



## Executive Summary

This review presents an overview of the national literature about health promotion amongst young people in prison in the UK. The review is aimed at providing national background information on the UK's criminal justice system, national statistics on young people in prison settings and outlines existing policy, practice and initiatives in health promotion amongst young prisoners.

### 1 - National background information on the Criminal Justice System

The review outlines the key characteristics of the national Criminal Justice System in England and Wales. It describes in detail the structure of the youth justice system, the process of sentencing, and highlights prevention measures which are in place to support young offenders and prevent reoffending. It argues that the juvenile justice system in England and Wales is based on the notion that the best and most cost effective means of reducing youth crime is to prevent young people from getting into trouble in the first place, by dealing with the problems that make it more likely they will commit crime or anti-social behaviour.

### 2 - National statistical background information on young people in the prison setting

The second section provides information about the prison health care in England and Wales. The section argues that prison health care in England and Wales is still below community standards despite being taken over by the National Health Service (NHS) in 2006. Although there are signs of improvement, there are still concerns about the standard of drug treatment. There is also evidence that adherence to best practice in areas such as the prescribing of drugs substitutes and counselling is patchy. The section also highlights evidence of poor oral health and health promotion practices. This is particularly of concern when prisoners are often not registered with a doctor, have substance and mental health issues and a group who would benefit from health promotion.

The section highlights the *Healthy Children, Safer Communities (2008)* strategy for young offenders. This is a cross-governmental initiative with the key aim of improving the health and well-being of children and young people at risk of offending and re-offending. It emphasises that the structure of the youth justice system in England and Wales is based on the principle of prevention and early intervention to prevent young people from getting into trouble and offending. This section also discusses the process and structure of prison settings and the challenges it faces in responding to different health and social care needs including mental health and recreation activities for young men and women.

This section outlines prisoner demographics in England and Wales and the prison population since 1991. It indicates that there has been a significant reduction in the number of prisoners aged under 18. The number of children in custody in England and Wales is at its lowest since 2000. It is argued that this reduction has occurred because the Youth Justice Board and other charities that have encouraged Youth Offending Teams and the courts to make more use of alternatives to custody.

The section also highlights the fluctuations in youth offending since the early 1990s. Over the period from the early 1990s to 2003 the rate of detected youth offending fell by 27%. However, between 2003 and 2007, there has been a rise (20%) in detected youth offending. Records indicate that 126,000 children and young people between 10-17 years received a reprimand, final warning or conviction for an indictable offence during 2007.

This section also provides information about the gender and ethnicity of young prisoners in the UK. It highlights the over-representation of ethnic minorities in English and Welsh prisons. Indeed, not only are there five times more Black people in prison than White, there are four times more arrests made of Black people than of White people. Parallel has been made with similar data about over-representation of black people in mental health settings and it questions social inequality, and the links between mental ill health and offending or sentencing.

### **3 - Existing policies, practices and initiatives on health promotion for young prisoners.**

The final section of the review highlights evidence that the number of people in prison in the UK has been rising steadily over the last five years. It argues that health promotion and healthcare practice in prison is little known and poorly understood outside the confines of the prison service but the potential to influence the health of some of the most disadvantaged people in our society is considerable. It also argues for a whole prison approach to promoting health, self esteem, and sense of dignity and worth amongst young people in prison to allow them to assume a constructive role in society.

The section draws attention to the main health promotion issues in prison setting and proposes a range of approaches to developing initiatives, including toolkits for promoting health. It advocates involving users of the services at all stages including needs assessment, developing toolkits and evaluations of the initiatives in order to ensure the appropriateness, relevance and effectiveness of the health promotion initiatives.

Finally, the section proposes other innovative catalysts for change. In particular, 'community asset mapping', an approach that identifies structures and resources within communities and organisations, is described and recommended. The review argues that this might be better than needs-based approaches, which often tend to concentrate on negative aspects. The community asset mapping approach explores the assets a community possesses rather than those it does not and then sets participants the task of developing solutions based on their findings. This could also utilise a peer education approach by allowing young offenders and those who have been recently released to find a voice; it could therefore offer possibilities for engaging in health promotion with this group of young people who may be lacking in self-esteem and awareness of issues relating to personal responsibility for health and wellbeing. This approach could encourage young prisoners to take a fuller role in devising solutions that facilitate change.

## National background information on the Criminal Justice System in England and Wales

### Introduction

According to the joint Care Quality Commission and Inspectorate of Prisons study (2010) prison health care in England and Wales is still not up to standard since it was taken over by the National Health Service (NHS) in 2006, although there were signs of improvement however there are still concern about the standard of drug treatment. Only six of the 21 Trusts in the study were 'adhering to best practice in areas such as the prescribing of drugs substitutes and counselling. There was also a lack of evidence of good dentistry and health promotion practices'. This is particularly of concern when prisoners are often not registered with a doctor, have substance and mental health issues and a group who would benefit from health promotion.

The structure of the youth justice system in England and Wales is based on the idea that the best and most cost effective means to reduce youth crime is to 'prevent young from getting into trouble in the first place, by dealing with the problems that make it more likely they will commit crime or anti-social behaviour. Early intervention to prevent young people offending could save public services more than £80 million a year (Audit Commission, 2004) '<sup>1</sup>

A key strategy for young offenders is the *Healthy Children, Safer Communities (2008)* which is cross governmental with the key aim to improve the health and well-being of children and young people at risk of offending and re-offending.

This is a discrete strategy focusing on young people in recognition of their complex and emerging health needs that are very different to those of adults. The strategy is a joint document led by the Department of health with the Department for Children, Schools and Families, the Home Office and the Ministry of Justice. Three key sources inform the strategy:

- It builds on the *Youth Crime Action Plan*<sup>29</sup> and on the agenda set out in *Healthy Lives, Brighter Futures*<sup>30</sup> for improving the health outcomes of *all* children and young people, including the most vulnerable.
- It responds to the Healthcare Commission and HMI Probation's findings on the inadequate provision for those in contact with the YJS.
- It reflects the vision set out in the *Children's Plan*<sup>31</sup> and the *Every Child Matters* Programme, that improving outcomes is something to champion for all young people. Together, these initiatives make a compelling case for effective health and welfare interventions in tackling youth crime (HM Government, 2009:6)

One section in the strategy that is particularly relevant to the HPYP project is *Addressing health and well-being throughout the youth justice system. This section has 5 key objectives:*

- to ensure that more children are diverted from the YJS;
- to improve provision of primary and specialist healthcare services to young offenders;
- to ensure that courts and sentencers receive accurate information about health and wellbeing needs and the services to meet them;
- to promote health and well-being in the secure estate;
- to achieve continuity of care when children complete a sentence. (HM Government, 2009:7)

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<sup>1</sup> The discussion of the structure of the Youth Justice system draws heavily on the Youth Justice Board website: <http://www.yjb.gov.uk/en-gb/yjs/>

The Bradley Report (2009) makes three key recommendations for children and young people in the area of mental health and vulnerability that:

- awareness training in mental health and learning disability be provided, so that all staff in schools and primary healthcare, including GPs, can identify those who need help and refer them to specialist services;
- all youth offending teams (YOTs) should have a suitably qualified mental health worker who has the responsibility for making appropriate referrals to other services;
- the potential for early intervention and diversion for those children and young people with mental health problems or learning disabilities who have offended or are at risk of offending should be considered.

The recommendations from the Bradley Report has informed the *Healthy Children, Safer Communities (2008) strategy* particularly in relation to the above 3 recommendations. A key purpose of the strategy is to bring clarification of the confusing needs of young people and the services that they require and identify what action is required to improve their health and well-being. Children and young people in the Youth Justice system are likely to have experienced domestic violence, neglect, physical and sexual abuse within their family with one study reporting that this group are at least twice as likely to have experienced serious child mistreatment than the population as a whole (Prison Reform Trust, 2008). Serious child mistreatment are risk factors that impact on the development of both mental health problems and the risk of offending. Those young people who are housed in the secure estate are particularly at risk from bullying, self-harm and suicide and require careful monitoring and assessment to ensure their mental and physical well-being.

Key information and figures about the number of children and young people who are at risk of coming into contact with the youth justice system are provided by the *Healthy Children, Safer Communities (2008:14) strategy* document:

- *138,692 children and young people in England committed an offence in 2007/08 that resulted in a reprimand, final warning or court disposal (Youth Justice Board, 2009);*
- *3000 children and young people are in young offender institution, secure training centre, secure children's home at any one time. (YJB, 2009);*
- *The majority of offences committed by young people (79 per cent) are committed by boys, but the number of offences committed by girls has risen.*
- *The health and well-being needs of children and young people tend to be particularly severe by the time they are at risk of receiving a community sentence, and even more so when they receive a custodial sentence;*
- *Over three quarters of children and young people in the YJS:*
  - have a history of or permanent school exclusion (Parke, 2009)
  - have serious difficulties with literacy and numeracy (Social Exclusion Unit, 1999)
- *Over half of children and young people in the YJS:*
  - have difficulties with speech, language and communication (Bryan, 2004)
  - have problems with peer and family relationships (Harrington and Bailey, et al ,2005)
  - who commit an offence have been a victim of crime – twice the rate for non-offenders (Roe and Ashe, 2008)

- Over a third of children and young people in the Youth Justice System:
  - have a diagnosed mental health disorder (Hagell, 2002)
  - accessing substance misuse services are from the YJS (National Treatment Agency, 2009)
  - have been looked after by the state (YJB ,2007)
  - have experienced homelessness (YJB ,2007)
  
- Over a quarter of children and young people in the Youth Justice System:
  - of young men in custody (and a third of young women) report a long-standing physical complaint (Lader et al 2000)
  - have a learning disability (Harrington et al 2005)
  
- A high proportion of children and young people in the Youth Justice System:
  - of children from black and minority ethnic (BME) groups, compared with others, have post-traumatic stress disorder(Harrington et al 2005)
  - have experienced bereavement and loss through death and family breakdown (Childhood Bereavement Network, 2008)

The Youth Justice System in England and Wales is overseen by the Youth Justice Board whose role is to ‘work to prevent offending and reoffending by children and young people under the age of 18, and to ensure that custody for them is safe, secure, and addresses the causes of their offending behaviour’. In addition, the Youth Justice Board have the mandate to set standards for and monitor the performance of the YJS. They also play a key role in promoting and identifying effective practice, commission research and publish information.

The work of the Youth Justice Board is overseen by the Prisons and Probation Ombudsman appointed by the Home Secretary who is independent from the prison service and the national probation service. The main role of the ombudsman is to investigate complaints from prisoners or those under the supervision of probation. The youth justice system involves the following stages:

- Prevention
- Pre-court
- Court
- Custody
- Community sentences

At the prevention stage, a number of agencies are involved; youth offending teams (YOT), local education authority (LEA), Social Services and the Police. YOTs are established in all local authorities in England and Wales and consist of representatives from the police, Probation Service, social services, health, education, drugs and alcohol misuse and housing officers. There is a YOT in every local authority in England and Wales. Each YOT is managed by a YOT manager who is responsible for co-ordinating the work of the youth justice services. As they consist of a wide range of agencies they are considered to be able to respond comprehensively to the needs of young offenders. Young offenders are assessed via a national assessment tool that identifies the specific problems that make a young person offend and also measures the risk they pose to others. The YOT then can identify programmes that will address the needs of the young person to prevent them from offending again. At the pre-court stage there are a number of interventions available to be used for young offenders outside of the court system. The police and local authority can use a variety of orders and agreements to deal with young people when they act anti-socially, commit minor offences or when this is their first time getting into trouble. The range of options for dealing with young people before court include a reprimand; a final warning; anti-social behaviour measures (Acceptable behaviour

contract (ABC); Anti-social behaviour order (ASBO); Individual support Order (ISO), local child curfew and for under 10 year olds a child safety order.

Young people who are charged with an offence will appear before a youth court. The youth court is part of the magistrates' court and it deals with the majority of cases that involve young people under 18 years of age. The youth court has the power to give detention and training orders of up to 24 months and a range of community sentences. The youth courts are less formal than magistrate courts and members of the public are not allowed into this court. Young people over 18 years would be heard in the magistrate courts. More serious matters would be dealt with by the crown court which deals with both young people and adults. The crown court would deal with

- cases which are sent to the Crown Court from magistrates' courts or youth courts due to the seriousness of the offence – some offences, called 'indictable only', can only be tried in Crown Courts
- cases which are sent to the Crown Court because the offence for which the young person is being tried can be heard either in a magistrates' court or Crown Court
- cases which are sent to the Crown Court from magistrates' courts or youth courts for sentencing
- appeals against sentences given in magistrates' courts or youth courts.<sup>2</sup>

If the case cannot be dealt with immediately the young person can be bailed or remanded into custody. This can take the form of conditional bail which ranges 'from a fairly low level where a young person has to report to a police station to much more demanding levels where the young person is supervised by a youth offending team (YOT) on a bail support and supervision programme. YOTs can include electronic tagging and/or Intensive Supervision and Surveillance Programme (ISSP) as part of bail supervision and support programmes'<sup>2</sup>. A young person may also be given unconditional bail where they are required to return to court on a specific date but there are no other conditions attached to their bail. In some cases the young person may be remanded to local authority accommodation which involves the young person being looked after by the local authority. If the court considers the offence committed by a young person to be particularly serious or if they have committed numerous offences then the young person can be given a secure remand. This usually involves them being placed in a secure children's home or a secure training centre (STCs).

Custodial and community sentences are available for young people. Where in the secure estate a young person is placed if they receive a custodial sentence is dependent on the assessment done when they first come in contact with the youth justice system. A custodial sentence can take place in:

- secure training centres (STCs);
- secure children's homes;
- young offender institutions (YOIs).

There are four secure training centres (STCs) in England and they are purpose-built centres for young offenders up to the age of 17 which are run by private operators under contracts, which set out detailed operational requirements. The STCs are for vulnerable young people on remand or who have been sentenced to custody and the focus is on education and rehabilitation. The STCs have a high staff ratio to enable the needs of individual young people to be met. There are a group of staff

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<sup>2</sup> From the Youth Justice Board website: <http://www.yjb.gov.uk/en-gb/yjs/>

at the STCs who work to foster links with the young person's home community to create educational opportunities and employment opportunities when they are released.

Secure children's homes are run by local authority social services departments, overseen by the Department of Health and the Department for Children, Schools and Families and they focus on the emotional and behavioural needs of young people. The homes are usually small units with a high staff ratio to young people. They accommodate young offenders aged 12 to 14, girls aged up to 16 and boys aged 15 to 16 who have been assessed as vulnerable.

Young offender institutions (YOIs) are run by the Prison Service with some privately run institutions and accommodate 15 to 21-year-olds. YOIs usually house higher numbers of young people compared to STCs and secure children's homes. The staff ratio to young person is lower with the consequence that they are less able to address the individual needs of the young people. YOIs are not considered to be appropriate for young people with high risk factors such as mental health and problematic drug use.

There are a range of community sentences available for young offenders but the 'Youth Rehabilitation Order (YRO) will be the new generic community sentence for children and young people who offend. Replacing nine existing sentences, it will combine 18 separate requirements into one generic sentence. This will simplify sentencing, providing clarity and coherence while improving the flexibility of interventions'. There is an emphasis to promote community sentences for young people and sentencers must now justify why they do not use an alternative to custody 'for those who are on the custody threshold' (YJB, 2010). It is argued that if the YRO is used effectively this will help to reduce reoffending and also impact on the number of young people in custody.

An example provided by the Prison Reform Trust of restorative justice as an alternative to custody, or to community sentences Northern Ireland restorative conferencing which has radically reformed their youth justice system and reduced the number of children locked up. Prisoners who are under 18 years old are encouraged to meet their victim and hear about the impact of their crime. The perpetrator is required to apologise for it and promise to make amends<sup>3</sup>.

### **Prison service, Probation and Young people**

Over the last decade, the offender management environment in the England and Wales has undergone a period of great change as a result of the government recognising in 2001-02 that attempts to reduce recidivism needed to be joined up. The Social Equality Unit reported in 2002 that:

Re-offending by ex-prisoners is a major contributor to overall crime. Action in and after prison should be the single best way to tackle the persistent offenders who commit the bulk of recorded crime. But as this report shows, overall policies towards prisoners during and after custody do not do enough to reduce re-offending (SEU, 2002, p. 131.).

The 2001 HM Inspectors of Prison and Probation joint report on resettlement, *Through the Prison Gate*, stated that 'the connection between public protection and the prevention of reoffending is central to Government policy.' (HM Inspectorate of Prisons, 2001: 3) The same report noted that no strategy existed to implement the National Correctional Policy Framework and made several recommendations for improved joint working between the Prison and Probation Services.

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<sup>3</sup> Prison Reform Trust, Promoting community solutions to crime. Accessed 27/7/10  
<http://www.prisonreformtrust.org.uk/subsection.asp?id=435>.

This was quickly followed by the Social Exclusion Unit's (SEU) 2002 report *Reducing re-offending by ex-prisoners*, which focused on the need to improve joint working even further and incorporate the contributions made by a range of agencies and Government departments. The report also identified nine factors that were felt to influence re-offending. These were education and employment; drug and alcohol misuse, mental and physical health; attitudes and self-control; institutionalisation and life-skills; housing; financial support and debt; and family networks (ibid, p.6). These factors were taken forward in the seven pathways, identified in the *National Reducing Re-offending Action Plan*, which drive the national reducing re-offending delivery plan. The seven pathways are:

1. Accommodation
2. Education, Training and Employment
3. Health
4. Drugs and Alcohol
5. Finance, Benefit and Debt
6. Children and Families
7. Attitudes, thinking and behaviour

More recently, two more pathways have been identified which recognise the specific issues relating to some women offenders.

The SEU report also noted that current services and initiatives were not addressing the problem of re-offending. It highlighted that the prevailing policies of short sentencing and the imprisonment of individuals with severe mental illnesses were contributing 'to the problem of overcrowding, which in turn limits the capacity of prisons, probation and other services to work effectively to reduce re-offending' (ibid, p.8). The report also recognised that prisoners experienced many obstacles on release, including difficulties in re-engaging in learning or drug programmes, but noted that the greatest problems encountered concerned negotiating access to housing and benefits. The SEU report proposed that the government should introduce a National Rehabilitation Strategy to tackle the perceived problems, which included a number of interventions:

1. *Going Straight contract* – prisoners should participate in a range of programmes and activities to reduce assessed risks of re-offending. They should sign a Going Straight contract, which would involve rewards and sanctions and be delivered via a seamless case management approach from point of sentence through to release. Different models of delivery should be piloted, and tested out initially with 18–20-year-olds; based on experience of what works in these pilots, the approach should then be tested with other groups later on;
2. *national measures* – there is a strong case for introducing measures to tackle financial and housing need among newly released prisoners; effective reception and resettlement procedures should be developed in all prisons; and the availability of a number of beneficial measures should be widened further;
3. *further development* – the Government should develop the National Rehabilitation Strategy, taking into account evidence of the effectiveness of any initial measures, ongoing policy development, and the range of other issues identified in this report (ibid, p. 131).

The SEU report recommended a 'fully integrated approach,' which they believed 'should deliver many of the key changes necessary to reduce the levels of re-offending among ex-prisoners' (ibid, p. 134).

Also occurring at this time were changes in the law governing sentencing. The Criminal Justice Act 2003 sets out plainly for courts the purposes of sentencing to which they must have regard regarding passing sentences. The Act stipulated that sentencing is for 1) The punishment of offenders; 2) The



reduction of crime, including its reduction by deterrent; 3) The reform and rehabilitation of offenders; 4) The protection of the public and 5) The making of reparation by offenders to persons affected by their offences. The Act also created a new sentencing framework that was central to reducing crime and reoffending. Although Custody Plus, Custody Minus and intermittent custody were not successful, generic community sentences, giving the courts greater flexibility to tailor interventions to the particular circumstances of the offender (NOMS, 2005, p. 5), have proved to be a key part of current policy and practice.

The prison service for England & Wales is managed by the Home Office and has recently merged with the probation service to form the National Offender Management Service.

### **National Offender Management Service (NOMS)**

In his report, *Managing Offenders, Reducing Crime*, Carter (2003) described an urgent need for different parts of the criminal justice system to work closer together with a focus on crime reduction. One of his key recommendations was to create a National Offender Management Service (NOMS) with responsibility for punishing offenders and reducing re-offending. In response, the Government published *Reducing Crime, Changing Lives*, announcing its intention to establish such a service and seeking views on how best the changes could be implemented (from: Reducing Re-Offending National Action Plan – Reference Document p. 4)

The government published its five year strategy for protecting the public and reducing re-offending in 2006 (Home Office, 2006). This document underlined the commitment to both protect the public and reduce reoffending with the creation of NOMS and partnerships 'to address the many linked problems that contribute to offending' (ibid, p.8).

NOMS was brought into existence in 2004 with a brief to create a seamless service by bringing prison and probation together. In 2007, NOMS became part of the newly created Ministry of Justice, bringing together the headquarters of the Probation Service and HM Prison Service to enable more effective delivery of services. NOMS is responsible for commissioning and delivering adult offender management services, in custody and in the community, in England and Wales. It manages a mixed economy of providers with decisions on what work is to be done and who it will be done by based on evidence and driven by best value.

Responsibility for delivering a reduction in reoffending and the management of offenders is devolved to nine regional offices in England and one office in Wales. Each is responsible for commissioning services, developing a reducing reoffending delivery plan and coordinating partnerships in their area (NOMS, 2009).

### **Probation Trusts**

As part of the Offender Management Act 2007, it was recommended that probation areas be enabled to choose Trust status. In April 2008, six new probation trusts started work as part of the government's drive to further reduce reoffending and increase protection for the public. Trust status allows 'probation services more independence to focus their work on local communities and reduce reoffending while providing the same high level of service to the courts and oversight of offenders.' (Ministry of Justice, 2008) The aim is to have all current probation areas convert to Trust status by April 2010.

During the passage of the Offender Management Act 2007, the government signalled the move away from a target-based regime in which probation areas had targets to sub-contract a proportion

of their work. We are now moving towards a system of best value similar to that used by local government.

The decision was taken as part of the best value principle that was introduced into local government in April 2000 following the Local Government Act 1999. Local authorities were placed under a duty to make arrangements to secure continuous economic, efficiency and effectiveness improvements in the way in which they carried out their functions. Under this model, probation boards and trusts ensure that services are continuously improved using the provider which delivers the best value for money, whether they are from the public, private or voluntary sector.

However, as part of the Offender Management Act 2007 the provision of assistance to courts will be retained within the public sector until Parliament agrees otherwise. There was also a wider commitment to retain the management of offenders in the public sector until 2010.

Those offenders who are on probation are required to meet regularly with their probation officer and if they miss more than one meeting they can be sent back to court where further punishment may be ordered. There can be a variety of conditions that come with a probation order such as completing alcohol and drug treatment, living in approved premises, obeying a curfew, wearing an electronic tag and so on.

Probation staff are based both in prison and in the community. Their role in prison is to assist with sentence planning and to liaise with the probation service operating in the area to which a prison is being released. Prisoners with a sentence more than 1 year are supervised by the national probation service. Probation staff work with a range of organisations and many probation staff are seconded to work with youth offending teams responsible for offenders under the age of 18. The probation service also works with voluntary and commercial private sector partners. Probation work with other criminal justice agencies (police and prisons) and in the case of the most dangerous prisoners (sexual and violent offenders) they agree supervision plans under the umbrella of multi-agency public protection arrangements (MAPPA).<sup>4</sup>

### **Age of criminal responsibility and Definition of a young prisoner**

The UK has one of the lowest ages of criminal responsibility in the EU, possibly a result of what Wilson terms the ‘adulteration’ that has characterised the UK’s youth justice system since 1997 (Wilson, 2006). The lowest is Scotland where the age is 8 years and England and Wales where the age is 10 years. In the rest of the EU, the age of criminal responsibility varies between 12 and 16 although in Belgium and Luxembourg the age is 18 (Table 1). There has been ongoing debate as to whether the age of criminal responsibility should be raised (Hughes, 2010; Howard League for Penal Reform, 2008).

Table 1: Ages of criminal responsibility across the EU

| <b>Country</b> | <b>Minimum age of criminal responsibility</b> |
|----------------|---|
| Austria        | 14  |
| Belgium        | 18 (16 for serious offences)                  |
| Bulgaria       | 14  |

<sup>4</sup> Information taken from National Probation Service website, Youth Justice Board website, <http://www.probation.homeoffice.gov.uk/files/pdf/The%20National%20Probation%20Service%20for%20England%20and%20Wales%20Leaflet.pdf>, accessed 26/7/10

|                    |   |
|--------------------|---|
| Czech Republic     | 15  |
| Denmark            | 15  |
| England and Wales  | 10  |
| Estonia            | 14  |
| Finland            | 15  |
| France             | 13 (but educational measures can be imposed from the age of 10) |
| Germany            | 14  |
| Greece             | 13 (but educational measures can be imposed from the age of 8)  |
| Hungary            | 14  |
| Iceland            | 15  |
| Italy              | 14  |
| Latvia             | 14  |
| Lithuania          | 14  |
| Luxembourg         | 18  |
| Netherlands        | 12  |
| Northern Ireland   | 12  |
| Norway             | 15  |
| Poland             | 13  |
| Portugal           | 16  |
| Romania            | 14  |
| Russian Federation | 14  |
| Scotland           | 8   |
| Slovakia           | 14/15   |
| Spain              | 16 (14 in Catalonia)  |
| Sweden             | 15  |
| Turkey             | 12  |

*Source: Howard League for Penal Reform, 2008*

## **Youth or young person**

The WHO uses the following definition of a young person:

The UN Convention on the Rights of the Child definition covers children and young people up to age 18. However, for the purpose of this Consensus Statement a broader definition is used to include the transition period from youth custody to adult custody. Young men and women up to the age of 21 are therefore included (WHO, 2003).

In England and Wales a young prisoner in the prison service means those between 15 -21 and this group is further broken down into juveniles who are those between 15-17 and young adults who are those between 18 -21 years. This includes both convicted and unconvicted prisoners.

The HPYP project will include prisoners up to the age of 24 years and the group aged 21 to 24 will be housed in the prison system who are classed as adult prisoners where there may be no special provision. Although a separate and dedicated system has been put in place for young offenders aged under 18 in recognition that there is a real opportunity to intervene with these young people who are often characterised by under achievement and disrupted childhoods and which originally was to be extended to young adults aged 18 to 25 this has not happened. This in effect leaves young adults ‘

very exposed: facing the loss of the legal protection of a separate status, and in a prison system whose resources and capacity are seriously over-stretched. If the sentence of DYOI disappears, there will be no restrictions on holding over-18 young men in any prison in the country (Her Majesty's Inspectorate of Prisons, 2000).

Young prisoners over the age of 18 can be held in young offender institutions holding only 18-21 year olds; young offender institutions holding under- and over-18s; adult local prisons holding young offenders together with adults; and adult training prisons that have separate young offender units. These institutions apart from adult training prisons with separate young offender units hold a mixture of sentenced and unsentenced young prisoners.

In England and Wales there are 140 prison establishments. The prison population (including pre-trial detainees/remand prisoners but excluding juveniles in Secure Training Centres and Local Authority Secure Children's Homes) was 85,009 (30/07/10), the percentage of pre-trial detainees/remand prisoners was 15.3 (30/06/10), the percentage of women prisoners was 5% (30/07/10) and the percentage of Juveniles / minors / young prisoners (under 18 years) was 2% (30/06/10) in addition to these 1660 juveniles a further 267 were being held in Secure Training Centres and 169 in Local Authority Secure Children's Homes. In June 2010 foreign prisoners made up 13.1% of the prison population (the nationality of an additional 3.4% was unrecorded). The prison population has been steadily rising since 1992 as can be seen in Table 2 below.<sup>5</sup>

Table 2: Prison population, England and Wales, 1992–2007

| <b>Year</b> | <b>Prison population</b> |
|-------------|--------------------------|
| 1992        | 44,719                   |
| 1995        | 50,962                   |
| 1998        | 65,298                   |
| 2001        | 66,301                   |
| 2004        | 74,657                   |
| 2007        | 80,216                   |

In Scotland there are 15 prison establishments. The prison population (including pre-trial detainees/remand prisoners) was 7,953 (30/06/10), the percentage of pre-trial detainees/remand prisoners was 17.7% (25/06/10), the percentage of women prisoners was 5.3% (25/10/10) and the percentage of Juveniles / minors / young prisoners (under 18 years) was 1.9% (26/02/10). In September 2007 foreign prisoners made up 2.8% of the prison population. The prison population has been steadily rising since 1992 as can be seen in Table 3 below.<sup>6</sup>

Table 2: Prison population, Scotland, 1992–2001

| <b>Year</b> | <b>Prison population</b> |
|-------------|--------------------------|
| 1992        | 5,357                    |
| 1995        | 5,657                    |
| 1998        | 6,082                    |
| 2001        | 6,172                    |
| 2004        | 6,885                    |
| 2007        | 7,412                    |

<sup>5</sup> Figures were taken from the world prison brief accessed on 4/08/10.  
[http://www.kcl.ac.uk/depsta/law/research/icps/worldbrief/wpb\\_country.php?country=169](http://www.kcl.ac.uk/depsta/law/research/icps/worldbrief/wpb_country.php?country=169)

<sup>6</sup> Figures were taken from the world prison brief accessed on 4/08/10.  
[http://www.kcl.ac.uk/depsta/law/research/icps/worldbrief/wpb\\_country.php?country=169](http://www.kcl.ac.uk/depsta/law/research/icps/worldbrief/wpb_country.php?country=169)

The prison services of England and Wales have a very different organizational structure particularly for the juvenile justice system. The main focus of the literature review will be on England and Wales and the Scottish system will be referred to where appropriate but in-depth information about the Scottish Youth Justice system will not be provided.

### **National statistical background information on young people in the prison setting**

There are currently over 140 prisons in England and Wales. The current prison population for England and Wales is 85,117 (16/7/10) and the number of women and girls is 4,251 (16/7/10).

The population in custody including those in prisons, secure training centres and secure children's homes was 85,500 (31/5/10) an increase of 2,200 in prisons, STCs 270 and in secure Children's Homes 170 from the previous year (Statistics Bulletin, 2010). Compared to May 2009 the male prison population has increased by 3% (up 2,100) and female prisoners by 2% (up by 80).

The number of adults in prison was 73,400 (31/05/10) an increase of 3% since the same period in 2009. Over this period the number of 15-17 years olds fell 21% (down 450) to 1,700 but the young adult prison population rose by 7% to 10,000 (May 2010).

The number of prisoners on remand fell 2% from 13,200 (31/10/10) to 1,300. Within this group those who were untried fell 4% to 8,400 and those convicted unsentenced prisoners rose by 2% to 4,600.

The overall number of sentenced prisoners increased by 4%, from the previous year, to 71,000. The main increase was of prisoners who were:

- serving a sentence of less than 6 months rose 17 per cent between May 2009 and May 2010 (up 660);
- serving sentences of 4 years or more increased by 6 per cent (up 1,400). (Statistics Bulletin, 2010).

However, the number of prisoners with sentences of between six and twelve months fell by 1%.

According to the *Probation Service Bulletin* (Probation Service, 2010), progress has been shown against the late Labour Government's targets to reduce adult and juvenile re-offending by 10% between 2005 and 2011. Adult and juvenile reoffending statistics for 2008 published on 18 March 2010 show the following (Probation Service, 2010):

- Between 2005 and 2008, adult reoffences fell by 6.2%, from 165.7 reoffences per 100 offenders to 155.5. This fall is less than in the previous year, reflecting a 5.5% increase in reoffending rates between 2007 and 2008.
- Between 2000 and 2008, the frequency of adult reoffending fell by 15.9% from 185.0 reoffences per 100 offenders in 2000 to 155.5.
- Between 2000 and 2008, there was an 8.9% fall in the number of juvenile reoffences committed, from 125.0 to 113.9 per 100 offenders.
- Between 2000 and 2008, the frequency of juvenile reoffending fell 24.8%.

The number of reoffences classified as serious remains less than 1 per 100 offenders. Adult reoffences classified as 'serious' rose from 0.85 serious offences per 100 offenders in 2005 to 0.87 in 2008. This is greater than the 2007 value of 0.77 serious offences per 100 offenders. Juvenile reoffences classified as serious fell from 0.90 serious offences per 100 offenders in 2005 to 0.84 in 2008.

In February of this year (2010) the figures released by the Youth Justice Board indicated that the number of children in custody in England and Wales was at its lowest since 2000. There has been a significant reduction in the number of those under 18 who have been imprisoned. Between 2000 and 2009 the number of children in custody has fallen by nearly a third (Prison Reform Trust, 2010). It is argued that this reduction is due to the youth Justice Board and charities that have encouraged Youth Offending Teams and the courts to make more use of alternatives to custody. The Prison Reform Trust raised concerns that a fifth of young people in custody under the age of 18 were there on remand. They discovered that two thirds of those on remand are either acquitted or are given a community sentence and that over 1500 young people under the age of 18 are imprisoned each year for a week or less<sup>7</sup>. Another factor that may well have impacted on the reduction in child custody figures could be the reduction of first time entrants to the system.

### *Ethnicity, youth and prisons in England and Wales*

Currently, according to Ministry of Justice (2009) figures, there are four times more arrests of Black people per head of population than of White people, and there are five times more Black people in prison per head of population than White people. Table 4 shows the proportion of young people aged 10 to 18 from different ethnic groups in the different stages of the criminal justice system. When there is a higher proportion of an ethnic group compared to the general population then there is 'disproportionality and they are over-represented at that stage in the criminal justice process' (MOJ, 2009: x). Much of this is linked to disadvantage. In one recent research project, Hill (2007) links law-breaking behaviour of a sample of young black people to the structures of inequality within which they live their lives. As Wilson argues (2006: 191), 'young black people... leading complex lives were often on the receiving end of systematic patterns of disadvantage'. Similar data exists about over representation of black people in mental health services which raises important questions about inequality, and the links between mental ill health and offending or sentencing<sup>8</sup>.

Table 4: Percentage of ethnic groups at different stages of the criminal justice process compared to the ethnic breakdown of the general population, England and Wales 2007/08 (source: MoJ, 2009)

|   | Ethnicity |       |       |       |                  |                    | Total |
|---|-----------|-------|-------|-------|------------------|--------------------|-------|
|   | White     | Mixed | Black | Asian | Chinese or Other | Not stated/Unknown |       |
| General population (aged 10 & over) @ 2001 Census             | 91.3      | 1.3   | 2.2   | 4.4   | 0.9              | 0.0                | 100   |
| Stops and searches <sup>(1)</sup>                             | 68.1      | 2.5   | 13.1  | 8.1   | 1.2              | 7.0                | 100   |
| Arrests <sup>(2)</sup>  | 79.3      | 2.8   | 7.4   | 5.1   | 1.4              | 4.0                | 100   |
| Cautions <sup>(2)(3)</sup>                                    | 82.5      |       | 6.5   | 4.6   | 1.4              | 5.0                | 100   |
| Youth offences  | 84.8      | 3.5   | 5.8   | 3.0   | 0.4              | 2.5                | 100   |
| Tried at Crown Court <sup>(3)(4)</sup>                        | 73.5      |       | 14.0  | 8.0   | 4.4              | *                  | 100   |
| Court ordered supervision by probation service <sup>(5)</sup> | 83.6      | 2.5   | 6.3   | 4.6   | 1.2              | 1.8                | 100   |
| Prison receptions <sup>(6)</sup>                              | 79.1      | 2.9   | 10.6  | 5.9   | 1.2              | 0.2                | 100   |

Note: Figures may not add to 100% due to rounding.

(1) Stops and searches recorded by the police under section 1 of the Police and Criminal Evidence Act 1984 and other legislation. (2) Notifiable offences. (3) The data in these rows is based on ethnic appearance, and as such does not include the category Mixed ethnicity (the data in the rest of the table is based on self-identified ethnicity). (4). Information on ethnicity is missing in 19% of cases; therefore, percentages are based on known ethnicity. (5) Commencements (6) Sentenced.

<sup>7</sup> Prison Reform Trust, Promoting community solutions to crime. Accessed 27/7/10  
<http://www.prisonreformtrust.org.uk/subsection.asp?id=435>

<sup>8</sup>Count me in census 2009 , Care quality commission, National Mental Health. Accessed 1/9/10  
[http://www.cqc.org.uk/db/documents/Count\\_me\\_in\\_2009\\_\(FINAL\\_tagged\).pdf](http://www.cqc.org.uk/db/documents/Count_me_in_2009_(FINAL_tagged).pdf)

The Ministry of Justice Report (2009: xii -xiv) indicated that there are clear imbalances in the way people from ethnic minority backgrounds experience UK criminal justice system. In particular, the findings show that there were almost four times more arrests made of Black people than of White, whereas there was significantly less use of cautions (16%) for Black offenders than of White (24%). A greater proportion of White defendants (78%) were found guilty than Black (75%) or Asian (73%) defendants. However, custodial sentences were given to a greater proportion of Black offenders (67%) and those in the Other category (68%) than White (53%) or Asian offenders (57%).

Indeed, in June 2008, members of BME groups accounted for 27% of the total prison population of 83,194 (including foreign nationals). Amongst British Nationals, the proportion of Black prisoners relative to the population was 6.8 per 1,000 population compared to 1.3 per 1,000 for White prisoners. Among adult sentenced prisoners, 67% of the Black offenders, 60% of Asian offenders, 59% of Mixed ethnicity offenders and 47% of the Chinese or Other ethnicity offenders were serving a sentence of four years or more compared with 54% White adult sentenced offenders.<sup>9</sup>

The balance of ethnicity amongst young offenders follows a similar pattern. The vast majority (85%) of cases involving young offenders in 2997 were White whereas 6% were recorded as Black, 3% as Asian, 4% as Mixed ethnicity and less than 1% as Chinese or Other ethnicity. Offences committed by Black young offenders were more likely to receive a custodial sentence when compared to offences committed by the other ethnic groups.

Table 5 below summarises the prison population by ethnic background.

Table 5: Population in prison establishments by self-identified ethnicity, gender, British nationals and all Nationalities, 30 June 2008 (source: MoJ, 2009)

|                                    | White         | Mixed        | Asian or Asian British | Black or Black British | Chinese or Other | Not Known <sup>(2)</sup> | Total         |
|------------------------------------|---------------|--------------|------------------------|------------------------|------------------|--------------------------|---------------|
| <b>British Nationals</b>           |               |              |                        |                        |                  |                          |               |
| Males                              | 53,489        | 2,108        | 3,624                  | 7,499                  | 182              | 380                      | 67,284        |
| % of total males                   | 79.5          | 3.1          | 5.4                    | 11.1                   | 0.3              | 0.6                      |               |
| Females                            | 2,881         | 139          | 83                     | 329                    | 20               | 15                       | 3,467         |
| % of total females                 | 83.1          | 4.0          | 2.4                    | 9.5                    | 0.6              | 0.4                      |               |
| <b>Total</b>                       | <b>56,370</b> | <b>2,247</b> | <b>3,707</b>           | <b>7,828</b>           | <b>202</b>       | <b>395</b>               | <b>70,751</b> |
| % of total                         | 79.7          | 3.2          | 5.2                    | 11.1                   | 0.3              | 0.6                      |               |
| <b>All Prisoners<sup>(3)</sup></b> |               |              |                        |                        |                  |                          |               |
| Males                              | 57,033        | 2,517        | 5,668                  | 11,693                 | 1,203            | 574                      | 78,689        |
| % of total males                   | 72.5          | 3.2          | 7.2                    | 14.9                   | 1.5              | 0.7                      |               |
| Females                            | 3,163         | 174          | 135                    | 864                    | 152              | 17                       | 4,505         |
| % of total females                 | 70.2          | 3.9          | 3.0                    | 19.2                   | 3.4              | 0.4                      |               |
| <b>Total</b>                       | <b>60,196</b> | <b>2,691</b> | <b>5,803</b>           | <b>12,557</b>          | <b>1,355</b>     | <b>591</b>               | <b>83,194</b> |
| % of total                         | 72.4          | 3.2          | 7.0                    | 15.1                   | 1.6              | 0.7                      |               |

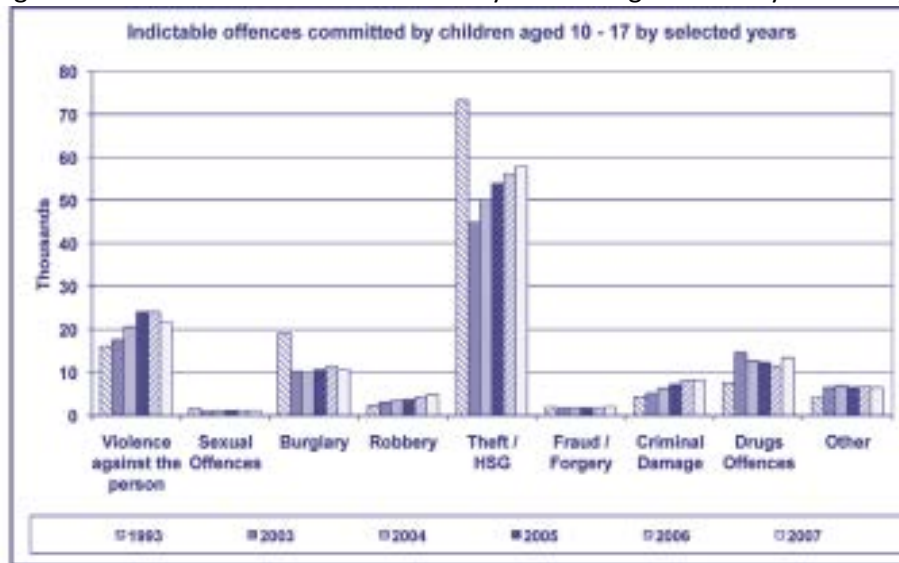
### Trends in youth crime and the nature of youth offending

Over the period from the early 1990s to 2003 the amount of detected youth offending fell by 27% however since 2003 till 2007 there has been an increase of 20% with 126,000 children and young people between 10-17 years received a reprimand, final warning or conviction for an indictable offence during 2007.

10 Taken from Ministry of Justice, 2009, **Statistics on Race and the Criminal Justice System 2007/8**, London, Ministry of Justice. Accessed 4/8/10. <http://www.justice.gov.uk/stats-race-criminal-justice-system-07-08-revised.pdf>

The offences most commonly indictable offences (62%) committed by young people in 2007 were theft, handling stolen goods, burglary, fraud or forgery and criminal damage. Violent offending accounted for 17% of indictable offences committed by children and young people (see Figure 1).

Figure 1: Indictable offences committed by children aged 10-17 by selected years



Source: Nacro, Youth Crime Briefing, March 2009

The majority of serious crimes were committed by adults over the age of 18 years in 2007 (see Table 2) committing almost 4 times as many violent offences and in excess of five times as many sexual offences compared to children and young people. However, children and young adults committed half the total of Robberies (see Table 6)

Table 6: Breakdown of selected serious offences by age of offender (2007)

| Offence type                | Proportion attributable to children and young people | Proportion of offences attributable to adults |
|-----------------------------|--|---|
| Violence against the person | 23%  | 77%   |
| Sexual offences             | 15%  | 85%   |
| Robbery                     | 50%  | 50%   |

Source: Nacro, Youth Crime Briefing, March 2009

### The characteristics of young people who offend

Age, gender and ethnicity are factors that impact on young people's involvement with the criminal justice system. The key years for offending for boys is 17 and for girls 15 years 'as a consequence two thirds of young people coming into contact with the youth justice system fall within the 15 – 17 year age bracket; 31% are aged 12 – 14 years; and just 3% below the age of 12' (Nacro, 2009). Young



males are consistently more likely to come into contact with the youth justice system compared to girls with almost three quarters of young people in 2007 who received a warning or reprimand or who were convicted being male. On the whole girls stop offending at an earlier age than boys. There is a misconception that the involvement of girls in offending has been rising.

Despite increases in detected female crime since 2003, the official statistics over the earlier period do not support a sustained trend in that direction over the longer term; indeed, between 1992 and 2002, the number of girls receiving a caution, reprimand, warning or conviction for an indictable offence fell from 33,700 to 23,300, a decline of almost 31%. A possible source of the misconception is that while girls' detected offending was falling, the number convicted at court rose sharply from 4,200 to 6,000. The divergence between the two trends is explained by a relative reduction in the use of pre-court disposals, generating a higher level of prosecution: the proportion of girls' offending resulting in a reprimand, final warning, or, prior to June 2000, a caution declined from 88% in 1992 to 72% a decade later. No doubt the increased visibility associated with such a rapid expansion in the female court population, has contributed to the perception that girl's offending is a greater concern than hitherto (Nacro, 2010).

The Youth Justice Board and the HMI Inspectorate (2010) together reviewed the training planning in place for young prisoners. Training plans should underpin young people's time while they are in custody and their transition back into the community. In addition the training plans are a key part of case management. This review involved an analysis of survey responses from young people between 2008-09, and inspections undertaken between 2008 and 2009. Arrival in custody is a key time of anxiety for young people and it is important that key information should arrive with them to enable reception interviews and vulnerability assessments to be effectively carried out. The results of the review found that only 60% of respondents (sentenced young people) had training plans, a low response considering these are mandatory. The young people who said that they had training plans were more confident about their prospects on release and were more informed about the support that they could access after release. The young people involved in the survey often had a range of problems (75%) when they arrived in custody this was particularly true for young women; 98% of whom said they had problems at arrival. The following table indicates the main problems experienced at arrival (Table 7) source: HMI Inspectorate (2010).

**Table 7: The problems experienced by Young People when they arrived in custody**

| <b>When you first arrived, did you have problems with any of the following?</b> | <b>Overall young men</b> | <b>Overall young women</b> | <b>Overall young people</b> |
|---|--------------------------|----------------------------|-----------------------------|
| Not being able to smoke?  | 48%                      | 72%                        | 48%                         |
| Loss of property?   | 10%                      | 13%                        | 11%                         |
| Housing problems?   | 12%                      | 19%                        | 12%                         |
| Needing protection from other young people?                                     | 5%                       | 2%                         | 5%                          |
| Letting family know where you are?  | 21%                      | 37%                        | 21%                         |
| Money worries?  | 15%                      | 9%                         | 15%                         |
| Feeling low/ upset/ needing someone to talk to?                                 | 19%                      | 37%                        | 20%                         |
| Health problems?  | 11%                      | 15%                        | 11%                         |
| Getting phone numbers?  | 25%                      | 45%                        | 26%                         |

For both male and female young people the major problem was not being able to smoke. The table shows that overall the young women experienced more problems at arrival in particular with feeling low and experiencing difficulty in contacting family members. The review looked at drugs and alcohol services and found that some establishments provided pre-release sessions on preventing a

drug overdose, had good links with YOTs and substance misuse services which helped to provide support at the time of release for young people with substance misuse problems.

Reintegration back into the community is another key area addressed by the report and how well establishments prepared the young people was variable across the establishments. Some key findings were:

In some establishments holding young men, inspections found a wide range of vocational courses to aid future employment. However, at others, provision for vocational training was insufficient. In addition, not all young people could gain accreditations for the work they had completed. Young people at some establishments could meet health care staff before release. In addition, young people who were under the care of mental health in-reach teams were referred to services in the community before release. While some young people who had not previously registered with a GP were advised how to do so, this service was not always provided (HMI Inspectorate, 2010).

The youth justice system has long been characterised by the over-representation of black and minority ethnic young people. Children classified as black or black British are less likely to receive a pre-court disposal, more likely to be remanded to custody or secure accommodation, and disproportionately represented among those receiving a custodial sentence. During 2007/08, for instance, while black or black British young people made up 3% of the general 10 – 17 population, they accounted for 7% of those coming to the attention of the youth justice system, 14% of those receiving a custodial sentence and almost one in three of those given a sentence of long term detention (Youth Justice Board (2009) in Nacro, 2010).

Her Majesty's Inspectorate of Prisons (2006), investigating the experiences of young adult prisoners, highlighted the need for a discrete strategy and approach for young adults in prison that focuses on their needs and that also provided purposeful activity and training for them. In the review, local prisons were not found to be very successful at achieving either providing purposeful activity or meeting this group's needs. In contrast, dedicated establishments and units for 18 to 21 year olds did much better. One suggestion by the Inspectorate was that greater flexibility could be achieved by raising the age of young adults to include those up to 24 years. A very clear message from this report was that simply decanting young adults into the mainstream adult prison population will not work and will 'not provide environments that meet standards of safety and decency – or, crucially, that are able to make a real difference to reducing reoffending among this age-group' (HMI of Prisons, 2006:5). Research into this group of young adults (Shepherd, A., Whiting, E., 2006; Howard League, 2005) has demonstrated that the specific needs of young adult offenders fall into four main areas; resettlement, safety, substance use and mental health provision. The report concludes that it is essential that young adults are individually assessed in order to guide them into accommodation which is appropriate for their support, training and resettlement needs. In summary, 'provision for vulnerable young adults would need to be particularly well planned to ensure their safety, welfare and resettlement' (HMI of Prisons, 2006:26).

The time of release from prison is acknowledged as the point when young prisoners require a great deal of support. Another time of transition when young prisoners require support is when they are moved within the secure estate a situation experienced by many. The study by Di Hart (2009) explains that this may be a planned move either because the young person has reached the age to transfer to a facility for young adults or because they require specialist services. However, the majority of moves are unplanned 'and may happen very quickly for reasons such as overcrowding rather than the young person's needs:

Although placement stability is recognised as a crucial factor in the welfare of looked after children, it seems to carry little weight within the youth justice system. Within the Project, one young person was moved to a YOI just before she was due for release with no preparation (Hart, 2009: 12).

Movement of young people within the prison estate is also particularly problematic when training, education or health promotion activities begin because not all initiatives are available in all parts of a prison system. This may be a key area where the proposed health promotion toolkit will have an impact: it should consider allowing those young people who have been moved to continue health promotion activities in the institutions to which they have been moved.

According to the Home Affairs Committee, the primary cause of the over representation of young black people in the criminal justice system is social exclusion and discriminatory treatment by the youth justice system (Nacro, 2007).

In parallel to the development of a more holistic approach to offender management, concerns have been raised and to an extent recognised by policy makers that certain groups within the offender community are particularly vulnerable. The needs of women offenders have long been recognised by commentators as being distinct and under-addressed and as an issue this became especially apparent during the 1990s and early 2000s (Fossi, 2005). The HM Inspectorate of Prisons have not only inspected the state of women's prisons in England and Wales but have also produced some key reports that look at the wider issues and key areas of concern within the women's prison estate.

The HM Inspectorate of Prisons (2010) report provides an overview using current inspection reports on the 14 women's prisons in England and Wales. The report bases its finding on a comparison of women prisoners surveyed in 2003-05 with those surveyed in 2006-08. They conclude that overall there have been improvements in most women's prisons particularly in the treatment and management of women with substance use problems which the report argues has had a significant impact on the reduction of self-inflicted deaths in recent years amongst women prisoners. Health care and mental health care was considered to have improved. The remaining areas of concern that were identified by the report were the continuing high level and seriousness of self harm particularly in local women's prisons. Conditions in some prisons were:

not judged to be sufficiently safe: one had noticeably declined when increased numbers led to the use of a large number of detached duty staff, many of them men. Dormitory accommodation in women's prisons remained highly unsatisfactory, on grounds both of safety and respect. Three prisons were also not performing sufficiently well in resettlement, because services were not sufficiently aligned to the specific needs of women, or of the women who were held. Work with foreign nationals was often underdeveloped, a serious failing given the over-representation of this group within the women's prison population (HM Inspectorate of Prisons, 2010).

Alcohol services for women prisoners was also considered to be lacking as was the lack of custody planning for those women on remand and who had received short sentences.

Both the HMI Report (2010) and the Corston Report (2007) advocate that there needs to be further development of alternatives to custody and alternative forms of custody for women prisoners.

In 2007, Baroness Corston completed her significant report on issues facing women in prison. Petrillo (2007: 286) argues that 'the Corston Report calls for a distinct approach to women's offending that will not only free up hundreds of prison places, but will also provide an integrated

approach to women's offending that has a real chance of reducing women's imprisonment and the costs of this to the women themselves and society in general.'

Although the Government responded, there has been criticism that the key findings have been largely ignored. Juliet Lyon argued in *the Guardian* (Lyon, 2008), that there was only a 'set of small scale, piecemeal improvements, including scope for conditional cautioning, forthcoming probation guidelines and a women's centre pilot site identified in Bristol. There was no proper delivery plan and no budget, although the Lord Chancellor had advised the Justice Committee in April that he had the money to implement Corston within his overall budget. Small custodial units were rejected out of hand due to misplaced understandings about economy of scale.'

As a result of the work of the Prison Service Women and Young People's Group, two new pathways of offender management were developed, as reported, and commended in the Corston Report. Pathway 8 focuses on women who have suffered abuse. Pathway 9 (Support for Women Prisoners who have been involved in Prostitution) as Clarke (2009: 4) notes, identifies the 'need for prisons to work with specialist sex work projects to address the support needs of this group of women'.

One of the major concerns of commentators is the fact that the majority of women offenders have experienced some sort of abuse, notably sexual or domestic violence, before or during their offending history (Fossi, 2005; Corston, 2007, p. 3).

A particular focus of several commentators and policy makers is women who are sex workers. In her evaluation of the national SWIP (sex workers in prison) project, carried out by the Griffin Society, Louise Clarke (2009: 20) argued that the project had been successful in its three objectives, which were to raise prison staff awareness, develop partnerships between prisons and sex work support projects, and develop a directory of specialist support services linked to the prisons because of 'the high levels of enthusiasm and positive contribution by many of the participating projects and prisons'. Clarke argued that 'the continuation of the training across all women's prison would further benefit staff and contribute to Pathway 9 in effecting positive change for the women in their care' (Clarke, 2009: 21). Recent figures indicate that community sentences are more effective at reducing crime and in addition they are a lot cheaper to implement for example a community order costs on average £2,000 to £3,000 per year whereas it costs at least £41,000 to finance 1 prison place. In 2008, 36.8% of those on community sentences reoffended compared to more than 61% of those who had been sentenced to a year or less in prison.

In 2008, an inspection was made of the conditions of young people in all adult prisons in Scotland where young offenders are held (HM Inspectorate of Prisons, 2009). Although the report investigates both male and female young offenders, it raises some interesting points about the experiences of young women who are housed in an adult prison in Scotland. The majority of male offenders are held at HMYOI Polmont, some are held at Friarton Hall (part of Perth prison although physically detached from it) and Darroch Hall (in Greenock prison). Almost all female young offenders are held in Cornton Vale the women's prison. The report found that almost all of the comments were positive from the male young offenders in Greenock and Perth whereas all of the comments were negative from the female young offenders in Cornton Vale. Four key factors were identified that contribute to the difference between the young male and female experiences. Most of the young men lived in separate parts of the prisons away from the adult prisoners. In contrast, the young women live in different parts of the prison where most of their lives are shared with the adult women prisoners and as a result it is much harder for the young women to develop a sense of community. In some of the male units there is communal dining with everyone sitting at tables whereas at the women's prison:

‘young women have to carry their meals along long and twisting corridors in order to eat them, sometimes perched on the arm of a sofa in a cold recreation room where they are sometimes joined by adults. The food itself is not nearly so attractive nor as plentiful. For young people, and particularly for young people with little to do (as in Cornton Vale) the importance of a dismal eating experience, repeated day after day, cannot be over-estimated (HM Inspectorate of Prisons, 2009: 3).

The provision of recreational activities is much better for the young men than for the young women as members of the Visiting Committee described ‘the normal day for women under 21 years of age in Cornton Vale as “completely futile”’ (HM Inspectorate of Prisons, 2009: 3). At the time of the report there was no one in the Scottish prison system who had sole responsibility for the management and care of young women prisoners under 21 years old due to this ‘Until such people are appointed it is difficult to see that their treatment and conditions will improve’ (HM Inspectorate of Prisons, 2009: 3). Overcrowding was also mentioned as a factor that impacts negatively on the experiences of young prisoners where prisoners held in smaller units that were not overcrowded had a more positive experience where ‘the prisoners feel safe, relationships are first-class, food is very good and prisoners spend a useful day out of cell at work or in education’ (HM Inspectorate of Prisons, 2009: 3).

### **Mental Health in prisons and the Bradley Report (2009)**

One of the biggest issues facing offender management in the UK, as elsewhere in the world, is the prevalence of mental health issues amongst offenders (Keil et al., 2008). However, much of the work already done on mental health in prison has concluded that, despite the introduction of mental health in-reach teams, prison mental health care was under-resourced, still failing to meet the needs of prisoners with complex mental health needs (such as dual diagnosis and personality disorder), and, in fact, often not meeting the needs of seriously mentally ill people as was originally envisaged (Steel et al, 2007). Much of the work has also questioned the appropriateness of prison for those with mental illness whose crimes were less serious and not ‘goal-directed’.

One of the most anticipated reports was *The Bradley Report: Lord Bradley’s review of people with mental health problems or learning disabilities in the criminal justice system* (Bradley, 2009). This report highlighted the needs of the growing proportion of prisoners with mental health issues in prisons and observed that there had been increasing recognition amongst policy makers that equivalence of care is required.

Bradley observed that there was a growing consensus that prison was the wrong environment for prisoners with mental health issues because custody could ‘exacerbate mental ill health, heighten vulnerability and increase the risk of self-harm and suicide’ (Bradley, 2009: 7). Bradley noted that despite the existence of a government-supported policy of ‘diversion’ for people with mental health issues and learning disabilities since 1990, there had been a lack of a nationally guided approach resulting in inconsistent implementation. Since then, policy developments in the health and criminal justice sectors have created a much more receptive background for implementing this diversion approach. For example, offenders are now recognised as part of a socially excluded population. In addition, there have been long-standing difficulties in defining learning disabilities. However, Bradley, despite being much anticipated, has been heavily critiqued. Notably, Brooker et al. argues (2009) that Lord Bradley has missed an opportunity to recommend much needed improvements inside prison as well as outside it. The poor level of prison mental health funding is not addressed by the Bradley Review – there is an imbalance in the amount spent by prisons of total health care budget on mental health compared with the community – 11% in prison and 15% in community. According to this argument, there should be a shift from a focus on primary care to an

integrated prison-wide mental health care system. The resettlement of offenders on release from prison is also a crucial issue. Specialists are required on the ground in order that the complex task of delivering mental health services in prisons is analysed, audited and funded properly. Brooker et al. also argue that there needs to be an increased emphasis on staff training, an issue picked up on by the Sainsbury Centre for Mental Health and Skills for Justice (2009) which argues that there is a need for a very much more joined-up approach to delivery of services based on a national level.

### **Existing policies, practices and initiatives on health promotion for young prisoners**

The number of people in prison in the UK has been rising steadily for about five years. Health promotion and healthcare practice in prison is little known and poorly understood outside the confines of the prison service but the potential to influence the health of some of the most disadvantaged people in our society is considerable (Dept of Health, 2009) For example:

- 90% of all prisoners have a diagnosable mental health problem (including personality disorder), substance misuse problem or both.
- 23% of young offenders have an IQ below 70 (normal range: 85 to 115) meeting the criteria for learning difficulties, while a third have borderline learning difficulties.
- 24% of prisoners have injected drugs – of these, 20 per cent are infected with hepatitis B and 30 per cent with hepatitis C.
- 80% of prisoners smoke.
- 20% of women in prison ask to see a doctor or nurse each day.

A thematic review of the conditions in which young prisoners were detained (Ministry of Justice, 1997) found many examples of unacceptable conditions for detention of young people in prison. The inspectors highlighted the absence of effective guidelines or standards underpinning the treatment of young people in prison, as distinct from adults.

Young prisoners will return to the community, and therefore it really does matter how they are treated in prison. The choice is ours. Either we can give them education, to make good the ravages of what they have denied themselves by truancy or been denied by exclusion, and opportunities for personal development within a structured, caring environment - which many have been denied in the chaotic circumstances of their home lives - which we implicitly hold to be the way that can best lead to the development of responsible citizens, or we can continue on our present course, with all the damage that that is doing not only to the young people themselves but to the society to which they will return.

### **Identification of issues**

All of the people who make up the prison population – inmates and staff alike – will come into contact with health professionals while in custody (Longfield & Kevney, 1999), but the vast majority of prisoners spend comparatively short periods of time in custody (Ramsbotham, 2003). All but a few are released back into their community, so it is essential to consider what happens to the physical and mental health of people while they are incarcerated.

About a quarter of all young prisoners are homeless or have been in insecure accommodation before they are incarcerated. The proportion of young offenders who have experienced care is higher than the general population of equivalent age. Few possess transferable skills having consistently truanting or left school early; many may have had damaging personal and emotional experiences so there is poor general understanding of concepts related to individual responsibility,

adulthood and health & well-being. Often the young people are physically unfit with low self esteem and many have been physically or sexually abused. They are usually deeply embedded in 'street culture' and are disconnected from the rest of the population.

A significant proportion of detainees comprises refugees who are waiting for outcomes related to applications for asylum. The majority of the asylum-seekers spoke no English and no translation facilities were at hand. A report pertaining to young prisoners in Rochester was critical and suggested that such detainees should be held in special immigration centres (Ramsbotham, 2000) All prisons have some form of medical centre, often with their own pharmacies, nurses and doctors and with access to regional hospitals for patients who require more intensive care but healthcare needs and health promotion are clearly different. The experience of being in custody could be viewed as a window of opportunity for teaching and learning about lifestyle management and improvement for learning about how to interact effectively with health professionals e.g. to improve general communication(s) skills. Nevertheless, worryingly high reconviction rates demonstrate that, if the regimes and conditions are not needs-based and effective, custody can do more harm than good; young offenders' learning whilst in secure establishment often may criminalise rather than rehabilitate/reduce the chance of reoffending.

In 2008, prison doctors' leaders issued an urgent call for the UK Government to implement initiatives related to health promotion and substance abuse(s); the public are potentially exposed to newly released offenders with untreated drug addiction and mental health problems. Established concepts in health promotion are therefore challenged when considering health promotion for young people in prisons; they comprise some 19% of the prison population (Ramsbotham, 2003). Currently there may be a range of initiatives taking place around the UK but they may be on an *ad hoc* basis that depends on staff and educationalists' goodwill, areas of interest and expertise and approaches towards inmate rehabilitation. Little appears to have been published concerning short- or long-term effectiveness of such interventions.

In summary, Flow chart 1, highlights health promotion issues pertinent to young people in prison settings.

## Flowchart1- Issues: health promotion in prisons

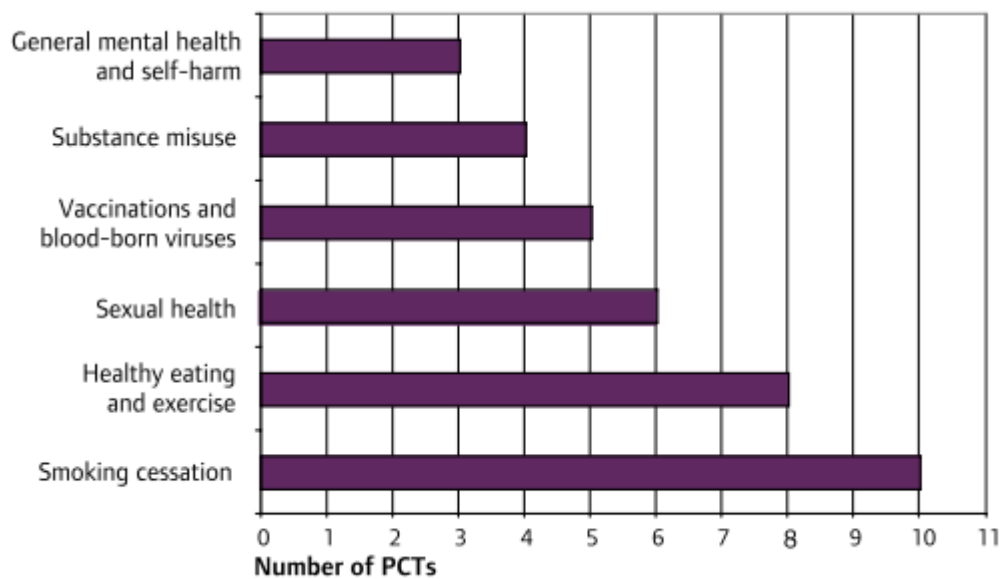
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prison health care and some areas of continuing concern. Improvement was noted in the 'embedding systems for management and clinical governance, although they need to continue to improve' and electronic information management had developed. The report identified that PCTs needed to improve their monitoring of performance, personalised care and continuity of care. There was also a lack of progress in the provision of services for problematic drug users. The report did find that all of the sample PCTs 'could demonstrate health promotion activity, but fewer than half could cite specific work on smoking cessation, nutrition or physical activity' (The Care Quality Commission and Majesty's Inspectorate of Prisons, 2010:11) The health promotion activities that were provided are detailed below in Figure 2.

**Figure 2: Health promotion initiatives applied to the prison population**



Source: *The Care Quality Commission and Majesty's Inspectorate of Prisons (2010)*

Continuity of care was an area of concern with only one PCT having a policy although most of the PCTs could identify some processes that were used but it was found that these did not systematically cover all prisons, all areas and services within the PCT. The key areas that were considered by PCTs that did not function well were how to manage out of area transfers, sudden transfers, release of patients not registered with a GP. As a result there is a significant risk that:

people may be left without continuity of care once they leave the prison health care service, for which the PCT is responsible. While other areas of the service have been prioritised and improved, this issue seems to be getting left behind (*The Care Quality Commission and Majesty's Inspectorate of Prisons, 2010*).

Although it is generally accepted that health care is of a higher standard when it is provided by the National Health Service the discussion above had demonstrated the need for ongoing improvement if the health care needs of young prisoners are to be met.

In England and Wales Prison Service Order 3200 states that all prisons are required to offer a Comprehensive programme of health promotion covering the following areas:

- Mental health promotion and well being
- Smoking
- Healthy eating and nutrition

- Healthy lifestyles, including sex and relationships and active living
- Drug and other substance misuse

These areas of health and well-being should reflect a process of health needs assessment.

The Prison Service in partnership with the NHS has a responsibility to ensure that prisoners have access to health services that are broadly equivalent to those the general public receives from the NHS which means that prisons should provide health education. This means that prisons should patient education, prevention and other interventions that promote wellness,

- Build the physical, mental and social wellbeing of prisoners (and where appropriate staff) as part of a whole prison approach.
- Help prevent the deterioration of prisoners' health during or because of custody, especially by building on the concept of decency in the establishments.
- Help prisoners adopt healthy behaviours that can be taken back into their community upon release

Health promotion should be offered within a whole prison approach. This involves an approach which draws upon resources from across the prison and encompasses all aspects of prison life which impact on the wider determinants of health (such as education and life skills), while at the same time addresses prisoners' health needs through health promotion, health education, patient education and prevention. In order for this approach to be delivered and implemented prisons need to have a health promotion action group that includes key community health providers. It is a prison performance indicator requirement that prisons have Health Promotion Action groups with appropriate stakeholder membership to the local health community.

### **The Way Forward**

Little appears to have moved forward in recent years, although it is recognised that pockets of good practice and excellence may exist. As early as 1997 the HM Chief Inspector of Prisons for England and Wales was identifying that:

Young prisoners' general lack of educational qualifications and work skills, and any understanding of the consequences of their offending behaviour, is mirrored by a lack of basic understanding about their own health requirements. For this reason health promotion requires special attention in any establishment in which they are held (by HM Chief Inspector of Prisons for England and Wales, 1997:5.02).

It is important that health education plays a major role in the provision of care for young prisoners and that health care plans for young prisoners are based on clear understanding of their real needs that reflect the range of requirements across different ethnic groups (HM Chief Inspector of Prisons for England and Wales, 1997). This report goes on to stress that:

Identifying the growth, development and health care needs of children and young adults is an important prelude to focused health care, which embraces health promotion, disease prevention, primary and specialist care, health support services and mental health care (HM Chief Inspector of Prisons for England and Wales, 1997:5.05)

In order to understand what the needs are for this population it is necessary to carry out a needs analysis upon which rational planning of required services can be undertaken.

In England and Wales the National Children's Bureau (2008) has produced a practical toolkit for improving the health and well being of young people in secure settings. This toolkit brings together

key national policies, targets and standards and sets out 27 health and well-being entitlements for young people in secure settings. The toolkit is aimed at young people under the age of 18 who find themselves in YOIs, STCs and SCHs. The toolkit was developed in response to an identified need to pull together and translate into practice the vast range of existing policies, standards and guidelines with which secure settings have to comply (National Children's Bureau, 2008). The toolkit has recently been evaluated (Briant, 2009) to provide evidence of how it was being used in different kinds of secure settings and to identify how useful it was to secure settings. The key findings from the evaluation were as follows:

- Take up of the toolkit was fairly good with 47% (24 settings) using it, 22% (11 settings) had seen it but were not using it and 32% (16 settings) had not seen it.
- It was considered useful to have a toolkit that had been designed specifically for secure settings.
- The toolkit was regarded as helpful to secure settings preparing for inspection and performance monitoring.
- The toolkit had been useful in identifying gaps in services and informing the delivery of services.
- A lack of joined up working practise within institutions was highlighted by the lack of universal knowledge about the toolkit within an institution.
- There was variable use of the toolkit in different settings.
- A range of barriers was identified as to why the toolkit was not being used, such as resistance to change, scepticism about a new initiative and a lack of publicity.

The recommendations from the evaluation of the *Delivering Every Child Matters* toolkit are particularly important for the HPYP project as the design and content of the HPYP toolkit can benefit from the learning generated by the findings. The following key recommendations from the evaluation that are appropriate to the potential HPYP toolkit were made:

- The toolkit should be available in word or excel so that data can be imputed when the toolkit is used.
- Resources that are provided should be age appropriate rather than universal to be used with all young people.
- The toolkit needs to be well publicised to raise awareness and increase the take up in as many settings as possible.

In addition, the toolkit programmes for young offenders be designed to achieve effective, measurable outcomes which

- a) have foundations in behaviour and skills training and relate lessons learned to real life?
- b) have consistent aims and methods?
- c) are carefully matched to the individual offender's needs?
- d) are designed to help individuals into employment or school, preferably in their own local area ?

Consultation for development of this tool should represent a wide variety of professional stakeholders. Prison service, social workers, PCTs, Probation Service, Governors, Trade Unions, educationalists, public health specialists , and prisoners must also be involved in this process.

Finally reviewing the literature has clearly identified that not many health promotion initiatives have been evaluated; little appears to be known about what works and for whom. However, adopting an integrated approach to health promotion that includes a social marketing approach has the potential to strengthen the impact and effectiveness of interventions that promote

health and wellbeing (National Social Marketing Centre, 2006; Griffiths et al., 2009). So this principle could be utilised / applied to the development of innovative health promotion approaches and toolkits. In addition in its development an appropriate evaluation programme should be designed in accordance with the following health promotion principles: empowering, participatory, holistic, intersectoral, equitable, sustainable, and multi – strategy (Springett, 2001).

Community asset mapping (Kretzman and McKnight, 1993; Royal Society for Public Health, 2010) is another approach that identifies structures and resources within communities and organisations and the method is adaptable for a range of conditions and situations. Sometimes asset mapping turns conventional thinking on its head because instead of a needs-based approach - which often tends to concentrate on negative aspects – this strategy is designed to explore the assets a community possesses rather than those it does not. Asset mapping then sets participants the task of developing solutions based on their findings.<sup>10</sup>

The asset mapping approach allows young offenders and those who have been recently released to find a voice; it therefore appears to offer possibilities for engaging in health promotion with this group of young people who may be lacking in self-esteem, lacking in awareness of issues relating to personal responsibility for health and wellbeing and thus could encourage them to help to devise solutions that facilitate change.

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<sup>10</sup> . An outline of this approach is available from:  
<http://www.northwestern.edu/ipr/publications/community/introd-building.html>

## References

- Audit Commission, 2004, *Youth Justice 2004: A Review of the Reformed Youth Justice System*. London: Audit Commission.
- BBC News on line, *Prison health 'not good enough' despite overhaul*, 28 May 2010.  
H:\HPYP\Lit rweview\BBC News - Prison health 'not good enough' despite overhaul.mht. [Accessed 21/07/10].
- Bradley, K. (2009), *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. London: Department of Health. Online: [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_09\\_8698.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_09_8698.pdf) [Accessed 29/03/2010]
- Brooker, C. and Gojkovic, D. Sirdifield, C. and Fox, C. (2009), 'Lord Bradley's review of people with mental health or learning disabilities in the criminal justice system in England: all not equal in the eyes of the law?' *International Journal of Prisoner Health*, 5 (3). pp. 171–175.
- Bryan K, Freer J and Furlong C (2007) 'Language and Communication Difficulties in Juvenile Offenders'. *International Journal of Language and Communication Disorders*, 42, pp. 505–520.
- Bryan K (2004) 'Preliminary Study of the Prevalence of Speech and Language Difficulties in Young Offenders'. *International Journal of Language and Communication Disorders*, 39, pp. 391–400.
- Care Quality Commission and Her Majesty's Inspectorate of Prisons (2010), *Commissioning health care in prisons 2008/09: Key findings from our analysis of primary care trusts as commissioners of prison health care*. London: Her Majesty's Inspectorate of Prisons. Online: <http://www.cqc.org.uk/db/documents/Commissioninghealthcareinprisons2008-09.pdf>, [Accessed 29/07/10].
- Childhood Bereavement Network (2008) *Bereavement in the Secure Setting: Delivering Every Child Matters for bereaved young people in custody*. London: National Children's Bureau Online: <http://www.childhoodbereavementnetwork.org.uk/documents/Bereavementinsecuresettings16p.pdf> [Accessed 06/09/2010].
- Clarke, L. (2009), *SWIP Sex Workers in Prison: Project Evaluation Report*. London: NOMS and The Griffin Society. Online: [http://www.thegriffinsociety.org/document\\_centre.html](http://www.thegriffinsociety.org/document_centre.html) [Accessed 15/04/2010]
- Corston, J. (2007), *The Corston Report*. London: Home Office. Online: <http://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf> [Accessed 30/07/2010].
- Department of Health (2009) PALS in prison toolkit. A toolkit and best practice guide for implementing patient advice and liaison services in a secure setting. Online: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_110509](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110509). [Accessed on 15/8/2010].
- Fossi, J. (2006), *Women In Prison – A Literature Review*. London: HM Inspectorate of Prisons. Online: <http://www.justice.gov.uk/inspectorates/hmi-prisons/docs/womeninprison-rps.pdf> [Accessed 15/04/2010].
- Griffiths, J., Blair-Stevens, C. and Parish, R. (2009), 'The integration of health promotion and social marketing'. *Perspectives on Public Health*, 129 (6), pp. 268 - 271.
- Hagell A (2002) *The Mental Health of Young Offenders. Bright Futures: Working with vulnerable young people*. London: Mental Health Foundation.
- Hart, D., 2009, *Managing transitions from secure settings: Report and resources*, National Children's Bureau, Online:[http://www.ncb.org.uk/dotpdf/mtra\\_secu\\_web.pdf](http://www.ncb.org.uk/dotpdf/mtra_secu_web.pdf) [Accessed 4/08/10].
- Harrington R and Bailey S, et al (2005) *Mental Health Needs and Effectiveness of Provision for Young Offenders in Custody and in the Community*. London: Youth Justice Board. Online: <http://www.yjb.gov.uk/Publications/Resources/Downloads/MentalHealthNeedsfull.pdf> [Accessed 06/09/2010].
- Hill, J. (2007), 'Daring to Dream: Towards an Understanding of Young Black People's Reflections Post-custody', *Youth Justice* 7 (1), pp. 37–51.

- HM Chief Inspector of Prisons (2010), *Thematic report by HM Inspectorate of Prisons, Training planning for children and young people*, London, HM Inspectorate of Prisons. Online: <http://www.ohrn.nhs.uk/resource/policy/HMIPTrainingPlanningThematic.pdf> [Accessed 29/07/10].
- HM Inspectorate of Prisons (2010), *Women in prison: a short thematic review*. London: HM Inspectorate of Prisons. Online: <http://www.ohrn.nhs.uk/resource/policy/WomeninPrison.pdf> [Accessed 29/07/10].
- HM Inspectorate of prisons (2009), *Report on Young Offenders in Adult Establishments*. Edinburgh: Scottish Government.
- HMI of Prisons (2006), *A short thematic report: Young adult male prisoners*, London, Her Majesty's Inspectorate of Prisons. [http://www.justice.gov.uk/inspectores/hmi-prisons/docs/young\\_adult\\_male\\_prisoners-rps.pdf](http://www.justice.gov.uk/inspectores/hmi-prisons/docs/young_adult_male_prisoners-rps.pdf) [Accessed 29/07/10].
- HM Inspectorate of Prisons (2001), *Through the Prison Gate: A Joint Thematic Review by HM Inspectorates of Prisons and Probation*. London: HMSO.
- HM Chief Inspector of Prisons (1997), *Young Prisoners A Thematic Review by HM Chief Inspector of Prisons for England and Wales October 1997*. Online: <http://www.justice.gov.uk/inspectores/hmi-prisons/docs/young-prisoners-rps.pdf> [Accessed 4/8/10].
- Howard League for Penal Reform (2008), *Punishing children A survey of criminal responsibility and approaches across Europe*. London: Howard League. Online: [http://www.howardleague.org/fileadmin/howard\\_league/user/online\\_publications/Punishing\\_Children.pdf](http://www.howardleague.org/fileadmin/howard_league/user/online_publications/Punishing_Children.pdf) [Accessed 26/7/2010].
- Howard League (2005). *A sobering thought: young men in prison*. London: The Howard League for Penal Reform.
- Keil, J., Bruton, L., Bruton, T. and Samela, C. (2008), *On the Outside: Continuity of care for people leaving prison*. London: Sainsbury Centre for Mental Health.
- Kmietowicz, Z. (2001), 'NHS ignoring prisoners' health needs', *British Medical Journal*, 322 (7293): 1014. Online: <http://www.bmj.com/content/322/7293/1014.4> [Accessed 06/09/2010].
- Lader, D., Singleton, N. and Meltzer, H. (2000), *Psychiatric Morbidity among Young Offenders in England and Wales*. London: Office for National Statistics. Online: [http://www.statistics.gov.uk/downloads/theme\\_health/PyscMorbYoungOffenders97.pdf](http://www.statistics.gov.uk/downloads/theme_health/PyscMorbYoungOffenders97.pdf) [Accessed 20/08/2010].
- Lyon, J. (2008), 'The government must act on the Corston report', *the Guardian*, 28 June 2008. Online: <http://www.guardian.co.uk/commentisfree/2008/jun/28/prisonsandprobation.gender> [Accessed 29/03/2010]
- Longfield, M. and Keavney, P. (1999), 'Opportunities for doctors in the prison service', *British Medical Journal*, 318 (7178). Online: <http://www.bmj.com/content/318/7178/S2-7178.full> [Accessed 01/09/2010].
- Ministry of Justice (2009), *Statistics on Race and the Criminal Justice System 2007/8*, London, Ministry of Justice. Online: <http://www.justice.gov.uk/stats-race-criminal-justice-system-07-08-revised.pdf> [Accessed 4/8/10].
- Nacro (2009), Youth Crime Briefing March 2009 *Some facts about children and young people who offend – 2007*, London, Nacro. Online: <http://www.nacro.org.uk/data/files/nacro-2009070900-280.pdf> [Accessed 30/8/10].
- Nacro (2007) *Young black people and the criminal justice system: the Home Affairs Committee report*, Youth crime briefing, September 2007. London: Nacro.
- NOMS (2005), *West Midlands Region Reducing Re-Offending Regional Action Plan 2005/6*. Available at the NOMS website. Online: <http://www.go-wm.gov.uk/497745/docs/307792/400641/400695> [Accessed 01/12/09]

- National Treatment Agency (2009), *Young People's Specialist Substance Misuse Treatment: Exploring the evidence*.
- National Social Marketing Centre (2006), *It's Our Health*. London: National Consumer Council and Dept. of Health.
- Parke, S. (2009), *Children and Young People in Custody 2006–2008. An analysis of the experiences of 15–18-year-olds in prison*. London: HM Inspectorate of Prisons and Youth Justice Board. Online: [http://www.justice.gov.uk/inspectores/hmi-prisons/docs/children\\_and\\_young\\_people-rps.pdf](http://www.justice.gov.uk/inspectores/hmi-prisons/docs/children_and_young_people-rps.pdf) [Accessed 20/05/2010].
- Petrillo, M. (2007), 'The Corston Report: A review of women with particular vulnerabilities in the criminal justice system', *Probation Journal* 54, pp. 285–87.
- Prison reform Trust (2010), *Out of Trouble, Thousands of 10 and 11 year olds criminalised*. Online: <http://www.outoftrouble.org.uk/learn/news/thousands-10-and-11-year-olds-criminalised>, [Accessed 23/7/10].
- Prison Reform Trust (2010), *Prison Facts 8/2/10 – Child Custody Figures Reach Decade Low*. Online: <http://www.prisonreformtrust.org.uk/standard.asp?id=2075>, [Accessed 26/7/10].
- Prison Reform Trust, *Promoting community solutions to crime*. Online: <http://www.prisonreformtrust.org.uk/subsection.asp?id=435> [Accessed 27/7/10].
- Prison Reform Trust (2008) *Bromley Briefings Prison Factfile*. Online: <http://www.prisonreformtrust.org.uk/temp/FactfilesDecembersp2008.pdf> [Accessed 01/09/2010].
- Probation Service (2010), '022/10 Reoffending Statistics for 2008', *Probation Service Bulletin* 157 (19 March 2010). Online: <http://probation2000.com/pit/briefings/Probation%20Service%20Bulletin%20157.pdf> [Accessed 26/07/2010].
- Ramsbotham, D. (2003) *Prisongate: The Shocking State of Britain's Prisons and the Need for Visionary Change*. New York: Free Press.
- Roe, S. and Ashe, J. (2008), 'Young People and Crime: Findings from the 2006 Offending, Crime and Justice Survey'. *Home Office Statistical Bulletin* 09/08. Online: <http://www.homeoffice.gov.uk/rds/pdfs08/hosb0908.pdf> [Accessed 20/06/2010]
- Sainsbury Centre for Mental Health/ Skills for Justice (2009), *The Bradley Report and the Criminal Justice workforce*. London: Sainsbury Centre for Mental Health/ Skills for Justice.
- Shepherd, A., Whiting, E. (2006), *Home Office Statistical Bulletin. Reoffending of adults: results from the 2003 cohort*. London: Home Office.
- Social Exclusion Unit (2002). *Reducing Re-offending by Ex-Prisoners*. London: Office of the Deputy Prime Minister. Online: [http://www.cabinetoffice.gov.uk/media/cabinetoffice/social\\_exclusion\\_task\\_force/assets/publications\\_1997\\_to\\_2006/reducing\\_report.pdf](http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/publications_1997_to_2006/reducing_report.pdf) [Accessed 30/11/09]
- Social Exclusion Unit (1999), *Bridging the Gap: New opportunities for 16–18 year olds not in education, employment or training* Online: [http://www.cabinetoffice.gov.uk/media/cabinetoffice/social\\_exclusion\\_task\\_force/assets/publications\\_1997\\_to\\_2006/bridging\\_gap.pdf](http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/publications_1997_to_2006/bridging_gap.pdf) [Accessed 20/07/2010].
- Statistics bulletin (2010), *Population in custody monthly tables, May 2010, England and Wales*. London: Ministry of Justice. Online: <http://www.justice.gov.uk/publications/docs/pop-custody-may-10a.pdf>, [Accessed 29/07/2010].
- Steel, J., Thornicroft, G., Birmingham, L., Brooker, C., Mills, A. and Shaw, J., (2007), 'Prison Mental Health In-reach Services', *British Journal of Psychiatry*, 190, pp. 373–374.
- Springett, J. (2001) 'Appropriateness approaches to the evaluation of health promotion', *Critical Public Health*, 11 (2), pp.139 – 52.



- The Royal Society for Public Health guide for World Class commissioners (2010), *Promoting health and wellbeing: reducing inequalities*. Online: <http://www.rsph.org.uk/en/policy-and-projects/projects/commissioning-tool-for-health-promotion.cfm> [Accessed 15/08/2010].
- Thorogood, M., Coombes, Y. (2004), *Evaluating Health promotion: practice and methods*. Oxford: Oxford University Press.
- Youth Justice Board (2010), 'Youth Justice System: Youth Rehabilitation Order', *Youth Justice Board Website*. Online: <http://www.yjb.gov.uk/en-gb/yjs/SentencesOrdersandAgreements/YRO/> [Accessed 25/08/2010].
- Youth Justice Board (2009) *Youth Justice Annual Workload Data 2007-08*. Online: <http://www.yjb.gov.uk/publications/Scripts/fileDownload.asp?file=Youth+Justice+Annual+Workload+Data+200708%2Epdf> [Accessed 20/08/2010].
- Youth Justice Board (2007), *Accommodation Needs and Experiences*. Online: <http://www.yjb.gov.uk/Publications/Scripts/fileDownload.asp?file=Accommodation%20Needs%20and%20Experiences%20-%20Summary.pdf> [Accessed 20/08/2010].
- House of Commons Children, Schools and Families Committee (2009) *Looked After Children: Third report of session 2008–09*. Volume 1. Online: <http://www.publications.parliament.uk/pa/cm200809/cmselect/cmchilsch/111/111i.pdf> [Accessed 20/08/2010].
- Vaswani N (2008) 'Persistent Offender Profile: Focus on bereavement'. *CJSW Briefing Paper 13*. Edinburgh: Criminal Justice Social Work Development Centre for Scotland. Online: <http://www.cjsw.ac.uk/cjsw/files/Briefing%20Paper%2013.pdf> [Accessed 20/08/2010].
- Wilson, D. (2006), 'Some reflections on researching with young black people and the Youth Justice System', *Youth Justice*, 6 (3), pp. 181–93.