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Health Promotion for Young Prisoners:

EU-7 Countries Final Report

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Executive Summary

The main objective of the EU funded "Health Promotion for Young Prisoners" (HPYP) project is to develop and improve health promotion among vulnerable groups of young people in prison. The research is carried out across seven European Member States: Bulgaria, the Czech Republic, Estonia, Germany, Latvia, Romania and the UK. The research strategy comprised of two components; a quantitative part (i.e. a survey carried out among prison staff and young offenders) and a qualitative part (individual interviews with prison staff, field specialists and NGO members, and focus groups with young offenders). In the UK (England and Wales), there already exists a substantial body of research on health promotion practice in custodial settings. It was therefore decided that the focus for the UK would be a secondary analysis and a deeper evaluation of the existing data and health promotion practice. This report presents collectively the results of the studies carried out in the seven Members States.

Overall, 38 prisons were included in the sample; 228 prison staff and 571 prisoners were surveyed, in addition 90 NGOs, field specialists and prison staff were interviewed individually and 223 young prisoners participated in 24 focus group interviews.

Prison Staff

Demographics: A total of *228* prison staff were surveyed. Of those, 20%[1] were from Bulgaria, 13% from the Czech Republic, 7% from England and Wales, 10% from Germany, 13% from Estonia, 19% from Latvia and 18% from Romania. 48% of respondents were Females and 52% were Males. Understandably these proportions vary from country to country. For example, participants from Germany were disproportionally male (74%), while participants from Estonia were disproportionally female (84%).

Of the *211*[2] prison staff (n=210) who disclosed the number of years they had been working with young offenders, their "Experience" ranged between 1-30 years [*M* (SD) = *10*(13)]. "Experience" of prison staff differed significantly between the six countries; Romanian prison staff were the most experienced, while staff from Estonia had the least years of experience. Regarding "Job Specialisation" of the participants (n=211), 12% were security staff, 17% were social workers, 17% were medical staff/physicians, 11% were managerial/ administrative staff, 19% were psychologists and 23% classified themselves as 'other'. Of the staff belonging to the 'Other' category (n=48), 11% were educators, while the remaining staff included librarians, enforcement managers and directors, lawyers and paralegals.

Availability and form of current health promotion practices: Prison facilities and privileges to prisoners understandably varied across the surveyed countries and from prison

[1] Percentages in the text and/or graphs may not add up to 100% due to rounding and/or missing values. In cases of missing values and when the sample (n) is given, then the displayed percentages are valid percentages.

[2] England and Wales is excluded from the quantitative analysis due to unavailability of the raw data.

to prison. Overall, it was encouraging to see that 95% of the collected responses indicate that young offenders are able to play sports outdoors, although not on a daily basis, while 89% of responses indicate that prisoners are able to exercise in a gym. Finally, 86% of prison staff stated that young offenders at their institution are able to see a doctor when they feel sick. Similarly, the availability and form of existing health promotion activities varied across the surveyed countries and from prison to prison. Overall, the most widely available health promotion activities were: “Tobacco Use”, “Use of Illegal Drugs”, “HIV Infection”, “Hepatitis”, “Tuberculosis” and “Conflict Management”. The least widely available health promotion activities were: “Body Changes During Puberty”, “Dental/Oral Hygiene”, “Use of Prescription Drugs”, “Safe Practices for Tattooing/Piercing”, “Safe Practices for Injecting Drugs”, “Prevention of Self-Harm”, “Contraception” and “Coping with Bullying”.

Importance of health promotion activities/areas of practice: Prison staff were asked to rate the importance of 20 health promotion activities/areas of practice using a Likert type scale. The highest rated activities were: “Use of Illegal Drugs”, “HIV Infection”, “Hepatitis”, “Coping with Custody” and “Coping with Bullying”. The lowest rated activity was “Body Changes During Puberty”. There was a significant effect of “Country” on importance rating to health promotion activities; Prison staff from Bulgaria gave the lowest while staff from Romania gave the highest importance rating. From the data it became clear that current availability of health promotion activities in different countries was linked to an extent to how important these activities were perceived to be.

In examining differences in importance rating among Female and Male prison staff, overall there were no significant differences in the compositional (i.e. on all 20 items) scores between these two sub-groups. In carrying out an item-by-item analysis, the importance of 10 health promotion activities was greater for female prison staff than it was for male staff. Interestingly, half of these activities were concerned with safe sex, contraception and sexually transmitted diseases/HIV. There was also a significant effect of “Years of Experience” on importance rating to health promotion activities, but no significant effect of “Job Specialisation”, although staff who worked as social workers displayed the lowest importance rating to health promotion activities. The highest importance rating to health promotion activities were displayed by staff of the ‘Other’ category (mainly educators).

Availability of health promotion for vulnerable groups and barriers to health promotion: In examining the availability of health promotion activities for vulnerable groups, the provision varied across the surveyed countries and from prison to prison. Good practices were listed from Czech and Romanian prison staff who provided an extensive list of vulnerable young offender groups that received support in their institutions. For example, prisoners who are chronically ill with HIV or hepatitis, drug users, prisoners who have been sexually abused or are mentally ill, those with special dietary requirements and first time offenders. Participants were asked about the main barriers for implementing health promotion activities and their proposed suggestions to improve health promotion in custody. These were open-ended questions and were analysed using thematic coding. The findings are presented as part of the qualitative data.

Secondary analysis of the findings from 90 individual interviews with prison staff and NGO representatives: Secondary analysis demonstrated clearly that staff were fully aware of the wider determinants of health and they highlighted a range of physical, psychological, environmental, and socioeconomic factors affecting the health of young prisoners. The most

important health promotion needs identified were: mental health, sexuality, sexual health and contraception, behavioural therapy and issues of self esteem, food quality and quantity, mental health, alcohol and drug abuse services, issues of hygiene and oral health.

Lack of funding, shortage of human resources, high turn-over of the staff, over-crowded prisons, lack of sufficient recreation activities including sport facilities, and lack of social space have been frequently mentioned as obstacles for promoting and improving health. Participants described a number of examples of good health promotion practices/services taking place in different prisons within the countries studied, but expressed, particularly staff from Latvia, their concern about the duration and scope of these practices/services. There were generally good collaborations set between prison staff and NGOs. Finally, participants expressed concerns about striking the right balance between punishment and rehabilitation especially in the case of juvenile prisoners, and highlighted the importance of pre-release health promotion programmes.

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

Staff were also asked how healthcare for young people in custody could be improved. Suggestions included offering a range of short and long-term health promotions; linking with health promotion services available in the community and providing awareness days on specific topics that are relevant to young people. One of the key observations, however, was that there is currently a lack of national standards to follow, and therefore a lack of consistency in approach between institutions. It was also noted that a participatory approach is necessary to ensure successful outcomes; engaging less articulate and confident young people is seen as particularly important.

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

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

Young offenders (prisoners)

Demographics: A total of *576* prisoners were surveyed. However, after excluding prisoners who were above the age of 24, the total sample became *557* (n=557). Of those, 21.5%[3] were from the Czech Republic, 19% from Latvia, 18% from Romania, 16% from Bulgaria, 13% from Germany, and 13% from Estonia,. The sample was disproportionately male (87%). Young offenders' age ranged between 15-24 years [*M* (SD) = *20.5* (2.5)]. For the majority of them (71%), this was their first time held in custody/prison. 91% of the young offenders had been sentenced at the time of the survey while only 9% were held in remand.

Importance of health promotion activities/areas of practice: Overall, young offenders displayed great interest in finding out more about all 21 suggested health promotion activities. The activities on which 90% (or more) of prisoners were interested in finding out more about were: "Healthy Nutrition", "Body Changes During Puberty", "Tobacco Use" and "Sexually Transmitted Diseases." The participants were also asked to rate the importance of 21 health promotion activities using a Likert type scale. The highest rated activities were: "Dental Hygiene", "HIV Infection", "Hepatitis" and "Sexually Transmitted Infections". The lowest rated activities were "Safe Practices for Injecting Drugs" and "Prevention from Suicide". Similar to the finding from prison staff, there was a significant effect of "Country" on importance rating to health promotion activities; young offenders from Bulgaria attributed the lowest, while those from Latvia and Romania gave the highest importance rating.

Similar to the findings of the prison staff survey, Female prisoners attributed significantly greater importance to health promotion activities than Male prisoners did. An item-by-item analysis showed that the importance of 13 specific health promotion activities was greater for Female prisoners. This finding is also consistent with the staff survey findings suggesting that female prisoners rated health promotion activities on "Sexually Transmitted Diseases/Safe Sex" and "Contraception" higher than male prisoners.

There was also a significant effect of "Years of Age" on compositional (i.e. in all 21 items) scores with younger prisoners (15-20) rating the importance of health promotion activities lower than prisoners of the 21-25 age group. An item-by-item analysis also showed that older prisoners rated the importance of 6 specific activities/areas of practice higher than younger prisoners. These were: "Dealing with Feelings of Suicide" and "Self-harm", "Contraception", "Coping with Life in Custody" and "Conflict Management".

Finally, in examining differences in the compositional scores between first time prisoners and those held in custody before no significant differences were found. An item-by-item analysis however indicated that the importance of 6 specific health promotion activities was significantly greater for first time prisoners. These activities included: "Use of Prescription Drugs", "Hepatitis", "Tuberculosis" and "Practices on Injecting Drugs". Prisoners who had been held in custody previously on the other hand, attributed significantly higher importance to health promotion activities relating to "Healthy Nutrition" and "Alternatives to Criminal Life/Career".

[3] Percentages in the text and/or graphs may not add up to 100% due to rounding and/or missing values. In cases of missing values and when the sample (n) is given, then the displayed percentages are valid percentages.

Secondary analysis of the findings of 24 focus group interviews with young offenders: In addition to the young offender survey, 24 focus group interviews were carried out with 223 participants from the seven European Member States. Following a secondary analysis of the focus group findings, as reported by each country, it became apparent that young offenders' concept of health was broad and similar to prison staff they were fully aware of the wider determinants of health. Young prisoners in different focus group discussions believed that being in prison has affected their health both in positive and negative ways. Some prisoners, particularly from Germany, the Czech Republic, Latvia and some Bulgarian Roma prisoners found it positive that they stopped (or reduced) their smoking and drug taking, or that they had access to a dentist or were provided with treatment for hepatitis. Access to health care was a positive development in their health status for Romanian and Bulgarian prisoners. Young prisoners from the Roma community in Bulgaria were also satisfied with the prison food, in comparison to all other prisoners, which is an indication of their economic deprivation. The majority of prisoners from all seven countries however perceived their health status and in particular their mental health status as deteriorating due to problems with sleeping, feeling home sick, feelings of boredom, loneliness, over-crowding, lack of fresh air, lack of sport opportunities, lack of access to frequent showers/baths and a stressful environment. In addition, male prisoners also mentioned a feeling that "nobody can be really trusted", having no friends, the rigidity of prison routine, having no contact or limited contacts with family and friends, a feeling of being constantly monitored (no privacy), being bullied and having conflicts with other inmates. A prisoner from Bulgarian also commented on being sexually abused.

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

An important issue that was highlighted during various focus groups is the gap between having the knowledge regarding the risks to health and wanting to do something about them (motivation) and/or being able to protect themselves against them due to structural issues of the prison environment. Highly problematic aspects of the prison environment is the limited access to resources that help people maintain a healthy life including: Drinkable water, hot water, heating, better ventilation in the cells, more shower facilities, regular sport activities, healthier food and faster access and good quality medical care. Young offenders identified further health promotion areas that could promote better health while in prison, but felt that in most cases these health promoting activities were beyond their individual control as they required environmental and cultural changes within the prison setting. These were: Maintaining a connection with family, having good-quality visits, getting better food and living conditions inside the cells, being able to take a shower on a daily basis, being able to spend time outside their cells, having a respectful relation with prison staff (including medical staff) and having the opportunity to buy a range of goods including healthy food items from the prison shop at more acceptable/affordable prices.

In summary, although the findings of this research project cannot be generalised to the prison staff and young offender population of the participating Member States due to different approaches of the sampling procedures, they can however provide a useful platform for building a better understanding of current health promotion practices and for mapping out young offenders' health promotion needs across Europe. In addition, both the survey and the interview data yielded similar results in highlighting the health promotion needs of young offenders and the importance of health promotion activities in prison settings. The qualitative data allowed us to further explore these issues and enabled us to highlight opportunities and obstacles in providing health promotion activities in prisons. The unusual large number of participants (n=313) of the qualitative component of the study; with 90 individual interviews and 24 focus groups with 223 participants provided a unique opportunity to hear the views and experience of a diverse group of the target population across the 7 European countries. Finally, it was reassuring that the prison staff and young offenders' results had many similarities, therefore suggesting that the findings reflect similar concerns across prison settings, and the results can be transferrable to similar settings in European countries.

1. Introduction

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

The term "Health Promotion" in this project covers existing policies, practices and initiatives that can help young offenders (prisoners) to keep healthy and to improve their health.

The project aimed to gain and compile an overview of the availability and form of specific health promotion activities. It also aimed to gain and compile the self-rated importance of these activities among prison staff and young offenders (prisoners). The research strategy comprised of two parts: A quantitative survey among prison staff and young offenders and qualitative individual interviews with prison staff and focus group interviews with young prisoners.

Primary research was carried out across six Member States: Bulgaria, the Czech Republic, Estonia, Germany, Latvia and Romania. The case was different in the UK (England and Wales); unlike other 6 EU countries a substantial body of current research was available on health promotion practice in custodial settings at the time of this research. It was therefore decided at the Luxembourg partner meeting that the focus for the UK would be on a deeper evaluation of existing data and health promotion practice[4]. In addition, Access to young offenders' institutes was not granted in the UK.

Research teams from each 6 country therefore carried out primary data collection and analysis independently and prepared an individual report (http://www.hpyp.eu/reports.php). The raw survey data were then compiled by the research team in the UK and analysed collectively for all 6 countries. Based on the analysis of the survey data, this report presents:

1) A comparison of current health promotion practices based on the availability and form of specific health promotion activities.
2) The differences in the self-rated importance prison staff and prisoners attributed to different health promotion activities.

The UK report draws on the research data generated by the National Children's Bureau in the preparation of the *Delivering Every Child Matters in Secure Settings* toolkit.[5] 'Information and data has been drawn from 'Healthier Inside' Report which was a national project that focused on the health and well-being of young people in custody aged 18 and under.[6] The overall aims of the project were to:

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

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

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

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

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

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

At the Luxembourg partner meeting, the HPYP project team agreed that the overall aims of this project are very relevant to the HPYP project and the definition of health and well-being used in the report matches that used in HPYP and thus provides useful data to meet the aims of the HPYP project.

The UK partner and NCB also believed that the views about health promotion of staff and young people detained in custodial settings will not have radically changed since the research was undertaken by the National Children's Bureau (NCB) for the in the preparation of the *Delivering Every Child Matters in Secure Settings toolkit,* 2008. The UK report therefore focused on an existing body of research by the National Children's Bureau (NCB), supported by further research carried out by the Social Research & Evaluation Unit **(**SREU) team of the Faculty of Education, Law and Social Sciences-BCU.

For the qualitative part of this collective report, the UK research team collected all findings, as reported by each country including the UK (http://www.hpyp.eu/reports.php), and carried out a secondary analysis using a thematic approach.

2. Aims – Research Strategy – Sampling Procedures

Aims

The aim of the research presented in this report was to gain a detailed overview of the health promotion needs of young offenders in seven European Member States in order to develop a health promotion toolkit to be used widely across European Member States.

The objectives of the research were to:

- Identify young offenders' health promotion needs in prison settings
- Describe existing health promotion practices aimed at young offenders in seven EU member states.
- Collect young offenders' opinions on existing health promotion practices
- Collect prison staff and NGO members' opinion on existing health promotion practices
- Explore opportunities and constrains for improving health promotion activities in prison settings
- Identify health promotion resource needs for developing an appropriate toolkit

Research Strategy – Sampling Procedures

The research was comprised of two components: The first component involved identifying existing health promotion practices. The second one involved mapping out young offenders' health promotion needs by carrying out a needs assessment.

Both quantitative and qualitative methods were adopted. Quantitative approaches were based on surveys among young offenders (prisoners) and prison staff. The questionnaires used for the surveys contained both closed and open-ended questions. Responses on the latter allowed the research teams to probe deeper into the issues investigated and to gain new insights. The qualitative approaches were based on focus groups with young offenders and individual interviews with prison staff, field experts and NGO members.

Ethical approval was sought from relevant organisation in each country prior to sample recruitment and data collection. Ethical principals were adhered during recruitment, data collection and data analysis; participation was voluntary and consent was given by participants prior to data collection or recording of the information.

The survey questionnaires and the interview schedules (Attachments 2-6) were developed collaboratively by the seven project partners and the HPYP adviser teams following the extensive literature review carried out prior to this research project by all 7 EU project members. These tools were developed first in English and after agreement amongst the project team they were then translated in the official language(s) of the participating Member

States. In certain cases the questionnaires were then further translated to accommodate the language needs of participants; for example in Estonia the questionnaire was translated in Russian and Estonian, while in Bulgaria it was translated to Romany and Bulgarian.

Although all research teams followed the same research strategy, different sampling strategies and data collection methods were used; some chosen random and others convenient sampling (Table MD-1). Detailed information about sampling strategies and the rationale for following them can be found in the individual country reports (http://www.hpyp.eu/reports.php).

Table MD-1. Sampling Strategies (Country)

COUNTRY	SAMPLING STRATEGY			
	Survey for Young Offenders	Survey for Prison Staff	In-Depth Interviews with Field Experts, Prison Staff & NGO Members	Focus Groups with Young Offenders
Bulgaria	Convenient	Convenient	Voluntary - Snowball	Voluntary - Snowball
Czech Republic	Purposive	Purposive	Snowball, Purposive	Purposive
England & Wales	Convenient	Convenient	Convenient	Convenient
Estonia	Purposive	Convenient	Convenient	Purposive
Germany	Purposive	Purposive	Convenient	Convenient
Latvia	Purposive	Random-Stratified	Purposive	Purposive
Romania	Random-Stratified	Convenient Purposive	Convenient Purposive	Random Stratified

3. Data Collection – Analysis Methods

Surveys

The survey data were collected individually by research teams in each country. The survey questionnaires administered to prison staff and young offenders (prisoners) can be found in Attachment 2 and Attachment 3 respectively. The questioner administration process was similar in all countries with slight variations. In the Czech Republic for example, the prison staff questionnaire was administered via email after they had been contacted by telephone by a member of the research implementation team. The questionnaire survey among young offenders in prisons was carried using structured interviews in order to maximise the response rate and the quality and relevance of the data. In total, *212* prison staff and *571* young offenders from the six participating Member States (countries) completed and returned the questionnaire (Table MD-2). All data were collected by research teams in each country and shared with the UK team. The UK research team re-coded all data and cleaned it. Prisoners who were over the age of 24 were excluded from the analysis giving us a total sample of *557* (n=557). For the analysis the "IBM SPSS Statistics" software was used. Total counts for each question were calculated and percentages were used for the comparison. In determining differences in self-rated importance of the given 20 health promotion activities for prison staff four prison staff sub-groups were examined based on participants' "Country", "Gender", "Years of Experience" and "Job Specialisation". Median values were used to compare differences in the importance scores across the six countries at a compositional scale level (all 20 questionnaire items) and at an individual item level. A similar process was followed for the young offender data. In determining differences in self-rated importance of the given 21 health promotion activities four sub-groups were examined based on participants' "Country", "Age", "Prisoner Status" and "Custody Status". Median values were used to compare differences in the importance scores across the six Countries at a compositional scale level (all 21 questionnaire items) and at an individual item level. A one-way ANOVA was used to test the variation of "Experience" between prison staff of different countries and the variation of "Age" between young offenders of different countries. Differences among subgroups were tested by running Kruskal Wallis and Mann-Whitney tests. The level of significance for all tests was set at p=0.05.

The open-ended questions of "Main Barriers to Implementing Health Promotion Activities" and "Suggestions to Improve Health Promotion in custody" for prison staff (Attachment 2) and "Additional Health Promotion Activities" and "Main Barriers to Implementing Health Promotion Activities" in the young offender's (prisoner) questionnaire (Attachment 3) were analysed using thematic coding. These results are combined with qualitative data and presented in section 5.

Individual and Focus Group Interviews

Ninety (n=90) individual interviews; were carried out with prison staff, field specialists and NGO members working with young prisoners within selected prisons across the participating 7 EU members States. Data was gathered about participants' perceived health promotion needs of young offenders, about issues that have an impact on their health while in custody,

the availability of different types/range of health promotion activities, about opportunities for collaboration with other agencies in promoting young prisoners' health, the obstacles in providing health promotion activities and how to improve the health of young prisons.

In addition, 24 focus group interviews took place with 223 young prisoners. Data was gathered about participants' concept of health and wellbeing, their perceived health promotion needs, about issues that have an impact on their health while in custody, the availability of different types/range of health promotion activities, and suggestions for improving their health while in prison. Table MD-2 shows number of participants for each method of data collection.

The interview data were recorded and transcribed prior to analysis in all countries except in the Czech Republic where detailed notes were taken due to their prisons' administrative regulations. All individual interviews were carried out face to face, except in the Czech Republic where interviews with selected staff members of the Prison Service and NGOs were conducted by telephone. Data were analysed by each research team independently and seven country reports were prepared. Detailed information about the qualitative data collection and analysis can be found in the individual country reports. The UK team collected all findings, as reported by each country, and carried out a secondary analysis using a thematic approach (Ritchie and Spencer, 1994[7]) by systematically coding, classifing and organising the findings of each country into key themes and sub-themes.

Data was triangulated (between countries, as well as compared and contrasted with the survey data) and the findings are presented under the main themes and sub-themes as they emerged from the data. As it is not possible to include all data generated from the interviews, extracts were selected to illustrate the main content of the findings.

Although all countries followed the same procedure for data analysis, identification of the respondent when presenting quotes did not follow same pattern; some countries provided detailed information about the respondents' identity in terms of their gender, professional background and years of experience, while others identified them only as 'Prison staff' or 'NGO'. To clarify whether the quotes provided belong to the same or different respondent, some countries like Bulgaria and Latvia identified different prison and NGO staff by adding a number, e.g. "Prison Expert 23". In our findings, we follow a consistent approach and when providing a quote to illustrate a point, respondents are identified by their country and based on the information that was originally available in the individual country report.

[7] Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman & R. Burgess (Eds.), Analysing qualitative data (pp. 172–194). London: Routledge.

Table MD-2. *Sample size and Methods of data collection (Country)*

Country	**No. of Prisons**	**Prison Staff questionnaires**	**Prisoner questionnaires**	**Interviews with NGOs & Prison Staff**	**Prisoner Focus Groups & number of participants**
Bulgaria	3	46	89	25	5 (n=47)
Czech Republic	3	30	120	12	3 (n=34)
England & Wales[8]	13 YOIs[9]*	NCB Research[10] 3 HPYP research +3 (HPYP)=16[11]	0	2	4 (n=29)
Estonia	3	30	72	15	3 (n=28)
Germany	4	23	86	13	2 (n=25)
Latvia	6	42	104	11	4 (n=33)
Romania	6	41	100	12	3 (n=27)
Total Sample	**38**	**228**	**571**	**90**	**24(223)**

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

- Sample prisons unable to facilitate the research;

- Official process to obtain Ministry of Justice permission in English prisons.

[9] Young Offenders Institutions

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

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

[11] England and Wales (n=16) is excluded from the quantitative analysis due to unavailability of the raw data.

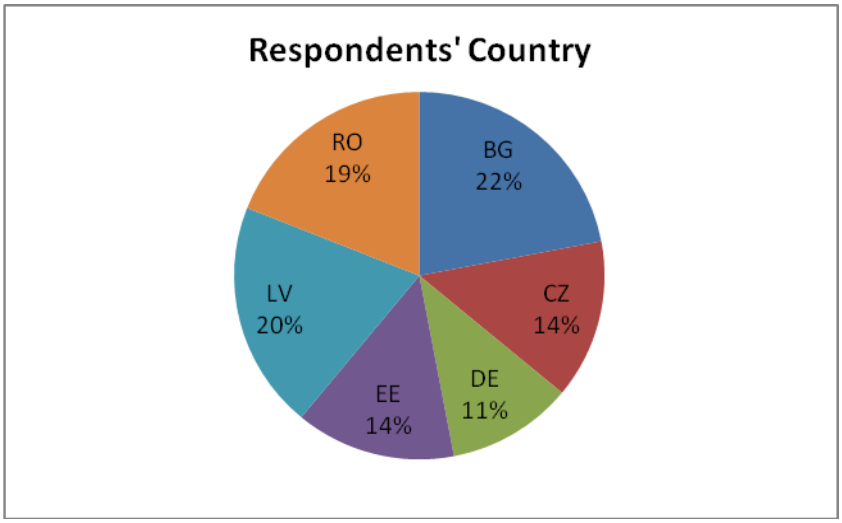
4. Results from Quantitative Approaches

4.1. Prison staff demographics

Prison Staff: Country, Gender, Years of Experience and Job Specialisation

In total, *212* prison staff from the six participating Member States (countries) completed and returned the questionnaire. Of those who completed the questionnaire (n=212), 46 (22%[12]) were from Bulgaria, 30 (14%) from the Czech Republic, 23 (11%) from Germany, 30 (14%) from Estonia, 42 (20%) from Latvia and 41 (19%) from Romania (Figure PS-1).

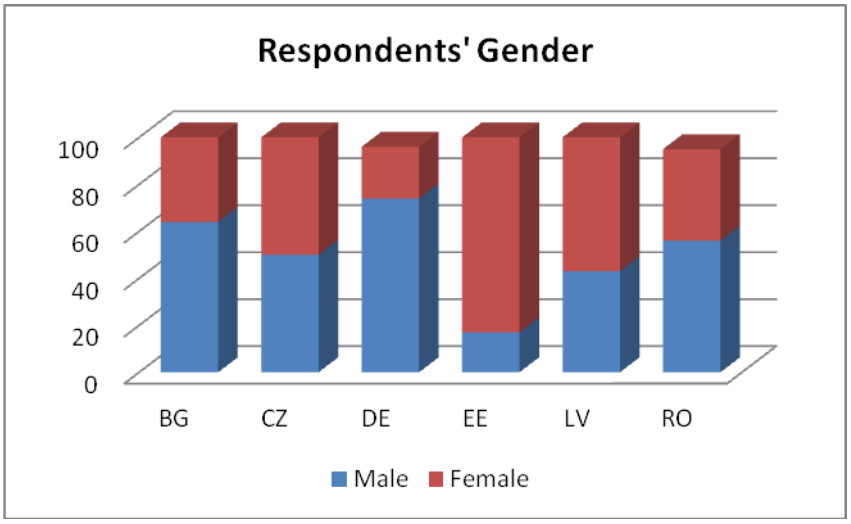
Figure PS-1. *Proportion of Responses (by Country of Survey)*



Of the *208* prison staff who disclosed their "Gender", 107 (51%) were Male and 101 (48%) were Female. When examining prison staff responses to "Gender" per Member State (Figure PS-2), we can see that participants from Germany were disproportionally male (74%), while participants from Estonia were disproportionally female (84%). Men and women were equally represented in the sample from the Czech Republic.

[12] Percentages in the text and graphs may not add up to 100% due to rounding and/or missing values. In cases of missing values and when the sample (n) is given, then the displayed percentages are valid percentages.

Figure PS-2. *Proportion of Responses (by Gender – Country of Survey)*



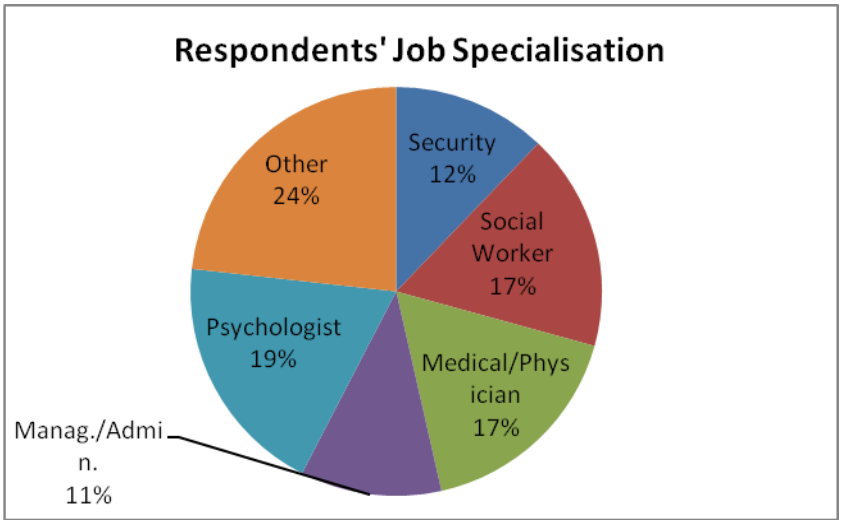
Of the *210* prison staff who disclosed the number of years they had been working with young offenders, their "Experience" ranged between 1-30 years [*M* (SD) = *10*(13)] and the median (MD) value was 7 years. On average, Romanian prison staff were the most experienced, while staff from Estonia had the least years of experience (Table PS-1). A one-way ANOVA test showed that the "Experience" of prison staff differed significantly between the six countries, *F* 3.17 (df 5, 204), *p*= 0.09.

Table PS-1. *Respondents' Years of Experience (by Country of Survey)*

COUNTRY	n	*M (SD)*
BG	45	*8* (3)
CZ	29	*11* (8)
DE	23	*10* (7)
EE	30	*3.5* (1)
LV	42	*14* (20)
RO	41	*14* (20)

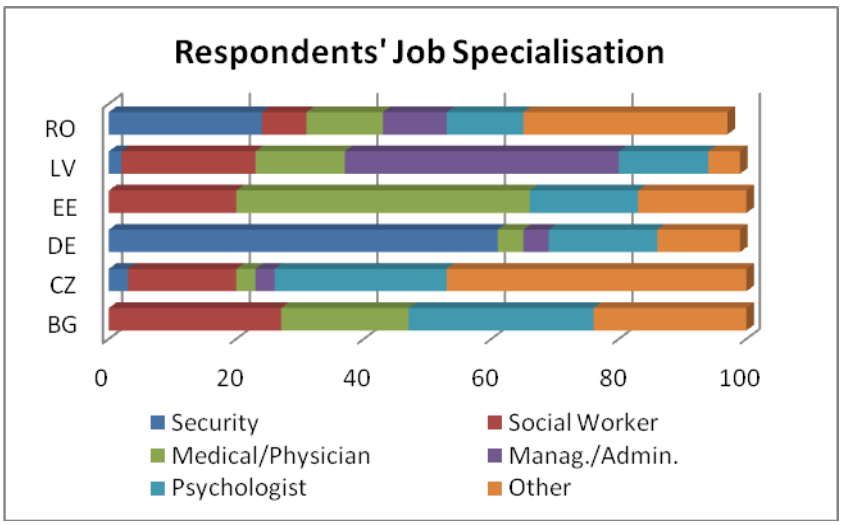
Regarding the "Job Specialisation" of the surveyed staff, *211* staff gave details about the nature of their jobs. Of those, 41 (19%) were psychologists, 35 (17%) social workers, 36 (17%) medical staff/physicians, 26 (12%) security staff, 24 (11%) managerial/administrative staff and 48 (24%)classified themselves as 'other' (Figure PS-3). Of the staff belonging to the 'Other' category (n=48), 25 (11%) were educators, while the remaining staff included librarians, enforcement managers and directors, lawyers and paralegals.

Figure PS-3 *Proportion of Responses (by Job Specialisation)*



The composition of prison staff "Job Specialisation" differed per country[13]. For example, as Figure PS-4 shows, the majority (61%) of respondents from Germany were prison security staff while a minimal proportion (≤%3) of respondents from Latvia, the Czech Republic, Estonia and Bulgaria fell in this category. A large proportion of respondents from Romania (32%) and the Czech Republic (47%) were classified as 'Other' staff, mainly Educators (including personal tutors and special education tutors). Finally, the largest proportion of Latvian respondents (43%) was classified as Managerial/Administrative while the largest proportion of Estonian (46%) respondents were classified as Medical Staff/Physician.

Figure PS-4. *Proportion of Responses (by Job Specialisation - Country of Survey)*



[13] For this analysis the categories of "Medical" and "Physician" were combined.

4. 2. Availability and form of current health promotion activities and prisoners' privileges

Availability and form of current health promotion activities:

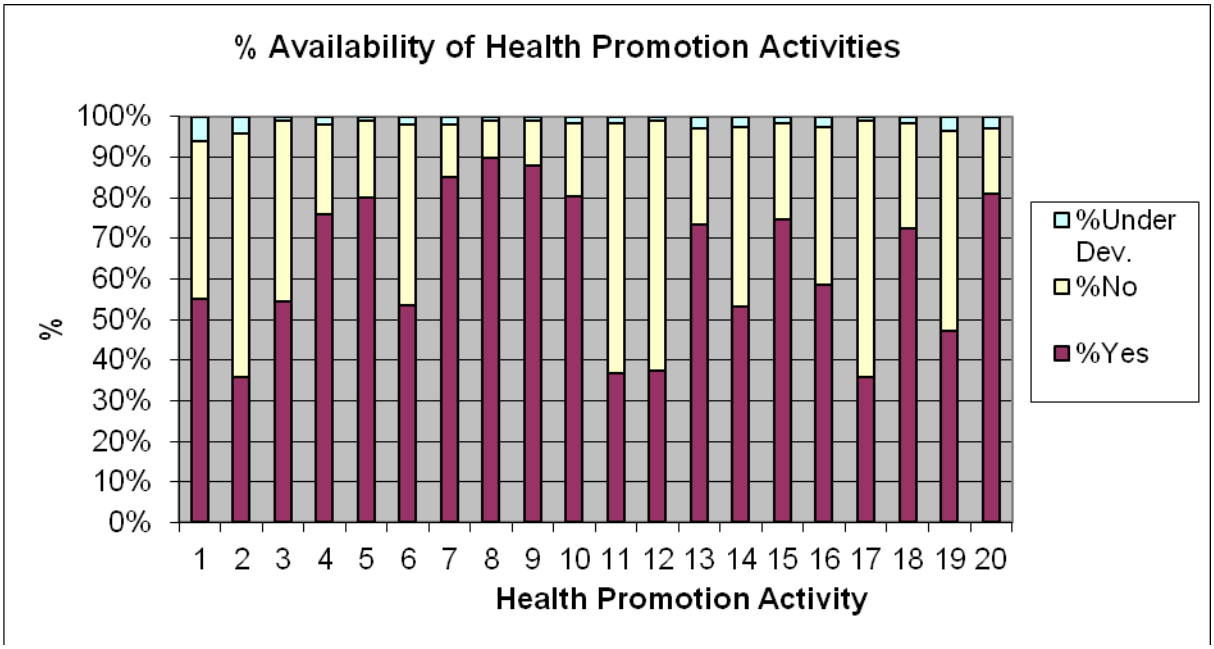
Prison staff were asked whether the 20 listed health promotion activities (Attachment 2) were available at their institution. Figure PS-5 presents the answers collectively for all six countries (EU6) in which the survey took place. The numbers in the graph correspond to the following activities (in brackets is the number of responses): 1=NUT (n=199), 2=BOD (n=199), 3=DEN (n=200), 4=ALC (n=206), 5=SMO (n=206), 6=DRU1 (n=200), 7=DRU2 (n=205), 8=HIV (n=205), 9=HEP (n=204), 10=TUB (n=192), 11=TAT (n=198), 12=INJ (n=200), 13=SUI (n=288), 14=HARM (n=288), 15= STD (n=199), 16=SEX (n=198), 17=CONT (n=199), 18=COPE (n=202), 19=BUL (n=202), 20=CONFL (n=200).

Answers were YES, NO and UNDER DEVELOPMENT. Overall, as Figure PS-5 shows not many health promotion activities are currently under development. The most widely available health promotion activities (with more than 80% of 'Yes' responses) were: "HIV Infection" (90%), "Hepatitis" (89%), "Use of Illegal Drugs" (85%), "Tobacco Use" (80%), "Tuberculosis" (80%) and "Conflict Management" (81%).

The least widely available health promotion activities (with more than 40% of 'No' responses) were: "Contraception" (66%) "Body Changes During Puberty", (60%), "Dental/Oral Hygiene" (44%), "Safe Practices for Tattooing/Piercing" (66%), "Safe Practices for Injecting Drugs" (56%), "Prevention of Self-Harm" (44%), "Use of Prescription Drugs" (44%) and "Coping with Bullying" (49%).

The form of these health promotion activities varied according to the topic and across each country and between settings. The National Reports of the six partners present detailed information about the form and availability of these 20 health promotion activities.

Figure PS-5. *Respondents' self-rated availability of Health Promotion Activities*



Prisoners' privileges:

Regarding prison facilities/offenders' privileges, staff were asked whether at their institution young offenders were able to:

a) play sports outside
b) play sport in a gym
c) have at least 1 hour of exercise outdoors each day
d) see a doctor when they feel sick

The number of participants who answered the above four questions were n=168, n=120, n=160 and n=141 respectively. Prison staff from Bulgaria did not complete this part of the survey but provided answers to these questions during the interviews. Prison staff from Germany did not complete questions b) and d). As regard to question d, the German research team explained, they omitted this question as they thought it was not relevant. The reason for this is that every prisoner in German prisons has access to a doctor when they get sick.

From the answers collected and analysed, it was encouraging to see that *154 (*95%) members of staff stated that young offenders at their institution are able to play sports outdoors, while *107* (89%) stated that they are able to play sports in a gym (Figures PS-6a, PS-6b). The lowest rate of negative responses to the latter question was observed among staff from the Czech Republic, with *11* of them (38% -%within country) stating that young offenders are not are able to play sports in a gym.

Figure PS-6a. *Proportion of Responses on Young Offenders able to Play Sports Outdoors (by Country of Survey)*

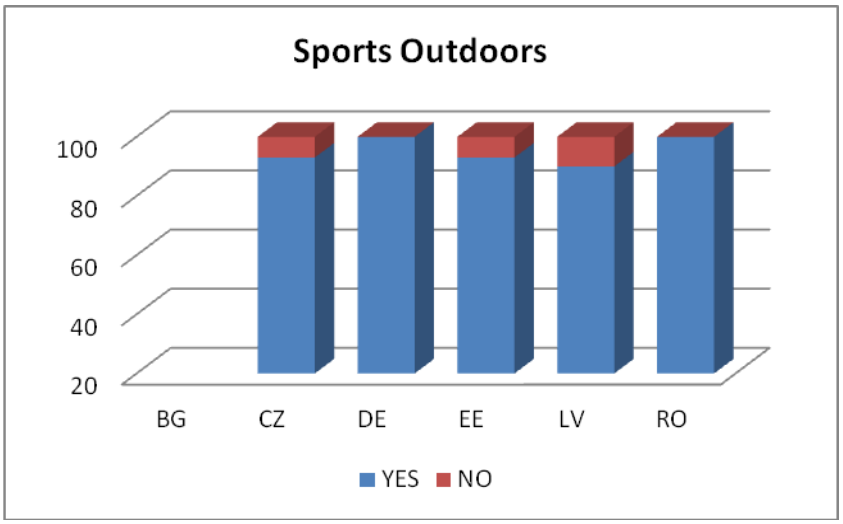
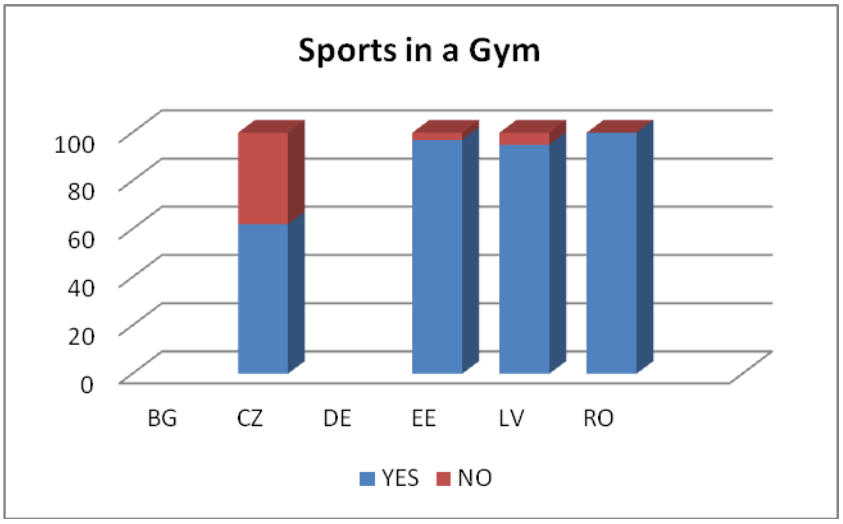
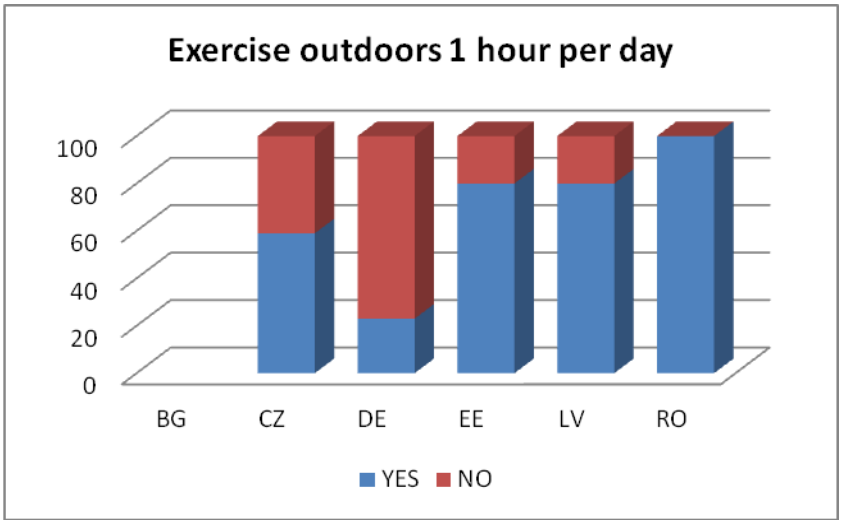


Figure PS-6b. *Proportion of Responses on Young Offenders able to Play Sports in a Gym (by Country of Survey)*



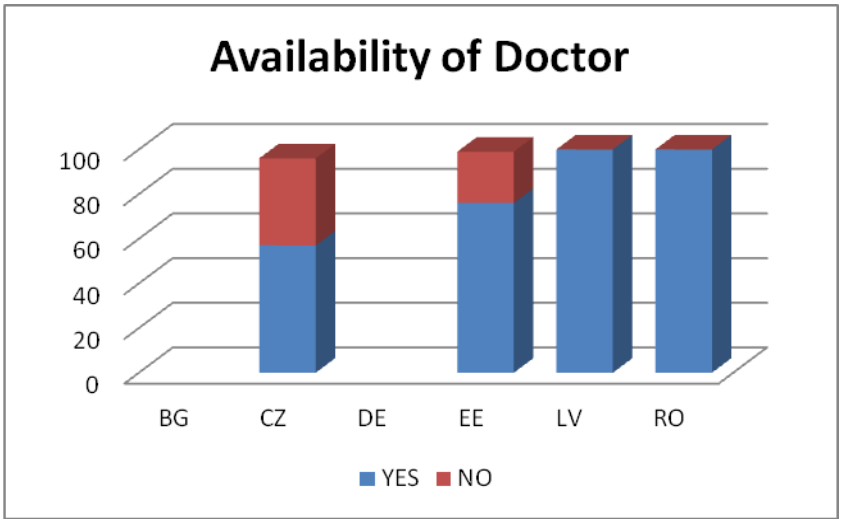
Although *154* (95%) of the surveyed prison staff stated that young offenders are able to play sports outdoors, the frequency/length of such activity does not add up to a whole hour on a daily basis except for Romania. In total 41 (26%) members of staff stated that prisoners are not able to have at least 1 hour of exercise outdoors each day (Figure PS-6c). The lowest rate of negative responses to this question was observed among staff from Germany with 17 of them (73% - % within country) stating that young offenders are not able to exercise outdoors for at least one hour every day.

Figure PS-6c. *Proportion of Young Offenders able to Exercise Outdoors for at least 1 hour per Day (by Country of Survey)*



Finally, 122 (86%) members of staff stated that young offenders at their institution are able to see a doctor when they feel sick (Figure PS-6d). The lowest rate of negative responses to the latter question was observed among staff from the Czech Republic, with *11* of them (39% - % within country) stating that young offenders are not are able to see a doctor when they feel sick. As already explained staff from Bulgaria did not complete this part of the survey but provided answers to these questions during the individual interviews. Prison staff from Germany omitted asking prison staff this question as every prisoner in German prisons has access to a doctor when they get sick.

Figure PS-6d. *Proportion of Responses on Young Offenders able to See a Doctor when they Feel Sick (by Country of Survey)*

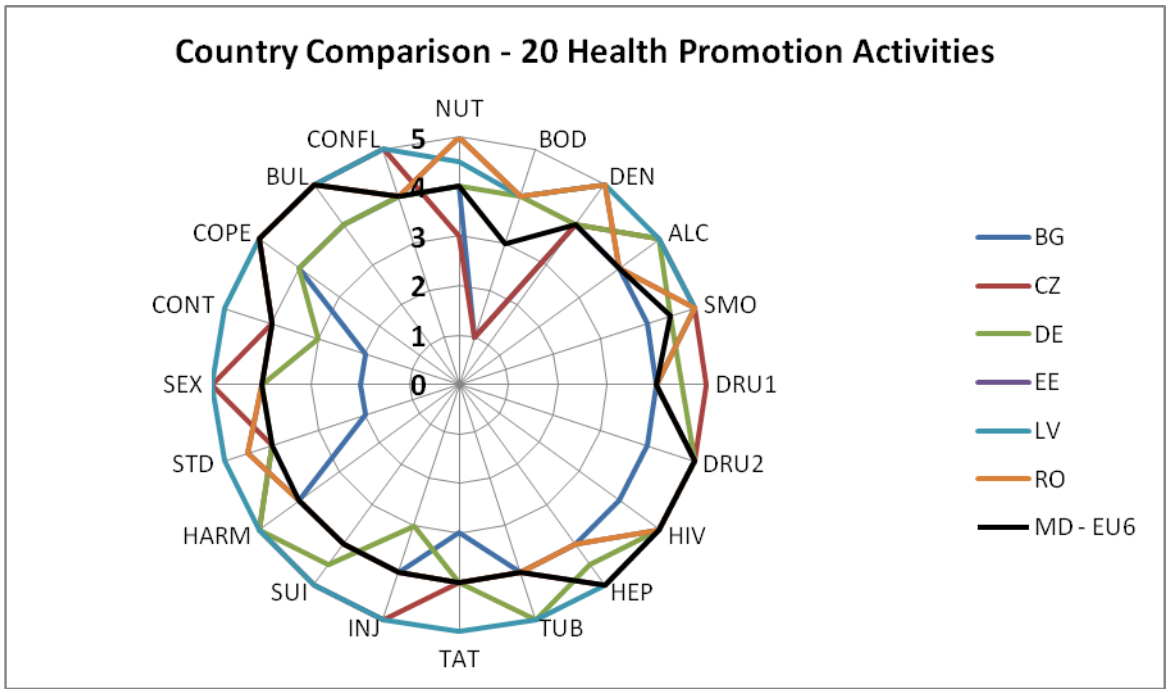


4.3. Prison staff self-rated importance of 20 health promotion activities

Prison staff were asked to rate the importance of 20 different health promotion activities using a Likert type scale (see the Health Promotion Activity Abbreviations in Attachment 1 for a list of the 20 activities and how they are abbreviated). Higher scores signified a higher importance to health promotion activities (1= not important at all, 2= not important, 3= neither important nor unimportant, 4= important, 5= very important). Figure PS-7 presents the median values of self-rated importance: a) for EU6 and b) for each country. The highest rated activities (*MD*, EU6, 5) were: “Use of Illegal Drugs”, “HIV Infection”, “Hepatitis”, “Coping with Custody” and “Coping with Bullying”. The lowest rated activity (*MD*, EU6, 3) was “Body Changes During Puberty”.

Bulgarian prison staff attributed lower importance (*MD*, BG, 4) to the above five highest rated activities (EU6). Another interesting observation is the extremely low rating staff from Bulgaria and the Czech Republic attributed to the activity on “Body Changes During Puberty” (*MD*, BG, 1; *MD*, CZ, 1). Bulgarian prison staff also attributed low importance to the activities on “Safer Sex–Condom Use” (*MD*, BG, 2) and “Contraception” (*MD*, BG, 2).

Figure PS-7. *Respondents’ Differences in self-rated Importance of Health Promotion Activities (by Country of Survey - item)*

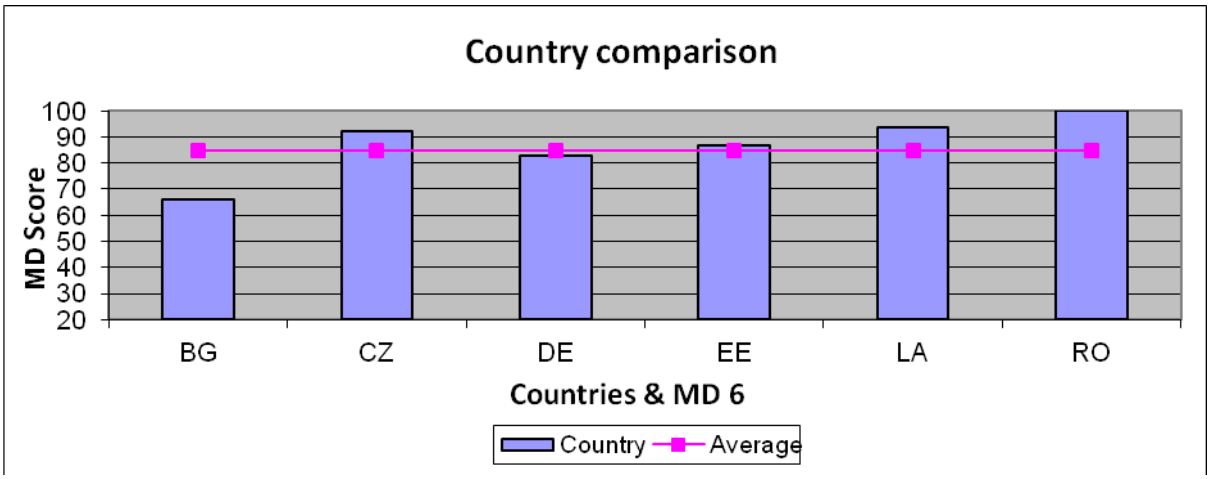


Prison Staff Sub-Groups: Differences in importance rating

Differences per Member State (Country) sub-groups

In examining differences in the importance scores between prison staff across the six Countries, the compositional scale was used (comprising of all 20 items of the questionnaire). Higher scores signified a higher importance to health promotion activities (1= not important at all, 2= not important, 3= neither important nor unimportant, 4= important, 5= very important). The minimum possible score was 20 and the maximum possible score was 100. The median value of self-rated importance on the compositional scale for EU 6 was 85. Prison staff from Bulgaria gave the lowest importance rating with a median score of 66 while staff from Romania gave the highest importance rating with a median score of 100 (Figure PS-8).

Figure PS-8. *Respondents' Differences in self-rated Importance of Health Promotion Activities (by Country of Survey - compositional scale)*



A Kruskal Wallis test revealed that there was a significant effect of "Country" on importance rating to health promotion activities (H(2) = 88.2, df 5, p = 0.01) with a mean rank of 29.99 for Bulgaria, 83.33 for the Czech Republic, 69.75 for Germany, 85.33 for Estonia, 96.65 for Latvia and 119.93 for Romania.

Differences per Gender sub-groups

Overall, no significant differences were found in the median importance scores between Male and Female prison staff (compositional scale – 20 items questionnaire). In carrying out an item-by-item analysis, Mann-Whitney tests indicated that the importance of 10 specific health promotion activities was greater for Female prisoner staff than for Male. Interestingly, five (50%) of these activities were concerned with safe sex, contraception and sexually transmitted diseases/HIV. Table PS-2 displays median values (MD) for each group and the z and p values yielded.

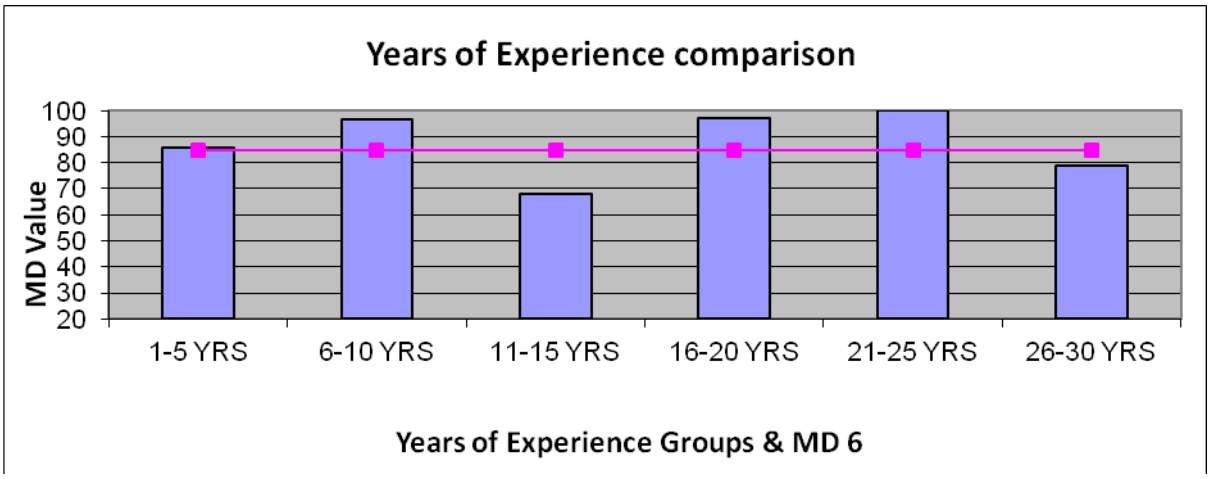
Table PS-2. *Respondents' Significant Differences in self-rated Importance of Health Promotion Activities (by Gender)*

Q Item	Health Promotion Activities on	Male (MD)	Female (MD)	*z*	*p*
2	Body Changes During Puberty	3	4	-2.36	0.01
3	Dental/Oral Hygiene	4	4.5	-2.08	0.03
5	Tobacco Use	4	5	-1.98	0.04
7	Use of Illegal Drugs	5	5	-2.01	0.04
8	HIV Infection	5	5	-2.42	0.01
15	Sexually Transmitted Diseases	4	5	-2.16	0.03
16	Safer Sex - Condom Use	4	5	-2.86	0.00
17	Contraception	4	4.5	-2.39	0.01
18	Coping with Custody	4	5	-2.298	0.02
19	Coping with Bullying	4	5	-2.54	0.01

Differences per Years of Experience sub-groups

In examining differences in the importance scores between prison staff with different length of service (Experience), the compositional scale was used (comprising of all 20 items of the questionnaire) and prison staff were classified into six groups based on the number of years they had been working with young offenders: 1-5 years, 6-10 years, 11-15 years, 16-20 years, 21-25 years and 26-30 years. The median value of self-rated importance on the compositional scale for EU 6 was 85. Prison staff with 21-25 years of experience gave the highest importance rating to health promotion activities, with a median score of 100, followed by staff with 16-20 years of experience (MD= 97). The lowest importance rating to health promotion activities was given by prison staff who had 11-15 years of experience (MD= 68) followed by staff with 6-10 years of experience (MD= 69.5) (Figure PS-9).

Figure PS-9. *Respondents' Differences in self-rated Importance of Health Promotion Activities (by Years of Experience - compositional scale)*



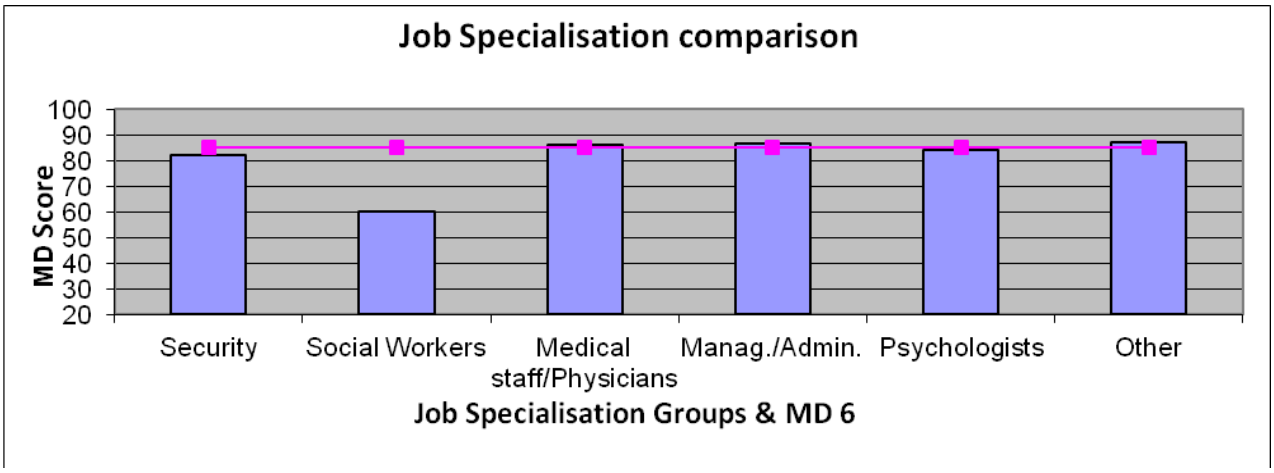
A Kruskal Wallis test revealed that there was a significant effect of "Years of Experience" on importance rating to health promotion activities (H(2) = 19.2, df 5, p = 0.02) with a mean rank

of 76.89 for the 1-5 years of experience group, 64.08 for the 6-10 group, 57.71 for the 11-15 group, 106.18 for the 16-20 group, 136.50 for the 21-25 group, 68.25 for the 26-30 group.

Job Specialisation sub groups

In examining differences in the importance scores between prison staff with different Job Specialisations, the compositional scale was used (comprising of all 20 items of the questionnaire). The median value of self-rated importance on the compositional scale for EU 6 was 85. Prison staff who worked as social workers gave the lowest importance rating to health promotion activities (MD= 60). The highest importance rating to health promotion activities was given by staff of the 'Other' category (mainly educators) (MD= 87) (Figure PS-10).

Figure PS-10. *Respondents' Differences in self-rated Importance of Health Promotion Activities (by Job Specialisation – compositional scale)*



A Kruskal Wallis test revealed that there was no significant effect of "Job Specialisation" on importance rating to health promotion activities.

4. 4. Health promotion activity provisions for vulnerable groups

Regarding health promotion activities for vulnerable groups, staff were asked whether at their institution they offered special health promotion services to:

a) women
b) ethnic minorities
c) migrants
d) other vulnerable groups

Answers were coded as YES and NO. Staff from Bulgaria did not complete this part of the survey but provided answers to this question during the Focus Group interviews. We have summarised the overall provisions for each country and presented the total 'YES' counts in Table PS-3. From this table we can see that prison staff from the Czech Republic and Romania gave an extensive list of vulnerable young offender groups that receive support in their institutions. In this part of the survey, not only a large number of values were missing, but also answers were dependent on the type of institution (e.g. Female only prisons/wards).The findings presented in Table PS-3 may not therefore be indicative of what provisions are an place in each country and they need to be examined in combination with the EU6 individual country reports.

Table PS-3. *Health Promotion Provisions for Vulnerable Groups (by Country of Survey)*

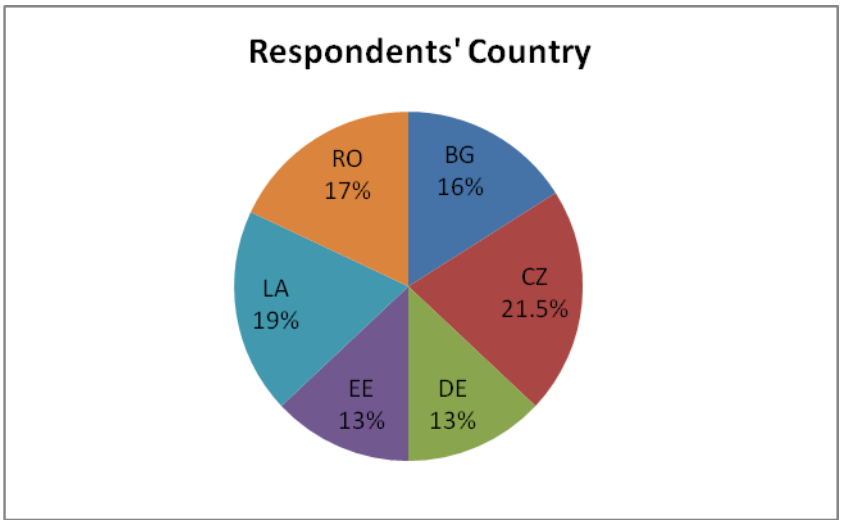
Vulnerable Group	CZ 'YES' Response Count	DE 'YES' Response Count	EE 'YES' Response Count	LV 'YES' Response Count	RO 'YES' Response Count
Women	4	2	3	12	6
Ethnic Minorities	2		2	6	2
Migrants	4	1	2	4	4
Other	13	3		9	23
Other (specify)	Drug Users, Chronically ill (HIV, Hep.), Mentally ill/Learning difficulties, Special Diet Requirements, First time Prisoners	Other:	Other: Drug Users	Other: Sexually abused, Homosexuals, Mentally ill/Learning difficulties	Other: Drug Users, Chronically ill (HIV, Hep.), Mentally ill/Learning difficulties

4.5. Prisoners demographics

Prisoners: Country, Gender, Age, Custody Status and Prisoner Status

In total, we analysed the responses collected by 557 young offenders (prisoners). Of those, 89 (16%[14]) were from Bulgaria, 120 (21.5%) from the Czech Republic, 71 (13%) from Germany, 72 (13%) from Estonia, 104 (19%) from Latvia and 100 (17%) from Romania (Figure YO-1).

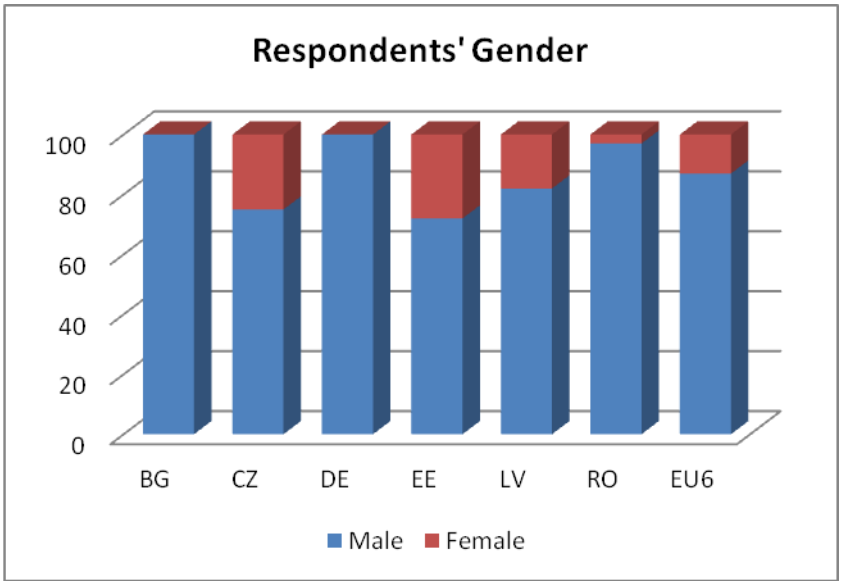
Figure YO-1. *Proportion of Responses (by Country of Survey)*



Of those 484 (87%) were Male and 72 (13%) were Female. As Figure YO-2 shows, in this study none of the respondents from Germany and Bulgaria were female, while 28% of the Estonian, 25% of the Czech, 18% of the Latvian and 3% of the Romanian respondents were Females. Male prisoners were therefore disproportionally represented in this study.

[14] Percentages in the text and/or graphs may not add up to 100% due to rounding and/or missing values. In cases of missing values and when the sample (n) is given, then the displayed percentages are valid percentages.

Figure YO-2. *Proportion of Respondents (by Gender - Country of Survey)*



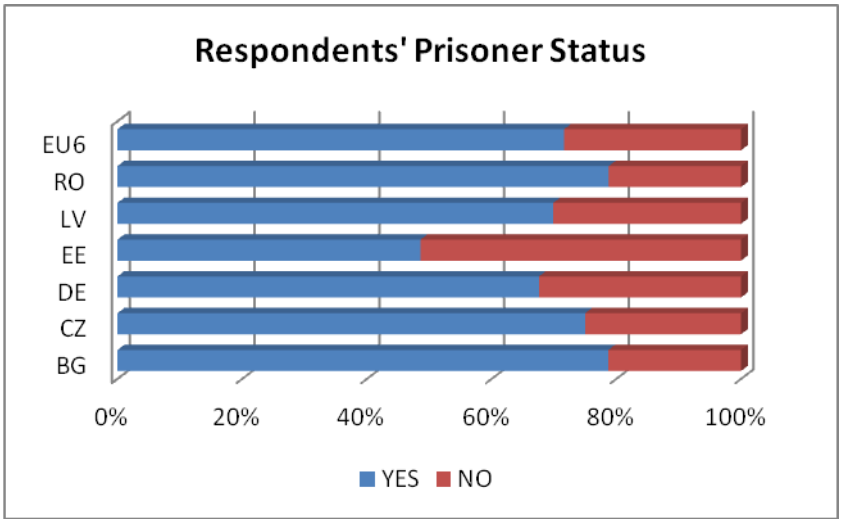
The prisoners' "Age" ranged between 15-24 years of age [*M* (SD) = *20.47* (2.24)]. On average, German and Czech prisoners were the youngest. A one-way ANOVA test showed that the "Age" of prisoners differed significantly between the six countries, *F* 22 (df 5, 556), *p*= 0.00.

Table YO-1. *Respondents Age in years (Country of Survey)*

COUNTRY	n	*M (SD)*
BG	89	*21.82* (1.75)
CZ	120	*19.63* (2.26)
DE	71	*18.94* (1.92)
EE	72	*20* (2.16)
LV	104	*21.02* (2.39)
RO	100	*21.6* (1.58)
Overall	*556*	*20.47(2.24)*

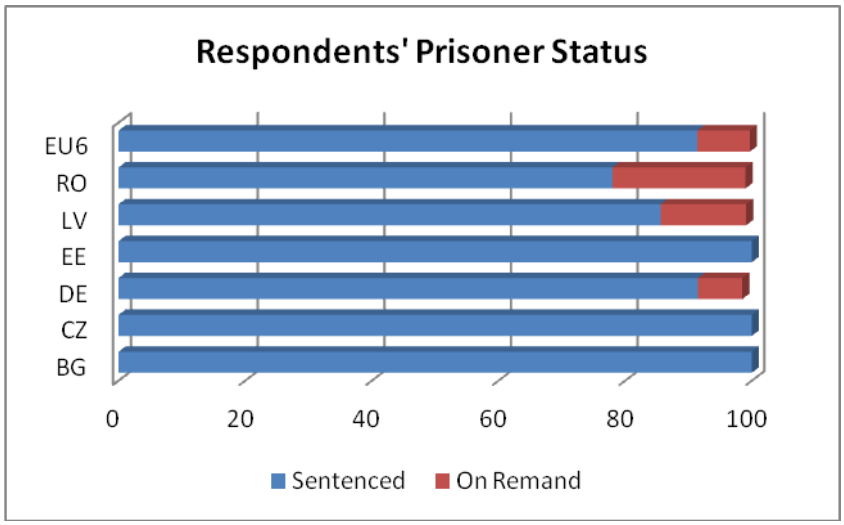
In response to whether this was their first time in custody, *554* participants provided an answer to this question. For the majority of them (71.4%), this was their first time, while 157 (28.3%) stated that they had been in custody before (Figure YO-3). Comparing within different courtiers a different picture however emerged; Estonia was the only country with a large proportion of respondents who had been imprisoned before (48.6%).

Figure YO-3. *Proportion of Responses (by Prisoner Status - Country of Survey)*



Regarding their "Custody Status" of the surveyed offenders, *555* participants gave details of whether they were being held in remand of whether they had been sentenced at the time of the survey. The majority of prisoners (91.4%) had been sentenced at the time of the survey while only 46 (8.3%) were held in remand. More than half of the young offenders (59%) who were held in remand were in Romanian prisons. Figure YO-4 shows how the composition of prisoners' "Custody Status" differed per country. Here we can see that 27% of Romanian respondents were held on remand and awaiting to be sentenced.

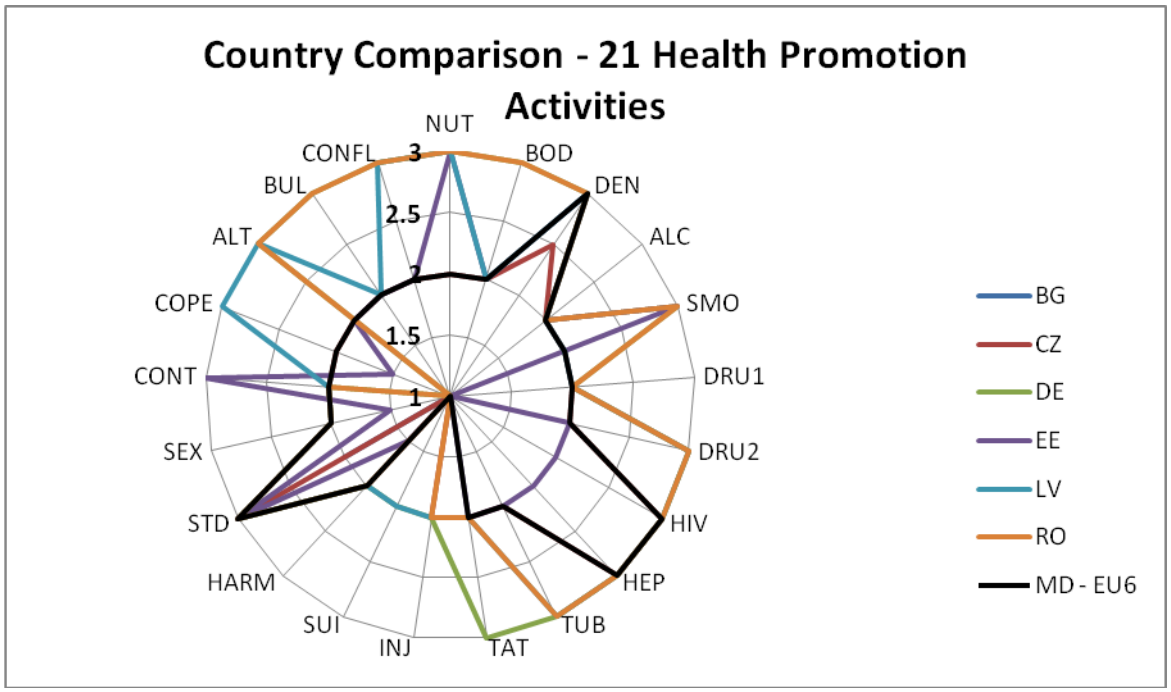
Figure YO-4. *Proportion of Responses (by Custody Status - Country of Survey)*



4. 6. Prisoner self-rated importance of 21 health promotion activities

Prisoners were asked to rate the importance of 21 different health promotion activities using a Likert type scale (see Attachment 1 for a list of the 21 activities and how they are abbreviated). Higher scores signified a higher importance to health promotion activities (1= not important, 2= important, 3= very important). Figure YO-5 presents the median values of self-rated importance: a) for EU6 and b) for each country. The highest rated activities (*MD*, EU6, 3) were: "Dental Hygiene", "HIV Infection", "Hepatitis" and "Sexually Transmitted Infections". The lowest rated activities (*MD*, EU6, 1) were "Safe Practices for Injecting Drugs" and "Prevention from Suicide".

Figure YO-5. *Respondents' Differences in self-rated Importance of Health Promotion Activities (by Country of Survey - item)*



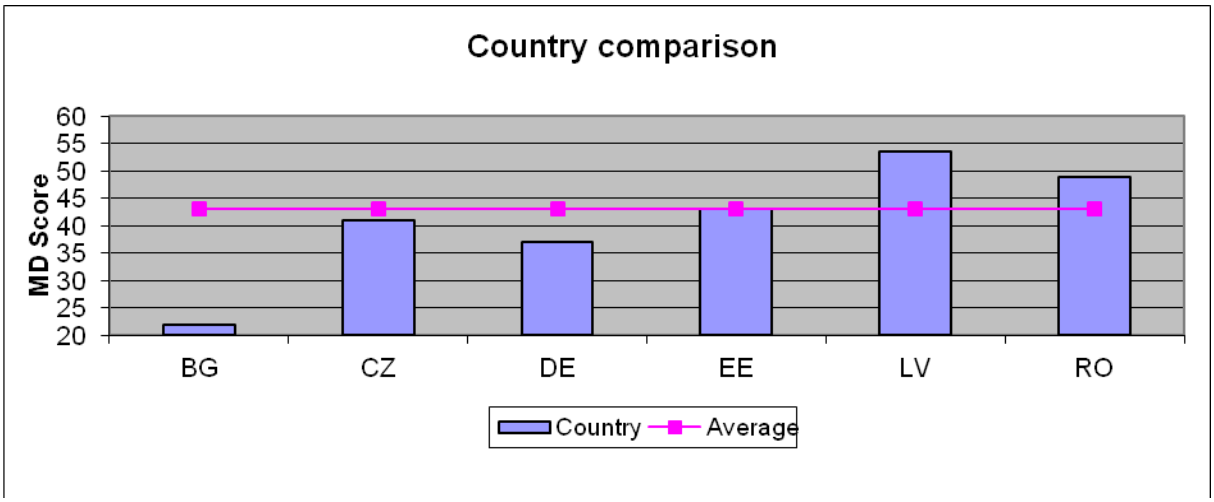
Prisoner Sub-Groups: Differences in importance rating

Differences per Member State (Country) sub-groups

In examining differences in the importance scores between prisoners across the six Countries, the compositional scale was used (comprising of all 21 items of the questionnaire). Higher scores signified a higher importance to health promotion activities (1= not important, 2= important, 3= very important) The minimum possible score was 21 and the maximum possible score was 63. The median value of self-rated importance on the compositional scale for EU 6 was 43. Prisoners from Bulgaria gave the lowest importance

rating with a median score of 22 while those from Latvia and Romania gave the highest importance rating with median scores of 53.5 and 49 respectively (Figure YO-6). (MD RO=49, DE=37, LV=53.5, CZ=41, BG=22, EE=43)

Figure YO-6. *Respondents' Differences in self-rated Importance of Health Promotion Activities (by Country of Survey - compositional scale)*



A Kruskal Wallis test revealed that there was a significant effect of "Country" on importance rating to health promotion activities (H(2) = 55.1 df 4, *p* = 0.00) with a mean rank of 110.66 for Germany, 154.19 for the Czech Republic, , 167.22 for Estonia, 237.91 for Latvia and 223.3 for Romania.

Differences per Gender sub-groups

The median value of self-rated importance on the compositional scale for EU 6 was 43. A Mann-Whitney test indicated that the overall importance (compositional scale – 21 items questionnaire) of health promotion activities was greater for Female prisoners than it was for Male prisoners. [Female *MD* (49), mean rank 229.62, Male *MD* (42), mean rank 164.34, z= -4.47 *p*=0.00].

In carrying out an item-by-item analysis, Mann-Whitney tests also indicated that the importance of 13 specific health promotion activities was significantly greater for Female prisoner staff than for Male. Similarly to the findings of the prison staff survey, the importance of health promotion activities concerned with "Sexually Transmitted Diseases/Safe Sex" and "Contraception" was greater for Females than for Males. Table YO-2 displays median values (MD) for each group and the *z* and *p* values yielded.

Table YO-2. *Respondents' Significant Differences in self-rated Importance of Health Promotion Activities (by Gender)*

Health Promotion Activities on	Male (MD)	Female (MD)	*z*	*p*
Body Changes During Puberty	2	3	-5.527	0.00
Tobacco Use	2	3	-2.116	0.03
Use of Illegal Drugs	2	3	-2.646	0.00
Hepatitis	3	3	-2.432	0.01
Tuberculosis	2	3	-2.319	0.02
Injecting Drugs Safely	1	2	-4.325	0.00
Dealing with Feelings of Suicide	1	2	-5.262	0.00
Dealing with Feelings of Self-Harm	1	2	-5.673	0.00
Sexually Transmitted Diseases	2	3	-2.283	0.00
Safer Sex - Condom Use	1	2	-6.120	0.00
Contraception	2	3	-3.874	0.00
Coping with Custody	2	2	-2.614	0.00
Coping with Bullying	2	2	-2.574	0.01

Differences per Years of Age sub-groups

Prisoners were classified into two groups: 15-19 years of age (n= 198) and 20-24 years of age (n= 358). The median value of self-rated importance on the compositional scale for EU 6 was 43. A Mann-Whitney test indicated that the overall importance (compositional scale – 21 items questionnaire) of health promotion activities was significantly greater for older prisoners (20-24) than it was for Younger (15-19) prisoners. [Older Prisoners *MD* (46.5), mean rank 198.45, Younger Prisoner *MD* (41), mean rank 138.89, z= - 5.42 *p*=0.00].

An item-by-item analysis was carried out and a Mann-Whitney test indicated that older prisoners rated the importance of 8 health promotion activities significantly higher than younger prisoners. These activities were: "Healthy Nutrition", "Use of Illegal Drugs", "Hepatitis", "Dealing with Feelings of Suicide" and "Dealing with Feelings of Self-harm", "Contraception", "Alternatives to Crime" and "Conflict Management". Table YO-3 displays median values (MD) for each age group and the *z* and *p* values yielded.

Table YO-3. *Respondents' Significant Differences in self-rated Importance of Health Promotion Activities (by Age)*

Health Promotion Activities on	15-19 (MD)	20-24 (MD)	*z*	*p*
Healthy Nutrition	2	2.5	-2.352	0.01
Use of Illegal Drugs	2	3	-2.170	0.03
Hepatitis	3	3	-2.491	0.01
Dealing with Feelings of Suicide	1	2	-2.538	0.01
Dealing with Feelings of Self-Harm	1	2	-3.228	0.00
Contraception	1.5	2	-2.288	0.02
Alternatives to being Involved in Crime	1.5	2	-2.592	0.01
Conflict Management	2	2	-3.056	0.00

Prisoner Status sub groups

The median value of self-rated importance on the compositional scale for EU 6 was 43. A Mann-Whitney test indicated that there were no significant differences in the overall importance (compositional scale – 21 items questionnaire) attributed to health promotion activities by "First Time" prisoners than prisoners who had been in prisons before.

An item-by-item analysis was carried out and a Mann-Whitney test indicated that the importance of 4 specific health promotion activities was greater for "First Time" prisoners than prisoners who had been in prisons before. These activities were: "Use of Prescription Drugs", "Hepatitis", "Tuberculosis" and "Practices on Injecting Drugs". Prisoners who had been in prison previously, on the other hand, attributed higher importance to health promotion activities relating to "Healthy Nutrition" and finding "Alternatives to Criminal Life/Career". Table YO-4 indicatively displays median values (MD) for each prisoner status group and the *z* and *p* values yielded.

Table YO-4. *Respondents' Significant Differences in self-rated Importance of Health Promotion Activities (by Prisoner Status)*

Health Promotion Activities on	First Time (MD)	Imprisoned Before (MD)	*z*	*p*
Healthy Nutrition	2	2	-2.331	0.02
Body Changes During Puberty	2	2	-2.555	0.01
Use of Prescription Drugs	2	2	-3.751	0.00
Hepatitis	3	3	-3.581	0.00
Tuberculosis	3	2	-1.998	0.04
Injecting Drugs Safely	2	1	-3.392	0.01
Safer Sex - Condom Use	2	2	-3.046	0.00
Alternatives to being Involved in Crime	3	2	-3.882	0.00

Prisoner Custody Status sub groups

The median value of self-rated importance on the compositional scale for EU 6 was 43. A Mann-Whitney test indicated that the overall importance (compositional scale – 21 items questionnaire) of health promotion activities was greater for prisoners held "In Remand" than those who were "Sentenced". [In Remand *MD* (49), mean rank 216.00, Sentenced *MD* (43), mean rank 169.29, z= - 2.614 *p*=0.00].

An item-by-item analysis was carried out and a Mann-Whitney test indicated that the importance of 6 specific health promotion activities was significantly greater for prisoners held "In Remand" than "Sentenced" Prisoners. These activities were: "Healthy Nutrition", "Body Changes during puberty", "Tobacco Use", "Tuberculosis", "Alternatives to Crime" and "Conflict Management". Table YO-5 displays median values (MD) for each prisoner custody status group and the *z* and *p* values yielded.

Table YO-5. *Respondents' Significant Differences in self-rated Importance of Health Promotion Activities (by Custody Status)*

Health Promotion Activities on	In Remand (MD)	Sentenced (MD)	*z*	*p*
Healthy Nutrition	3	2	-2.838	0.05
Body Changes During Puberty	2	2	-3.104	0.00
Use of Tobacco	3	2	-2.465	0.01
Tuberculosis	3	2	-2.676	0.07
Alternatives to being Involved in Crime	3	2	-4.384	0.00
Conflict Management	3	2	-4.443	0.00

Health promotion activities of interest

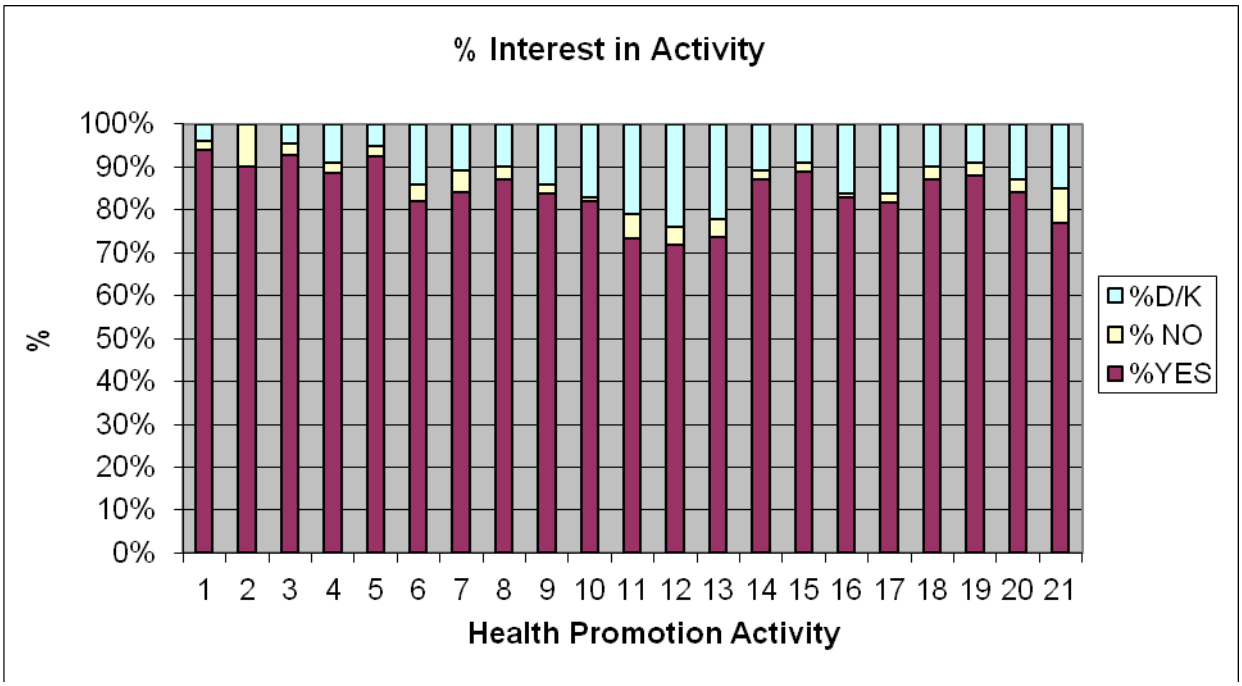
Finally, prisoners were also asked whether they would like to know more about these 21 health promotion activities. Answers were coded YES, NO and DO NOT KNOW. Figure YO-7 presents the answers collectively for all six countries in which the survey took place.

The numbers in the graph correspond to the following activities (in brackets is the number of responses): 1=NUT (n=449), 2=BOD (n=342), 3=DEN (n=430), 4=ALC (n=403), 5=SMO (n=396), 6=DRU1 (n=306), 7=DRU2 (n=372), 8=HIV (n=452), 9=HEP (n=441), 10=TUB (n=405), 11=TAT (n=312), 12=INJ (n=277), 13=SUI (n=288), 14=HARM (n=288), 15= STD (n=416), 16=SEX (n=275), 17=CONT (n=275), 18=COPE (n=288), 19=ALT (n=362), 20=BUL (n=378, 21=CONFL (n=404). Here it is interesting that low numbers of responses are given to certain sensitive/taboo subjects, such as injecting drugs, self-harming and suicide).

Overall, young offenders showed great interest in finding out more about all 21 health promotion activities. The activities on which 90% (or more) of prisoners were interested in finding out more about were: "Healthy Nutrition", "Body Changes During Puberty", "Tobacco Use" and "Sexually Transmitted Diseases." The health promotion activities on which 20%

(or more) of prisoners did not know whether they were interested in finding out more about were: “Safe Practices for Tattooing/Piercing”, “Safe Practices for Injecting Drugs”, “Dealing with Feelings of Suicide”.

Figure YO-7. *Respondents’ self-rated interest in Health Promotion Activities*



Summary of the quantitative findings

The findings of this survey cannot be generalised to the prison staff and prisoner population of the participating Member States due to its mixed sample selection procedures. Nonetheless they can provide a useful platform for building a better understanding of current health promotion practices and in mapping out young offenders’ health promotion needs.

The findings of this survey suggest that there are variations in the self-rated importance of health promotion activities among different prisoner and prison staff sub-groups of different nationality, age, custody and prisoner status and gender. For example, Female prisoners and prison staff seem to give greater importance to health promotion activities concerned with “Sexually Transmitted Diseases/Safe Sex” and “Contraception” than Male prisoners and prison staff. Overall, among prison staff the highest rated activities (*MD*, EU6, 5) were: “Use of Illegal Drugs”, “HIV Infection”, “Hepatitis”, “Coping with Custody” and “Coping with Bullying”. The lowest rated activity (*MD*, EU6, 3) was “Body Changes During Puberty”. Among prisoners, the highest rated activities (*MD*, EU6, 3) were: “Dental Hygiene”, “HIV Infection”, “Hepatitis” and “Sexually Transmitted Infections”. The lowest rated activities (*MD*, EU6, 1) were “Safe Practices for Injecting Drugs” and “Prevention from Suicide”. It was interesting to see that a large number of prisoners did not rate the importance of activities related to certain sensitive/taboo subjects, such as injecting drugs, self-harming and suicide. When designing and implementing the toolkit local teams need to be aware of these variations, as well as individual variations among prison settings and prisoners.

5. Results from Qualitative Approaches

Interviews – Focus Groups

5. 1. Interviews with Prison Staff

Ninety (n=90) individual interviews (see Methodology section) were carried out with prison staff, field specialists and NGO members working with young prisoners within selected prisons across the participating 7 EU members States. Of those 50 were men and 40 women. Findings from different countries were tringulated. Illustrative quotes are provided to aid transparency of categorisation and theme representation indicating similarities and differences. The findings are presented in seven sub-sections: 1) Health promotion needs of young offenders, 2) Impact of imprisonment on health, 3) Health promotion programs/activities, 4) Health promotion topics and format – Good examples of practice, 5) Collaboration between Prisons and NGOs, 6) Main barriers in providing Health Promotion in Prison, and 7) Key changes that may improve health promotion among young offenders.

1) Health promotion needs of young offenders

Prison staff, field specialists and NGO members from all seven countries participating in this research highlighted a number of health promotion issues. When probed to identify the most important health promotion needs and services, most participants mentioned the following nine issues: I) Alcohol and drug abuse services, II) Issues of hygiene, III) Oral health, IV) Overcrowding and lack of sufficient social space, V) Food quality and quantity, VI) Mental health, VII) behavioural therapy and issues of self-esteem, VIII) Sexuality, sexual health & contraception and IX) Other issues.

I) Alcohol and drug abuse services

Alcohol and drug abuse among young prisoners before entering custody was the most frequently mentioned issue by the prison experts and NGO members. It became clear that most of the young offenders abused alcohol and started smoking from an early age (13-14 years old). Further, and according to prison staff, most of the young people detained committed their crimes under the influence of alcohol and will probably celebrate their freedom after release with alcohol. It was believed that although there is very limited access to alcohol and drugs in the prison setting, and that most of young offenders stay ‘clean’ inside the prison, they will start abusing alcohol and drugs when released. Respondents believed that sometimes drug abuse results in overdoses and therefore young prisoners need to have access to special programs and counselling that will help them tackle issues of alcohol and drug abuse.

Issues of hygiene

Education and information about personal hygiene was seen as one of the most important health promotion need for young offenders. Prison staff expressed the belief that most young offenders often lack basic knowledge about hygiene. They mentioned that a large number of young offenders come from socially disadvantaged environments in which they have had no opportunity to acquire either communication and social skills or even the principles of personal hygiene "(... especially concerning underage boys from socially disadvantaged families, they arrive, and they don't wash themselves, they don't wash their clothes. And then nobody wants to contact with them, other those cell mates. They are outcast, isolated. I know that sometimes the boys have problems, even men here have problems with manicure, pedicure, as they don't know how to cut their nails, especially on feet, and then they have ingrown nails, and then terribly crazy thing, they have to have almost to undergo an operation, they go to a doctor, cannot walk because they cannot correctly cut their foot nails, well, even such simple things" (Bulgaria, prison expert 8).

Prison staff also brought attention to the gynaecological problems some young female prisoners suffered when entering prison that were attributed to the lack of personal hygiene "*Unfortunately the young people who end up in prison have not learned on how to take care of themselves. This is why many young girls whom I meet for the first time have gynaecological problems as they have never been shown how to take care of themselves"* (Estonia, prison staff 2). A prison expert from Latvia commented on this: "(...) very elementary hygiene things, that many have to be taught, even women need to be taught what is hygiene in general, what does it mean, what has to be done. They don't know even..., for example, at least how to cope with their period. They say, there are women who live as they are... this is something incomprehensible... rather many of them are indeed in need of elementary hygiene instructions, things that are taught at the kindergarten. Why one has to wash one's hands, brush one's teeth, take a bath" (Latvia, prison expert 1).

Parasite infestation was a further hygiene issue raised particularly by prison staff in Romania *"Because of their way of living, being in permanent contact, switching their clothes, sleeping in the same bed, on the same sheets, these parasites are quickly transmitted. We have cases of scab, mange. We are currently fighting a small outbreak. We are trying to extinguish it, but the problem is that soon new minors will probably come with the same risk, and new cases will appear. And this happens because of precarious personal and collective hygiene. And even if we let them know what we think, they don't take it into consideration*" (Romania, Nurse). Participants also mentioned other health problems such as infectious diseases, hepatitis and HIV and linked them to the lack of hygiene.

II) Oral health

Teeth and gum care was singled out as a particularly significant health promotion issue as even youths who don't have other personal hygiene problems, they often have problems with oral hygiene. Further, it was noted that a large number of juveniles suffered from drug addiction and it is known that illegal substances can damage teeth. Participants from Bulgaria and Romania mentioned that in general, preventative dental care is not a common practice in their country and so the same applies in prison settings *"if you try to do a*

periodical check-up, you will struggle with clear refusal of many or even most of prisoners" (Romania, Dentist). The importance of preventative dental care was highlighted by Latvian participants who mentioned that in their country only emergency dental health is covered by the state (usually tooth extraction) and that even in prisons one has to pay for dental services.

III) Overcrowding and lack of sufficient social space

Most prison staff agreed that it is difficult for young offenders to maintain a good health status due to the structuring of the prison environment and insufficient social space in the prison units. Most young offenders spend nearly their entire time inside their cells as there are not sufficient members of staff (comparing it to the number of inmates) in the detention units to supervise prisoners in the social communal spaces or outdoors. Staff acknowledged that this situation cannot be generalized to all detention units and that it is a problem for certain units, in particular for young offender wings located within adult prison settings. In 're-education'/rehabilitation centres for juveniles there were less problems with overcrowding and lack of social space as these units are organized differently "*There are no free spaces, spaces in nature. There are not sufficient sport activities. The structure of this prison doesn't allow more time spent outdoors…, Young prisoners already have a supplement, they go out for fresh air more than the rest, but it is not enough. There are too many prisoners and too few spaces. Prisons for minors and youth or prison wings that lodge minors and youth should not resemble with other prisons*" (Romania, psychologist).

Participants from the UK also added that "*It can be easier to meet young people's individual needs where they are housed in smaller units with higher ratios of staff to young people. There are however ways that larger units can adapt and develop systems to increase opportunities to assess and respond to individual needs" (*UK, NCB research)

IV) Mental Health

Mental health problems among young offenders were identified as a major issue. It was believed that the prison environment plays a major role in this and that there are links between the environment, aggressive behaviour, bullying, deliberate self harm and suicide. Prison experts stressed that the prison sub-culture has its own peculiarities with its own unwritten rules, often resulting in the suffering of young offenders through acts of bullying. *"We stumble here upon that subculture existing in custody. And they have... well, that hierarchy. Then those higher classes – they have no problems among themselves…, But relationships between the higher and the lower... it's... very hard there. They're rather cruel with each other (*Estonia, prison expert 5).

Prison staff and NGO members admitted that due to limited human resources, they were dealing with crisis situations instead of preventing situations issues from arising. In other words, they said they would work with a prisoner only after a deliberate self-harm or suicide attempt had taken place *"We had also finished suicides earlier, unfortunately... we can manage with prevention almost nothing anymore currently, as the psychologists are scarce, lot of people... now we deal more... with the effects, when a person already harms oneself or has done a suicide attempt, then we... begin to work with him or her... of course, it would be more effective to work preventively with that person beforehand (*Latvia, prison expert 8*).*

Whereas in the UK, health promotion activities included "*prevention of suicide and prevention of self-harm",* programmes in all establishments studied. In Germany staff mentioned that they keep an eye on young offenders who appears to be suffering from mental health in order to prevent suicides.

In addition, a number of prison experts highlighted that young prisoners experience a wide range of stressful circumstances related to the prison environment. These include problems with adaptation, violence, lack of regular contacts with their families, partners and girlfriends, boredom and lack of sufficient activities including frequent physical activities and sports, over-crowing and lack of social space leading to mental health problem. *"Prison has its own subculture and youngsters have problems with adaptation-they need more time and attention in comparison with elder prisoners"* (Bulgaria, Expert 8)

V) Food quality and quantity

Participants mentioned that the quality and quantity of food is a frequent subject of complaints from 95% of the inmates who ask for larger quantities and better quality food "... *the thing that the inmates really complain about most frequently is food. It is of low quality, there's little to eat, and it doesn't taste good."(*German, prison staff*)*

A number of participants from Latvia felt that prisoners usually do not consider prison meals to be healthy and wholesome, although the food standards have been worked out centrally and according to healthy diet principles. Youths coming from socially disadvantaged backgrounds often have not had hot wholesome meals outside prisons, and therefore the prison setting is the first place where they get hot meals on a daily basis. Further it was noted that although prisoners were allowed to buy additional food supplies in the prison shop, juveniles most often buy unhealthy products and is therefore necessary to educate youths about the principles of a healthy and balanced diet.

VI) Behavioural therapy and issues of self esteem

The majority of the prison experts interviewed expressed the belief that most young offenders have behavioural problems which usually results in them not being able to control their anger and frustration. Participants also said that that young offenders need to learn basic self-management techniques and get regular psychotherapy. "*Because at home nobody showed them how to act normally, for example how to manage anger or solve conflicts they simply lack social skills and usually have problems with communicating with each other and prison staff. They should get intense psychosocial interventions like psychotherapy once a week".* (Estonia, prison staff). Participants from the Czech Republic, Estonia and Bulgaria saw links between behavioural problems, issues of self-esteem and bullying.

VII)Sexuality, sexual health & contraception

There was a consensus about poor knowledge (especially among young men) on family planning and contraception. At best, young offenders have some information about the use of condoms "*They have absolutely no knowledge about contraception. Absolutely zero... Condom is everything they know. That's all. That's the only thing they know* (Latvia, prison expert 5*).* The participants believed that different myths existed among juveniles, about how infectious diseases are transmitted and about masturbation. They also believed that young offenders have suffered from sexual abuse or seen others being abused, often because of

the disadvantaged environment they come from. Young offenders also started their sexual relationships early "*they've got very... poor knowledge about sexual relationships …because they have it all in a very deformed way. Such life experience (...) poor knowledge despite the fact that they usually start their sexual relationships very early"* (Latvia, prison staff 3*).*
The experts were also of the opinion that the institutional homosexuality young offenders observe and experience in custody has an influence on issues of sexuality and sexual health. They also commented on how prisoners try to establish relationships with women from the "outside" and organize long meetings with them during visits. Overall, participants agreed that all these issues prove the urgency to deal with young offenders' sexuality and sexual health.

VIII) Other Issues

Prison staff and representatives from NGOs also believed that young offenders' health deterioration is connected to the choices individually made. However, they also mentioned that these so called "individual choices" are influenced to a certain degree by external factors such as prison culture, peer pressure, personal history and connections maintained with the outside world. They believed that the options prisoners had were limited by external constraints and therefore it was easier for them to take decisions and to act in a way which affected their health negatively. A number of participants also mentioned that this applies particularly to the younger age groups, as they tend to take good health for granted and associate illness with old age.

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

A need to focus on young people with weak support networks by providing support while they were in custody and also during the period of return to the community was identified. Suggested ways of supporting the young person was by developing mediation schemes to support them to strengthen fragile relationships and mentoring projects that provide positive and supportive role models. This was seen as important issue "(...*) relationships are very important, both inside and out. If they've not got good relationships then it will be very hard for them to survive on their own' (*UK*,* practitioner, NCB research)

2) Impact of imprisonment on health

Participants were asked if imprisonment effects young offenders' health. Most participants believed that *"The imprisonment affects young people's mental health and results in very negative consequences; depression, aggression, anger, serious mental problems"* (Estonia, expert 16)*.* However, a number of respondents especially from Bulgaria, the Czech Republic and Estonia also mentioned that for some prisoners being in prison affects their health positively as they get a secure environment, regular meals and treatment for drug addiction. In terms of access to health care, there were mixed responses; participants from Bulgaria believed that *"Most of the prisoners do not have health insurance and access to health care*

but in prisons they often undergo medical examinations for free" (Bulgaria, prison expert 12). Participants from Romania however mentioned that although health care was provided by the Ministry of Justice in prisons, the service was not comprehensive; for example, all dental care, apart from tooth extractions, has to be paid by the prisoners. As most of the young prisoners do not have this financial ability, their health is affected negatively.

3) Health promotion programmes/activities

Experts were asked about health promotion programs in their prisons, how there were organised and examples of successful practice. The scope, quality, and degree of availability of health promotion activities varied considerably from prison to prison within and between countries studied. This variation was partly attributed to funding, human resource availability and the availability of specialised wings, such as drug-free zones with treatment programmes that are provided in the Czech Republic. In certain countries, for example Latvia, most health promotion activities were provided by NGOs, whereas in Germany most activities were provided by in-house services.

Overall, participants showed a passionate interest in providing health promotion activities for young offenders. Their accounts made it clear that there are considerable variations in the range and quality of health promotion activities depending on each prison setting and in each country. In the UK for example, Youth Offending Teams (YOT) working in the community in resettlement services for young offenders[15] provide integrated support for young offenders where the idea is "*that workers from the YOP go into custody when young people get custodial sentences and start planning for release and resettlement packages that will meet their needs and I would say that mental health and physical health is all part of that. We also work with young people who receive community sentence (UK, YOP Manager).*

Participants from Estonia, the Czech Republic, UK and Germany provided a picture of a comprehensive health promotion strategy; policies, services and activities (see individual country reports). Estonian and German participants explained how a pre-detention screening programme is in place and how all newly arrived young offenders undergo an initial medical examination. Young offenders diagnosed with infectious diseases such as tuberculosis, hepatitis and HIV, are then offered treatment. Estonian participants explained that a range of social care programs are available[16] and that this is carried out by social workers and psychologists who are employed to work in prisons but are not prison staff. The purpose of these social care activities is to help young detainees create and maintain positive social contacts outside the prison setting and to help them increase their ability to cope both whilst detained and after their release. This social care programme is delivered through three stages; reception, main phase and release phase and it covers the following: Anger

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

[16] "Ministry of Justice" [http://www.vangla.ee/53894] 12.09.2011

management, social skills training, aggressiveness replacement training, lifestyle training for offenders, EQUIP, traffic safety programme, The Right Moment, pre-release programme, rehabilitation programme for sex offenders and support groups for HIV-positive and drug-addicted prisoners.

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

A different picture was built for the health promotion services provided to young offenders in Bulgarian and Latvian prisons. All prison staff and some NGO representatives from Bulgaria and Latvia admitted that health promotion programs for young offenders are very poorly developed " *I think prison staff should start setting up strategies and programs for health promotion and what topics to cover they have reliable information about the situation in their prison and the prisoners' needs and can use this as an effective tool"* (Bulgaria, prison staff4). The concern for Bulgarian prison staff was that, not only there were no specific health promotion activities and initiatives aimed at young offenders, but there were also obstacles in their development process. *"Yes, we have to develop health promotion programs but there are many obstacles and concerns. It is not very easy. Currently there are not any specific health promotion activities for young prisoners"* (Bulgaria, prison staff 3).

Regarding the availability of health promotion activities in Latvian prisons, a number of Latvian participants mentioned that prisons do not hold any funding for developing and implementing such activities. It is international organizations, NGOs and the UNODC (The United Nations Office on Drugs and Crime) Grant Scheme, that fund and/or implement successful health promotion campaigns in prisons. However these campaigns/activities are of limited duration and scope. Usually they include areas of health promotion relating to HIV/AIDS, self-harm, drug addiction, anger management, values education and communication skills. *"As to health, I fear nothing is ok here. (...) well, as long as there are international projects that distribute, for example, condoms, (...) at least tooth brushes or toilette paper (...) booklets on healthy lifestyle, something is going on. With the help of state funds nothing happens... I don't know about any successful activity to mention"* (Latvia, prison expert 1).

4) a) Health promotion topics and format – b) Good examples of practice

4a) Health promotion topics and format

The most widely available health promotion topics are: Prevention of tuberculosis, prevention of HIV/AIDS and sexually transmitted diseases, prevention of other infectious diseases, drug and alcohol addiction. "*We provide information in prison on drugs, infectious diseases, and alcohol. Prison staff never asked us for something different, usually these are the most serious health problems that prisoners experience"* (Bulgarian, NGO member 20).

Topics related to social health are also covered "*Well, those lectures on HIV/AIDS, on tuberculosis then we have had such programs where we are talking... kind of more about... social health... where it was about integration in the society when they will be released, how they will be able to adapt to the society, if it can be related to health. And (...) then, for example, in X prison they always have session about hygiene, about relationships. About (...) contraception, about sexual health* (Latvia, NGO member 1). In Germany, counselling on addiction and infectious diseases is always provided by in-house services, mainly by medical care professionals, who inform young prisoners about the risks. They also provide written materials (leaflets) on blood borne viruses, drugs and tattooing, and support them if they are personally affected.

The format in which these topics are presented varied considerably between prisons and countries and it ranged from lectures and informative talks to individual tutoring, values education, motivational interviewing, counselling, relapse prevention sessions, crisis intervention sessions and referrals for further treatment of addiction and infectious diseases. In Latvia, prison staff mentioned that group sessions and interactive training, which are recognised as successful health promotion methods, are rarely available and if so, they are sporadically organised as part of larger projects implemented by NGOs and are therefore short-lived. *"There was an [NGO] project (...) came to us for a while and spoke about HIV and AIDS and those different diseases, and also a little about that health and that hygiene. And I know that they [prisoners] were listening and with an interest, and participating, it was really useful. It was a project; I can't... tell if it is still going on or not"* (Latvia, prison expert 8).

Perhaps most surprising is that none of the establishments in any country offered information about safer practices for tattooing/piercing, despite the fact that such activities often take place amongst young people. It is also interesting that none of the prisons used peer educators for any activity, except in some prisons in Bulgaria.

4b) Good examples of practice

A number of good health promotion practices currently exist in different prisons within the seven countries of the study. The following paragraphs present some of these and the different forms in which these practices are offered.

In the Czech Republic, all custodial facilities provide regular sports activities, individual counselling, education, and crisis intervention. In addition, specialised wings and drug-free zones offer therapeutic programmes that include community meetings, group psychotherapy, ergotherapy[17] and thematic groups.[18]

[17] Any procedure that increases the blood supply to a diseased or injured part, such as physical activity, exercise, massage or various types of hot baths.

[18] Thematic Groups are working groups on specific themes established in order to create more effective platforms for debate and discussion amongst the members.

In Germany, young offenders who experience severe withdrawal symptoms during their detoxification process are referred to the prison hospital *"If one offender shows many problems [with detoxification] he is sent to the department for detoxification* (Germany, prison staff). Drug addicts are also counselled on the alternative of a stationary detoxification therapy instead of receiving punishment (a legal opportunity which is not available for alcoholics). Substitution is only available in certain prisons, but it seems to bring about positive results. "*We do not substitute juveniles for years but gradually taper the dose, intensely monitored. They got additional medication at first but after two or three weeks the dose is tapered down to naught and they are thankful and happy"(*Germany, prison staff). Regarding the prevention of sexually transmitted diseases, condoms are always available in prison but inmates can only get them in the medical department. This lack of anonymity is problematic when condoms are obviously not used with partners (e.g. in time of visits etc.) but are clearly used for male to male intercourse creating in this way a negative image of the young men and can lead to them being bullied.

A second example of good practice, in Germany is the provision of kitchens in which cooking groups are organised. This gives young offenders the opportunity to learn how to prepare healthy meals and to work in a team. This arrangement takes place usually once a month and often young offenders from migrant groups choose to prepare traditional meals sharing in this way this cultural aspect of food with other inmates. Young offenders use the kitchens individually at other times. Education and vocational training provision is also imbedded in the rehabilitation programme of young offenders who have a legal right to be educated whilst in prison, with the aim of social reintegration. A number of programmes are offered including vocational training in decorating and painting, carpentry, building cleaning and music education programme (e.g. instrument playing and choir singing.) One interviewee reported that in their prison, young offenders who attend school get paid and this acts as an incentive for young offenders to achieve school qualifications graduations and improve their job prospects.

In order to sustain family bonds and improve the well-being of young male offenders, another good practice reported by German participants was the 'father-and-child groups' that are offered in some German prisons with a good response by the prisoners.

One example of successful practice that came from a Latvian prison was the smoking ban within the prison setting for both staff and young offenders. The experts interviewed admitted they although they had expected a strong opposition to this reform, there wasn't one. Young offenders found that the smoking ban has reduced bullying; it was benefiting their health and was benefiting them financially. *"That's it, all is over... last year... starting with 1 July, and I passed the order of smoking ban for the staff... That's it, now, everybody goes... either outside, there... we have also a smoking area established... that's over, there are no cigarettes in the shop anymore... that's how we have it done successfully by our own means (Latvia, prison expert 6).* Reflecting on the positive outcomes of this policy another participant stated that *"... eighty or even ninety percent are happy that they can finally save up their money, save their health and… well, we... took away that manipulation weapon from them, which they had with those cigarettes, ok? And also the boys were satisfied with it... now they say... my life is more peaceful, as I don't smoke anymore and I don't have situations that I would... be ready to do anything for a cigarette, as it was before, and others took advantage of that (Latvia, Prison expert 5).* A second example of good practice in Latvian prisons is the organisation of sport activities and the tournaments, particularly the

ones organised with teams outside the prison settings. Taking part in these tournaments give young offenders the opportunity to play sports and compete with youngsters from the "the free world" and prison staff have mentioned this as a particularly positive example "*the sports activities we have are compulsory for the juveniles and sometimes they say "we are sick of that sport"... We have it compulsory according to the agenda... sports hall... And also this winter... I don't remember who had the initiative but we got skis... and the boys were skiing even regularly, as the weather was... very favourable for this... We have a special inspector who is doing sports activities together with the juveniles... his... main task is to... do sports with... the boys... that inspector organizes tournaments for us now and then. They are playing against each other there... football matches with youngsters from the outside, so that different teams come to us now and then... they are playing football with our guys... And the staff also plays football with the juveniles... also team against team* (Latvia, prison expert 5). A final example of good practice mentioned by an NGO participant was capacity and confidence building for prison staff through interactive group work and other activities. "*We do not provide services for prisoners (...) that our target group within the project was staff... by enhancing knowledge and skills of prison staff so that they would be able to create their own curricula, that was that our approach, that they could apply their knowledge further working with prisoners"* (Latvia, NGO expert 3).

In the UK examples of good practice included practical supports to prepare the young offenders for life outside prison. These included developing skills for writing a CV, information on how to get benefit or sign up for a GP. In addition respondents felt most confident about the effectiveness of work where **clear policy, guidance and resources** have been directed - such as work around anti-bullying, suicide prevention and provision of health care services. Plans for work to improve support to meet mental health and substance misuse needs also appear to be well developed in line with national directives.

Collaboration between Prisons and NGOs

All seven countries reported policies and protocols regarding the collaboration of prisons with external organisation in relation to the provision of health promotion activities. These external organisations included state and municipality institutions, public health directorates (for preventive examinations, X-ray analyses etc.), national armed forces (for sports activities in Latvia), social service (for social integration, crisis situation management etc.), schools and NGOs including religious organisations and individual volunteer professionals (for offering meaningful leisure time activities, communication, mental health promotion etc.) and private sector organisations. The protocols covered a number of diverse areas and they reflected the needs of prisoners and prison staff. Regarding health promotion activities, the cooperation with external actors was focused on the provision of financial, material and human resources needed to deliver programs and services. "*There are partnerships with NGOs; especially for the prevention of drug use … Specialists from the National Anti-Drug Agency are included in different programs. They have a topic regarding health and they come to present it. We present to them what the needs of the prisoners are and they come and help*" (Romania, prison educator). This view was echoed by a NGO respondent. *"We have a cooperation protocol sign with the National Administration of Penitentiaries. Based on*

this protocol we have access to any prison in the country, meaning our volunteers have access. They sign with us a volunteering contract and in there a confidentiality agreement, they can go in series or in pairs, and can implement programs, especially those assigned by ANP or the prisons" (Romania, NGO representative).

The nature of collaboration between prisons and organisations varied from prison to prison. Similarly the nature of activities and services offered ranges significantly. For example, in Estonia some NGOs have signed a central service provision agreement with the Ministry of Justice and therefore offer their services (support groups for HIV-positive and drug-addicted prisoners) to all Estonian prisoners, whereas other community organisations like Anonymous Drug Users offer their services to a limited amount of prisons/prisoners. Some local community organisations have developed individual cooperation based on volunteering, for example in Estonia, one rehabilitation organisation offers information days and individual counselling for prisoners with drug problems prior to their release. Similar collaborations were mentioned by the Romanian prison staff.

In Latvia, both prison staff and NGO members were positive about their level of cooperation, and felt the relationship has improved greatly in the last few years. Prison staff mentioned that without NGOs they would not be able to provide quality health promotion services and they considered NGOs as reliable partners. Staff from the NGOs mentioned that they have recently come to an arrangement with Prison Administration on ensuring methadone availability in custody. Staff from NGOs mentioned easy access to prison, although bureaucracy was believed to be the only obstacle to organizing their activities in prison settings. The range of activities and services offered by NGOs in Latvia was varied and creative. It included organising routine preventative visits to health centres to carry out annual X-ray examinations for the boys, offering vaccinations and visits to dentists "(…) *they help us a lot; we have dance therapy, yes, well, for the addicted girls. They are non-governmental, volunteers, teachers. We also have both a drama studio and an art studio where volunteers come, also artists. The drama studio is led, I think, by actors from X Theatre. Well, we have as much as it's possible though* (Latvia prison expert 4). *"Armed Forces and... they come... like real men... in uniforms... They also have different equipment stuff there... they bring ropes... different those exercises... to do. It's very interesting there... And they forgot... that they were in a prison, in fact, that they were prisoners. Well, that's important, that positive example from the outside world, the same instructor of the NAF. He comes, he says: 'You have to be men. You have to be able to defend women.' That's something for them, such a strong man"* (Latvia, prison expert 6). As we mentioned previously in this report, in Latvia there is no state funding allocated for health promotion and prevention activities in custody and therefore these activities, although of good quality, are organized fragmented and are offered only to a small percentage of young offenders.

Participants from Germany mentioned that cooperation with external organisations, support groups and institutions is fundamental for health promotion activities in custody. This is because prison staff do not have enough expertise on all relevant health promotion topics and the resources in prison are often limited. Counselling on infectious diseases, particularly on HIV, and on addiction to illegal and legal drugs is frequently provided by external services. Infectious diseases are prevalent in custody and therefore information on the topic and blood testing opportunities is provided by NGOs like the AIDS service organisation. Their services focus on preventive measures on HIV and hepatitis and counselling after

testing to help infected people cope with their disease. The AIDS service organisation funded a project called “health promotion weeks in custody” to generally convey information on HIV and hepatitis in particular for female prisoners “*We had a very high response to our services offered resulting in a proportion of more than half of the women (about 60 of 110) who – on a voluntary basis – decided be vaccinated against hepatitis” (German, NGO).* However, respondents mentioned that this service is mainly aimed at adults because the length of sentences for young offenders is sometimes too short to implement such services. For juveniles who are younger than 18 years of age and for those who belong to a risk group, the vaccination against hepatitis A and B is provided by the health service at no cost.

As mentioned previously, drug addicts in Germany are counselled on the alternative of a stationary detoxification therapy instead of receiving punishment (a legal opportunity which is available not only to diacetylmorphine (heroin) users, but also to cannabis users, but not to alcoholics). As detoxification therapy is not available for alcoholics, Alcoholics Anonymous groups (AA-groups) are provided within the prison setting, but without reducing the length of prisoners’ sentences.

Prison staff in the Czech Republic said that they had a good working relationship with NGOs, and only one participant raised concerns about NGO members interfering by demanding changes in the way young offenders were placed in the living quarters. Czech NGO members made similar comments about the good standards of liaison with prisons, although one mentioned the difficulty they were having with administrative processes from the Prison Service. *“Everything needs to be authorised by ten different people. It is a huge structure and it is very difficult to change certain things there. On the other hand, the actual collaboration with specific prison staff; special education professionals, educators, psychologists, in our case work quite all right”* (Czech Republic, NGO representative).

The level of collaboration between prisons and external organisations varied between countries and within prisons in each country, and was often based on organisations meeting a number of conditions. On this matter, the case of Bulgaria is distinct as this is shown by the following extracts *“We usually allow access of external organizations on prison territory but they should consider our rules and norms”* (Bulgaria, prison staff 10). *“If they work correctly no one will stop them and they will not experience any problems to access the prisoners”* (Bulgaria, prison security staff 12). *“Security staff is concerned with the prison regime and it is difficult to cooperate with them for implementing social and health programs…it is also difficult for prison experts to cooperate with them…”* (Bulgaria, NGO member 2), *“The prison director sometimes says it is difficult for him to order security staff to cooperate…”* (Bulgaria, prison expert 19).

5) *Main barriers in providing health promotion activities in prison*

Implementing health promotion activities is hindered by several factors pertinent both to the institution and to the prisoners. The most common institutional factor affecting the whole prison system is the shortage of staff and funds. Funding remains a pressing problem for NGOs as well. The representatives of community based NGOs argued that the lack of core financing to sustain the operation of the organisation (after project-specific funding comes to an end) continues to be a problem. This often hinders the planning and development of services *“All of our activities are project based, meaning when this programs end I never*

know if the next application we write will get financed and if the service provision can continue" (Estonia, NGO member).

A second common institutional factor affecting the whole prison system is prison overcrowding and excessive workloads. This is linked to the shortage of funds mentioned above. Excessive workloads, resulting mainly from the overcrowding of prisons were mentioned frequently by all participants, but particularly from participants from the Czech Republic and Romania *"In the X prison, for example, there are two psychologists for 600 offenders. That means, in fact, that if a person is not feeling well psychologically, they just can't get to see the psychologist because the psychologist is just too busy"* (Czech Republic, prison staff 4). *"There are 400-500 inmates and the shift has 20-25 persons. If there were more sport monitors working with the cultural sector, there would be more persons getting out of their rooms, they would double. Instead of getting out once a week to play tennis, they would go out two or three times a week"* (Romania, prison guard).

The majority of respondents from the Czech Republic pointed out that overcrowded prisons, the shortage of physicians and the low quality medical care currently provided in prisons are all barriers in implementing health promotion activities effectively "...*it is so lengthy here, the poor guy, when he comes down with the 'flu, he will get well by just lying down by the time he gets to paralen (pain killer containing Caffeine, Paracetamol & Phenylephrine). It's not that the doctor doesn't prescribe it in time, but it may take five days before everything gets sorted out*" (Czech Republic prison staff 3). Although goodwill exists among prison staff, participants mentioned on a number of occasions that they are overloaded "*There are enough programs on diverse topics, but the lack of staff sometimes hinder the implementation in good conditions" (*Romania, nurse). "*We have 2-3 social workers for more than 1000 inmates, the same for psychologists. They are the ones implementing the programs and it is practically impossible to split between so many prisoners. And there are also the tight spaces, few spaces and small that limit the access of prisoners to the programs"* (Romania, NGO representative).

There was a general consensus among participants that not only there is an excessive workload for prison staff, due to staff shortages, but there is also lack of trained personnel that know how to approach young people and how to meet their health and health promotion needs. *"My work is like putting out the fire. I never seem to have the time I really need to sit down with a patient and discuss the problems. A lot of times that is what especially young offenders need"* (Estonia, prison medical staff). Many interviewees acknowledged that prison staff working with young offenders should have special training *"With young prisoners you need much more time and effort to gain their trust and respect. For that all staff member working with young offenders should get training"* (Estonia, prison staff). *"External experts have to do it-they have experience and capacity"* (Bulgaria, prison staff 24).

Lack of coherent behaviour among prison was a further barrier in implementing health promotion activities effectively. An experienced prison psychologist in Romania commented that young people learn better by watching and following the behaviour of positive role-models rather than by participating to different types of theoretical lessons. Programs that promote healthy behaviours are implemented by specialized staff (e.g. medical or psycho-social-educational). For these programs to be effective, the rest of prison staff should adopt the same principles in their behaviour, as they are agents of socialization "*Between those responsible with prison security and those specialized in social-educational matters there*

should be coherence. The psychologists should not behave in a certain way, and the guard tougher … Young persons should be exposed to worthy models … If the young prisoner goes to a lesson regarding the negative effects of smoking or to a lesson about hygiene, but sees the guard smoking or throwing the stump on the floor, it is not beneficial, because the model is important. Even if suggestions are made informally and the young person keeps in mind what is not good to do, the model counts" (Romania, psychologist).

Other issues or concerns included the rigid prison management system and restrictive legislation *"There are lots of security considerations for implementation of health programs, usually security staff limits our time and access to these who need more help"* (Bulgaria, NGO member 22). The cumbersome administrative processes within the Prison Service pose a significant burden for NGO staff particularly in Bulgaria and the Czech Republic. *"If we want to go ahead with a new activity, it takes a very long time before it has gone through all that process. To me it's just red tape"* (Czech Republic, NGO Staff). *Usually we have problems with security staff not with prison experts - medical doctors, psychologists, social workers..." (Bulgaria, NGO Member 1)*

Young prisoner's unwillingness to participate in health programs were also considered as a barrier in implementing health promotion activities *"Very often YP think they are not prone to health problems - they say: we are young, we can cope easier with diseases…"* (Bulgaria, Expert 21). In addition, peer pressure and intolerance to behaviours that don't comply with the rules of prison culture can also act as a barrier. Consequently, if a prisoner makes a decision to practice a healthy lifestyle, others can reject him or her *"But that environment and those people are of the kind that they don't let something like this happen... some very different lifestyle... if you begin to do something other people don't understand or consider strange, well, they simply laugh at him and the person stops that soon. An additional factor is that there are those informal castes. Where the higher and better go, the lower can't go, and for the higher authorities everything is better provided, also the sports equipment, for example than for the lower ones"* (Latvia, prison expert 1). Further, young offenders who ask for assistance and support are looked upon as weak and frequently become the target of bullying. "*Healthy lifestyle is not an issue at all in the social groups from clientele comes from"* (German, prison officer). Regarding staff unwillingness, for both prison service officers and professionals, the respondents expressed the belief that this applied to individual cases, rather than having a culture of reluctance. They believe that negative attitudes may be a result of prejudice, for example against drug users (and that this may be automatically projected onto the people who work with this target group) and/or concerns that NGO staff will take over their work.

A number of staff from both NGOs and prisons in the Czech Republic, Bulgaria and Latvia commented on the inadequacy of premises and infrastructure deficiencies as a barrier in implementing health promotion activities effectively. "*We cannot sit here and rehabilitate the prisoner if there is rain dropping or streaming in the water basin in the middle of the room... That's not normal... How does the worker feel there and how can he work, and how can one convince the prisoner of anything normal" (Latvia, prison expert 6).* In relation to the environment in which health promotion activities take place, a Latvian respondent said eloquently: "*Life without tobacco, that could also be one of the basics of a healthy lifestyle. There are no separate places where non-smoking prisoners could be protected from this*

thing, it's impossible just due to the infrastructure. I assume that it's the same in the cell for non-smokers; the smell comes through the walls, windows, as the cell for smokers is located just next to it. If there's a cell, for example as large as this room, and there are twenty-five people sitting there, there's no room simply physically. So, they don't have many opportunities for sports either" (Latvia, prison expert 1*).* The general view among interviewees was that not many health promotion activities can take place unless we build *"new prisons equipped with special rooms, particular equipment built in and suitable for rehabilitation activities, educational events"* (Latvia, NGO expert No. 2)

Participants from Latvia often mentioned obstacles that were related to a lack of material supplies, such as photocopying paper and sports equipment. There are also limited options for prisoners when it comes to food and hygiene products "*even if a person wanted to live according to all the criteria of health promotion, he cannot really manage it. He is given a certain number of toothbrushes and toothpastes, and toilet paper. He, for example, cannot choose what to eat; he has to eat what the prison gives. Of course, he can buy some vitamins in the prison shop, in small amounts but he will never be able to be that successful in terms of food as a person outside. Thus, in terms of food he is very, very limited... if a person chooses to be a vegetarian it's impossible at present. Or taking bath once in 10 days" (*Latvia, prison expert 1*).* Latvian interviewees also mentioned that there is a high staff turnover due to the inadequate salaries and burnout syndrome of the staff due to the heavy workload. Further, when an NGO has to stop providing a specific service or activity, due to its project-specific funding ending, the attitude among staff is that initiating the activity/service was a waste of time and effort. All of the above factors were believed to have a negative impact on the delivery of health promotion activities. There were also concerns about the absence of a strategy or a methodical administration regarding health promotion and healthcare in the prison system; no targets, no priorities, no criteria for measuring the impact/outcome of any activities. A further obstacles identified by Latvian participants was the separation of preventative and secondary health care offered in prisons from the national health service. The healthcare of prisoners is organized by the Ministry of Justice and therefore as soon as a person gets in prison, he/she has no family physician, free medicines and preventive health check-ups.

Other barriers include the fact that in the national health promotion policy plan, prisoners are not identified as a target group and negative prison staff attitudes and lack of understanding about the importance of health promotion activities for young offenders. *"they [prison staff] have an attitude that nothing changes about these [harm reduction activities], ok? If they have the attitude that the only way is using punishment and aggression, and then with such kind of directive, repressive methods, a prisoner won't change, on the opposite, he will become even more aggressive, hurt others more. I don't know how to change it" (Latvia, prison expert7)* "*there is a serious problem that when one puts a person in a cell, one as if tries to put a non-smoker with smokers but sometimes it's an abuse and is used as... a tool for psychological influence on a person. Well, putting a non-smoker with twenty smokers. As there is no ventilation, it's, honestly, a torture" (*Latvia, prison expert1*).*

Amongst German participants the main barrier was that even though many medical departments are positive about providing health promotion services to young offender prisoners, prison management frequently denies access. In Germany, opportunities for health promotion services/activities differ significantly between the Federal States. This is because it is lawyers and solicitors who decide about health promotion in prison instead of public health experts. An example of bad practice is that test results have to be communicated to the prison management which implies a breach of medical confidentiality.

Finally, there was a shared view among all participants that this lack of concern about young offenders' health status exists not only within the prison system, but among the State officials and in the wider society. Thus, there is lack of public support and no political will to increase prison funding and to make considerable changes in prison structures and health promotion services. Nearly all participants argued that the focus of young offenders' health should be on prevention rather than treatment.

7) Key changes that may improve health promotion among young offenders

Respondents provided a range of ideas which they felt could enhance health promotion among young offenders.

There was a shared view that one of the key changes for improving health promotion involves changing young offenders' cell arrangements. *"When I take those under twenty-five, these young guys could stay away from the older ones; repeaters, so as not to learn anything from them. So it could be a little more differentiated. That's what I can think of. Because when somebody comes in for the first time, he's twenty-one, twenty-two, they find themselves an older guy as a role model, and that's not often good"* (Czech Republic, NGO representative).

A second suggestion was the use of health promotion approaches targeted specifically at young offenders. *"We need specific approach but not the usual campaigns in the community. Young prisoners have completely different needs in comparison with their coevals outside the prison"* (Bulgaria, prison expert 14). A number of respondents believed that systematic work with homogenous groups of offenders could make a crucial difference *"To put together a group of alcoholics or gamblers, who have similar problems, or personality disorders, and work with them in a systematic way. Say, three times a week, somebody would do something with them, work with them"* (Czech Republic, prison staff). Young people's participation in wider decision making also viewed as a key development. Practitioners suggested there needs to be in particular efforts to ensure that less articulate and confident young people are supported and encouraged to participate in decision making about health promotion activities "*F*or *every decision we need to go back to the boys and ask, what difference will it make for them?"* (UK, Practitioner- NCB)

Other respondents suggested that health promotion for young offenders could be improved in medical terms by providing more intensive dental care, a diet richer in fruit and vegetables, initial screening tests aimed at obtaining a general picture of prisoners' health status; continuous mental health care, wider availability of condoms and introducing long initial health assessments. Making changes in the prison environment was a further structural change suggested. For example, proposing legislative changes concerning the

criminal sanctions for drug use in prison, changing the management of the prison system, reducing the number of prisoners in units/cells, increasing the number of professional prison staff members, increasing the amount of leisure time and introducing recreational sports activities as part of the prisoners' routine.

Wider suggestions included: Increasing State funding for prisons, enhancing the cooperation between external organizations and prison experts, introducing incentives (such as opportunities for sports, visits from friends/relatives, cooking meals etc.) in order to motivate young prisoners to take part in health promotion activities and offering post-release care in the community imposed by court orders.

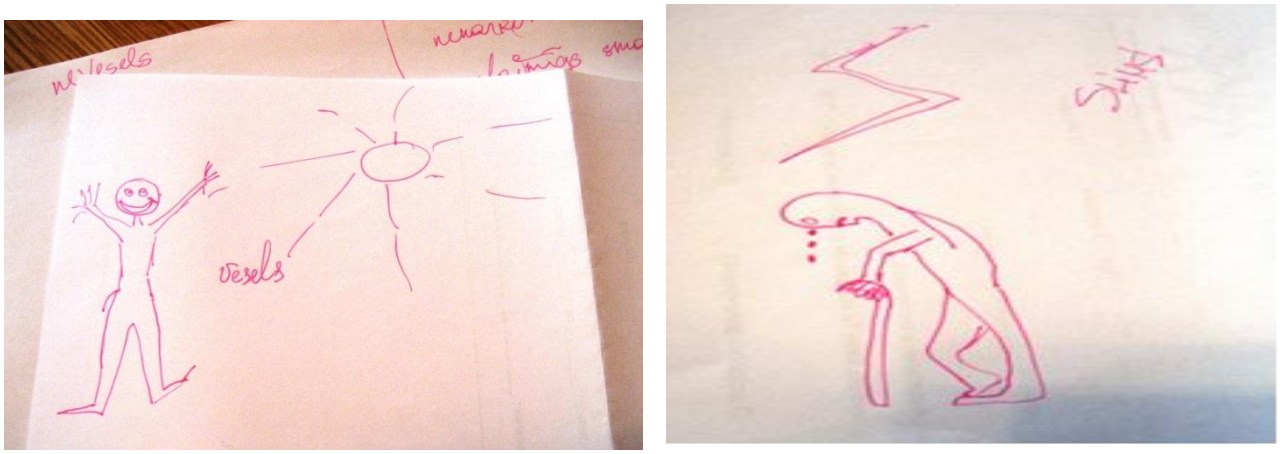
Finally it was believed that in order to optimise the well-being needs of the young people resettlement plans need to start as soon as the young person comes into custody providing the young person with appropriate support and learning opportunities and dealing with potential barriers to their successful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

5. 2. Focus Groups with Young Offenders

Twenty four Focus Group Interviews with 223 participants were carried out within selected prisons across the participating 7 EU members (see Methodology Section), of those 164 were men and 59 young women. Findings from different countries were tringulated. Illustrative quotes are provided to aid transparency of categorisation and theme representation indicating similarities and differences. The findings are presented in seven sub-sections: 1) Young offenders' views about health, 2) Subjective assessment of the current health status and the effects that being in prison may have on health, 3) Young offenders' knowledge on health issues, 4) Sources of information, 5) What improves health in prison, 6) What improves health after release, and 7) Preferred methods for receiving information.

1) Young offenders' views about health

Two types of data were gathered; drawings representing ideas of a healthy and unhealthy person and group discussions. The concept of "health" and "a healthy person" was broad and was connected with different aspects of health and human welfare. The pictures below from a Latvian female prisoner sum up this perspective.



Healthy person (on the left) and unhealthy person (on the right) – by a Latvian female prisoner

> *"Well, that is a happy person, he is smiling. The sun is shining over him, he always walks excited, rejoices, everything's fine for him. For the sick person, of course, the weather is… well there's thunder, lightning… he goes with crutches, he's crying, he's barely drags himself along, he's stooping… That's how I see "sick and well". That's it…" (Latvia, female prisoner)*

Health was reflected as a dual concept of both physical and mental wellbeing; having a harmonious body and being able to express positive feelings "*They go hand in hand – the*

physic and the psychic. If I feel morally well, I also have the desire to live, I feel better physically" (Romania, male prisoner). For the majority of participants a healthy person was seen as being physically fit, active, with good teeth, no sight or hearing problems, good looking, eating healthy food, refraining from taking drugs, drinking alcohol and smoking, playing sports, being satisfied with his/her life and smiling often.

On the contrary ill-health was recognized by the following perceived symptoms; having hepatitis, tuberculosis, and HIV/AIDS, poor personal hygiene(lice), smoking, alcohol consumption, drug taking, having no friends, being sad and having a generally neglected external appearance.

In addition to the above, for Bulgarian young offenders the concept of health also extended to positive socio-economic factors like having a job, a home, living in a good neighborhood and being respected. The unhealthy person was someone who experiences negative socio-economic factors. Health therefore was seen as being dependent not only on choices made by the individual, but also on the structuring of the environment in which the person lives. These concepts were similar in both male and female participants *"I have no qualification and job - how to pay for health insurance outside, I have no access to doctors" (Bulgaria, male prisoner).*

2) Subjective assessment of the current health status and the effects that being in prison may have on health

Most participants from Estonia and some Latvian participants felt that they are currently healthy. All respondents from different focus groups however believed that being in prison has affected their health both in positive and negative ways.

Some prisoners, particularly from Germany, the Czech Republic, the UK, Latvia and some Bulgarian Roma found it positive that they stopped smoking and using drugs, or that they had significantly reduced their smoking and drug use while in prison, and some felt it is better than staying at home due to poor family relationship *"some young people have never had it so good" (UK, prisoner-NCB).* Exceptionally positive experiences were expressed by female prisoners in Latvia. "*Well, I personally feel better, of course, as I was using drugs. I don't use drugs anymore now and I hope that everything that's going on in my head at the moment, how my thinking has changed, that it will stay as it is, and I am kind of happy that I got in prison, yes, exactly, happy. I am really happy"* (Latvia, female prisoner). Prisoners also found positive that they had their teeth *"fixed"*, that they were provided with treatment for hepatitis and they had an opportunity to exercise *"I feel definitely healthier [in prison]; I've used drugs very often out there and now I'm clean; doing much sports … I came with 60 kilo and I will leave with nearly 90 kilo"* (German, male prisoner) and "*Can't have sex so can't catch diseases"(*UK-Prisoner-NCB*).*

The prisoners also highlighted their opportunities to learn how to cope with their addiction to various drugs through counselling and support, to have less conflict and other stress factors. *"I had many problems with my family and always had this pain on one side of my head after all this shouting. I suffered from severe headaches everyday since I was fifteen. Now that I'm in prison the pain only occurred in the first two month and has completely abated since then"* (German, male prisoner). Another issue that was mentioned was related to access to health care *"I have no health insurance but in prison it does not matter - the state pays" (*Bulgaria*,* Roma male prisoner*).* This was also mentioned in countries where access to health care

was free “I have had tests to check my body to see if I am all ok” (UK, prisoners-NCB), which clearly highlights young males’ poor access to health care[19]*.

Young prisoners from the Roma community and some from the UK were generally more satisfied with the food than the rest of the prisoners, which is another indication of their socio-economic deprivation” *A chance to put on weight by eating three meals a day*” (UK, prisoners-NCB)..

The majority of prisoners from all 7 EU countries perceived their health status as deteriorating and in particular their mental health status “We came here healthy and we became ill” (Romania, male prisoner). Many prisoners expressed that their mental health had deteriorated due to problems with sleeping, feeling home sick, feelings of boredom, loneliness, over-crowding, lack of fresh air, lack of sport opportunities, lack of access to frequent showers/ baths and a stressful environment. In addition, the male prisoners also mentioned a feeling that “nobody can be really trusted”, having no friends, the rigidity of prison routine, having no contact or limited contacts with family and friends, a feeling of being constantly monitored (no privacy), being bullied and having conflicts with other inmates *‘It can be hard if you are a quiet person who stays in their cell a lot and don’t get along with people very easily – you are more likely to get bullied’ (*UK, Male Prisoner-NCB). A prisoner from Bulgaria also commented on being sexually abused *“You can be enforced to have sex here by older inmates and informal leaders” (Bulgaria, male prisoner).* All the above factors were affecting prisoners’ health negatively. Experiencing life in prison was summed up by a Romanian prisoner: “*Life here is very different. Even if we would explain, you wouldn’t be able to understand. It is simply another world. We are isolated in our own universe, parallel from the outside world. It’s a unique world. There are no terms for comparison. Here, instead of becoming good, we change in a bad way”* (Romania, male prisoner).

Most male prisoners claimed that their weight has dropped since entering the prison; this was believed to be in part due to mental stress but also due to the small food portions provided. All prisoners, except from those belonging to the Roma minority group in Bulgaria, were concerned about their nutrition, the poor quality and small quantity of food in prison “*Food, altogether, I think it’s not enough. The officers tell us that we not even should have had enough [food]” (German, male prisoner)*. In addition to issues relating to food and nutrition, participants voiced a number of reasons for their deteriorating health status. Many of these reasons were related to the prison environment. Prisoners talked about the difficulty they had to keep their cells and themselves clean, as a consequence of different skin diseases which are hard to eradicate and that they contaminate the living space. Young prisoners also spoke about being unable to get used to other inmates’ habits, such as smoking habits, or other inmates’ illnesses, such as TB, hepatitis or HIV. In general, prison cells host a high numbers of persons. Thus, prisoners’ bad habits and/or illnesses are seen as having a direct effect on the health of others. *“If I come healthy and they put me into rooms with mattresses filled with scab? Well, how can I protect myself from scab? Or, I am*

[19] Richardson, C A and Rabiee, F (2001). “A Question of Access” – an exploration of the factors influencing the health of young males aged 15-19 living in Corby and their use of health care services. Health Education Journal, Vol. 60, No (1), pp 3-6

*not a smoker until now I stay in a smokers' room" (*Romania, male prisoner). Prisoners also expressed their difficulty with getting an appointment with a health specialist as there were often long waiting lists.

Another problematic aspect of the prison environment is the limited access to resources that help people maintain a healthy life: Drinkable water, showers, hot water, heating, healthy food, fresh air in the room, regular sport activities, prompt and good quality medical care and family contact. Young female prisoners raised concerns that the quality of hygiene facilities provided by prisons is poor and insufficient. "*Shower once a week for women is not enough"*. Respondents from all countries felt that they didn't get many opportunities to play team sports, and although they had access to exercise equipment, they were not allowed to play team sports like football, basketball etc more than once a week. Participants also expressed that having only three showers per week (which varied from 1-3 in different prisons within and between countries) hindered their willingness to play sports as it was not every time that they got a chance to wash after playing sports.

The following quotes illustrate some of the shared problems pertinent to the prison environment. Interestingly most of the issues expressed by young prisoners in relation to factors that affecting their health were also highlighted by the prison staff and NGOs.

*"We don't have cells, we have units. We are up to 70 people in one room. People also smoke there… I personally don't smoke; it's very bad, in fact… Besides, if someone has caught the flu, then more than a half falls ill…." (*Latvia, adult male prisoner*).*

"*It is stressful here [refers to remand detention]. Each has his own thoughts. Think about it – we are staying locked up 23 hours out of 24, if we go out [for fresh air]. If not, 24 hours out of 24. We see the same persons day and night, day and night. How does it seem? And you cannot do anything about it. When a conflict arises, you either shut up or …"(*Romania, male prisoner).

"*Why are we not allowed intimate visits? There are some of us on remand detention for about three or four years. This is why we go crazy [and] we rape people" (*Romania, male prisoner*).*

3) Young offenders' knowledge on health issues

Prisoners had information on some of health issues, especially on issues that their detention units provides information via programs developed either within the institution or sponsored by different national and international organisations. These health issues were sexually transmitted diseases, HIV/AIDS, hepatitis and TB. Knowledge on health issues refers to how illnesses are transmitted, and how prisoners can protect themselves against contracting them. Young offenders also mentioned that they know about personal hygiene, healthy eating, the impact of tobacco, alcohol and drug use. They have knowledge on these issues either from personal experience, or from staff, or from the experiences of others, but they stated that incorrect information is frequently present due to conflicting messages received.

An important issue that was highlighted during various focus groups is the gap between having the knowledge regarding the risks to health and wanting to do something about them (motivation) and/or being able to protect themselves against them due to structural issues of the prison environment. This has been summed up eloquently by one of the Romanian

prisoners: "*We already know about them, because there were programs that taught us how to prevent them … They were useful because we stumble into all these things, they strike us. But theory is for nothing, this is the problem. We do theory, we sit here, and we talk till after tomorrow. But in practice, we go back to the same room."*

4) Sources of information

Young prisoners had access to different sources of information. Leaving aside the sources found outside the prison setting, such as the family and friends, the two most important information sources within the prison setting are prison staff and other prisoners, which in certain situations exhibit forces of negative influence. More experienced prisoners are the primary source of information on how to think and behave while in custody. It appears that, these prisoners have greater influence on young offenders than prison staff do, and in the process of submitting to the 'prison rules', young offenders become exposed to different risks for health.

5) What improves health in prison

When asked what could help them to be healthier in prison, respondents mentioned their need for information on certain topics, but also a number of health promotion activities and changes in prison policy which impacts on health. Young prisoners were fully aware that the body and the mind are connected and that the state of one affects the other, hence health promotion topics and activities requested covered both areas. The health promotion related topics mentioned by the majority of young offenders are: dental hygiene, infectious diseases; hepatitis, tuberculosis, sexually transmitted diseases, healthy eating, effects of alcohol and smoking, safe tattooing and piercing, suicide and self-harm prevention, anger and stress management, managing psychological stress; bullying, depression, anxiety, skills on how to cope in custody and life skills such as cooking and personal hygiene. These quotes illustrate what could help young offenders to be healthier in prison*: "I feel depressed here and I need support to tackle it…" (*Bulgaria, male prisoner). *"Well, yes, how to have a bigger control over one's emotion, for example, how to hold the negativity more inside… well, not exactly inside but how to not pour it on others…"(*Latvia, female prisoner*).*

Some female prisoners also mentioned that young offenders need to be informed about body changes during puberty. Some prisoners were held in custody from the age of 14 and they often received information on puberty processes for the first time while in prison. *"Well, I personally would be very interested, you know, I have been always kind of interested in that. Only we don't have possibilities here in prison" (Latvia, female prisoner).* In addition, female participants (particularly from Latvia and the Czech Republic) also expressed a wish to know more about building relationships with the opposite sex, contraception and pregnancy, delivery and child care. Interestingly, a number of young male prisoners in Latvia and the Czech Republic were of the opinion that one should discuss contraception more with girls, as it is "*women's stuff*", but admitted that they were also interested in these topics themselves as nobody talks with them about a man's responsibility for preventing unwanted pregnancies and the responsibilities following a pregnancy.

The respondents identified further health promotion areas that could promote better health while in prison, but felt that in most cases these health promoting activities were beyond their individual control as they required environmental and cultural changes within the prison

setting. These areas were: Maintaining a connection with family and having good-quality visits, getting better quality food and living conditions inside the cells, sharing the cell with fewer inmates, having inmates that respect hygiene rules, having better ventilation, being able to take a bath on a daily basis, being able to play sports (outside their cells and either inside the institution or outdoors), having good-quality and respectful relations with prison staff including medical staff. "*The medical staff should treat prisoners like any other patients and not like criminals"*(Estonia, male prisoner). Of equal importance was the improvement of medical service and health care in prison *"You can't even call it medical counselling. You only get some pills and are dismissed. You don't get any information on what illness you have or what you can do [to get healthier] (*German, male prisoner*).* Access to female Doctors and faster appointments to see healthcare also mentioned "*sometimes you have to wait for ages" (UK, Prisoner-NCB).*

Prisoners from Bulgaria, Germany, the Czech Republic and female prisoners from Estonia also mentioned the possibility of buying necessary goods from the prison shop at more acceptable/ affordable prices. "*It's always the same menu; you can't stand this. I'd like to have more variety. More fruits, we only get fruits once a week; that's crap" (*German, male prisoner*). "If you want to buy something it's really expensive*" (Estonia, female prisoner*)"I'd like to have my teeth fixed, no matter what problem you have with your teeth, they simply extract it (the tooth)…" (*Latvia, male prisoner*).*

When it came to maintaining a connection with family and partners, young offenders granted, they stated that frequent phone calls to their mothers and/or girlfriends would help them a great deal to cope with their situation. Some German prisoners from minority ethnic backgrounds complained about some of the rigidity of prison rules "we *have to write letters in German, but my family members are not able to read and understand."*

Meeting young offenders' sexual needs was also highlighted by a number of male prisoners particularly those from Germany, the Czech Republic and Romania. They asked for more visits from their partners/girlfriends and for having the opportunity for sexual intercourse through overnight visits in a "love-room". They felt that access to women in general could reduce aggression, rape and homosexual activities in prison "*Why are we not allowed intimate visits? There are some of us on remand detention for about three or four years. This is why we go crazy [and] we rape people"* (Romanian male prisoner*).*

Here it is important to mention that, once again, most of the suggestions for improving health in prison were similar to what prison staff and NGO members highlighted.

6) What improves health after release

Most prisoners mentioned access to health care and changes in their lifestyle and health behaviours: abstinence from alcohol and tobacco, physical activity and a good diet could help them stay healthier after leaving the prison *"Drinking of alcohol and smoking are very popular among me and my friends. I have problems with my stomach-the doctor said it is because of too much drinking outside…"(*Bulgarian male prisoner). Young Prisoners also talked about the need to develop new perspectives on living without crime after getting released from prison. They felt it would be beneficial for their health and well-being to learn about alternatives to criminal activity, drug use and other unhealthy or risky behaviours.

7) Preferred methods of receiving information

Young offenders were asked about their preferred methods of receiving health information and their answers were diverse. For example, the juveniles from the Roma community expressed a preference for lectures and visual materials *"Film is good option-you will see and listen it".* Others found more effective activities with game elements, group discussions and individual counselling "*Individual counseling is perfect-I can say something that do not want to share with others"(Bulgaria female prisoner)*. Prisoners also mentioned that, although they would gladly attend group sessions conducted by prison staff, they would like to have health promotion activities that were led by non- prison staff professionals (from "outside"). The youth added that they would have more interest in the activities if these were conducted or led by a member of the opposite gender.

Summary of the qualitative findings

Participants were fully aware of the wider determinants of health. Data from both young prisoners and prison staff yielded similar results in highlighting the same health promotion needs of young offenders and the importance of health promotion activities in prison settings. The scope, quality, and degree of availability of health promotion activities however varied considerably from prison to prison within and between the countries studied. A number of good health promotion practices currently exist in different prisons in the countries studied, however some of them are offered only to a small percentage of young offenders, they are project based and are not carried out regularly. The level of collaboration between prisons and external organisations also varied between and within countries and was often dependant on external organisations meeting a number of conditions and overcoming administrative hurdles. The implementation of health promotion activities is hindered by several factors pertinent both to the institution and to the prisoners. The most common institutional factor affecting the whole prison system is the shortage of staff and funds. A second common institutional factor affecting the whole prison system is prison overcrowding and excessive workloads.

Health promotion knowledge varied greatly between prisoners across the different countries studied. An important issue that was highlighted during various focus groups is the gap between having the knowledge regarding the risks to health and wanting to do something about them (motivation) and/or young offenders being able to protect themselves against risk to health due to structural issues of the prison environment. A highly problematic aspect of the prison environment is the limited access to resources that help people maintain a healthy life including: Drinkable water, hot water, heating, better ventilation in the cells, more shower facilities, regular sport activities and prompt and good quality medical care. Young offenders identified further health promotion areas that could promote better health while in prison, but felt that in most cases these health promoting activities were beyond their individual control as they required environmental and cultural changes within the prison setting. These were: Maintaining a connection with family, having good-quality visits, getting better food and living conditions inside the cells, being able to take a shower on a daily basis, being able to spend time outside their cells, having a respectful relation with prison staff (including medical staff) and having the opportunity to buy a range of goods including healthy food items from the prison shop at more acceptable/affordable prices.

Staff shared the above views and suggested that health promotion for young offenders could be improved in medical terms by providing more intensive dental care, a diet richer in fruit and vegetables, initial screening tests aimed at obtaining a general picture of prisoners' health status; continuous mental health care, wider availability of condoms and introducing long initial health assessments. Making changes in the prison environment was a further structural change suggested. For example, proposing legislative changes concerning the criminal sanctions for drug use in prison, changing the management of the prison system, reducing the number of prisoners in units/cells, increasing the number of professional prison staff members, increasing the amount of leisure time and introducing recreational sports activities as part of the prisoners' routine. Wider suggestions included: Increasing State funding for prisons, enhancing the cooperation between external organizations and prison experts, introducing incentives (such as opportunities for sports, visits from friends/relatives, cooking meals etc.) in order to motivate young prisoners to take part in health promotion activities and offering post-release care in the community imposed by court orders.

6. Conclusions and Recommendations

Participants were fully aware of the wider determinants of health. Health promotion needs identified by both staff and prisoners were broad and holistic and covered physical, psychological, environmental, socio-economic and structural issues. Both the survey and the interview data yielded similar results in highlighting the health promotion needs of young offenders and the importance of health promotion activities in prison settings. The most important health promotion issues identified from both sets of data and from prisoners and staff were: Health care, body and dental hygiene, prevention of infectious disease (including sexually transmitted diseases and hepatitis), sexuality and contraception, healthy relationships, information on drug and alcohol abuse, healthy eating, availability of sport facilities, anger management training, mental health care, prevention of suicide and self harm, coping with custody and pre-release programmes including life skills, alternatives to criminal life/career. There was a gender difference in ranking the above health promotion needs; female participants rated health promotion activities on “Sexually Transmitted Diseases/Safe Sex” and “Contraception” higher than male participants.

In addition, numerous prison experts highlighted that young prisoners experience a wide range of stressful circumstances related to the prison environment. These include problems with adaptation, violence, lack of regular contacts with their families, partners and girlfriends, boredom and lack of sufficient activities including frequent physical activities and sports, over-crowing and lack of social space leading to mental health problems.

The scope, quality, and degree of availability of health promotion activities however varied considerably from prison to prison within and between countries studied. This variation was partly attributed to funding, human resource availability and the availability of specialised wings/units such as drug-free zones with treatment programmes. Overall, staff showed a passionate interest in providing health promotion activities for young offenders. The current availability of health promotion activities in different countries was clearly linked to an extent to how important these activities were perceived by the prison experts and managers, but also what resources were available.

The nature of collaboration between prisons and organisations varied from prison to prison. Similarly the nature of activities and services offered ranged significantly. In certain countries, for example Latvia and Bulgaria, most health promotion activities were provided by NGOs, whereas in Germany most activities were provided by in-house services. Participants from Latvia and Bulgaria mentioned that there is no State funding for health promotion services.

There were a number of innovative examples of good health promotion practices within different prison settings across different countries; however a large number of these activities were infrequent and fragmented, or dependent on external initiatives/projects carried out by NGOs. Implementing health promotion activities perceived to be hindered by several factors pertinent both to the institution and to the prisoners. The most common institutional factor affecting the whole prison system was the shortage of staff and funds, and lack of motivation in prisoners. The nature of collaboration between prisons and organisations varied from prison to prison. Similarly, the nature of activities and services offered by NGOs ranged significantly.

The inadequacy of premises and infrastructure deficiencies was highlighted as a barrier in implementing health promotion activities effectively. The cumbersome administrative processes within the Prison Service pose a significant burden for NGO staff particularly in Bulgaria and the Czech Republic. Finally, there was a shared view among all participants that this lack of concern about young offenders' health status exists not only within the prison system, but among the State officials and in the wider society. Thus, there is lack of public support and no political will to increase prison funding and to make considerable changes in prison structures and health promotion services. Nearly all participants argued that the focus of young offenders' health should be on prevention rather than treatment. There was also a shared view about the need for balancing punishment and rehabilitation programme for the young people.

In summary, although the findings of this research project cannot be generalised to the prison staff and young offender population of the participating Member States due to different approaches of the sampling procedures, they can provide a useful platform for building a better understanding of current health promotion practices and in mapping out young offenders' health promotion needs across Europe and responding to their needs by developing appropriate health promotion resources, practice and policy.

The unusual large number of participants (n=313) of the qualitative component of the study; with 90 individual interviews and 24 focus groups with 223 participants provided a unique opportunity to hear the views and experience of a diverse group of the target population across the 7 European countries. Finally, it was reassuring that the prison staff and young offenders' results had many similarities, therefore suggesting that the findings reflect similar concerns across prison settings, and the results can be transferrable to similar settings in European countries.

In conclusion, health promotion activities should be further developed based on the needs identified from the participants of this research and also building on current examples of good practice in various countries. For improving the health of young prisoners and the sustainability of the health promotion programme, there is a need for increasing resources both financial and human and further collaboration between prisons, NGOs and other external actors. Health promotion programmes should also focus on developing prisoners life skills including communication skills, vocational training, cooking skills, relationship building and social skills and developing their self-esteem and assertiveness in order to prepare them for a good quality life after their release.

In terms of policy there is a need for National and EU standards to be set as currently there is no consistency of approach within and between countries regarding health promotion policy, guidance, resources and programme in Prison. There are positive examples of the effectiveness of "healthy setting initiatives" which should also be extended to prison setting.

A key development would also be involving the young people in wider decision making about health promotion in prison.

The Health Promotion Young People (HPYP) Toolkit should cover both general well-being and practical help as identified based on needs assessment in research project.

Attachments 1-7

Attachment 1

Member State (Country) Abbreviations

BG	Bulgaria	**EE**	Estonia
CZ	Czech Republic	**LV**	Latvia
DE	Germany	**RO**	Romania

Health Promotion Activity Abbreviations

NUT	Healthy Nutrition	**SUI**	Dealing with Feelings of Suicide
BOD	Body Changes During Puberty	**HARM**	& Feelings of Self- Harm
DEN	Dental Oral Hygiene	**STD**	Sexually Transmitted Diseases
ALC	Alcohol Use	**SEX**	Safer Sex – Condom Use
SMO	Tobacco Use	**CONT**	Contraception
DRU1	Use of Prescription Drugs	**COPE**	Coping with Custody
DRU2	Use of Illegal Drugs	**ALT**	Alternatives to Crime
HIV	HIV Infection	**BUL**	Coping with Bullying
HEP	Hepatitis	**CONFL**	Conflict Management
TUB	Tuberculosis		
TAT	Safe Practices for Tattooing/Piercing		
INJ	Safe Practices for Injecting Drugs		

Attachment 2

Questionnaire on health promotion for young offenders

- Prison staff -

What is the HPYP project about?

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

What do we mean by health promotion in custody?

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

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

1. **Please indicate your gender:** ❒ Male ❒ Female

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

❒ Security staff ❒ Prison administration

❒ Social worker ❒ Psychologist

❒ Medical staff ❒ Physician

❒ Other, please specify: .....

3. How long have you worked with young offenders in custody? ⌊__⌋__⌋ years

4. Please indicate the age range of the young offenders you are currently working with

from ⌊__⌋__⌋ to ⌊__⌋__⌋ years old

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

	Yes	No
Prisoners/young offenders are able to play sports outside	❒	❒
Prisoners/young offenders are able to play sports in the gym	❒	❒
Prisoners/young offenders have at least 1 hour exercise outside each day	❒	❒
Prisoners/young offenders are able to see a doctor when they feel sick	❒	❒

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

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

Health Promotion activity on:	Available	Not available	Under development	If available, how is it delivered? Leaflets	Posters	Brochures	Individual counselling	Group session	Peer educators	How important is it that this activity is provided in custody? *(rate from 1 "not important at all" to 5 "very important")*
Healthy nutrition	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Body changes during puberty	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Dental/ oral hygiene	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Alcohol use	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Tobacco use	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Use of prescriptive drugs	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Use of illegal drugs	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5

Health Promotion activity on:	Available	Not available	Under development	If available, how is it delivered? Leaflets	Posters	Brochures	Individual counselling	Group session	Peer educators	How important is it that this activity is provided in custody? *(rate from 1 "not important at all" to 5 "very important")*
Infectious disease HIV	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
hepatitis	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
tuberculosis	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Safe practices for tattooing/piercing	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Safe practices for injecting drugs	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Prevention of suicide	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Prevention of self harm	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5

Health Promotion activity on:	Available	Not available	Under development	If available, how is it delivered? Leaflets	Posters	Brochures	Individual counselling	Group session	Peer educators	How important is it that this activity is provided in custody? *(rate from 1 "not important at all" to 5 "very important")*
Sexually transmitted diseases	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Safer sex practices (condom use)	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Contraception	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Coping with custody & criminal career	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Coping with bullying	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Conflict management	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Other, please specify: …….	❒	❒	❒							❍1 ❍2 ❍3 ❍4

Health Promotion activity on:	Available	Not available	Under development	If available, how is it delivered? Leaflets	Posters	Brochures	Individual counselling	Group session	Peer educators	How important is it that this activity is provided in custody? (rate from 1 "not important at all" to 5 "very important")
										❍5
…….	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
…….	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
…….	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5

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

❒ Women ❒ Migrants

❒ Ethnic minorities ❒ Other, please specify

……

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

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

10. **Any other comments**

Thank you for completing the questionnaire!

Attachment 3

Questionnaire on

health promotion for young offenders

What is the HPYP project about?

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

What do we mean by health promotion in custody?

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

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

1. **Are you …** ❒ Male ❒ Female

2. **How old are you?** ⌊__⌊__⌋ years

3. **Is this your first time in prison or custody?** ❒ Yes ❒ No

4. **Are you …** ❒ on remand? ❒ sentenced?

5.

Would you like to know more about the following issues?	Yes	No	Don't know	**How important is this issue for you?** Very important	Important	Not important
How to eat healthily	❍	❍	❍	❒	❒	❒
Understanding how my body changes as I get older (dealing with sexual feelings)	❍	❍	❍	❒	❒	❒
Looking after my teeth and gums	❍	❍	❍	❒	❒	❒
How drinking affects my health	❍	❍	❍	❒	❒	❒
The effects of smoking on my health	❍	❍	❍	❒	❒	❒
The dangers of using drugs prescribed by the doctor for somebody else	❍	❍	❍	❒	❒	❒
Using illegal drugs and how they affect my body	❍	❍	❍	❒	❒	❒
Learning about what HIV is and how to protect myself from getting infected	❍	❍	❍	❒	❒	❒
Learning about what hepatitis is and how to protect myself from getting infected	❍	❍	❍	❒	❒	❒
Learning about what tuberculosis is and how to protect myself from getting infected	❍	❍	❍	❒	❒	❒
How to get a tattoo or piercing safely	❍	❍	❍	❒	❒	❒
How to inject drugs safely	❍	❍	❍	❒	❒	❒
How to deal with feelings of suicide	❍	❍	❍	❒	❒	❒
How to deal with feelings to self harm	❍	❍	❍	❒	❒	❒
Learn what sexually transmitted infections are and how to keep free of infection	❍	❍	❍	❒	❒	❒
How to use a condom properly	❍	❍	❍	❒	❒	❒

Learn about all the different kinds of contraception	○	○	○	❐	❐	❐
How to cope with life in custody	○	○	○	❐	❐	❐
Learning about alternatives to being involved in crime	○	○	○	❐	❐	❐
How to cope with bullying	○	○	○	❐	❐	❐
How to cope with arguments and aggression in custody	○	○	○	❐	❐	❐
Other, please name:	○	○	○	❐	❐	❐

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

7. Any other comments

Thank you for completing the questionnaire!

Attachment 4

Interview guidelines for interviews with custody staff

What is the HPYP project about?

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Expert interview questions

1. What is your professional position
2. How long have you been working with young offenders?
3. What is the age range of the young offenders that you work with?
4. What do you think are the health promotion needs of young offenders?

5. What kind of health promotion measures exist in your secure setting (*prison, youth arrest house, re-education centre etc*). What works well? What doesn't?

6. Are there particular vulnerable groups among the young offenders (e.g. women, migrants/ ethnic minorities, problem drug users) that require or who receive special services regarding health promotion?

7. Does the *prison/youth arrest house/ re-education centre* have links with NGOs/ voluntary organisations/ public agencies regarding health promotion activities? If yes, please specify this cooperation. How does this cooperation work?

8. What are the main barriers to implementing health promotion for young offenders?

9. What are your suggestions to improve health promotion?

10. Are there any key changes that you think would improve health promotion for young offenders?

11. Is there anything that you consider important that I have forgotten to ask you?

THANK YOU!

Attachment 5

Interview guidelines for interviews with NGOs/ service providers

What is the HPYP project about?

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

What do we mean by health promotion in custody?

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

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

Expert interview questions

1. Please indicate your professional position

2. How long have you been working with young offenders?

3. What age range of young offenders are you working with?

4. What kind of health promotion measures do you provide?

5. What do you think are the health promotion needs of young offenders?

6. Are there particular vulnerable groups (e.g. women, migrants/ ethnic minorities, drug/ alcohol users) requiring and receiving special services regarding health promotion?

7. How does cooperation with the *prison/ youth arrest house/ re-education centre* look like? How does this work?

8. What are the main barriers to implementing health promotion for young offenders?

9. What are your suggestions to improve health promotion for young offenders?

10. What would you most want to change regarding health promotion for young offenders?

11. Is there anything that you consider important that I have forgotten to ask you?

THANK YOU!

Attachment 6

Interview guidelines for focus groups

What is the HPYP project about?

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

What do we mean by health promotion in custody?

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

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

Focus group questions

1. When you think about the words "health" and "wellbeing" – what comes into your mind? What does health mean to you?
    - *Split participants into two groups, ask them to draw a picture "How do you imagine a healthy/ an unhealthy person?" and discuss it with the group.*

2. Do you feel healthy at the moment? Do you think that being here has affected your health (in a good /bad way)?

3. What could help you to be healthier here and after you leave?
   (for possible answers compare to the needs assessment questionnaire; e.g. smoking cessation, abstinence from alcohol, physical activity, good diet, knowing more about infectious diseases, sexual health, mental health…)

   - *Use posted notes or a flipchart for writing down the answers*
   - *Ask participants to prioritise their answers*

4. How much do you know about the things we have put down on the flip chart? (*pick one subject at a time and ask the group for comments*)

5. What things about your health do you think you would like to learn more about?

6. Can you think of anything else that would help you to feel better?

7. If you could choose 3 things that would make you feel better here what would they be?

8. Is there anything that you consider important that I have forgotten to ask you?

THANK YOU!

Attachment 7

Consent form

Research institute:

(Name, address of Institution)

What is the HPYP project about?

The EU funded project “Health Promotion for Young Prisoners” (HPYP) is conducted in cooperation with partners from seven European Member States (Bulgaria, Czech Republic, Estonia, Germany, Latvia, Romania, United Kingdom). The general objective of the HPYP project is to develop and improve health promotion for young prisoners. It specifically aims at the development and implementation of a health promotion toolkit for young people in prison. Within the scope of the project there will be anonymous focus groups with young prisoners as well as interviews with prison staff. All information obtained from the focus groups and interviews will be treated confidentially.

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

Date, place

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Signature of the participant Signature of the interviewer