



Kent Joint Strategic Needs Assessment (Kent JSNA)

## Kent 'Offenders' JSNA Chapter Summary Update '2014/15'

Contact: [Tim.Woodhouse@kent.gov.uk](mailto:Tim.Woodhouse@kent.gov.uk)

Website: [www.kpho.org.uk](http://www.kpho.org.uk)

# Kent Offenders JSNA Chapter Update 2014

## Introduction

In this chapter, the term 'offender' refers to an individual who is convicted in a court of law as having committed a crime, violated a law or transgressed a code of conduct. There is a distinction made between community offenders and those accommodated in prison. The term 'youth offender' is used to refer to those under the age of 18 who offend in preference to 'young offender' as this may be confused with the prison Young Offender Institution (YOI) estate that manages prisoners between the ages of 18 and 21.

This assessment is based upon:

- statistical data provided by the Kent Probation Service.
- statistical data provided through the Health Needs Assessments for the Kent prison estate comprising six prisons and one Immigration Removal Centre which were carried out by the former NHS Eastern and Coastal Kent and NHS West Kent PCTs in the period 2007- 2011
- statistical data provided by the Kent CSP and other partners
- the Kent and Medway Community Offenders Health Needs Assessment 2013
- research evidence.

Adult mental health, problem drug users, alcohol, and smoking are considered in more detail elsewhere in the JSNA.

Updated statistics have been included in this chapter where possible. However it is a recommendation of this chapter that a comprehensive health needs assessment of the prison population in Kent is undertaken.

## Key Issues and Gaps

- a HMPs Elmley and Swaleside have recently been subject to expansion: completed in 2010. These establishments will accommodate respectively circa 1,200 and 1,100 offender places.
- b There were 11 suicides or suspected suicides in Kent Prisons between Dec 2013 and Dec 2014.
- c There are concerns over delays for offenders meeting the criteria for alcohol misuse access to timely interventions. Appropriate and timely use of IBAs should be expanded.
- d There is a high rate of non-attendance at appointments offered within healthcare at some prisons in Kent, resulting in wasted financial resource and a lost opportunity to engage with an excluded population.
- e There is a high rate of refusal of psychological interventions associated with the Integrated Drug Treatment System (IDTS).
- f The 'Bradley Report' (2009) and the document 'Improving Health, Supporting Justice' present an opportunity to review and develop health services for individuals made subject to the Criminal Justice System.

- g There is a low recorded uptake of Hepatitis B vaccination within prison healthcare and within Integrated Drug Treatment System (IDTS), actual uptake may be higher.
- h Health promotion programmes should reflect the extent of foreign nationals in the prison estate and be designed to reflect this.
- i There are persistent high rates of smoking within the prison population
- j Greater use of SystmOne (clinical recording software) should be made to identify hidden morbidity.
- k Continuing, relevant and up to date training for clinical staff should be accessed.
- l Much of the data in relation to the prison population is based on research undertaken a number of years ago. An updated comprehensive health needs assessment of the prison population needs to be undertaken.
- m The Mental Health Needs Assessment needs to be updated given the changes in the prison population of HMP Elmley, HMP Swaleside and HMP Maidstone.

### Who's at Risk and Why?

It is important to acknowledge that the terms 'prisoner' and 'offender' cannot be interchanged. Both groups present with differing needs and priorities and both should be represented within a Joint Strategic Needs Assessment.

#### Prisoners

- 67% are unemployed before coming to prison
- 30% are homeless prior to entering prison
- 42% of released prisoners have no fixed abode and 49% of prisoners with a mental health problem have no permanent residence on release
- prisoners are 13 times more likely to have been in local authority care than the general population
- 65% of prisoners have a numeric skill at or below the level of an 11 year old and 48% have reading skills at or below this level
- prisoners are 10 times more likely to have truanted from school than the general population and are 20 times more likely to have suffered school exclusion than the general population
- 50% of prisoners have no GP on release
- 50% re-offend within two years (70% of young offenders)
- a third of offenders' debt problems worsen in custody (Prison Reform Trust, 2009).

#### Offenders

- a In an assessment in England in 2008-09, 41% of offenders who were assessed were found to be at risk of drug dependency and 45% at risk of alcohol dependency (Nottinghamshire Probation Statistics).
- b The problems of drug and alcohol misuse and the risk of suicide is higher among community managed offenders. Drug and alcohol misuse is responsible for 46% of deaths of community offenders ([Brooker et al, 2008](#)).
- c Problem drinking is four times higher in community offenders than in the general population for men and eight times higher for women.
- d Recently released male prisoners are eight times more likely to commit suicide than the general population, and recently released female prisoners

are 36 times more likely. A Home Office study has shown that the risk of death for male prisoners in their first week of release is 40 times higher than for the general population, and this is largely attributed to substance misuse (Home Office, 2000).

- e Of those assessed in this study in 2008-09, 30% linked accommodation to re-offending. Before entering prison, 63% of prisoners were renting from the local authority or a housing association (Stewart, 2008). Surveys indicate that 30% of people released from prison will have nowhere to live (Niven and Stewart, 2005).
- f A study of a probation caseloads completed by Brooker et al (2008) found that of the offenders surveyed:
  - 22.9% had been seen formally by a mental health service
  - 17% reported significant mental health problems
  - 10% reported ill-health related to smoking
  - 83% of the study sample were smokers
  - 9% reported experiencing musculoskeletal problems
  - 8% reported experiencing respiratory health problems
  - Death rates of community offenders are four times higher in comparison to the general population with drugs and alcohol implicated in nearly half of these deaths (Sattar, 2001). The same study by Brooker et al (2008) found that only 5.5% of offenders reported having problems accessing healthcare services. Only 2% found difficulty in accessing a general practitioner.

### **Youth offenders**

- a Boys in prison aged 15 to 17 are 18 times more likely to commit suicide than in the community.
- b Youth offenders who are homeless: 40% of children in custody have previously been homeless. Effective resettlement provision is the key to the reduction of re-offending.
- c Youth offenders who are not in education, training or employment.
- d Youth offenders with drug and alcohol dependency.
- e BME youth offenders: there are a disproportionate number of young black males in the youth justice system.

### **Women in the criminal justice system**

- a On 12 June 2009 the number of women in prison in England and Wales stood at 4,269, 236 fewer than a year before (NOMS, 2009). In the last decade the women's prison population has gone up by 60%.
- b In September 2010 there were 97 women serving sentences in HMP East Sutton Park. (Due for closure.)
- c Over half the women in prison say they have suffered domestic violence and one in three has experienced sexual abuse (Social Exclusion Unit, 2002).
- d Around one third of women prisoners lose their homes, and often their possessions, whilst in prison (Social Exclusion Unit, 2002).

## The Level of Need in the Population

### Prisoners

The prison population has different health needs to the general public. They are likely to have poorer physical, mental and social health than the general public and suffer from conditions associated with offending, such as substance misuse.

Kent has six prisons and one Immigration Removal Centre and the combined population is over 3,600 prisoners and detainees. (See table below.) The Sheppey Cluster of three prisons contains HMP Elmley which is a busy local prison with a high turnover and it is estimated that around 5,000 prisoners access healthcare services at HMP Elmley each year.

HMPs Elmley and Swaleside have recently undergone expansion, which saw the prisons' combined operational capacity increase to circa 2,400 prisoners. This will increase the demand on healthcare services at the Cluster and may create new health needs.

**Table 1: Kent Prisons – Capacity**

	Category	Capacity*
<b>HM Prison</b>		
Blantyre House	Adult male category 'C/D' resettlement	122
East Sutton Park	Adult and young offender women (Open)	100
Sheppey Cluster (Elmley)	Local Prison (Unsentenced and sentenced adult men)	1252
Maidstone	Male Category 'C' Training Prison	600
Sheppey Cluster (Standford Hill)	Male Category D sentenced adults	462
Sheppey Cluster (Swaleside)	Male Category B Training Prison	1132
<b>Total</b>		<b>3668</b>
<b>Immigration Removal Centre</b>		
Dover IRC	Adult appellant and failed asylum seekers	316
<b>Total</b>		<b>316</b>

Source HM Prison Service:

[www.hmprisonservice.gov.uk/prisoninformation/locateaprison/prison](http://www.hmprisonservice.gov.uk/prisoninformation/locateaprison/prison)

National figures from the Prison Reform Trust (2009) indicate that:

- 15% of male offenders and 19% of female offenders do not have settled accommodation prior to custody
- 48% of prisoners have a reading age and 65% have numeracy levels below the 11 year old standard. Almost half of all prisoners have no qualifications

- 50% of those sentenced to custody are not registered with a GP prior to imprisonment
- 48% of prisoners have a history of debt
- 66% of women and 59% of men in prison have dependent children under 18 years old and of the women 34% have children under five. 45% of prisoners lose contact with their family
- 27% of all prisoners in June 2008 were from BME communities of whom black prisoners form the highest proportion at 56%
- Studies show that about 55% of those received into custody are problematic drug users
- 75% of prisoners have co-existing mental health and drug or alcohol problems
- 72% of male and 70% of female sentenced prisoners suffer from at least two mental disorders
- 10% of men and 30% of women have had a previous psychiatric admission prior to entering prison
- Prisoners are 14 to 23 times more likely to suffer from a psychotic disorder than the general population
- Men released from prison are eight times more likely to commit suicide than the general population
- 96% of prisoners with mental health disorders were released without supported housing
- About half of prisoners have used cocaine or heroin recently
- 82% of heroin users and 37% of crack cocaine users were consuming it every day
- Over 60% used cannabis and 40% amphetamine
- 66% of heroin users were also consuming crack cocaine
- 54% of prisoners were using at least one type of illegal drug daily before imprisonment
- About 50% give evidence of moderate or severe dependence
- About 30% had 'severe alcohol problems'
- Around 80% of prisoners are smokers.

**Table 2: Population demographics of offenders within Kent prisons**

Age range	Elmley	Standford Hill	Swaleside	Dover IRC*
Under 20	51 (4.3%)	0	0	12%
20-25	286 (23.9%)	64 (14.5%)	184 (16.7%)	12.3%
26-29	217 (18.1%)	85 (19.2%)	252 (22.9%)	25.3%
30-34	184 (15.4%)	78 (17.6%)	160 (14.5%)	19.3%
35-39	125 (10.4%)	66 (14.9%)	145 (13.2%)	12.9%
40-44	133 (11.1%)	57 (12.9%)	123 (11.2%)	9.5%
45-49	87 (7.3%)	38 (8.6%)	104 (9.4%)	5.4%

Age range	Elmley	Standford Hill	Swaleside	Dover IRC*
50-54	48 (4%)	29 (6.6%)	67 (6.1%)	2.6%
55-59	32 (2.7%)	14 (3.2%)	32 (2.9%)	0.5%
60-64	18 (1.5%)	6 (1.4%)	22 (2%)	0.2%
65-69	10 (0.8%)	6 (1.4%)	13 (1.2%)	0
70-79	5 (0.4%)	0	1 (<1%)	0
80+	1 (0.08%)	0	0	0
<b>Total</b>	<b>1197</b>	<b>443</b>	<b>1103</b>	<b>305</b>

\*Dover IRC 2007 data averaged over a five week period.

**Table 3: West Kent prisons - Age ranges**

Age range	Blantyre House	Age range	East Sutton Park	Age range	Maidstone
21-29	25 (20.8%)	18-25	20 (20.6%)	Under 25	90 (15.4%)
30-39	40 (33.3%)	26-29	8 (8.2%)	26-29	103 (17.7%)
40-49	39 (32.5%)	30-39	21 (21.6%)	30-39	180 (30.9%)
50-59	15 (12.5%)	40-49	33 (34%)	40-49	112 (19.2%)
60+	3 (2.5%)	50-59	11 (11.3%)	50-59	61 (10.5%)
<b>Total</b>	122	60+	4 (4.1%)	60-69	34 (5.8%)
		<b>Total</b>	97	70-79	3 (0.5%)
				<b>Total</b>	583

Community Offenders – Kent Probation Workload and Activity Statistics  
(2008/09 Figures taken from 2008/09 Annual Report for comparison and the Community Offenders HNA 2013)

## 1. Commencements by type of Order/License

### Commencements by type of Order/License

	2009-10	2008-09
Community Order	3453	3400
Suspended Sentence Order	1215	1263
Standard Determinate Custody (CJA)	1211	1069
Extended Public Protection	26	26
Indeterminate Public Protection	32	43
Community Rehabilitation Order	11	3

## Commencements by type of Order/License

	2009-10	2008-09
Suspended sentence supervision order	1	0
Life imprisonment	15	27
Young off institution	179	186
Voluntary TCare	1	2
ACR	49	92
YO	129	143
Extended Supervision (SO)	5	11
Extended Supervision (VO)	1	0
S105 Recall To Prison Licence	13	25
DCR	33	48
CPO for breach	26	59
Community Punishment	81	122
CPRO (CP)	49	67
CPRO (Rehab)	3	5
Enforcement Order for CAF/CASS	1	0
Youth Rehabilitation Order	10	0
<b>TOTAL</b>	<b>6544</b>	<b>6591</b>

## 2. Caseload at 31/3/2010 compared to 31/3/2009 by type of Order/License/Custody

### Caseload at 31/3/2010 compared to 31/3/2009 by type of Order/License/Custody.

YEAR	ORDERS	LICENCES	CUSTODY	TOTAL
31/3/2010	3636	879	1878	6393
31/3/2009	3977	805	1650	6432
31/3/2008	4151	743	1550	6444

Source: Kent Probation Annual Report 2009/10

Office	Community Order	Suspended Sentence	Post Release Licence	Grand Total
Medway	376	235	246	857
Dartford & Gravesham	218	119	149	486
Maidstone	236	97	135	468
West Kent	238	106	127	471
Swale	154	130	122	406
Canterbury	189	97	57	343
South East Kent	352	233	206	791
Thanet	240	117	125	482
<b>Grand Total</b>	<b>2003</b>	<b>1134</b>	<b>1167</b>	<b>4304</b>
<b>Percentages</b>	<b>46.5</b>	<b>26.4</b>	<b>27.1</b>	<b>100</b>

Source: Kent Probation 2013



## Number of Community Offenders by Locality Office and management status March 2013

Gender	Numbers	%
Male	3755	87.24
Female	549	12.76
Total	4304	100.00

Source: Kent Probation 2013

## Kent Probation Supervised Offender Gender Status March 2013

Age Group	Numbers	%
18-20	258	5.99
21-24	747	17.36
25-29	832	19.33
30-39	1119	26.00
40-49	801	18.61
50-59	387	8.99
60+	160	3.72
Total	4304	100.00

Source: Kent Probation 2013

## Kent Probation All Community Offenders Age Ranges March 2013

### Adult offenders

Previous studies indicate that of offenders screened:

- 13% reported not being registered with a GP
- 37% reported not being registered with a dentist
- 26% rated physical health as being fair / bad / very bad
- 25% reported low mood
- 22% reported feeling anxious
- 33% reported feeling stressed
- 29% reported having problems sleeping
- only 39% reported eating fruit and vegetables daily
- 63% were smokers
- Brooker et al (2008) concluded:
  - Offenders self-report health problems more than the general population
  - Those living in probation approved premises have high levels of psychiatric morbidity, drug misuse and alcohol problems
  - Community managed offenders are no less likely to be registered with a GP than the general population
  - It is likely that those on probation officer caseloads are accessing dentistry at about the same rate as those in the local population.

### Youth offenders

- a It is well established that young offenders are a vulnerable group, with complex psychosocial and physical health needs (Anderson et al., 2004).

- b 'Looked after' children are associated with a dramatic increase in the prevalence of teenage pregnancy, health disorder and involvement in crime (McCann et al. 1996).
- c Health behaviours established in adolescence have been shown to persist into adulthood - for example, substance misuse (Fonaghy et al, 2002) and obesity (Steinberger et al, 2001).
- d Living in relative poverty, family breakdown, poor parenting, and being looked after by the local authority are often associated with a higher risk of unhealthy behaviours (Royal College of Paediatrics, 2003).
- e Higher rates of infectious and parasitic diseases, poisoning and respiratory problems have been identified in younger offenders (Andre et al, 1994).
- f Goldson (2000) identified higher rates of substance and alcohol misuse within younger offenders.
- g A study of young offenders attending YOTs found the reported health problems, routines, lifestyle, and social deficits of these young people were substantially different from the general population but similar to other groups of vulnerable teenagers, such as those who are homeless or leave the care of the local authority (Bardone et al., 1998; Anderson et al., 2004).
- h There is a lack of studies that have investigated the needs of young people in the community (MacDonald, 2006).
- i Dogra (2005) stated that "young people want accessible services staffed by those they are able to trust who demonstrate an ability to listen; above all, young people want to be involved in the decisions made about them."
- j Nottingham ranks 346th out of the 354 districts in England using the average Super Output Area scores, effectively the ninth worst district for child wellbeing in the country.

### **Women in the criminal justice system**

- A University of Oxford report on the health of 500 women prisoners, showed that: 'women in custody are five times more likely to have a mental health concern than women in the general population, with 78% exhibiting some level of psychological disturbance when measured on reception to prison, compared with a figure of 15% for the general adult female population'. Fifty-eight percent of women had used drugs daily in the six months before prison and 75% of women prisoners had taken an illicit drug in those six months.
- Of all the women who are sent to prison, 37% say they have attempted suicide at some time in their life. There were 51 self-inflicted deaths of women prisoners between 2002 and 2007 (Corston, 2007).

Two thirds of women in prison show symptoms of at least one neurotic disorder such as depression, anxiety and phobias. More than half are suffering from a personality disorder. Among the general population less than a fifth of women suffer from these disorders (Prison Reform Trust, 2003).

### **Current Services in Relation to Need**

- a Her Majesty's Prison Service (HMPS Healthcare) is commissioned by NHS England to provide health services within the Kent Prison estate. The service provides a nurse-led model that offers clinics for diabetes, epilepsy, coronary heart disease, primary mental health, and smoking cessation. Screening and

health education are offered for hepatitis A, B and C. There is a comprehensive vaccination programme available. CRI deliver the Integrated Drug Treatment System within the same prison estate with the tender to provide these services currently about to be retendered. Pharmacy services are provided from HMP Rochester.

- b Other services offered within the prisons include dentistry, sexual health, GP clinics and optometry. There is also a Mental Health In Reach service consisting of Community Psychiatric Nurses, Psychology, Occupational Therapy and Psychiatry.
- c The Integrated Drug Treatment System (IDTS) is fully embedded within prisons, having been implemented in June 2007. The objectives of the service are to:
  - Increase the number of problematic drug users in prisons who are in receipt of treatment consistent with best practice.
  - Provide treatment and advice aimed at maintaining problematic drug users in treatment on release.
  - Work with the Drug Intervention Programme / Criminal Justice Intervention Teams in the community and with community drug treatment providers to improve overall the continuity and consistency of care for drug users, both on their entry and release from prison.
- d NHS Medway commission specialist mental health services to the prison estate and these are provided by the Mental Health In Reach Team (Oxleas NHS Trust)
- e A programme of Kent Prison HNAs for 2014-15 is planned by NHS England LAT.

### Projected Service Use and outcomes in three-five years and five-10 years

The prison population in England continues to rise, and there is no reason to believe that the increase won't be reflected in Kent.

<b>Prison Population in England</b>	<b>02 Jan 2015</b>	<b>02 Jan 2014</b>
<i>Male population</i>	<i>80,822</i>	<i>80176</i>
<i>Female population</i>	<i>3,806</i>	<i>3786</i>
<i>Total</i>	<b>84,628</b>	<b>83962</b>

Prison population figures. Provided by the Ministry of Justice and the National Offender Management Service <https://www.gov.uk/government/statistics/prison-population-figures-2015>

### Evidence of What Works

Lord Bradley's review of people with mental health problems or learning difficulties in the criminal justice system;

<http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/>

[Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_098694 - Indications are that this report is under review](#)

[http://www.centreformentalhealth.org.uk/pdfs/Bradley\\_Commission\\_briefing1\\_BME.pdf](http://www.centreformentalhealth.org.uk/pdfs/Bradley_Commission_briefing1_BME.pdf)

- Offender Health Research Network; <http://www.ohrn.nhs.uk/>
- The Prison Health Research Network; <http://www.networks.nhs.uk/networks/page/613>
- The Prison Reform Trust; <http://www.prisonreformtrust.org.uk/>

### **Public Health England**

[Protecting people promoting health: a public health approach to violence prevention in England](#) Published 22/10/2012

[Prison hepatitis B vaccination and hepatitis C testing monitoring](#) Published 06/06/2013

### **Department of Health**

Prison health performance and quality indicator report and guidance

<https://www.gov.uk/government/publications/prison-health-performance-and-quality-indicator-report-and-guidance>

### **National Institute for Health Care Excellence**

[Hepatitis B and C testing](#) Published 12/12/2012

[PH43 Hepatitis B and C - ways to promote and offer testing: costing report](#) Published 12/12/2012

[PH43 Hepatitis B and C - ways to promote and offer testing: guidance](#) Published 12/12/2012

[CG120 Psychosis with coexisting substance misuse: full guideline](#) Published 23/03/2011

### **Others**

[Policy paper: Offender Health: reducing health inequalities through improving the health of offenders](#) Published 14/10/2011 Gov.uk

[Prevention and control of infectious diseases among people who inject drugs](#) Published 12/10/2011 European Centre for Disease Prevention and Control

[Evidence review on the effectiveness and cost-effectiveness of interventions aimed at identifying people with tuberculosis and/or raising awareness of tuberculosis among hard-to-reach groups.](#) Published 30/06/2011

<http://www.howardleague.org/sex-commission-jails-struggle/>

Howard League for Penal Reform

Consensual sex among men in prison: briefing paper 1

[http://www.howardleague.org/fileadmin/howard\\_league/user/pdf/Commission\\_on\\_Sex\\_in\\_Prison/sex\\_commission\\_final.pdf](http://www.howardleague.org/fileadmin/howard_league/user/pdf/Commission_on_Sex_in_Prison/sex_commission_final.pdf)

[Losing track of time: dementia and the ageing prison population: treatment challenges and examples of good practice](#) Published 01/01/2013 Social Care Online

Guide to working with offenders with personality disorders (DH 2011)

<https://www.gov.uk/government/publications/a-guide-to-working-with-offenders-with-personality-disorders>

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[Bradley Commission briefing1 BME](#) Published 04/09/2013 Centre for Mental Health

[Screening for the risk of self harm in an adult offender population](#) Published 08/06/2011  
<http://www.hta.ac.uk/2291> (protocol) Health Technology Assessment Database  
[Screening and case finding for depression in offender populations: a systematic review of diagnostic properties](#) Published 14/09/2011 Database of Abstracts of Reviews of Effects  
[Screening tools assessing risk of suicide and self-harm in adult offenders: a systematic review](#) Published 01/01/2010 Social Care Online  
[Stopping the revolving door: a meta-analysis on the effectiveness of interventions for criminally involved individuals with major mental disorders](#) Published 17/08/2012 Database of Abstracts of Reviews of Effects  
[Systematic review and meta-analysis of interventions relevant for young offenders with mood disorders, anxiety disorders, or self-harm](#) Published 01/01/2010 Social Care Online  
[Fatally flawed : has the state learned lessons from the deaths of children and young people in prison?](#) 20/09/2013 Prison Reform Trust  
[A label for exclusion: support for alcohol-misusing offenders](#) Published 04/01/2011 Centre for Mental Health  
[Prisons and drugs in Europe: the problem and responses](#) Published 01/11/2012 European Monitoring Centre for Drugs and Drug Addiction  
[Gender differences in substance misuse and mental health amongst prisoners : results from the surveying prisoner crime reduction \(SPCR\) longitudinal cohort study of prisoners](#) Published 06/03/2013 Ministry of Justice

## User Views

These are a selection of views taken from various Health Needs Assessments conducted in December 2010.

- "not enough dental clinics"
- "nurse triage is not confidential"
- "Long waiting list for consultant appointments"
- "Concerned about getting script in the prison"
- "Hard to see the optician"
- "if you are working outside the prison it is hard to see the GP"
- "Aware of services but not sure how to access them"
- "They sort things asap, they didn't judge, full of info for me and very helpful"

## Unmet Needs and Service Gaps

- a HMPs Elmley and Swaleside have recently been subject to expansion; completed in 2010. These establishments will accommodate circa 1,200 and 1,100 respectively offender places.
- b Offenders meeting the criteria for alcohol misuse are currently unable to access timely interventions. Appropriate and timely use of IBAs should be expanded.
- c There is a high rate of non-attendance at appointments offered within healthcare at some prisons in Kent, resulting in wasted financial resource and a lost opportunity to engage with an excluded population.

- d There is a high rate of refusal of psychological interventions associated with the Integrated Drug Treatment System (IDTS).
- e The 'Bradley Report' (2009) and the document 'Improving Health, Supporting Justice' present an opportunity to review and develop health services for individuals made subject to the Criminal Justice System.
- f There is a low recorded uptake of Hepatitis B vaccination within prison healthcare and within IDTS, actual uptake may be higher.
- g A Health Needs Assessment has not been completed for the offenders in the community.
- h The mental Health Needs assessment needs to be update given the changes in the prison population of both HMP Elmley and HMP Swaleside.
- i Health promotion programmes should reflect the extent of foreign national in the prison estate and be designed to reflect this.
- j There are still persistent high rates of smoking within the prison population and this needs to be significantly reduced.
- k Greater use of SystmOne (clinical recording software) should be made to identify hidden morbidity.
- l Continuing, relevant and up to date training for clinical staff should be accessed.

### **Recommendations for Commissioning**

- a A multi-agency examination of how to prevent suicides in Kent Prisons should be undertaken.
- b The development of an IT solution that promotes the Integrated Drug Treatment System through enhanced information sharing.
- c The development of clear pathways and referral processes that enable offenders leaving custody to access community drug and alcohol services. Many prisoners have never received help with their drug problems. According to the Social Exclusion Unit, officers at HMP Manchester have estimated that 70% of prisoners come into the jail with a drug misuse problem but that 80% of these have never had any contact with drug treatment services (Social Exclusion Unit, 2002).
- d The development of services within the Kent prison estate for prisoners who engage in hazardous drinking. 63% of male sentenced prisoners admit to hazardous drinking to an extent that carries a risk to physical and mental harm (Prison Reform Trust, 2004).
- e To develop a process for the implementation of the recommendations from the Bradley Report and the Improving Health, Supporting Justice National Delivery Plan.
- f To support the development of an integrated offender health pathway across all criminal justice agencies.
- g All offenders in the criminal justice system including the prison estate should be offered the NHS Health Check at the appropriate age and at appropriate intervals.
- h The full range of national screening programmes (England) should be available to all offenders in prison.
- i Adequate dental provision should be commissioned to ensure that waiting times meet target intervals.

## Recommendations for Needs Assessment Work

- a A comprehensive health needs assessment of the prison population in Kent is undertaken.
- b There should be a review/update of the Mental Health Needs Assessment for the prison estate which takes into account the changes at HMPs Elmley, Maidstone and Swaleside.
- c There needs to be a Drug and Alcohol Needs Assessment for Prisons
- d A full Equality Impact Assessment should be completed annually for the Healthcare services at prisons in Kent.

## Key Contacts

- Nickolas Watkin, Commissioning Manager (Offender Health), NHS England  
[nickolas.watkin@nhs.net](mailto:nickolas.watkin@nhs.net)
- Robert Clark, Director of Business Development Kent Probation.  
[Robert.Clark@kent.probation.gsi.gov.uk](mailto:Robert.Clark@kent.probation.gsi.gov.uk)
- Jess Mookherjee, Public Health Consultant, Kent County Council.  
[jessica.mookherjee@kent.gov.uk](mailto:jessica.mookherjee@kent.gov.uk).
- Stephen Cochrane Public Health Specialist Kent County Council  
[stephen.cochrane@kent.gov.uk](mailto:stephen.cochrane@kent.gov.uk)

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