



**WIAD**

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## **National Research Report Germany**

**European Commission**

Bonn, 8. November 2011

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## 0. Executive Summary

A combination of qualitative and quantitative methods was applied in the research phase to analyse needs and obstacles in health promotion for young prisoners. The data collection was carried out from April 2011 to August 2011 and a sample of 86 young prisoners for the quantitative needs assessment and 25 young prisoners for the qualitative focus group interviews as well as 23 staff members for quantitative analysis and 13 for the qualitative in-depth interviews was collated. Only male offenders could be included in the sample whereas in the staff sample 77.3% were male and 22.7% were female. Different professions were represented in the sample of professionals, security staff, psychologists, social workers, physicians, and head of departments and administrative staff.

Health promotion activities are – considering the response of prison staff members – foremost available on infectious diseases, mainly HIV, and on use of various drugs (illegal and prescriptive drugs, tobacco and alcohol). There are also offers to prevent suicide and self harm. Support on other infectious diseases as hepatitis and tuberculosis is provided to a lesser extent as well as information on safer practices for injecting drugs and tattooing and piercing which are not adequately taken into account.

Cooperation with NGOs and external services is seen to be fundamental for an effective implementation of health promotion activities. In many cases more information is needed on the specific health promotion topics and could be delivered in group sessions, lectures and individual counselling as well as in form of leaflets, brochures and posters. The AIDS service is for example committed to offering group sessions on infectious diseases including the risk of infection, vaccination and counselling. Other offers as anti-violence trainings, group sessions for learning how to prepare their own meals and father-and-child groups are available in some prisons. In all included prisons the juveniles have the opportunity to do sports, but facilities and frequency of activities are different and are in the view of the young offenders not sufficient (especially for exercising outdoors).

Individual counselling is seen to be the most efficient way of health promotion in custody but also group sessions are applied to target some specific issues (drug use, coping with custody and criminal career). According to the quantitative information material in form of leaflets, posters or brochures is provided for nearly all health promotion topics except for coping with bullying. Peer education is in the opinion of professionals no relevant mode of delivery and seems only to be used where other offers are less available (e.g. safe practices for injecting drugs and tattooing/piercing).

The assessment of the importance of the different topics of health and well-being young prisoners and staff members as well as other professionals is quite different in their opinion. Members of staff prioritise the risk of infectious diseases and drug use. Young offenders focus much more on how to live without crime which seems to be a very important goal to achieve. Although they also think that information on infectious diseases are at least important, they seem not to be that much concerned about the risks of using various drugs. Essential for health and well-being are, in the view of young offenders in custody, healthy food and opportunities for sports. In the qualitative interviews, internal professionals as well as professionals from external services also emphasise the importance of healthy nutrition and enough opportunities for physical activity and exercising. Young prisoners in the quantitative as well as in the qualitative analysis criticised the medical care provided in prison. They do not feel individually diagnosed, treated and counselled on their sicknesses, but instead reported standard procedures without attentiveness and care for the patients. All groups of respondents think that offers of support related to mental health issues are essential for young prisoners' well-being, and regarding that, a need of more resources would significantly improve health promotion for young inmates in prison.

Lack of resources is one of the most obvious obstacles in effectively implementing health promotion activities. Not enough personnel who can deliver health promotion activities and also insufficient funding supplies were said to be responsible for deficiencies in the implementation of procedures and programmes to improve health and well-being of prison inmates. But also the prisoners themselves, their motivation, their language skills and their social background, where a healthy lifestyle is not an issue at all, were perceived as a barrier in the implementation of health promotion activities for young inmates. But on the other hand some of the provided activities are not adequate (e.g. lack of post-test counselling for infectious diseases) or do not meet the needs of the prisoners (e.g. healthy nutrition without an intolerable increase of costs for the juveniles, more physical activity/time outdoors).

## 1. Introduction

Young prisoners have needs distinct from other prisoners and are more disadvantaged than their counterparts in the community showing negative impacts on their health. There is a clear need for prisons to respond with health promotion interventions to address health inequalities endorsing the principle that time spent in custody should aid disease prevention and promote health (WHO, 2003).

The general objective of the project “Health Promotion for Young Prisoners” (HPYP) is to develop and improve health promotion for young vulnerable people in the prison setting. It specifically aims at the subsequent implementation of a health promotion toolkit for young prisoners used widely across European Member States. This toolkit will address health related factors regarding infectious diseases, sexual health, the prevention and treatment of drug use, physical activity and nutrition, mental health etc. The target groups include young people (up to 24 years old) in prison, including particular vulnerable groups like women, migrants and ethnic minorities and problem drug users.

The HPYP project involves seven countries from old and new Member States (Bulgaria, Czech Republic, England, Estonia, Germany, Latvia and Romania) and brings together a multidisciplinary network representing a range of different professional groups and practitioners working inside and outside prisons.

One of the aims of the project is to develop and pilot a toolkit on health promotion for young prisoners. Using a participatory approach, the development of the toolkit on health promotion will be based on the views and needs of vulnerable young people in prison as well as on those of prison staff and representatives from non-governmental organisations as possible deliverers of health promotion in custodial settings.

The following report summarizes the results of the field studies carried out in Germany. Like in all other partner countries, both qualitative and quantitative research approaches were applied and prisoners, prison staff as well as NGOs who are involved in different kinds of health promotion activities have been interviewed.

## 2. Methodology

A combination of qualitative and quantitative methods was applied in the research process to achieve optimal results regarding the identification of crucial issues in health promotion for the specifically vulnerable group of young prisoners. Data collection was carried out in the period from April 2011 to August 2011 in five prisons in the three Federal States: Baden-Württemberg, Hamburg and North Rhine-Westphalia. Table 1 displays an overview of the applied research methods in the respective prison.

**Table 1: Applied research method in the respective prison**

Research method	Prisons				
	Pforzheim	Cologne Ossendorf	Adelsheim	Hamburg	Total
Quantitative Questionnaire for young prisoners	yes	yes	yes	yes	yes
Quantitative questionnaire for staff	yes	yes	yes	yes	yes
Focus Groups with young prisoners	yes	no	yes	no	yes
Participants of focus groups	yes	no	yes	no	yes

A quantitative needs assessment questionnaire for young prisoners (Annex 1) and for prison staff (Annex 2) has been developed and distributed in the following prisons in Germany: Hamburg, Cologne, Adelsheim and Pforzheim.

Furthermore, qualitative interviews with prison staff (n=8), representatives of NGOs, who are involved in health promotion or health services for young prisoners (n=5) have been carried out (interview guidelines see Annex 3 and 4). These interviews lasted between 30 and 60 minutes. Insights of the quantitative approach were broadened by the dialogue with the interviewees whereby respondents got the possibility to raise issues and understanding from their practical perspective and also sensitive issues could be discussed.

Additionally, three focus group interviews have been conducted in two prisons (Pforzheim and Adelsheim) with a total number of 25 young prisoners participating on a voluntary basis. Interview guidelines for the focus group interviews and the informed consent form which the focus group participants signed, are attached in Annex 5 and 6. The focus group interviews lasted each about one hour. The focus group interviews have been conducted in May and June 2011. The group discussions were very valuable to let participants explore and clarify their



views and raise own issues of importance and prioritise them. Juveniles different in nature, cautious and vivid, used the opportunity to engage in the discussion and to express their opinions, although some of them may have been reluctant to be interviewed at first or felt they have nothing to contribute.

### 3. Sampling procedure and sample description

Although the Ministry of Justice in North Rhine-Westphalia granted permission to contribute to the research of the project in spring 2011, access for the research team was denied by individual prison administrations due to a huge study on violence among young prisoners, which was carried out simultaneously. Other Federal Ministries of Justice were approached and the permission was given to carry out the research in Baden-Württemberg and Hamburg. This obstacle caused a delay in the research phase as questionnaires came in late.

The target group of young prisoners between 14 to 24 years old was addressed with the questionnaire for a quantitative needs assessment regarding health promotion for juveniles in custody. Overall 86 young prisoners from four prisons in Pforzheim (n=20), Cologne Ossendorf (n=5), Adelsheim (n=43) and Hamburg (n=18) completed the questionnaire (table 2). In course of the quantitative analysis also prison staff from different professional fields was provided with a questionnaire to investigate availability of health promotion for young prisoners and needs of the target group. Altogether 23 staff members filled in the questionnaire (table 2). See the response rate for each research method in the respective prison in table 2.

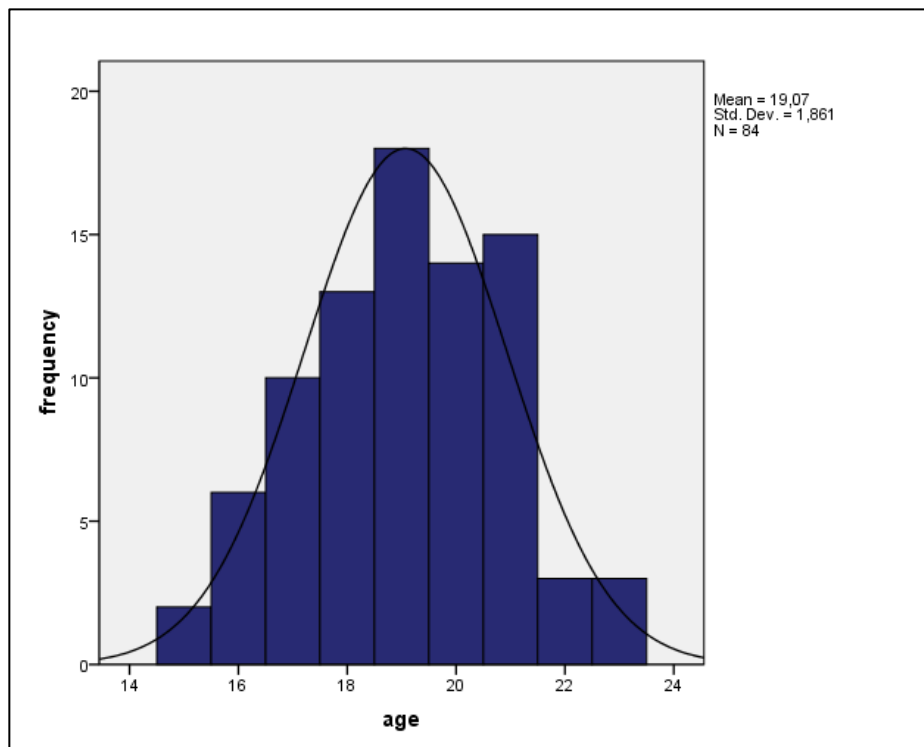
In two prisons in Baden-Württemberg focus group interviews with young prisoners were conducted to discuss health promotion activities in custody. From 25 participants 8 took part in the discussion in Pforzheim and 17 in two groups in Adelsheim (one with 9 and the other one with 8 participants) (table 2). All participants were informed about the project's aim and content and signed the informed consent form.

**Table 2: Response rate in the respective prison**

Research method	Prisons				
	Pforzheim	Cologne Ossendorf	Adelsheim	Hamburg	Total
Quantitative Questionnaire for young prisoners	20	5	43	18	86
Quantitative questionnaire for staff	2	2	3	16	23
Focus Groups with young prisoners	1	0	2	0	3
Participants of focus groups	8	0	17	0	25

The sample of young prisoners of the questionnaire for the quantitative needs assessment consisted exclusively of male offenders which were between 15 to 23 years old. The average of age in the sample was 19.07 years (n=84) and the distribution of age approximated the Gaussian distribution, although the number of 21 year old prisoners were a little higher and the number of 22 year old prisoners a little lower (diagram 1).

**Diagram 1: Distribution of age in the young prisoner sample**



94.1% of the young prisoners were sentenced whereas only 5.9% were on remand. Considerably more than half of them were in prison for the first time (65.1%) and 34.9% were re-offenders.

In the staff sample more than three-fourth of the 23 respondents were men (77.3%) and 22.7% were women (table 3). The sample consisted mainly of security staff (male: 92.3%, female: 7.7%). Furthermore 4 psychologists (male: 50%, female: 50%), 3 heads of department (male: 33.3%, female: 66.7%) and 1 physician and 1 from the prison administration – the latter male – filled in the questionnaire (table 3).

**Table 3: Gender and professions in the staff sample**

Profession	Gender		
	Male	Female	Total
Security staff	12	1	13
% of security staff	92.3	7.7	100
Prison administration	1	0	1
% of prison administration	100	0	100
Psychologist	2	2	4
% of psychologist	50	50	100
Physician	1	0	1
% of physician	100	0	100
Head of department	1	2	3
% of head of department	33.3	66.7	100
Total	17	5	22
% of total	77.3	22.7	100

The respondents have been working with young prisoners of an age between 14 and 25 years from 1 year up to 23 years. Of those who answered this question (n=20) more than half of them have been working with young offenders for more than 10 years and therefore have long-term experience in the work with this age group in custody, the activities to meet the specific needs and the particular law of execution for young offenders with a focus on education and prevention of re-offending.

Furthermore, qualitative in-depth interviews with prison staff (n=8), representatives of NGOs, who are involved in health promotion or health services for young prisoners (n=5) have been carried out (table 4).

**Table 4: Professions in sample of in-depth interviews**

Internal staff	External staff
Medical Doctors (2)	HIV-AIDS support groups (2)
Security staff (2)	Drug counselling agency (1)
Psychologist (2)	NGO which supports young prisoners in Cologne prison (1)
Social Service (2)	AND member of the advisory board of Cologne Prison

The sample of the internal staff consisted in equal shares of security staff (2), psychologists (2), medical doctors (2) and professionals of the social service (2). The sample of external staff consisted of 2 members of the HIV-support groups, one of a drug counselling agency, one of a NGO supporting particularly young prisoners, and one member of the advisory board of the Cologne Prison for young offenders. The professional experience of the interviewees ranged from 4 up to 23 years. Of the 30 up to 60 minutes long interviews a transcription basing on the HIAT-system was prepared concentrating on contents.

## 4. Results

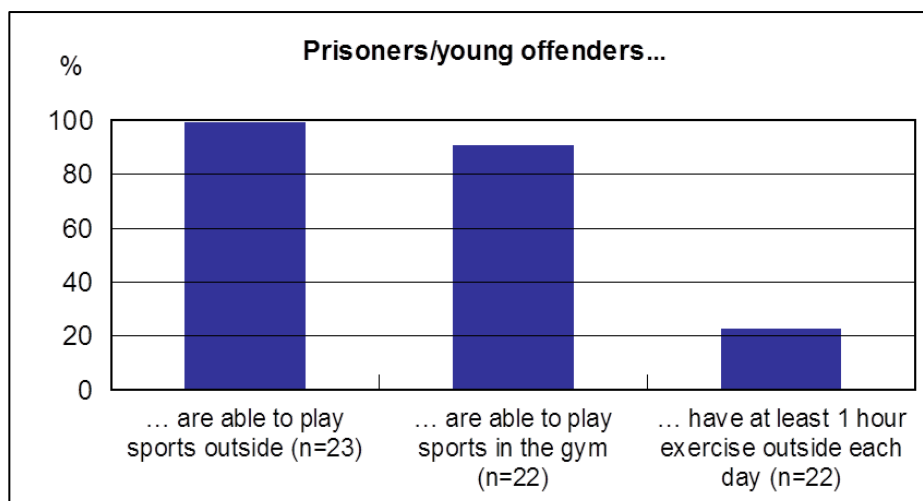
### 4.1 Results from quantitative approaches

#### 4.1.1 Needs assessment staff

In the following paragraph, the results from the quantitative questionnaire for prison staff regarding the specific needs of young offenders in custody are summarised. The interpretation is based on 23 respondents and the relative *n* for the different questions is indicated.

The majority of prison staff declares that young prisoners in their prisons are able to play sports. 100% members of prison staff state that in their prison young offenders have the opportunity *to play sports outside* and 90.9% that they are able *to play sports in the gym*. This indicates that there are – at least in the 4 prisons included in the sample – indoor as well as outdoor facilities available, which may not be the case in all prisons. But only 22.7% confirm that juveniles in their prison *have at least one hour of exercise outside each day* as it is demanded in the Standard Minimum Rules for the Treatment of Prisoners from 1955 (Rule 21 (1)).

**Diagram 2: Opportunities for sports for prisoners/young offenders**



The question if young prisoners *are able to see a doctor when they feel sick* was not asked in Germany because this is ensured in all prisons in Germany.

Regarding responses on availability of health promotion activities for young offenders one has to notice that the answers of members of prison staff differ even if they are from the same prison. Different reasons may account for this, for example different general knowledge or

perspectives on health promotion activities for young prisoners or particularly in their prison. The majority of health promotion activities are provided in all prisons (for 11 items in the list) or at least in three of the four prisons in the sample (for 6 items in the list). More than 50% of the respondents state health promotion is available on the following topics in hierarchical order (table 5).

**Table 5: Health promotion is AVAILABLE in more than 50% of the cases on ...**

Health promotion activity	available (%)
Use of illegal drugs	85.7
Conflict management	85.7
Tobacco use	77.3
Coping with custody & criminal career	77.3
Use of prescriptive drugs	71.4
Alcohol use	68.2
Infectious disease HIV	63.6
Prevention of suicide	63.6
Prevention of self harm	63.6
Dental/oral hygiene	57.1
Healthy nutrition	57.1

Some issues seem to be more urgent in prison and health promotion is provided for example on any kind of drug use (*illegal drugs* (85.7%), *prescriptive drugs* (71.4%)) but also legal drugs as *tobacco* (77.3%) and *alcohol* (68.2%). Also information and support is offered on infectious diseases, particularly for *HIV* and *hepatitis* (available in all prison), and to a lesser extent for *tuberculosis* (available in two prisons). While health promotion is available on *HIV* according to 63.6% of the responses for *hepatitis* only 50% and for *tuberculosis* only 36.8% confirm availability of activities in prison to inform and support young offenders on these issues. Considering the responses of prison staff support on *coping with custody and criminal career* is fairly often available (77.3%). Although offers are frequently made on *conflict management* (85.7%) those on how to *cope with bullying* in prison seem to be very much less focussed (50%) (table 6).

Table 6 shows all topics in hierarchical order on which according to at least half of the staff members **no** health promotion activity is available in their prison (table 6).

**Table 6: Health promotion is in 50% or more of the cases NOT AVAILABLE on ...**

Health promotion activity	not available (%)
Safe practices for injecting drugs	86.4
Safe practices for tattooing/piercing	81.8
Contraception	68.2
Infectious disease tuberculosis	63.2
Body changes during puberty	61.9
Safer sex practices (condom use)	61.9
Sexually transmitted diseases	55
Infectious disease hepatitis	50
Coping with bullying	50

Beside the already described differences in availability of health promotion activities on infectious diseases young prisoners are merely in one prison advised of *safe practices for injecting drugs* (9.1%; not available: 86.4%) and *for tattooing/piercing* (18.2%; not available: 81.8%) although both may lead to serious infectious diseases as well. In one prison health promotion regarding *safe practices for injecting drugs* was after all under development.

The question on the mode of delivery of health promotion was answered by staff members from 3 prisons of the sample. See the numbers of prisons in which the respective mode of delivery regarding the health promotion activities are provided in table 7.

**Table 7: Modes of delivery of health promotion activities**

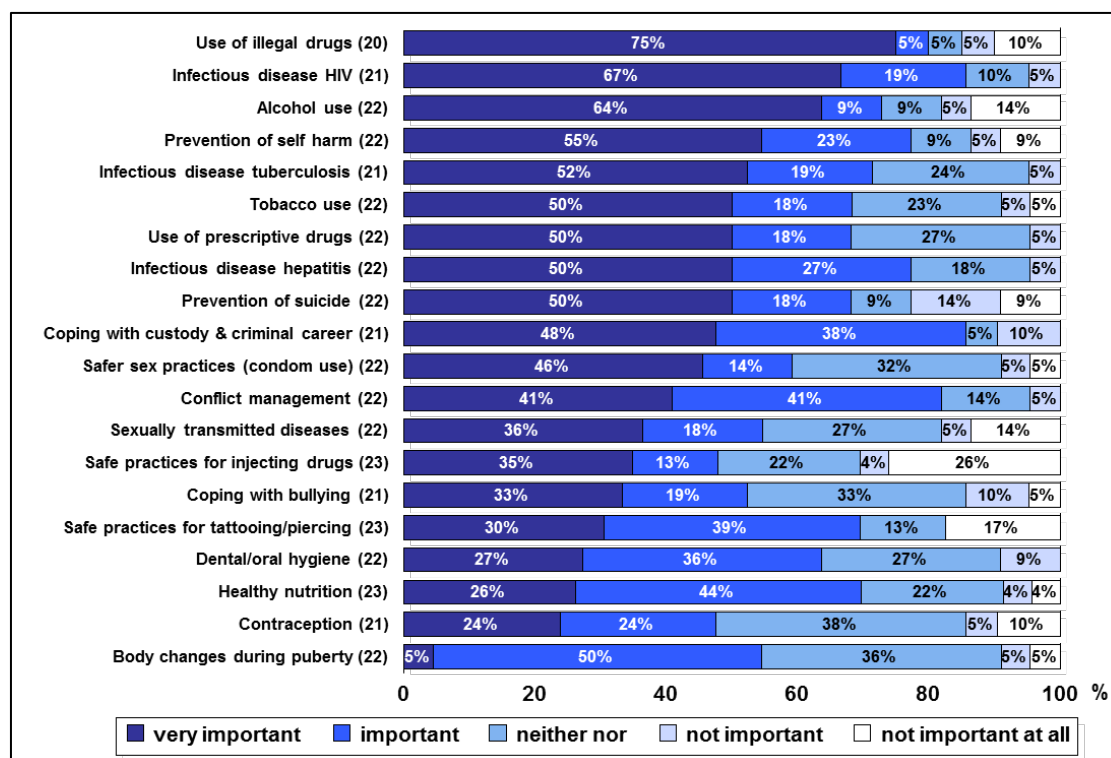
Health promotion activity	Mode of delivery					
	Leaflet	Posters	Brochures	Individual counselling	Group sessions	Peer education
Healthy nutrition	2	1		1		1
Body changes during puberty			1	2	1	
Dental/oral hygiene			2	3		
Alcohol use	2	2	3	3	3	1
Tobacco use	2	2	3	3	3	
Use of prescriptive drugs	1	1	1	3	2	
Use of illegal drugs	3	2	2	3	3	
Infectious disease HIV	2	2	3	3	1	
Infectious disease hepatitis	3	1	3	3	1	
Infectious disease tuberculosis	2		1	3		
Safe practices for tattooing/piercing	1		1	1		1
Safe practices for injecting drugs	1		1	1		1
Prevention of suicide	2	1	1	3	1	
Prevention of self harm	1	1	1	3		
Sexually transmitted diseases	2	2	2	2		
Safer sex practices (condom use)	2	1	2	2		
Contraception			2	3	1	
Coping with custody & criminal career			1	3	3	
Coping with bullying				3	2	1
Conflict management		1		3	2	1



Evidently individual counselling is for all themes the most important mode of delivery applied, which is also proved when analysing the individual answers to this question. Considering individual responses of prison staff, group sessions are a relevant mode of delivery especially on topics concerning use of different kinds of drugs, *illegal drugs* and *tobacco* in particular. Brochures and leaflets are available on many of the topics of health promotion particularly on drug use and infectious diseases. Posters are also mainly available on the issues of drugs or infectious diseases but also cover the important topics of *sexually transmitted diseases* and *practices of safer sex, prevention of suicide and self harm*. In prison one rarely relies only on peer education regarding the different aspects of health and healthy living. Assumed that peer education is always possible in prison, staff seems not to consider it as an adequate mode of delivery of health promotion. It is remarkable that peer education is mentioned on the topics which seem to be less urgent for offers of health promotion at all: *safe practices of tattooing/piercing* and *injecting drugs*. It seems peculiar that unguided peer education is used in one prison on the topics of *coping with bullying* and *conflict management*.

The availability of health promotion activities in prisons for juveniles very much reflect what prison staff and responsible personnel in the criminal justice system think to be most important for young offenders (diagram 3).

**Diagram 3: Importance of health promotion activities on the different topics from prison staff's point of view**



All in all in the opinion of prison staff most of the topics on which health promotion can be offered are seen to be at least important. Only for *safe practices for injecting drugs* (48%) and *contraception* (48%) less than half of the staff sample states that health promotion activities on the issues are important or very important. On both topics, as seen above, are also less offers available. Staff supposes that information and support on drug use of any kind (*illegal* (75%), *alcohol* (64%), *tobacco* and *prescriptive drugs* (50%)) are very important. Also infectious diseases (*HIV* (67%), *tuberculosis* (52%) and *hepatitis* (50%)) are seen as very important issues of young offenders by the majority of staff members. Analysing the *categories very important* and *important* together *coping with custody and criminal career* (86%) and *conflict management* (82%) become important as topics for young offenders' health and well-being in prison in the view of prison staff. Furthermore – evaluating the two highest ranks of the Likert scale together – *safe practices for tattooing/piercing* (69%) and *healthy nutrition* (66%) get more relevant positions in assumed needs of juveniles in custody. Respondents rate *prevention of self harm* (78%) and *of suicide* (68%) also at least important, maybe especially because of some incidences of suicide in the context of bullying lately in prisons for young offenders in Germany.

One of the main barriers for the implementation of health promotion activities are in the view of the respondents the prisoners themselves (n=12), their motivation and their interest. Mainly security staff said, "*They [the prisoners] are not interested.*", "*[have] insufficient language skills*". But also head of departments and prison administration regarded the motivation of inmates and their willingness to accept advice as an obstacle ("*They [the prisoners] are not willing to accept advices.*"). Second the lack of *personnel* (n=6) and *financial* (n=6) resources constrains the implementation of health promotion significantly.

The respondents indicated that more information is needed (n=8) and could be delivered in "*group sessions, lectures, counselling provided by external NGOs or other qualified staff*" and "*posters, brochures should be easier to understand and be provided in different languages*". Other suggestions were the "*improvement of medical care by employing a full-time doctor and separating the hospital unit [from the other units]*". In addition a "*general ban of smoking*", "*good role models*", "*counselling on nutrition*", "*more supervision*" and "*regular reporting on health promotion activities and status reports*" are thought to be effective for an overall improvement of health of young offenders and the implementation of health promotion activities in prison.

Imprisonment is already a very problematic situation in the life of juveniles. Therefore “*preventive care*” and “*support before it comes to imprisonment*” would be the best way to help these young persons.

#### 4.1.2 Needs assessment prisoners

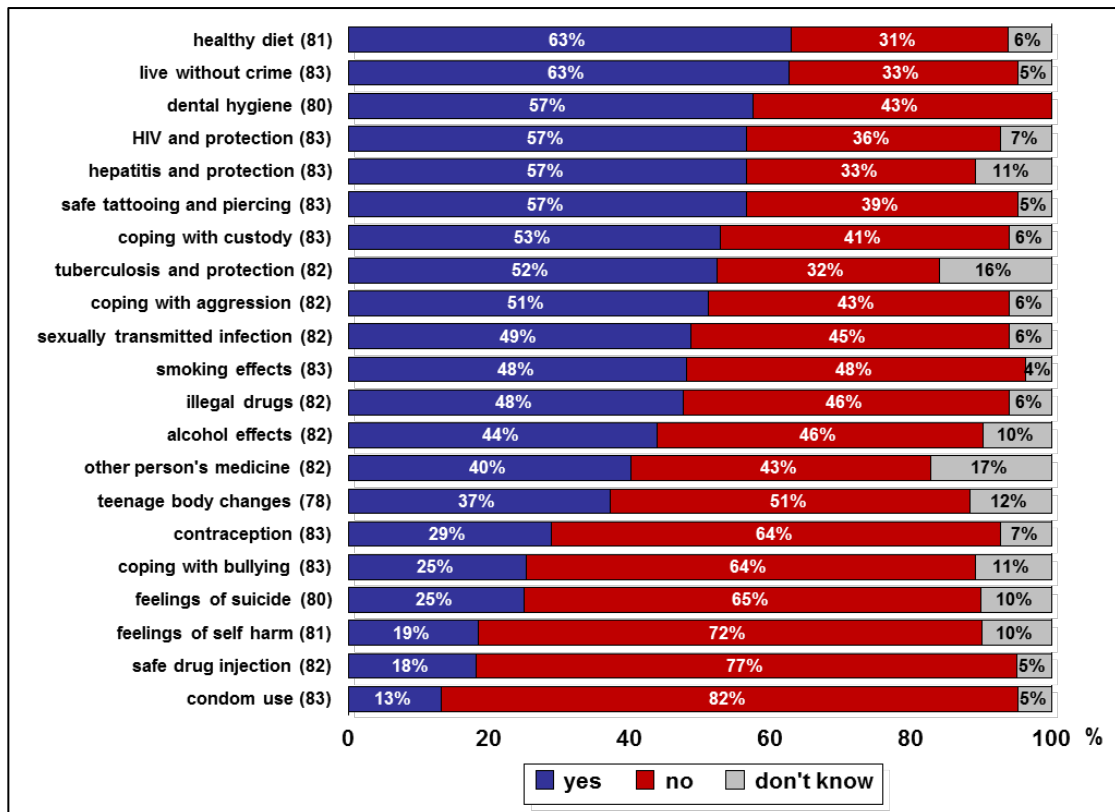
In the following paragraph, the results from the quantitative questionnaire for young prisoners regarding their specific needs are summarised. The interpretation is based on 86 respondents and the relative *n* for the different questions is indicated.

The items in the quantitative questionnaire for young prisoners differed slightly from those in the questionnaire for prison staff: Not only in the used language which was naturally adapted to a young person’s understanding but also particularly in the item *coping with custody and criminal career* (questionnaire for staff members) which is turned into two items in the questionnaire for young offenders: *how to cope with life in custody* and *learning about alternatives to being involved in crime*.

Central to the quantitative analysis of young prisoners was the assessment of the needs of juveniles in custody. First they were asked if they would like to know more about the different topics of health and well-being. Second they had to rate the importance of the topic. Evidently rating of importance and wish to know more about a topic are interrelated and description as well as interpretation of the data will take this into account. Response on the two parts of the question differed remarkably. On average 82 young prisoners answered the first part of the questions (if they would like to know more about a topic) but only 72 average rated the importance.

A little more than half of them would like to know more about one or another of the topics regarding health and well-being, but on none of the health promotion themes more than 63% of the answering prisoners wanted to know more (diagram 4).

Diagram 4: Young prisoners would like to know more about ...



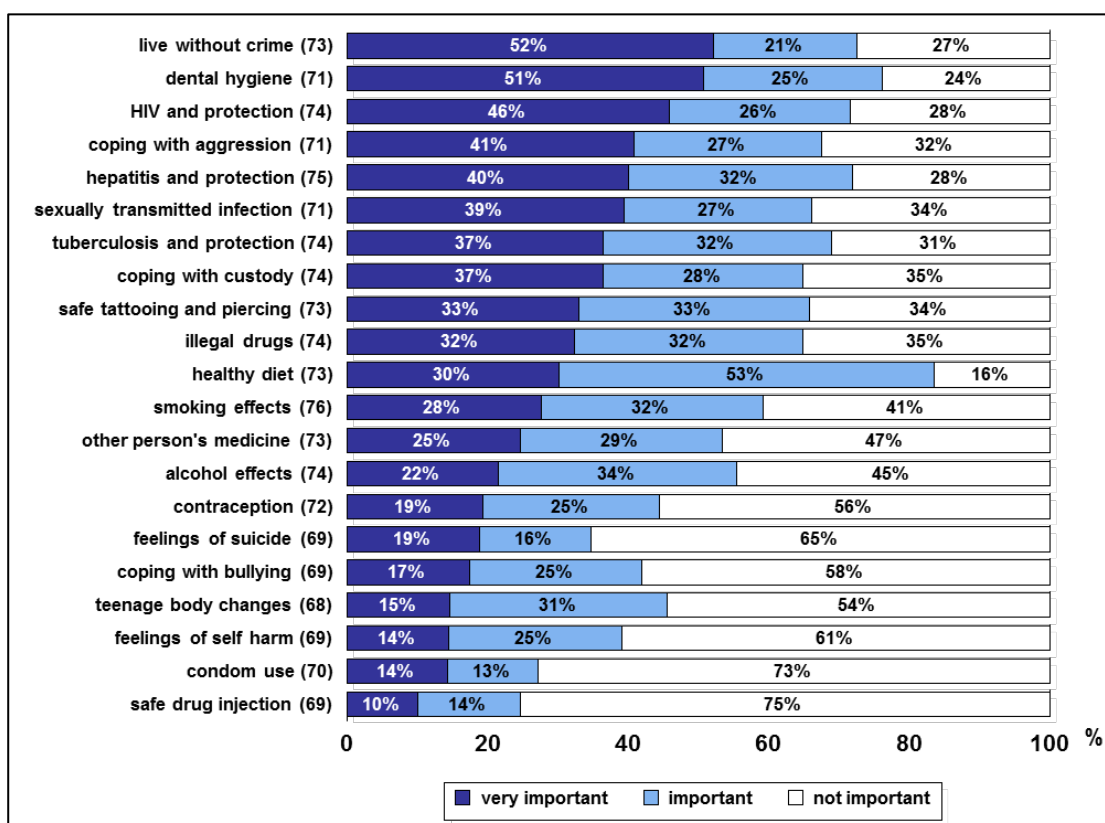
Healthy diet (63%) and how to live without crime/learning about alternatives to being involved in crime (63%) are most interesting for the young respondents. Also different other topics are attractive for more than half of the respondents, as for example coping with life in custody (53%), infectious diseases, particularly HIV (57%) and hepatitis (57%) but also tuberculosis (53%).

Most of the young offenders gave a clear statement and rarely ticked the box “don't know”. Only on tuberculosis and on the dangers of using drugs prescribed by the doctor for somebody else some more of the juveniles were not sure if they would like to know more about it. A possible explanation is that they are not that much acquainted with the infectious disease tuberculosis and do not know about the risks. Likewise the exchange of prescriptive drugs is maybe not that common in custody and thus the issue not very interesting for young inmates.

It is remarkable that young prisoners seem to be not that much concerned about the effects of different drugs on health, as only about 40% up to 48% of them would like to know more about it. Although some more think that the topic of drug use is at least important or very important (illegal drugs: 65%, tobacco: 59%, alcohol: 55%, other person's medicine 53%) (diagram 5)

staff considers that knowledge on the risks of illegal and legal drugs more important than the inmates themselves (*illegal drugs*: 80%, *tobacco*: 68%, *alcohol*: 73%, *prescriptive drugs*: 68%).

**Diagram 5: Importance of health promotion topics from a young prisoners' point of view**



For 52% of the young prisoners the most important topic was to *learn about alternatives to being involved in crime/live without crime*. It seems that although for some juveniles custody is a time to network with others for further criminal activities most of the young offenders do not want to get in the cycle of re-offending and understand the sentence as a warning and maybe also as a chance to be counselled on how to solve their problems in life without crime. Staff assert the need for support of young offenders to help them to cope with their situation of being sentenced, imprisoned and to stop any further criminal career and re-integrate them in society.

Although *healthy diet* is not very important for the majority of young prisoners (30%) analysing the categories *very important* and *important* together (83%) it comes first of all health promo-

tion themes. 94% of the juveniles want to know more about healthy food and want to eat healthily (diagram 4). Next for young prisoners in importance is *dental hygiene* (76%) which is not regarded just as important by staff members (63%). Similarly to learn about *how to get a tattoo or piercing safely* is ranked higher by prisoners (position: 9) than in the staff sample (position: 16) although percentages do not differ very much (prisoner: 66%, staff: 69%). Even though prisoners seem to know about the risk of infection caused by tattooing and piercing, they seem not to fear the same risks of unhygienic drug injections, because this issue is ranked in the last position and only 24% of them think this topic to be at least important. *Safe practices of drug injection* are also ranked very low in the staff sample. One of the reasons for this must be that the prevalence of intravenous drug use is significantly lower in the group of young offenders and thus respondents do not consider safer use as important because they do not use drugs. Furthermore, since drug use is illegal in prison, some of the presumably drug using respondents probably did not tick the respective box because they do not want to be assumed a drug user.

However overall information on infectious diseases and how young prisoners can protect themselves is very important for prisoners (*HIV*: 46%, *hepatitis*: 40%, *sexually transmitted infections*: 39%, *tuberculosis*: 37%). Although tuberculosis again has the lowest percentages, nearly three-fourth of the juveniles requires information and support on all kinds of infectious diseases when analysing importance altogether (*tuberculosis*: 69% up to *HIV* and *hepatitis*: 72%).

41% of young prisoners find information on *how to cope with arguments and aggression in custody* very important and ranked this topic very high (position: 4). Although *coping with bullying* is rated significantly lower (position: 17) by the respondents this may be caused by response strategies, because no one might want to come out as weak and a victim of bullying. But arguments, fights and aggression are problematic in prison, thus prisoners as well as staff declare the need of information and preventive programmes and procedures on *conflict management* (staff; *very important*: 41%).

Many of the young respondents expressed their ideas on how they might live healthier in prison (multiple answers: n=46). In the open-ended questions nutrition is again one of the most important health promotion activities for young prisoners (n=21). They would like to have "*better/more food*", "*more varied*", and "*more fresh fruits and vegetables*". The second most important activity to improve health and well being is to have "*more offers for sports and physical activity*" (n=18), which was not included in the closed-ended items. Regarding a better medical care prisoners asked for "*better and more doctors instead of nurse*" and "*better hygiene*" (n=6). 2 prisoners think a "*ban on smoking*" would be helpful to get healthier. Moreover juve-

niles in custody feel that imprisonment imply many aspects that inhibit to live healthy, thus asking for “*release*” (n=3), to get the “*possibility to have sex in prison*” (n=3), or to “*see their family every day*” (n=1). Two young prisoners who where incarcerated elsewhere before give following statements of contentedness: „*I am happy with what is offered here*“/ „*I am very satisfied in this prison*“.

## 4.2 Results from the qualitative approaches

In the description and interpretation of the results of the qualitative analysis of needs and obstacles in health promotion for young prisoners first the prioritisation of health topics from the focus group interviews will be summarised below. After that a detailed explanation of the raised issues in the in-depth interviews with prison staff and external professionals working with young offenders will be given.

### ***Results of the focus group interviews with young prisoners:***

#### ***Priorities in health promotion***

Three focus group interviews in two prisons, two with eight and one with nine participants, were conducted (see the sample description in chapter 3). To facilitate and stimulate the discussion of issues around health and well-being, participants were asked to write down some aspects of which they think that improvement in these circumstances would help them to live healthier in custody. By this 91 items were collected on post-its and in the following paragraph the respective *n* is indicated from these data. There were two leading questions for the conversation with the young prisoners in the focus groups: “*What are the most important issues when you think about health in prison?*” and “*What needs improvement?*”.

Diagram 6: Post-its of focus group interviews



Three topics were central in the verbal and non-verbal statements of the young persons: nutrition (n=30), sports/exercises (n=17), and medical service (n=12). So, main aspects from the quantitative analysis either from closed or from open-ended questions were reemphasised in the focus groups. Whereas some participants were more interested in opportunities for sports than others, all young prisoners were concerned about their **nutrition** (n=30). The majority of them complained about the meals they get, and others in the discussion groups agreed. There should be more variety in the menu and more fresh food (fruits, salad and vegetables). Also too high prices for food in the prison shop were criticised. Some asked for dietary supplements for power training and access to drinking water in the prison yard. One of the participants wanted to achieve more household skills and it was attractive for most of the contributors in the discussion to learn how to prepare their own meals. All in all the young persons think that healthy nutrition is one of the most important possibilities to be healthier and feel good.

Some quotes:

“Food, altogether, I think it’s not enough.” – “The officers tell us that we not even should have had enough [food].” –



*"It's always the same menu; you can't stand this" – "I'd like to have more variety" – "Once we had hamburger" – "Pizza, too" – "Or at least an acceptable salad ... what you get in here is disgusting." –  
"More fruits, we only get fruits once a week; that's crappy." –  
"It's always the same when shopping...if you want to buy something it's really expensive."*

**Sports and physical activity** was second most important to young prisoners (n=17) and along with nutrition, exercising on a regular basis is one of the aspects closest associated with health by the juveniles. Many of the juveniles emphasised the positive effects and the sense of well-being they got due to physical activity. In case of detoxification, sports allow them to compensate for the physical side-effects and to be distracted from the strain. Furthermore exercise – indoors but especially outdoors – is a perfect chance for a change in the boring daily routine in prison. For this reason some of the participants asked for more training opportunities overall and particularly for more offers in winter time, when outdoor activities are limited. To have time outdoors and be in the fresh air is not only in the context of exercising but for all prisoners essential (n=3). Thus one participant explicitly asked for longer time in the yard than one hour per day. Regarding specific kinds of sports, power training was named which was beside football and endurance training the most popular among the male juveniles. To offer power training would need some more expenses for adequate facilities than for other sports. Facilities and offers vary in different prisons and also prisoners often judge the frequency of opportunities for physical activity contrarily.

Some quotes:

Interviewer: *"What do you associate with the term "health"?"* Participants: *"Sports." – "Exercising." – "To be physically healthy and fit."*

Interviewer: *"Do you get the opportunity to do sports every day?"* Participants: *"No. Only three times per week." – "You can do sports here. There are many opportunities for exercising, jogging, football, power training..."*

*"As long as you have much opportunity for exercise and exhaust yourself you feel well. But if you're only lying around in your cell the whole day..." – "If you're not staying fit you will lose hope and take something else instead." –*

Comparably important for young prisoners was the improvement of the **medical service and health care** in prison (n=12). Qualification and attitude of medical doctors towards their patients concerned participants of the discussion most. In their view there should be more *"medical doctors who really care for their patients"*. Young offenders stated that often only a standard diagnostic procedure takes place, ill persons always only get the same medication without

thorough examination and are not counselled on their sickness or the medication they got. In many cases they do not get the package insert of the medicine they should take. In addition sometimes no medical doctor is available and paramedics carry out the health care activities, at least during the night or the weekend. Young offenders also complained about deficient dental health care and asked for better qualified dentists as also medical doctors in general. Moreover a critical lack of preventive measures was observed by young offenders in custody.

Some quotes:

*“Get a real medical doctor” – “Medical care by doctors is not qualified and professional” –*

*“You can’t even call it medical counselling. You only get some pills and are dismissed. You don’t get any information on what illness you have or what you can do [to get healthier]” –*

Apparently young prisoners do not think of specific diseases when asked about their needs regarding health promotion. Only one of the juveniles said he would like to have more information on epilepsy because he was personally affected. Although not concerned so much about specific diseases the complex of **drug addiction treatment** for illegal drugs as well as for legal drugs (alcohol, tobacco) was relevant for the young persons in custody (n=3). Careful treatment and support on how to live without drugs is needed. Juveniles see no reason in only suffering from (cold) detoxification without any further care or help. Young inmates differ in their opinion about the effectiveness and helpfulness of the groups of Alcoholics Anonymous (AA). Some benefit from it, while others feel that they are not understood, and that topics are repeated over and over again, until they get boring for the juveniles.

Some quotes:

Interviewer: *“What do you associate with the term “health”?”* Participants: *“No drugs.” – “No alcohol.”*

*“You get support on alcohol addiction. AA-groups. You know that? I’m going there, too. It’s quite good. We have a coffee and talk about problems...” – “What should I say... that will get you nowhere. It’s always the same. They maybe talk about two different things and repeat these all the time. They don’t realise that they have talked about already.” –*

*“They restricted leisure time and now one spends even more time in the cell, then you smoke even more. You can’t do anything; what’s on TV is only trash...you can’t sleep the whole day. –*

All in all vital point of the discussion was **to develop new perspectives** (n=2), either as regards addiction or how to cope with custody and live without crime after imprisonment. Although stated only by two of the young persons, participants mostly agreed on how essential it

is for their health and well-being to learn about alternatives in life, to criminal activity, to drug use and other unhealthy or risky behaviour.

One broached the issue of **tattooing** and claimed access to external tattooing services. Many prisoners in particular the young ones get tattooed in prison. Often they make the tattoos themselves in unhygienic conditions with a high risk of infection. This is also the case for **piercing** which became more popular in the last years.

The young male prisoners urgently asked for the meeting of their **sexual needs** (n=7). They wished for more visits by their partners/girlfriends and for opportunities of sexual intercourse, overnight visits in a "love-room", and access to women in general.

But beside physical aspects of health and well-being also **mental health** was intensely associated with the term "health" by the juveniles. Inmates often missed visits and contact with their families (n=3). Sometimes prisons are far from their hometown and visits are not easy to organise by parents and family members. Particularly during working days, long distances are an obstacle. Time of visits (4 hours) was perceived as to be too short. Access to telephone is too rarely granted although phone calls with their mothers or girlfriends would help them very much to cope with their situation. In addition some of the inmates who belong to an ethnic minority or have a migration background complain about the condition to write their letters in German, which family members are not able to understand. Regarding psychotherapeutic measures in custody some of the young prisoners reported about the comfort they got while others think that the psychotherapists are not qualified enough.

Some quotes:

Interviewer: *"What do you associate with the term "health"?"* Participants: *"Mental health" – "Physical and psychological integrity" –*

*"Since I'm in here [in prison] I better understand my family... now, when thinking about everything in a more serious way" – "In prison some things become clear...you've got time to think."*

*"When I was incarcerated once for 62 hours...and yeah, that affected me psychologically and I went to see a psychotherapist." – "All this shit about psychologists. The psychotherapists in here have to see a psychotherapist themselves." –*

The answers of the young offenders on questions about health show that they have a holistic health concept and think physical and mental health as similarly important for their well-being. Although some declare that the circumstances in prison are contradictory healthy life, as they are for example not able to choose their own food and eat what they like, some also think that

the time of imprisonment helps them to live and behave healthier than before. Due to detoxification they experience how life without drugs can be and regain their ability to eat regularly. In addition they can learn how to cope with their addiction by offers of internal and external counselling and support on various drugs. Also some other stress factors of life are reduced in time of imprisonment. If there are many fights and problems with the family, young persons will have the possibility to recover from arguments and/or violence they experienced at home. Another aspect is the daily routine in custody which helps the young persons to better structure their everyday life. By this they feel better and are often able to improve their sleep.

Some quotes:

Interviewer: *“Think of the time before imprisonment. What do you think? Are you healthier, now that you are in prison?”* Participant: *“No, in no way.”*

*“I feel definitely healthier [in prison]; I’ve used drugs very often out there and now I’m clean; doing much sports ... I came with 60 kilo and I will leave with nearly 90 kilo” – “I had many problems with my family and always had this pain on one side of my head after all this shouting. I suffered from severe headaches everyday since I was fifteen. Now that I’m in prison the pain only occurred in the first two month and has completely abated since then.”*

### ***Results of the in-depth interviews with prison staff***

Following the results from the in-depth interviews with prison staff, professionals from NGOs, HIV-AIDS support groups, a drug counselling service and a prison’s advisory board are summarised (see the sample in chapter 3). The interviews display the internal as well as the external view on health promotion in prison and statements are based on at least four years of working experience with young offenders. Staff from different professional fields focussed on various topics of health promotion. Interviews were systematically conducted to elicit issues not profoundly discussed in literature until now. Basing on everyday experiences, a more realistic evaluation of implementation of health promotion activities in prison, needs and obstacles will be possible.

Cooperation with ***external services, support groups and institutions*** is fundamental for health promotion activities in custody, because prison staff cannot have enough expertise on all relevant health promotion topics and resources in prison are often limited. Counselling on infectious diseases, particularly on HIV, and on addiction to illegal and legal drugs is frequently provided by external services. Infectious diseases are prevalent in custody and therefore information on the topic and the possibility for testing is provided by NGOs like the AIDS service

organisation. These services offer focus on carrying out preventive measures on HIV and hepatitis but also on counselling after testing on how infected people can cope with these diseases. In meetings, with a duration of about 1.5 hours, young offenders get information on the various risks of infection (e.g. sexually transmission, drug use with unhygienic syringes, tattooing and piercing). In addition they learn about the diseases in general and what to do if they are infected, they can ask question and discuss issues of own interest. The AIDS service organisation funded a project called “health promotion weeks in custody” to generally convey information on HIV and hepatitis in particular for female prisoners.

Some quotes:

*“We had a very high response to our services offered resulting in a proportion of more than half of the women (about 60 of 110) who – on a voluntary basis – decided be vaccinated against hepatitis.” –*

This example of good practice was mainly aimed at adults because time of imprisonment of young offenders is sometimes too short to implement respective activities. For juveniles younger than 18 years and those young persons who belong to a risk group, the vaccination against hepatitis A and B is paid by the health insurance. Information on this procedure gathered in leaflets is utilised by many of the young prisoners.

Drug users have the possibility to get stationary detoxification which is not only available for diacetylmorphines (heroin) but also for cannabis, a drug exceedingly used by young offenders. Often criminal activity of juveniles is linked to a drug using career and therefore in the Criminal Justice System in Germany a law allows the judge to sentence to a stationary detoxification instead of imprisonment. This rule does not apply for treatment of alcohol addiction. Thus groups of Alcoholics Anonymous (AA-groups) are provided but without any reducing effect on the time to be spent in prison.

Some quotes:

*“Although drug using did not decrease over the last years, the number of utilisations of therapeutic treatment abated. We cannot be sure about the reasons, but continually funding of treatment and counselling on drug use gets more problematic, because if not a certain number of referrals could have been accomplished in one year the financing is not legitimated.” –*

There are other kinds of support which could be provided by external services or experts. For example professional trainers can offer some kinds of sports or support sporting events or competitions like football matches or anything else. One can think of other projects where external exerts can contribute to the aim of social reintegration and education of young prison-

ers, e.g. teach young persons how to prepare their own healthy meals, and all kinds of professional training on job application, on communication skills, or on computer competencies.

However, cooperation and offers are pretty limited in many prisons. The security staff state this is because of the lack of interest on behalf of the offenders, while NGOs stress financial constraints.

There are many ***in-house services*** of health promotion for young offenders varying from low-threshold procedures as daily structure and routine in custody to school education and professional training (e.g. painter, carpenter, and building cleaner) which are offered generally for young prisoners as they have the legal right to be educated with the aim of social reintegration. One interviewee reported that in their prison pupils in school education are as well paid as the employees. By this juveniles are intrigued to achieve their school graduations and improve their job prospects. Also some classes on hobbies are enabled, e.g. playing an instrument and singing in a choir. More specific counselling on health promotion topics and issues the inmates face, are available to a different extent in most of the prisons. Young prisoners have limited access to in-house psychologists because usually there is only a small number of psychotherapeutic staff working in prison. One of the important topics reported by therapeutic staff members is the loss of a girlfriend or family members, who do not want to keep contacts.

Some quotes:

*"[...] but there is always psychological strain. Frequently they suffer from "my girlfriend abandoned me", "nobody sends me a letter", or "my family do not want to keep contact with me"; the psychological strain in here is sometimes very, very strong" –*

To sustain family bonds and improve the well-being of young male offenders, father- and child-groups are offered in some prisons with a good response by the inmates.

Anti-Violence training is conducted for violent inmates by psychologists. The typical violent persons get the opportunity to deal with the subject of violence, to understand what violence actually is and to reflect on their own behaviour.

Some quotes:

*"The training is usually provided for the typical violent person, who is easy to arouse and who learned to solve problems with violence and who reacts to frustration with aggression very often. And then as the needs arises we work with them several months on basics as "What is violence?", perception and reflec-*

*tion of own feelings, coping with their own crime, up to “How can I react differently to conflicts?” and “How can I perceive conflicts in another way, so that I don’t have even to get upset?” –*

Counselling on addiction and infectious diseases is always also provided by in-house services mainly medical care professionals, who inform young prisoners about risks, provide material (brochures and leaflets) for example on blood borne viruses, drugs and tattooing, and support them if they are personally affected. In cases of severe withdrawal symptoms during detoxification process young prisoners are referred to the prison hospital. Also they are counselled on the alternative of a stationary detoxification therapy instead of punishment (a legal opportunity which is not available for alcoholics). Substitution is only available in some prisons and not in general for all affected inmates. Some of the young prisoners in the focus group interviews reported on their experiences with “cold turkey”.

Some quotes:

*“If juveniles are already substituted we carry on with it in prison. But we do not start substitution.” – “If one offender shows many problems [with detoxification] he is sent to the department for detoxification.” – “We do not substitute juveniles for years but gradually taper the dose, intensely monitored. They got additional medication at first but after two or three weeks the dose is tapered down to naught and they are thankful and happy.”*

Condoms are always available in prison but inmates can only get them in the medical department and therefore access is not anonymously. This is especially problematic in cases when condoms are obviously not used with partners (e.g. in time of visits etc.) but are clearly used for male to male intercourse which creates a negative image of the young men and leads to bullying between inmates.

Some quotes:

*“All inmates can get condoms if they want. They just have to ask. [...] No, we don’t let them lie around for young prisoner just to take them, because it is not allowed to have sex.” Interviewer: Are there approaches to provide condoms generally?” Staff member of medical service: “No, we don’t apply that. They [prisoners] would only have their fun and play around with them; then we would have the balloons flying around here everywhere.” – “They [Condoms] are handed out by the medical care professionals on demand.” –*

Beside information on HIV and hepatitis C and the risks of infection (drug use, tattooing, piercing etc.) for hepatitis A and B vaccination is provided in prison, although in the majority of cases only on demand.

Screenings take place in prison to identify young persons at risk of suicide. Systems of monitoring on different levels of risk, which can be easily applied, are established. Also close contact with the juveniles and monitoring help to identify those which are at risk and to support them.

Some quotes:

*“We keep close contact with the lads and then you know who is suicidal and who is not, who is under high pressure and who is not. And every inmate sees a doctor. A documentation sheet helps to keep track on the specific situation of a prisoner at risk [...]” –*

Kitchens are available for the young offenders and cooking groups are organised in prison. External or internal persons arrange the shopping and prepare meals together with prisoners. As many of them have no experience in cooking, they can learn about how to prepare their own meals and about healthy nutrition. Sometimes (once a month) arrangements for young offenders are made to cook in groups. They sometimes choose to prepare some regional meals from different countries reflecting the migration background of young offenders to share this cultural aspect of food with their friends in prison.

There are many health promotion activities and many of the professionals show a passionate interest on behalf of the young persons, but anyway there are a huge number of **needs of young prisoners** communicated by the interviewees which are to a great extent not adequately met.

Beginning with the needs expressed by young prisoners, professionals confirm that juveniles need more opportunities for physical activity and healthy nutrition. By exercising violence and depression can be prevented in particular on weekends when inmates are on their own and neither work, school nor other activities fill the days. A huge demand for Asian sports disciplines by young prisoners is not easy to satisfy, because it is difficult to find external cooperation partners. Often juveniles initially are reluctant to train relaxation methods as Yoga, Qi Gong and other, but those who participate, gain a lot. Also training on body awareness/introspection helps offenders to cope with many issues they face. Young people for example, who used cannabis for years, do not know how it feels to be sick. One example of good practice in Germany, the project SPRINT, combines increase of physical activity with healthy nutrition and workshops in cooking. To be able to prepare their own meals is not only rewarding for the well-being, but also help young offenders to be re-integrated in society. Access to healthier food and menus has to be possible without increasing costs.



Some quotes:

*“Training on body awareness and improve their sensitive perception to get another input than TV and drugs [...] If they have used drugs for many years, they do not have any awareness of their body and are not sensible to distinguish if they are ill or not.” – “Physical activity is one possibility to regain a sensibility for their own bodies, or exhaust the body. In here we do not have enough facilities. They can do power-training, but there are other kinds of sports which are not possible.” –*

*Interviewer: “Are courses on cooking available?” Interviewee: “One of the security staff offer this [...] but it’s only an internal offer. [...] It can only be provided when this staff member is on duty that night” –*

In the area of medical care, prison staff and external professionals focus on the most essential problems of young prisoners: infectious diseases and drug use. Testing for HIV and hepatitis should be offered generally and most notably has to include pre- and post-test counselling. Offenders should not only be encouraged to do the test and to get informed about why it is important to know if they are infected, but should also be supported and cared for when they are infected with hepatitis or AIDS. Regarding hepatitis A and B, more proactive strategies for vaccination should be implemented. Particularly for young drug users, education and training on safer use is necessary. Besides injecting, cannabis and alcohol are the main drugs used by young prisoners. Group sessions (like AA-groups) are not sufficient and there is a need for more individual counselling for addicted juveniles. Especially for these, low-threshold drugs awareness raising on recreational use versus addiction would help many of the young persons not to get addicted to these drugs. Upon release, prevention of relapse and overdose is indispensable. Some of the interviewees firmly vote for strategies to encourage young prisoners first to try alternatives to medication on some sicknesses, as for example relaxation training instead of sleeping pills. If medication is prescribed, prisoners should be more thoroughly counselled on effects and possible side-effects in order to improve their compliance.

Existing offers of anti-violence training should also include more relaxation methods like Jacobson training in their approaches. Not only in this field, but due to the overall high rate of mental disorders in young prisoners (about 60-80%) interviewees expressed an urgent need for more psychiatrists/psychologists.

Since inmates with different migration background have different understanding of health and well-being and therefore have different needs, health promotion activities have to be cultural sensitive.

For all health promotion activities professionals would find it helpful if collaboration with external groups, NGOs, and volunteer organisation could be extended and intensified and lectures,

group sessions and individual counselling of young prisoners should be offered. Also closer collaboration with judges and solicitors would improve health care in prison.

A voluntary approach is crucial for all health promotion activities, because by this responsibility for individual health matters are supported and strengthened. Thus all health promotion initiatives and offers have to make use of voluntary approaches. Young prisoners should be supported in decision taking and responsibility of their own health and well-being. For this reason professionals can inform about several sources of information like brochures and services, but do not “throw” them at the offenders and let them ask for support and information. This works hand in hand with the demand for more pedagogical oriented approaches which emphasise education and rehabilitation instead of punishment and restrictions. Capacity building is vital to help young persons to cope with their own lives, take their own decision for a healthier life and to re-integrate them into society. Young prisoners deserve criminal law approaches that focus on individuals instead on the severity of the criminal offence (“Täterstrafrecht statt Tatstrafrecht”).

All staff members interviewed are aware of many ***problems in health care for young prisoners***. A general problem in all prisons in Germany is a harsh lack of staff and also of financial resources. Also it is difficult to balance punishment and rehabilitation and social re-integration.

Access to sports and physical activity is limited. The recreational and weekend activities are not sufficient to cover the need of juveniles. Weekends are a particularly critical time for young offenders without any offers or activities. For those who are on remand it is often very difficult to get into exercising courses at all due to the lack of routine and the uncertainty. Also in some cases access to sports is misused as punishment or sanction.

Food for purchase in the prison shop is too expensive and the money that is at disposal for young prisoners is not sufficient. Their interest to invest their money in healthy food is low and according to security staff juveniles prefer to buy cigarettes and drugs instead of healthy food although young offenders are not satisfied with the menu and the choices, variety, and quantity of provided food. Furthermore possibilities to obtain food from outside prison are extremely limited.

Some quotes:

*“The price decides on healthy nutrition.” – “The young offenders are unsatisfied with the food supply, because it is not appropriate for their age (like fast food or pizza).” – “Menus are western European style only.” – “The possibilities to obtain food from outside prison are extremely limited.” –*

Reasons for cultural sensitive health promotion activities are the differences in understanding of health and well-being but also young persons with a migration background face severe barriers due to language constraints. Furthermore migrants often suffer from food restrictions which are not in all cases adequately met. Usually only vegetarian, normal and pork free menus are offered.

Levels of sexual desires are due to the age of the inmates very high which leads to “prison gay”-behaviour and – although rarely – to rape. One of the problems discussed above is that condoms are not available on a free and anonymous base for young offenders. All issues around sexuality are difficult to address in group sessions since young prisoners do not want to be looked upon as gay, weak or soft. But for individual approaches resources are very limited in prison.

Young offenders face many problems when it comes to imprisonment. They have to cope for example with their criminal career, with feelings of loneliness and consequences of drug use and detoxification in prison.

Some quotes:

*“The possibilities to get access to psychotherapeutic support in prison are underdeveloped.” –*

Testing on HIV and hepatitis is offered in prison, but prisoners are not always informed about the results and post-test counselling is lacking. Although tattooing is forbidden and prisoners are informed about the risks, they carry on to make themselves tattoos and piercings.

The groups of Anonymous Alcoholics do not adequately meet the situation and needs of the young prisoners. Supervisors are not peers and therefore have different social backgrounds and cannot effectively address the problems of the juveniles. More individual counselling is needed.

Professionals see many **obstacles** towards the implementation of health promotion activities for young prisoners in custody. To mention only some of the most relevant of them, first the social background of the inmates is usually not one, where healthy behaviour is relevant and common. Moreover those young offenders who asked for assistance and support are looked upon as weak and frequently get in the focus of bullying.

Some quotes:

*“Healthy lifestyle is not an issue at all in the social groups from which our clientele comes from.” –*

Even though many medical departments are positive regarding external health promotion services offered to prisoners, prison management frequently denies access. In Germany possibilities for health promotion differ significantly between the Federal States due to the different conditions in the Criminal Justice System and the legal backgrounds. Legal practitioners/lawyers/solicitors decide about health promotion in prison instead of Public Health experts. An example of bad practice is that test results have to be communicated to the prison management which implies a breach of medical confidentiality.

## 5. Conclusions

All in all prisoners and staff differ in their opinion what they think is important for health and well-being in prison. While young prisoners focus on how they can cope with their situation as a criminal, their conviction and custody. Also healthy food and nutrition, sufficient opportunities for sports and physical activity are of main interest of juveniles in custody. Furthermore they often criticised medical care in prison. A lack of access to medical services is only one aspect but much more young inmates were concerned about how they are treated, when they are ill. Standard diagnostic, treatment and counselling procedures were not seen to be adequate. Some young prisoners do not feel to be really cared of by qualified doctors.

Prison staff thinks much more than young inmates that health promotion on all issues regarding infectious diseases, including the risks of infection, treatment and preventive measures, are very important. Furthermore staff members are much more concerned about the use of various kinds of drugs (illegal and legal). Treatment and counselling on how to live without drugs lead not only to a healthier life for the young offenders but also helps them to stay away from criminal activities.

Both prisoners and staff members think that physical and mental health is similarly important for young prisoners. Therefore psychotherapeutic support would be essential but due to the lack of resources, young prisoners' access to psychologists is limited. In this area social bonds e.g. to family members can help young prisoners to cope with their situation, in particular because they often feel isolated and disregarded by friends and family members.

Altogether prison staff formulated many problems and obstacles for the implementation of efficient health promotion activities. The lack of personnel and financial resources leads to limited access to specialised medical and therapeutical professionals, to sports and to healthy nutrition. Also the young offenders' attitude towards health complicates the implementation of

health promotion activities as well as barriers which have to be addressed with cultural sensitive approaches (e.g. language skills, specific nutrition, needs in medical care etc.). Furthermore some offers are not sufficient (e.g. lack of post-test counselling for infectious diseases) or do not meet the needs of young prisoners (e.g. healthy nutrition without an intolerable increase of costs for the juveniles, more physical activity/time outdoors).

Health promotion activities are particularly available for issues with a high risk, e.g. for infectious diseases, drug use, suicide and self harm. Also opportunities for sports are available in the majority of the prisons, although prisoners do not think that there are sufficient.

# Attachments

# Annex 1: Assessment questionnaire for young prisoners

## Questionnaire on health promotion for young offenders



### What is the HPYP project about?

The EU funded project “Health Promotion for Young Prisoners” (HPYP) is conducted in cooperation with partners from the seven European Member States Bulgaria, Czech Republic, Estonia, Germany, Latvia, Romania, and United Kingdom. The HPYP project aims to develop and improve health promotion for young people in custody. It specifically aims to develop and implement a health promotion toolkit for young people in prison and other secure settings.

### What do we mean by health promotion in custody?

The term health promotion covers all the things that help to keep you healthy and to improve your health. This can include things like why exercise is good for you, how to stop smoking, how to manage your drinking, understanding the problems of using drugs, looking after your teeth, improving your self confidence and dealing with feelings of sadness. It also includes such things as how to deal with living in custody and how to cope with arguments and living with others in a large group.

*The HPYP project is not commissioned by the prison system but has been funded by the EU to study health promotion in juvenile secure settings. This questionnaire is strictly anonymous. All information will be treated confidentially and no individual answers will be forwarded to prison authorities. Each interviewee is kindly asked to fill out a consent form.*

1. Are you ...  Male  Female
2. How old are you?       years
3. Is this your first time in prison or custody?  Yes  No
4. Are you ...  on remand?  sentenced?

5.

Would you like to know more about the following issues?				How important is this issue for you?		
	Yes	No	Don't know	Very important	Important	Not important
How to eat healthily	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding how my body changes as I get older (dealing with sexual feelings)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking after my teeth and gums	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How drinking affects my health	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The effects of smoking on my health	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The dangers of using drugs prescribed by the doctor for somebody else	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using illegal drugs and how they affect my body	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about what HIV is and how to protect myself from getting infected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about what hepatitis is and how to protect myself from getting infected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about what tuberculosis is and how to protect myself from getting infected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to get a tattoo or piercing safely	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to inject drugs safely	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to deal with feelings of suicide	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to deal with feelings to self harm	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn what sexually transmitted infections are and how to keep free of infection	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to use a condom properly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn about all the different kinds of contraception	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to cope with life in custody	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about alternatives to being involved in crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to cope with bullying	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to cope with arguments and aggression in custody	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please name:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



..... | |

**6. Can you think of anything else that might help you to feel healthier in custody?**

**7. Any other comments**

**Thank you for completing the questionnaire!**

# Annex 2: Assessment questionnaire for prison staff

## Questionnaire on health promotion for young offenders

- Prison staff -



### What is the HPYP project about?

The EU funded project “Health Promotion for Young Prisoners” (HPYP) is conducted in cooperation with partners from the seven European Member States Bulgaria, Czech Republic, Estonia, Germany, Latvia, Romania, and United Kingdom. The HPYP project aims to develop and improve health promotion for young people in custody. It specifically aims to develop and implement a health promotion toolkit for young people in prison and other secure settings.

### What do we mean by health promotion in custody?

By health promotion we mean any activities, programmes and initiatives aiming to raise awareness and to develop skills in preventing and promoting physical, emotional, mental and social health of individuals and groups in custody. This includes a wide range of health promotion aspects that can be addressed in custody ranging from regular sports to informative sessions for young offenders on alcohol, tobacco and drug use, training in right dental/oral hygiene, interventions as regards to mental health needs, self harm and suicide to training on conflict management.

*The HPYP project is not commissioned by the prison system but has been funded by the EU to study health promotion in juvenile secure settings. This questionnaire is strictly anonymous. All information will be treated confidentially and no individual answers will be forwarded to prison authorities. Each interviewee is kindly asked to fill out a consent form.*

5. Please indicate your gender:  Male  Female

6. Please indicate which of the following best describes your job:

- |   |  |
|---|--|
| <input type="checkbox"/> Security staff               | <input type="checkbox"/> Prison administration |
| <input type="checkbox"/> Social worker                | <input type="checkbox"/> Psychologist          |
| <input type="checkbox"/> Medical staff                | <input type="checkbox"/> Physician             |
| <input type="checkbox"/> Other, please specify: ..... |  |

7. How long have you worked with young offenders in custody? \_\_\_\_\_ years

8. Please indicate the age range of the young offenders you are currently working with  
from \_\_\_\_\_ to \_\_\_\_\_ years old

9. Please indicate if the following applies for young offenders in your *prison, youth arrest house, re-education centre?* (please tick the respective box)

	Yes	No
<i>Prisoners/young offenders</i> are able to play sports outside	<input type="checkbox"/>	<input type="checkbox"/>
<i>Prisoners/young offenders</i> are able to play sports in the gym	<input type="checkbox"/>	<input type="checkbox"/>
<i>Prisoners/young offenders</i> have at least 1 hour exercise outside each day	<input type="checkbox"/>	<input type="checkbox"/>
<i>Prisoners/young offenders</i> are able to see a doctor when they feel sick	<input type="checkbox"/>	<input type="checkbox"/>

**10. Please indicate if the following health promotion activity is available for young offenders in your prison, youth arrest house, re-education centre AND how the information is provided (e.g. through leaflets, group discussion, peer education etc.).**

**Please also rate how important you think it is to provide each activity for young offenders while they are in custody.**

Health Promotion activity on:				If available, how is it delivered?						How important is it that this activity is provided in custody?  (rate from 1 "not important at all" to 5 "very important")
	Available	Not available	Under development	Leaflets	Posters	Brochures	Individual counselling	Group session	Peer educators	
Healthy nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Body changes during puberty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Dental/ oral hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Use of prescriptive drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Use of illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Infectious disease HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Safe practices for tattooing/piercing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Safe practices for injecting drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Prevention of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Prevention of self harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Sexually transmitted diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Safer sex practices (condom use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Coping with custody & criminal career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Coping with bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>

Health Promotion activity on:	Available	Not available	Under development	If available, how is it delivered?						How important is it that this activity is provided in custody?  (rate from 1 "not important at all" to 5 "very important")
				Leaflets	Posters	Brochures	Individual counselling	Group session	Peer educators	
Conflict management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>

11. Are there particular vulnerable groups that receive special health promotion services?

- Women                       Migrants  
 Ethnic minorities         Other, please specify .....

12. What are the main barriers – if there are any - to implementing health promotion for young offenders in custody?

13. What are your suggestions to improve health promotion in custody?

14. Any other comments



**Thank you for completing the questionnaire!**

# Annex 3: Interview guidelines for interviews with prison staff

## Interview guidelines for interviews with custody staff

### What is the HPYP project about?

The EU funded project “Health Promotion for Young Prisoners” (HPYP) is conducted in cooperation with partners from the seven European Member States Bulgaria, Czech Republic, Estonia, Germany, Latvia, Romania, and United Kingdom. The HPYP project aims to develop and improve health promotion for young people in custody. It specifically aims to develop and implement a health promotion toolkit for young people in prison and other secure settings.



### What do we mean by health promotion in custody?

By health promotion we mean any activities, programmes and initiatives aiming to raise awareness and to develop skills in preventing and promoting physical, emotional, mental and social health of individuals and groups in custody. This includes a wide range of health promotion aspects that can be addressed in custody ranging from regular sports to informative sessions for young offenders on alcohol, tobacco and drug use, training in right dental/oral hygiene, interventions as regards to mental health needs, self harm and suicide to training on conflict management.

*The HPYP project is not commissioned by the prison system but has been funded by the EU to study health promotion in juvenile secure settings. This interview is strictly anonymous. All information will be treated confidentially and no individual answers will be forwarded to prison authorities. Each interviewee is kindly asked to fill out a consent form.*

### Expert interview questions

1. What is your professional position
2. How long have you been working with young offenders?
3. What is the age range of the young offenders that you work with?
4. What do you think are the health promotion needs of young offenders?
5. What kind of health promotion measures exist in your secure setting (*prison, youth arrest house, re-education centre etc*). What works well? What doesn't?
6. Are there particular vulnerable groups among the young offenders (e.g. women, migrants/ ethnic minorities, problem drug users) that require or who receive special services regarding health promotion?
7. Does the *prison/youth arrest house/ re-education centre* have links with NGOs/ voluntary organisations/ public agencies regarding health promotion activities? If yes, please specify this cooperation. How does this cooperation work?
8. What are the main barriers to implementing health promotion for young offenders?
9. What are your suggestions to improve health promotion?
10. Are there any key changes that you think would improve health promotion for young offenders?
11. Is there anything that you consider important that I have forgotten to ask you?

**THANK YOU!**

# Annex 4: Interview guidelines for interviews with NGOs/service providers



## Interview guidelines for interviews with NGOs/ service providers

### What is the HPYP project about?

The EU funded project “Health Promotion for Young Prisoners” (HPYP) is conducted in cooperation with partners from the seven European Member States Bulgaria, Czech Republic, Estonia, Germany, Latvia, Romania, and United Kingdom. The HPYP project aims to develop and improve health promotion for young people in custody. It specifically aims to develop and implement a health promotion toolkit for young people in prison and other secure settings.

### What do we mean by health promotion in custody?

By health promotion we mean any activities, programmes and initiatives aiming to raise awareness and to develop skills in preventing and promoting physical, emotional, mental and social health of individuals and groups in custody. This includes a wide range of health promotion aspects that can be addressed in custody ranging from regular sports to informative sessions for young offenders on alcohol, tobacco and drug use, training in right dental/oral hygiene, interventions as regards to mental health needs, self harm and suicide to training on conflict management.

*The HPYP project is not commissioned by the prison system but has been funded by the EU to study health promotion in juvenile secure settings. This interview is strictly anonymous. All information will be treated confidentially and no individual answers will be forwarded to prison authorities. Each interviewee is kindly asked to fill out a consent form.*

## Expert interview questions

1. Please indicate your professional position
2. How long have you been working with young offenders?
3. What age range of young offenders are you working with?
4. What kind of health promotion measures do you provide?
5. What do you think are the health promotion needs of young offenders?
6. Are there particular vulnerable groups (e.g. women, migrants/ ethnic minorities, drug/ alcohol users) requiring and receiving special services regarding health promotion?
7. How does cooperation with the *prison/ youth arrest house/ re-education centre* look like? How does this work?
8. What are the main barriers to implementing health promotion for young offenders?
9. What are your suggestions to improve health promotion for young offenders?
10. What would you most want to change regarding health promotion for young offenders?
11. Is there anything that you consider important that I have forgotten to ask you?

**THANK YOU!**

# Annex 5: Interview guidelines for focus group interviews

## Interview guidelines for focus groups



### What is the HPYP project about?

The EU funded project “Health Promotion for Young Prisoners” (HPYP) is conducted in cooperation with partners from the seven European Member States Bulgaria, Czech Republic, Estonia, Germany, Latvia, Romania, and United Kingdom. The HPYP project aims to develop and improve health promotion for young people in custody. It specifically aims to develop and implement a health promotion toolkit for young people in prison and other secure settings.

### What do we mean by health promotion in custody?

The term health promotion covers all the things that help to keep you healthy and to improve your health. This can include things like why exercise is good for you, how to stop smoking, how to manage your drinking, understanding the problems of using drugs, looking after your teeth, improving your self confidence and dealing with feelings of sadness. It also includes such things as how to deal with living in custody and how to cope with arguments and living with others in a large group.

*The HPYP project is not commissioned by the prison system but has been funded by the EU to study health promotion in juvenile secure settings. This focus group is strictly anonymous. All information will be treated confidentially and no individual answers will be forwarded to prison authorities. Each interviewee is kindly asked to fill out a consent form.*

### Focus group questions

1. When you think about the words “health” and “wellbeing” – what comes into your mind? What does health mean to you?
  - *Split participants into two groups, ask them to draw a picture “How do you imagine a healthy/ an unhealthy person?” and discuss it with the group.*
2. Do you feel healthy at the moment? Do you think that being here has affected your health (in a good /bad way)?
3. What could help you to be healthier here and after you leave?  
*(for possible answers compare to the needs assessment questionnaire; e.g. smoking cessation, abstinence from alcohol, physical activity, good diet, knowing more about infectious diseases, sexual health, mental health...)*
  - *Use posted notes or a flipchart for writing down the answers*
  - *Ask participants to prioritise their answers*
4. How much do you know about the things we have put down on the flip chart? *(pick one subject at a time and ask the group for comments)*
5. What things about your health do you think you would like to learn more about?
6. Can you think of anything else that would help you to feel better?
7. If you could choose 3 things that would make you feel better here what would they be?
8. Is there anything that you consider important that I have forgotten to ask you?

**THANK YOU!**



# Annex 6: Informed consent form for participants of focus group interviews

## Consent form



### Research institute:

Wissenschaftliches Institut der Ärzte Deutschlands (WIAD) gem. e.V.  
Urbierstrasse 78  
53173 Bonn

### What is the HPYP project about?

The EU funded project “Health Promotion for Young Prisoners” (HPYP) is conducted in cooperation with partners from seven European Member States (Bulgaria, Czech Republic, Estonia, Germany, Latvia, Romania, United Kingdom). The general objective of the HPYP project is to develop and improve health promotion for young prisoners. It specifically aims at the development and implementation of a health promotion toolkit for young people in prison.

Within the scope of the project there will be anonymous focus groups with young prisoners as well as interviews with prison staff. All information obtained from the focus groups and interviews will be treated confidentially.

- |  | <b>Please tick</b>       |
|--|--------------------------|
| 1. I confirm that I have read and understand the information sheet for the HPYP project and have had the opportunity to ask questions. | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.                  | <input type="checkbox"/> |
| 3. I agree to take part in the above study.  | <input type="checkbox"/> |
| 4. I agree to the interview/ focus group being audio recorded  | <input type="checkbox"/> |
| 5. I agree to the use of anonymised quotes in publications   | <input type="checkbox"/> |

-----  
Date, place

-----  
Signature of the participant

-----  
Signature of the interviewer