

Health promotion of young prisoners

Non-specialist summary of the project's report

Young prisoners have particular needs that are different from other prisoners. They are often more disadvantaged than their counterparts in the community and this can both have a negative impact on their health and be a factor in their initial offending (Prison Reform Trust, 2012). A focus on the health of young prisoners is therefore extremely important in any attempts to reduce re-offending. However, there is surprisingly little understanding on ways in which healthy living messages can be effectively promoted amongst this particularly disadvantaged and vulnerable group of prisoners. Engaging in health promotion amongst young prisoners provides a valuable opportunity to address the wider health needs of this vulnerable and socially excluded population. Unfortunately, there is little data on the health of young prisoners, but generally, there are clear indications that prisoner health is poorer than that of people in the wider community and this has caused much concern.

In line with the aims and objectives of the second Health Programme and the annual work plan 2009, the general objective of the project was to develop and improve health promotion (HP) for young vulnerable people in the prison setting. It specifically aimed at the subsequent implementation of a health promotion toolkit for young prisoners widely across European Member States. The toolkit addresses health related factors regarding infectious diseases, sexual health, the prevention and treatment of drug use, addresses the initiation of drug use in prison and mental health. The target groups include young people (up to 24 years old) in pre- and sentenced prisons, including particular vulnerable groups like women, migrants and ethnic minorities and problem drug users.

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

Using a participatory approach, the development of the toolkit on health promotion was based on the views and needs of vulnerable young people in prison as well as on those of prison staff and representatives from non-governmental organisations as possible deliverers of health promotion in custodial settings.

Literature reviews and document analysis of existing policies, protocols and toolkits were undertaken by each partner in its country in order to establish what current practice exists in providing health promotion for young prisoners. Furthermore, a review of European and international sources was conducted.

An assessment of young prisoners' specific needs and demands as regards health promotion in the prison environment as well as a needs assessment of prison staff and NGOs on their current role in health promotion and their needs for delivering health promotion in prison has been conducted. Furthermore, focus groups with young prisoners and semi-structured in-depths expert interviews with professionals in the field were part of the method in order to get deeper insight into existing practice and obstacles as regards the implementa-

tion of evidence based interventions. The toolkit has been piloted in five of the associated partner countries, further developed and disseminated to a broad range of professionals and organisations in the EU Member States working with young vulnerable people in prison. It covers the following issues: how to deliver health promotion for young prisoners, sexuality and contraception, relationships, HIV and other infections, body and hygiene, oral and dental hygiene, drug and alcohol abuse, sports and exercising, healthy nutrition, supporting mental health and well-being, coping with custody and conviction, and throughcare.

The toolkit will have both a short-term impact and longer-term health outcomes including changes in individual health behaviours and skills of young prisoners. The toolkit will encourage prison administrations to implement interventions and support changes in the prison policy to include health promotion as an integral part of health delivery. By addressing the health of young people in custody, the project will have positive implications for the health of the citizens in the wider community.

The toolkit on health promotion for young prisoners is available in the following language versions for download at the project webpage www.hpyp.eu: Bulgarian, Czech, English, Estonian, German, Italian, Latvian, Portuguese, Romanian, Russian, and Spanish

The results are transferable and assist EU prison authorities in tailoring their policies, strategies and interventions according to their specific needs and meet the policy requirements of EU drug policy, HIV Action Plan 2005-09, European Pact for Mental health and Wellbeing and Green Paper regarding the educational disadvantage of many migrant children and the associated risks for social exclusion (2008). Comprising international exchange of expertise, the comparative approach of the project will have more impact on EU level than single national activities.

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 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 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 seven 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 and broadly implemented 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 programmes 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.

For further information: Dr. Caren Weilandt, WIAD, Scientific Institute of the Medical Association of German Doctors, Uebierstraße 78, 53173 Bonn, GERMANY, caren.weilandt@wiad.de, Tel +49 (0) 228 8104-182. www.hpyp.eu