTION: establish Pilot Prisons within the framework of a Health Promoting Prisons Network (HPPN). |

In order to disseminate good practice and share information a national Health Promoting Prisons Network will be created, with a Newsletter or dedicated website, seminars etc. This builds on and will be drawn from the regional networks already operating e.g. in the North West Region and elsewhere. Membership will be controlled by a process of meeting standards and peer evaluation.

Action by whom
PHPU, Area Managers and Governors, Regional Leads and Directors of Public Health (DPHs)/Health Promotion Specialists

Milestones/outputs
- PHPU to consult and then launch the HPPN in 2002 for a two year trial period.
- A part time secondment of an ‘HPPN development manager’ to assist in taking forward the HPPN to be arranged prior to launch.
- Area Managers, in co-operation with Regional Leads, should identify pilot sites for promoting health using the Whole Prison Approach. All the different categories of prison can then be included as pilot prisons.
- Examples of good practice to be documented/disseminated from the HPPN - ongoing.
- Independent evaluation of progress by HPPN members towards the goal of a ‘Whole Prison Approach’ to promoting health to be commissioned.
- Prisons that are members to create an infrastructure to support health promotion including a trained co-ordinator, multi-disciplinary committee, an active partnership with local NHS partners in an on-going process that sets mid to long term goals as well as an annual plan.
- A report and recommendations by the independent evaluators of HPPN by end of 2004.
Impact
Encouragement to good practice, standard setting, improved staff health and productivity.

Policy Context
Prison Service Aims, Objectives and Principles; NHS Plan, National Assembly Plan for Wales; NSF on Mental Health and CHD, WHO HIPP Project Document.

5.3 GOAL THREE: to develop evidence based practice in prisons

ACTION: encourage further local/national/international research and development on promoting health in prisons to encourage evidence based practice.

There will continue to be a need to research and set standards, to identify and encourage good practice, and to measure progress. The Policy Unit is also the Collaborating Centre for the WHO HIPP: there is a requirement to facilitate a similar function within a European context as part of the Project.

Action by whom

Milestones/outputs
- Prepare draft European Guidelines on ‘Prisons, Drugs and Society’ for a Conference in Berne, and following this,
- Set further targets and action for WHO Health in Prisons Project in the agreed priority areas of Communicable Disease Prevention, Drugs and Mental Health Promotion, or other areas agreed by partners between 2002-2005.
- Maintain a WHO HIPP website – ongoing, with examples of evidence based practice.
- Monitor and report on prison HiMPs and current approaches to promoting health – ongoing.
- Encourage evaluated initiatives from pilot prison sites especially related to priority issues e.g. smoking – ongoing.
Repeat a Survey of the Range and Quality of Initiatives to Promote Health in Prison by end 2004.

**Impact**
Guidance, encouragement to good practice, agreed standards.

**Policy context**

### 5.4 GOAL FOUR: to agree a Standard in England and Wales for a ‘Health Promoting Prison’

**ACTION:** consult on the content of a Prison Service Order on the Whole Prison Approach to Health Promotion and, as resources become available, on a related amendment to the Health Services for Prisoners Standard.

**Action by whom**
PHPU (Director of Prison Health would sponsor the PSO).

**Milestones/outputs**
- Reference Group formed in 2002.
- Consultation and drafting in the following areas: infrastructure and staffing (especially the role of Co-ordinator of Health Promotion), training etc.
- PSO effective by April 2003.

**Impact**
Prisons audited regarding their provision of measures to promote health.
5.5 GOAL FIVE: monitor progress over the next four years in improving the range and quality of health promotion in prisons

**ACTION:** establish arrangements for performance management of this Action Plan by PHPU, in consultation with partners, and for reporting on progress.

PHPU in co-operation with key players will:

- identify resources within PHPU to take a lead on this area;
- report on progress and action taken in the PHPU/TF Annual Report.
Annex A: links to the Government’s wider health agenda*

The NHS Plan (2000)

There are numerous parts of chapter 13 (Reducing Inequality and Improving Health) which are relevant. In particular prison is an opportunity to redress the ‘inverse care law’ whereby those in greatest need in society are least likely to access services. For other examples, 13.17 on smoking cessation is particularly relevant, as is 13.21 on tackling drugs and crime. This section also emphasises the need for Local Strategic Partnerships to combat social exclusion. Prisons could make a significant contribution to such partnerships.

*Documents can be accessed through the DH website www.doh.gov.uk.

Readers from Wales should refer to documents such as the National Assembly for Wales’ Strategy for Promoting Health and Well-being and Better Wales.

- One of the two goals of the White Paper is ‘to improve the health of the worst off in society and to narrow the health gap.’ Many prisoners and their families fall into this category.

- In working towards targets to reduce deaths from cancer, coronary heart disease, stroke and suicide the population in prisons is where there is great scope for reducing risks.

The NHS Cancer Plan

In particular this specifically flags ‘Pilots in prisons .... to reduce smoking prevalence’ as a milestone, and this work is being taken forward in 2001/2002.

National Service Framework – Coronary Heart Disease

- Standard one: The NHS and partner agencies should develop, implement and monitor policies that reduce the prevalence of coronary risk factors in the population, and reduce inequalities in risks of developing heart disease.

- Standard two: The NHS and partner agencies should contribute to a reduction in the prevalence of smoking in the local population.

National Service Framework – Mental Health

Standard one is concerned that health and social services should:

- promote mental health for all, working with individuals and communities;
- combat discrimination against individuals and groups with mental health problems, and promote their social inclusion.

National Service Framework – Older People

This SF makes clear that services will be provided to everyone, regardless of age, on the basis of need alone. It follows that health promotion services must also respect the needs of elderly prisoners. Standard Eight is concerned with ‘The promotion of health and active life in older age.’

The Social Exclusion Unit report on Teenage Pregnancy

- Action point 1: Achieve a reduction in the risk of long term social exclusion for teenage parents and their children.

- Action point 21, Young Offenders: Every Young Offenders Institution will offer sexual health education and parenting classes by 2001 (see also next item below).
Teenage Pregnancy Unit

The UK has the highest rates of teenage pregnancy in Europe and in order to tackle the problem, the Social Exclusion Unit’s report on Teenage Pregnancy, sets out a clear strategy for their reduction. The strategy has a 30-point action plan with the specific goals of:

- halving the rate of conceptions among under 18s by 2010;
- getting more teenage parents into education and training to reduce their risk of social exclusion.

It is estimated that 25 per cent of prisoners in Young Offender Institutions (YOIs) are young fathers and anecdotal evidence suggests that many have more than one child. As part of the programme of action (referred to above) to implement the strategy, a new Social and lifeskills Module on Sex and Relationships for YOIs has been developed and successfully submitted for national recognition. The course was trialled, the module is available nationally, and it is offered in all YOIs containing juveniles.

Health and local authorities are required to take account of groups at particular risk from teenage parenthood, including young offenders, in developing services to prevent teenage pregnancy and support teenage parents. Many prisons/YOIs may already have links with local services, however, for those who do not, details of local teenage pregnancy co-ordinators can be obtained from the Teenage Pregnancy Unit by telephone 020 7972 1380.

Sure Start

- Sure Start promotes physical, intellectual, social and emotional development of young children, so children are ready to flourish when they start school. By 2004, Government will be investing almost £500m each year in Sure Start and reaching a third of poor under fours.

- The target is for 500 programmes in disadvantaged areas by March 2004, (250 by March 2002). They will be led by local partnerships, with strong parental and community involvement. Sure Start will be encouraging all different agencies (local authority, NHS, voluntary sector and others, which could include prisons) to work together in new and more constructive ways, to provide better services focused on the needs of families and children.

- Sure Start is part of drive to tackle child poverty and social exclusion, offering new services and reshaping existing ones - to give young children the best start in life, and help parents nurture their children.

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32 Social Exclusion Report on Teenage Pregnancy, June 1999
Sure Start Plus Pilots will pioneer special initiatives to support pregnant teenagers and teenage parents under 18.

Local pregnancy support advisers will offer comprehensive advice to pregnant teenagers, so that they can make responsible and well-informed decisions about their future, according to their individual and family circumstances. Sure Start Plus will provide a co-ordinated support package for young parents to help them with housing, healthcare, parenting skills, education and childcare. The importance of the role of young fathers is also emphasised.

Securing Health Together: An occupational health strategy for Great Britain

This strategy represents a long term commitment to improve occupational health through partnership and a shared agenda between a wide range of stakeholders within and outside Government. Challenging new targets have been set to tackle occupational ill-health over the next 10 years. The strategy takes a wide approach including not only the effects of work on health, but also the impact of health on work.

Civil Rights for disabled people:

As part of its Manifesto in 1997 the Government made a commitment to “support comprehensive, enforceable civil rights for disabled people against discrimination in society or at work, developed in partnership with all interested parties”. Action taken so far has included:

- setting up the Disability Rights Commission in 2000;
- consultation in 2000 on the 2004 rights of access;
- introducing the Special Educational Needs and Disability Bill to Parliament in 2000;
- promoting disability awareness and good practice.