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Executive Summary

The main objective of the Health Promotion for Young Prisoners project is to develop and improve health promotion among vulnerable groups of young people in prison. In the UK, there already exists a substantial body of research on health promotion practice in custodial settings. It was therefore decided that the focus for the UK would be on a deeper evaluation of existing data and health promotion practice.

The following report draws on the research data generated by the National Children's Bureau in the preparation of the *Delivering Every Child Matters in Secure Settings* toolkit. Information and data has been drawn from 'Healthier Inside' Report which was a national project that focused on the health and well-being of young people in custody aged 18 and under. Additional research planned by the UK partner proved problematic as the official process to obtain permission from the Ministry of Justice to undertake research in UK prisons is both convoluted and time consuming. Discussions with a National Children's Bureau expert resulted in a decision to use existing data as detailed above supplemented with additional data collected via questionnaires and interviews with staff working with young offenders.

The research conducted with young offenders indicated issues under the following broad headings:

- Healthier food
- Exercise
- Addiction
- Access to healthcare
- Self-harming

Respondents indicated that efforts should be made to ensure that the menu in young offender institutions should be healthier; that a range of different activities could be made available in exercise sessions; more support should be made available for young people with drug problems; that access to healthcare should be faster and that self-harm was an issue that required greater attention and tailored provision.

Staff were asked to identify perceived barriers that prevented the implementation of effective healthcare for young people. Responses indicated that common perceptions were that successful implementation depends on the attitude of the young people themselves and their willingness to engage with programmes; the length of sentence was also identified as an issue. Further key factors identified were the disparity in services offered between facilities and the difficulties experienced in linking with health professionals in the community who are willing to assist with delivering health promotion activities in prison.

Staff were also asked how healthcare for young people in custody could be improved. Suggestions included offering a range of short and long-term health promotions; linking with health promotion services available in the community and providing awareness days on specific topics that are relevant to young people. One of the key observations, however, was that there is currently a lack of national standards to follow. This can lead to each establishment providing a bespoke service that, in itself is not a bad thing, but which means there is a lack of consistency in approach between institutions. It was also noted that a participatory approach is necessary to ensure successful outcomes; engaging less articulate and confident young people is seen as particularly important.

Finally, staff identified a number of areas they felt required further development. These fell under the following broad areas:

- Develop sex and relationships policies, encourage healthy eating and promote personal hygiene
- Provide appropriate levels of one-to-one support
- Arrangements to support young people during their arrival and induction in custody
- Arrangements to enable young people to retain privacy
- Support to build & maintain relationships with families/ friends
- Participation in decision making on the running the institution.

In conclusion, the research has identified that, from the young people's perspective, more effort needs to be made in providing healthier food, advice about nutrition and providing access to exercise. Two areas identified as requiring further development are provision of information concerning addiction and self-harming. A key issue is that while it is acknowledged that a lot of help and advice is provided for young people while in custody, this is often not followed up on release.

Staff indicated that the ability to deliver health promotion depends on the young person's length of stay in custody and their willingness to engage. Engaging young people was considered problematic in a group setting as there is often not enough time available to do individual sessions. Promoting relationships with family and friends was also noted as important but often difficult to achieve.

A key issue identified is the difficulty of linking with health professionals in the community who were willing to assist with delivering health promotion activities in prison. Adopting a participatory approach by engaging prisoners in their own care plan leads to a better end result. It is also important to make the effort to ensure that less articulate and confident young people are encouraged to participate in health promotion activities.

Finally, it was felt that the provision of health promotion was very different depending on the prison where the young person was situated and that there is a need for increased resources and better partnership working with external agencies to meet the health and well-being needs of young people in custody.

1.0 Introduction

The report for the UK is different from the other partner reports due to there being an existing body of research on health promotion practice in custodial settings. It was decided at the Luxembourg partner meeting that the focus for the UK would be on a deeper evaluation of existing data and health promotion practice¹.

The report draws on the research data generated by the National Children's Bureau in the preparation of the *Delivering Every Child Matters in Secure Settings* toolkit.² 'Information and data has been drawn from 'Healthier Inside' Report which was a national project that focused on the health and well-being of young people in custody aged 18 and under.³ The overall aims of the project were to:

Improve understanding of the health and well-being needs of young people in custody

- Help build the capacity of partners across the juvenile secure estate to effectively implement key local and national policy to meet young people's health and well-being needs
- Explore the feasibility of developing a framework to help guide and support the implementation of existing local and national policy and promote the health and well-being of young people in custody

Health and wellbeing as used in the report was defined using the World Health Organisation as:

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

The overall aims of this project are very relevant to the HPYP project and the definition of health and well-being used in the report matches that used in HPYP and thus provides useful data to meet the aims of the HPYP project.

It is the view of the UK partner and NCB that the views about health promotion of staff and young people detained in custodial settings will not have radically changed since the research was undertaken by the NCB for the in the preparation of the *Delivering Every Child Matters in Secure Settings toolkit*, 2008.

¹ Decision made at Seminar 2 "Health Promotion for Young Prisoners" (HPYP) 4-5 November, 2010, Luxembourg and recorded in the Proceedings .

² Lewis, E. and Heer, B, 2008, *Delivering Every Child Matters in Secure Settings: A practical toolkit for improving the health and wellbeing of young people*, London, National Children's Bureau.

³ The project was funded by the Department of Health, for a two-year period from September 2004 – September 2006.

2.0 Methodology

This report focuses on an existing body of research by the National Children's Bureau (NCB), supported by further research carried out by the SREU team.

The research broadly used a mixed methodological approach. A quantitative phase of research, involving the use of a questionnaire survey, was followed by a more detailed, qualitative approach that used interviews with prison staff, interviews with NGO staff and focus groups with prisoners.

2.2 National Children's Bureau Research Reports

The methodology draws on data from a series of reports carried out by the National Children's Bureau.

Originally the NCB had agreed to facilitate sending out the staff and young people's questionnaires. However, the two sample prison's originally identified were unable to facilitate the research due to a number of factors beyond the control of the researchers. By this stage in the project there was not enough time to access the official process to obtain Ministry of Justice permission to fully carry out the research in England and Wales in other establishments.

The reports from the NCB that were used for this report were:

- i) 'Healthier Inside' drama and discussion workshop with young people and staff in a YOT;
- ii) 'Healthier Inside' drama and discussion workshop with young men in custody;
- iii) 'Healthier Inside' drama and discussion workshop with young men in custody;
- iv) 'Healthier Inside' drama and discussion workshop with young women;
- v) Healthier Inside: Key findings and recommendations from the first stage of NCB's national development project focused on the health and well-being of young people in custody, 2005.

The views of staff were initially gathered through a questionnaire survey. The questionnaire was designed to provide an evidence base of current activity and key issues in a sample of Young Offender Institution (YOIs). The NCB requested that the questionnaires should *'be completed by the Resettlement Governors in close collaboration with the Head of Healthcare and other relevant staff to reflect the expectation of a 'whole prison approach' to health care and promotion'*.

The experiences of young people were canvassed through the use of participatory workshops. The aim of these was to gain an understanding of the issues that the young people felt were important and to draw suggestions from them on how health and well-being could be improved whilst they were in custody. Separate workshops were held for young men and for young women.

3.0 Sampling issues

3.1 NCB Research

The questionnaire aimed at prison staff was sent to seventeen YOIs working with young people. Thirteen YOIs completed and returned questionnaires. The NCB interviews and focus group research took place in five young offender institutions.

Two workshops were held with young male offenders in custody. There were a total of sixteen young men involved. There was one workshop held with young women with eight young women taking part and one other workshop with a mixed group of five young people that took place at a Youth Offending Team (YOT) based in the community. A total of 29 young people participated in the workshops.

3.2 HPYP Research

The HPYP staff questionnaire was sent out to a wide range of organisations in England and Wales but only three were returned.

Two questionnaires were returned by medical staff working in a custodial setting and one from a resettlement worker in YOS. The three staff had been working with young offenders from between 1 to 5 years. The age range of the young people with whom they worked was from 12 years to 18 years old and two respondents worked with male young offenders and 1 with female offenders.

Two interviews were carried out with two members of staff at an Integrated Resettlement Support project that works with young offenders during their time in custody and after release. One interview was carried out with the project leader and one with the nurse responsible for health promotion.

The response rate for the HPYP research was disappointing. This was due to several significant problems:

1. Sample prisons unable to facilitate the research;
2. Official process to obtain Ministry of Justice permission in English prisons.

4.0 Results

This section outlines the key findings of the research carried out during the HPYP project. It collates both material collected using HPYP instruments and that collected by the National Children's Bureau (NCB). The section is divided between quantitative and qualitative data.

4.1 Quantitative approaches

This sub-section outlines the key findings drawn from responses to questionnaires that were distributed to prison staff and to prisoners. This data is drawn from both the three returned questionnaires from the HPYP project and from questionnaires distributed as part of the NCB research.

4.1.1 HPYP Questionnaires

There were three returned questionnaires from staff. These can in no way be seen as representative of views of staff working in custodial settings or in the community. However, they are indicative of some of the key concerns of staff in the field.

Access to sport and medical facilities

In all three establishments young offenders were *'able to play sports outside, play sports in the gym, have at least one hour exercise outside each day and are able to see a doctor when they feel sick.'*

Available activities for promoting health amongst young prisoners

The following health promotion activities were available for young offenders in **all** three establishments: *'Dental and oral hygiene, alcohol use, tobacco use, use of illegal drugs, hepatitis, safer practices for injecting drugs, prevention of suicide, prevention of self-harm, sexually transmitted diseases and safer sex practices (condom use).'* All respondents felt that these activities were very important to be provided in custody. A range of methods for delivering these topics were used as can be seen from Table 1.

Healthy nutrition was the only activity currently under development in one of the three establishments.

Table 1: Delivery methods for health promotion activities in all the sample establishments

Activity	Mode of delivery					
	Leaflets	Posters	Brochures	Individual counselling	Group session	Peer educators
Dental and oral hygiene	2	1		2		
Alcohol use	2	2		2	2	

Tobacco use	2	2		3	2	
Use of illegal drugs	3	2		2	3	
Hepatitis	2			1		
Safer practices for injecting drugs	1			1	3	
Prevention of suicide				3	3	
Prevention of self harm				3	3	
Sexually transmitted diseases	2	2		2	3	
Safer sex practices (condom use)	2	1		2	3	

One respondent provided two other health promotion activities and these were:

- Healthy living and holistic approach looking at psychological, physical and social aspects and exercise. This was delivered via group sessions and was considered to be very important.
- Anger management which was delivered via individual counselling and in group sessions and was considered to be very important.

HPYP activities not available

The following health promotion activities **were not available** for young people in all of the three establishments: *healthy nutrition (2)*, *body changes during puberty (2)*, *use of prescriptive drugs (2)*, *tuberculosis (2)* *contraception (2)*, *conflict management (2)*, *coping with custody and criminal career (1)*, *coping with bullying (1)*, *conflict management (2)* *safer practices for tattooing/piercing (3)*. Even where these activities were not available the respondents thought that they were very important. In the establishments where these activities were available a variety of delivery methods were used see Table 2.

Table 2: Delivery of health promotion activity where available (i.e. available in less than 3 establishments)

Activity () ⁴	Mode of delivery					
	Leaflets	Posters	Brochures	Individual counselling	Group session	Peer educators
Healthy nutrition (2)	1				1	

⁴ Number of establishments not providing the activity

Body changes during puberty (2)				1		
Use of prescriptive drugs (2)	1				1	
Tuberculosis (2)	1			1		
Contraception (2)	1				1	
Conflict management (2),						
Coping with custody and criminal career (1)				1		
Coping with bullying (1)				2	2	
Safer practices for tattooing & piercing (3)						
Conflict management (2)				1	1	

Perhaps most surprising is that none of the establishments offered information about safer practices for tattooing/piercing (3) when it is often amongst young people where such activities take place. It is also interesting that none of the establishments used peer educators for any activity.

This respondent also suggested that it would be important to provide parenting skills for young people but as yet their establishment did not provide this.

Main barriers to implementing health promotion amongst young prisoners

The comments from the questionnaire regarding *main barriers, if there are any, to implementing health promotion for young people in custody and suggestions for improving health promotion in custody* will be discussed in the next section results from qualitative approaches.

In response to the question what are the barriers, if there are any, to implementing health promotion for young offenders in custody the following comments were made:

- It depends on the young people's willingness to engage. The ability to deliver health promotion depends on the young person's length of stay in custody.
- Health promotion services differ massively between establishments.
- They (the young people) think they know it all, therefore engaging them is very difficult to do in group settings and you haven't got the capacity to do individual sessions all the time;
- The difficulty to link with health professionals in the community who are willing to assist with delivering health promotion activities in prison.

- The lack of time allocated to do health promotion [makes it difficult].

In response to the question what are your suggestions for improving health promotion in custody the following comments were made:

- Offer a range of short and long term health promotions
- National standards need to be set, such as the healthy Schools initiative. Prisons don't have any standards to follow, so each establishment can do their own thing which isn't always bad, but doesn't give consistency either.
- It would help to have a link with health promotion services in the local PCT (community body that administers health care in the community).
- Involving the young people in organising a health fair on the unit.
- To provide an awareness day on specific topics related to young people involving health professionals working in the community.
- Access to a dietician to look at weight management.

4.1.2 Questionnaires sent by NCB

This section summarises the key findings identified from the NCB's questionnaire sent to prison staff. The key findings were:

- Relationships with family and friends
- Building capacity to meet individual needs
- Young people's participation in decision making
- Supporting work to meet health and well-being needs
- Good practice
- Areas for further focus and development

Relationships with family and friends

Many young people in secure settings have poor support networks and weak relationships with their families. Staff emphasised that it was important to work with young people to manage and sustain their relationships with their family and other important figures in their lives. It was noted that this was not always easy as any parents had long and expensive journeys to visit their children.

A need to focus on young people with weak support networks by providing support while they were in custody and also during the period of return to the community was identified. Suggested ways of supporting the young person was by developing mediation schemes to support them to strengthen fragile relationships and mentoring projects that provide positive and supportive role models. This was seen as important by one practitioner:

...relationships are very important, both inside and out. If they've not got good relationships then it will be very hard for them to survive on their own'
(practitioner)

Building the capacity to meet individual needs

A key challenge identified was the need to provide large numbers of young people 'with sufficient levels of support to thoroughly assess and meet their individual health

and well-being needs.' Practitioners explained that there was scope to develop more effective approaches to assessing and meeting the individual health needs of young people. Practitioners said that existing approaches can feel slightly 'tick box' and not effective. One practitioner felt that:

It can be easier to meet young people's individual needs where they are housed in smaller units with higher ratios of staff to young people. There are however ways that larger units can adapt and develop systems to increase opportunities to assess and respond to individual needs.

In order to optimise the well-being needs of the young people resettlement plans need to start as soon as the young person comes into custody providing the young person with appropriate support and learning opportunities and dealing with potential barriers to their successful re-entry to the community. Support needs to continue after release providing support and encouragement for the young person,

..we need to remember what we are asking of young people – some of them may not know anyone who works (practitioner)

Young people's participation in wider decision making

Research has shown that in order for young people to become involved with health promotion activities and resettlement programmes they need to want to and this can be more successful if they are involved in decision making about what they need and how to achieve this. Respondents to the questionnaire felt there needed to be 'a more co-ordinated and constructive approach to how young people feed into wider decision making processes'. Practitioners suggested there needs to be in particular efforts to ensure that less articulate and confident young people are supported and encouraged to participate in decision making

'..for every decision we need to go back to the boys and ask, what difference will it make for them?' (practitioner)

Summary of key areas of need identified by staff

Staff from across the establishments identified the key health promotion and well-being needs of young people in custody as:

- Mental health needs (including self-harm)
- Need for health education and promotion to address risk taking behaviour, including substance misuse

4.2 Results from qualitative approaches

This section outlines key findings drawn from qualitative research carried out as part of the HYP project and from data collected by the NCB project. The data comprises material from interviews with prison staff, interviews with NGO staff and from focus groups with prisoners.

4.2.1 In-depth interviews (HPYP)

Two in-depth interviews were carried out with professionals in the community working in resettlement services for young offenders⁵. One of the interviewees was a nurse and the other was a project manager of a youth offender programme (YOP).

These two interviews generated some interesting and useful data about young people in custody and the problems they face and the health promotion services required from the perspective of community providers such as Youth Offending Teams (YOT). The role of YOP is to provide integrated support for young offenders where the idea is

that workers from the YOP go into custody when young people get custodial sentences and start planning for release and resettlement packages that will meet their needs and I would say that mental health and physical health is all part of that. We also work with young people who receive community sentence (YOP Manager).

Both interviewees thought that there were reasonably good links with prison staff but that this had become more difficult recently as the prisons where young offenders were sent in their area were different and much further away. This was perceived as a problem

When the prisons were more local we could go more regularly as our service is all about mentoring support helping to get a GP, getting a bank account getting training on release. But now our nearest establishment is an hour away and some 2.5 hours away and this can affect some of the relationship with young people. We are all over the country now so it is about re-establishing the links back into prisons not having been in before (YOP Nurse).

Health promotion services are part of the YOP remit and they provide a range of services from

accommodation, relationships with parents and carers, relationships with peers, education, training and employment, substance misuse and mental health, general health, life skills, leisure time and anything else. Our service is looking at those practical things like how to get benefit, how to sign up for a GP, where to for training, how to write a CV and that kind of thing. Obviously we are not experts in all these areas sometimes it is about being an advocate encouraging them to get to drug services appointments and so on (YOPs Manger).

When a young person first comes to the YOP they operate a triage process where they are assessed and their needs identified. The mental health nurse or the general nurse can also go into the prison where the young person is housed. This is seen as important part of the process in identifying a young person's health needs. The nurse at the YOPs offers a range of health promotion activities such as

Sexual health work , condom distribution and Chlamydia screening. I also run immunization clinics here (in the YOP centre) and all sorts of different health promotion. We have a specialist mental health nurse as well (YOPs Nurse).

⁵ Resettlement Support is based in the community. Young offenders are seen when they get custodial sentences and the process for planning for release and resettlement packages that will meet their needs when they are released starts in custody. They continue to work with the young person when they are released back into the community.

Offering clinics and health promotion sessions at the YOPs centre is not always successful and both interviewees said there was a need to be creative in the way services are delivered.

What YOIs need or want can be very different! What they need they often don't think they need! Healthy living, balanced diet, exercise - some are great but some that need it don't want it! A lot are a bit embarrassed and don't want to ask for condoms and sometimes I wonder how much the YOTS providing health is a good thing as they (young people) come here for negative reason [to meet the requirement of their court orders] and the health is trying to be positive and help them in their daily living and I think this sometimes is a barrier to helping them to get what they need. If you are resentful of coming to the YOPS and if you have to come here more often to access the help then this can be seen as a negative thing. Sometimes I think that the things we offer to the young people needs to be out there in their community we need to be more creative about what we offer (YOPs Nurse).

The nurse had been employed for three years at the YOPS and as a result they were offering many more health promotion services but the problem is that the young people are not coming to the groups. She was not sure if this was

due to lack of communication from our staff to them as we just don't get the uptake on a lot of our health programmes. I ran an immunization clinic just last week and assessed the young people and I invited 37 to the immunization group and only 3 people came – is this due to transport or what? I think it is to do with the length of time, if you wait three weeks between the assessment and invitation to come to the group it is too long. If it doesn't happen today then it is gone! (YOPS Nurse).

4.2.2 Qualitative research: National Children's Bureau

The following selection of comments from the young people who took part in the drama and discussion workshops have been included to give a flavour of how they perceive being in custody and to give some idea of how health promotion activities could impact on their lives, for example activities that help with coping with being in custody especially for the first time and dealing with boredom and bullying and looking at alcohol and drug use would be of benefit.

In one of the workshops the young people were asked whether they agreed or disagreed with the statement '*my health is important to me*'. Most said that it was not that important. One young person explained that they didn't really worry about their health even when they did things that are harmful - '*you don't think about it when you are smoking meths*'. Another young person said that it is not worth worrying about it too much because '*you could get knocked over by a bus so live for the moment!*' These particular comments from the young people provide a good example of how health promotion activities could be very beneficial for this group of young people.

All the workshops began by asking the participants to agree or disagree with the statement 'doing time is easy'.⁶ The reasons given for agreeing with the statement i.e. 'doing time is easy', were:

- TV in rooms
- Easier when you get used to it and have been inside for about a month: '*once you get used to it it's alright.*'

⁶ Doing time means the length of time a person has been sentenced to custody.

- For some young people it is better than being at home – *‘some young people have never had it so good’*
- Lots of activities and education to keep you busy – *‘time flies in here – you are always doing something’*
- Its easy if you have the right mental attitude – *‘..it’s up to you in your head – if you want it to be easy then just keep your head down’*
- It’s easier if you try not to get in trouble with staff or other young people - *‘..I don’t want to be here but now I’m here I just have to get on with it’.*
- It’s easier if you try to keep busy and make the most out of the opportunities available in prison – *‘..keep your head down, get a job, do you’re A levels, do weights in the gym, and think about your family waiting for you when you get out’*

The reasons for disagreeing with the statement i.e. doing time is not easy were:

- Missing family and friends - *‘..you are away from the people who love you and support you’*
- Stressful – *‘..there is too much time to think about things’*
- Can feel lonely in cells at night – *‘you are there on your own with no encouragement and no-one there to stop you doing things to yourself’*
- *‘Don’t have as much choice of education as you have outside’*
- No alcohol or drugs – *‘..the only thing I miss is chicks and weed’*
- Missing family, friends and girlfriends: *‘..it’s hard when you think of what your missing – all your friends out having a laugh.’*
- *‘Hard when you are new – especially if it’s your first time inside’*
- *‘It can be hard if you are a quiet person who stays in their cell a lot and don’t get along with people very easily – you are more likely to get bullied’*
- *‘It’s depressing when it’s Christmas, New Year, a bank holiday or your birthday – feeling like you are missing out’.*

This selection of comments from the young people have been included to give a flavour of how they perceive being in custody and to give some idea of how health promotion activities could impact on their lives, for example activities that help with coping with being in custody especially for the first time and dealing with boredom and bullying and looking at alcohol and drug use would be of benefit.

The next issue raised with the young men was *How easy is it to stay healthy in prison?* They were asked whether they thought it was easier to be healthy in prison than outside of prison. The answers given were that in some ways it is easier, and in other ways it is more difficult. Some of the reasons given as to why it was **more difficult** to remain healthy in custody were:

- Greasy food
- Not enough chance to exercise outside
- Sometimes you can be banged [locked] up for too long
- It can be easy to catch colds and other diseases because of the amount of people living close together

The young men also gave a variety of reasons as to why it can **be easier** to be healthy in prison such as:

- Opportunities to keep fit and to learn *'..I have learnt how to control my temper and have been pushing weights'*
- Access to healthcare services – *'..I have had tests to check my body to see if I am all ok'*
- A chance to be drug and alcohol free
- Can't have sex so can't catch diseases
- A chance to *'eat well and keep fit'*
- Time to think about things – *'..I have had time to sort myself out – I have given up smoking and converted to Islam'*
- Access to the gym and group exercise
- Education on healthy lifestyles
- A chance to get off drugs – *'I have definitely got fitter since coming here – I am off drugs and have done a healthy lifestyle course.'*
- A chance to put on weight by eating three meals a day

There was some uncertainty about how easy it is to stay mentally healthy in custody. Most of the young people felt that it was harder to stay mentally fit in custody than in the community. Some suggestions that they made to stay mentally healthy in prison were:

- Keeping yourself occupied and busy
- Talking to people and being friendly
- Trying to forget about things on the out – *'..you just have to try and get on with it.'*
- Having visits and letters from family, friends and girlfriends can help keep you going
- Talk to people and don't be afraid to seek help – *'...don't think you have to be psycho to go to a psychologist'*

The participants in the 3 groups were asked to make suggestions as to how the prison environment could be made more healthy. Some of their suggestions in the areas of most relevance to health promotion were:

Healthier food

- Less chips and 'rat burgers' – *'..they should do a thing like Jamie Oliver did in schools but for young people in prison.'*
- Better food – *'..less greasy food like less burgers and chips' / '..more veg and more variety'*
- Better food and could also get a nutritionist in to *'make learning about food fun'*

Exercise

- More opportunities to spend time in the gym
- More activities during association time like boxing, basketball and punchbags – *'..if there was more to do we wouldn't get so giddy during association time.'*

- More fresh air and a chance to *'chill outside more'*
- More time in the fresh air – *'..more open air activities and less bang up'*
- More relaxing and enjoyable activities – *'..relaxation and activities we enjoy – more than education and gym – things like yoga, swimming, street dancing, manicures and beauty'*

Addiction

- Some felt you should be able to smoke as it *'helps with stress'* (although others disagreed and thought the smoking ban was a good thing)
- More detox facilities for young people who are addicted to drugs and alcohol
- More support for young people with drug problems – more rehabilitation and detox

Access to healthcare

- Faster appointments to see healthcare – *'sometimes you have to wait for ages'*.
- Access to female doctors

Self-harming

- One young person suggested that there should be a special unit for young people who self-harm. She explained that she finds it *'..disturbing to watch when people do it openly'*. Most of the group disagreed with this idea.
- One young person explained that it is better for young people who self-harm to be around other young people – *'..about half the people here cut – we are not abnormal'*

4.3 Good practice Identified

The following good practice was identified in the research:

Current work to meet health and well-being needs

Establishments identified a range of examples of work that they felt demonstrated good practice in meeting young people's health and well-being needs. Overall staff felt most confident about the effectiveness of work where clear policy, guidance and resources have been directed - such as work around anti-bullying, suicide prevention and provision of health care services. Plans for work to improve support to meet mental health and substance misuse needs also appear to be well developed in line with national directives.

Areas for further focus and development

Overall staff identified there being less focus on:

- work to develop sex and relationships policies, encourage healthy eating and promote personal hygiene among young people

- the ability of establishments to provide young people with appropriate levels of one-to-one support;
- arrangements to effectively support young people during their arrival and induction in custody;
- arrangements to enable young people to retain a level of privacy;
- the amount of support provided to enable young people to build and maintain relationships with their families and friends;
- work to support young people's participation in decision making on the running and development of the establishment.

Supporting work to meet health and well-being needs

Staff identified that the following would help them to promote and improve the health and well-being of young people more effectively:

- Increased resources for additional staff and facilities;
- Increased partnership working with external agencies including health and social services, YOTs and the voluntary sector;
- Developing a more centralised approach to health promotion across all departments of an establishment;
- Work to address factors external to YOIs that can impact on their ability to meet young people's health and well-being needs, such as escorting arrangements.

5.0 Conclusion

5.1 Key themes

The key issues identified from the young people involved in the research were the need for healthier food to be available and for information about nutrition to be provided. Access to exercise was raised as being important to the young people as was access to health care. A key point raised was that while they received lots of help with health and other issues in prison this was not followed up when they were released. Two key areas identified was more help and information about addiction and self-harming. Some of the young people interviewed felt that they should be able to smoke as it helped with stress. The young people also thought that there should be more detoxification services for those who were addicted to drugs and alcohol. Views amongst the young people were mixed about self harming with some suggesting that there should be a special unit for those who self-harmed as it was disturbing to have to watch people when they do it. The majority of the group felt that as about half of the young people in their prison did self-harm they should not be separated.

The interviews with prison and community staff indicated that the ability to deliver health promotion depends on the young person's length of stay in custody and their willingness to engage. Engaging young people was considered to be difficult in a group setting and that there was not enough time available to do individual sessions. Another key issue was the difficulty to link with health professionals in the community who were willing to assist with delivering health promotion activities in prison. Promoting relationships with family and friends was identified as important but due to numerous reasons was difficult to achieve. Adopting a participatory approach by engaging prisoners in their own care plan leads to a better end result. It is also important to make the effort to ensure that less articulate and confident young people are encouraged to participate in health promotion activities.

Overall staff felt that more work was needed to

- Develop sex and relationships policies, encourage healthy eating and promote personal hygiene
- Provide appropriate levels of one-to-one support
- Arrangements to support young people during their arrival and induction in custody
- Arrangements to enable young people to retain privacy
- Support to build & maintain relationships with families/ friends
- Participation in decision making on the running the institution

In order to meet the health and well-being needs of young prisoners there needed to be increased resources and better partnership working with external agencies. The provision of health promotion was considered to be very different depending on the prison where the young person was situated.

5.1 Implications for HPYP Toolkit

The key areas that are relevant and should be considered to be included in the HPYP toolkit are:

General well-being

- The need for clear policy, guidance and resource availability to provide health promotion.

- Sessions on anti-bullying, suicide prevention and provision of health care services should be provided
- Help with coping with being in custody especially for the first time and dealing with boredom
- Sessions on alcohol and *substance misuse*
- How to stay healthy in prison
- How to protect your mental health while in prison to include who to seek help from.

Practical help

- How to find accommodation;
- Relationships with parents and carers;
- Relationships with peers;
- Education, training and employment;
- Life skills and leisure time;
- How to get benefit;
- How to sign up for a GP;
- Where to go for training;
- How to write a CV;
- Sexual health work, condom distribution and Chlamydia screening.
- There is a need to be creative in the way clinics and health promotion sessions at the YOPs centre are delivered;
- Mental health needs (including self-harm);
- Need for health education and promotion to address risk taking behaviour, including substance misuse.