Health Needs Assessment
HMP YOI Downview –
The Josephine Butler Unit

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List of abbreviations

ACCT	Assessment, Care in Custody, and Teamwork
ASSET form	Structured assessment for young offenders - carried out by YOT (see below)
BCG	Bacille Calmette Guérin - the vaccine given to protect against tuberculosis
BME	Black & Minority Ethnic
BBV	Blood-borne virus
CNA	Certified normal accommodation
CRB	Criminal records bureau check
CSU	Care and support unit – 'segregation'
DH	Department of Health
DSH	Deliberate self-harm
DTO	Detention & Training Order
F213SH/F2052SH	Form to record self-harm now replaced by ACCT
HCA	Healthcare assistant
HMIP	Her Majesty's Inspectorate of Prisons
HNA	Health needs assessment
HPAG	Health Promotion Action Group
IDTS	Integrated Drug Treatment System
IRC	Immigration removal centre
JBU	Josephine Butler Unit
LD	Learning disability
MMR	Measles Mumps Rubella
MoJ	Ministry of Justice
NOMS	National Offender Management Service
PALS	Patient Advice and Liaison Service
PCT	Primary Care Trust
RGN	Registered General Nurse
RMN	Registered Mental Health Nurse
SABP	Surrey & Borders Partnership – Mental Health Provider for prisons
STR worker	Support Time Recovery
TB	Tuberculosis
WTE	Whole time equivalent
YJB	Youth Justice Board
YOI	Young Offenders' Institution
YOT	Youth Offending Team

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EXECUTIVE SUMMARY

HM Government's 2009 Strategy for children and young persons in contact with the Criminal Justice System – *Healthy Children, Safer Communities*[1] – highlighted the unmet health needs of such children, and the social disadvantages which may compound their health problems.

The main young persons' requirements from the PHPQI (indicator 1.23a) are for:

- Access to comprehensive CAMHS
- Safeguarding
- Transition to adult settings

Health needs assessments allow commissioners to make plans for healthcare, based on a sound understanding of current service provision and patient needs.

This HNA for the Josephine Butler Unit (JBU) was carried out from mid - February to June 2010.

This paper describes the unit (located on the grounds of HMP Downview), the methods for the HNA, and the results (service descriptions, comparison with similar units, epidemiological descriptions of disease burden, and corporate work). The results have then been synthesized to build a picture of health needs, and recommendations for action with suggested ownership.

This HNA was carried out just before the new electronic case management system for prisons nationally (SystmOne) was implemented. SystmOne will replace traditional paper-based methods to assess burden of disease in future needs assessments.

Key facts

- The JBU is a 16 bed juvenile unit, which accommodates both remand and sentenced young women;
- Most young women are aged 17 years old;
- At the time of the audit, half of the young women living in the unit were of Black or Minority Ethnic (BME) origin;
- A small number of young women detained in the JBU are subsequently taken to Immigration Removal Centres (IRCs) for deportation.

Key findings and recommendations for JBU, with suggested ownership

The recommendations from the health services work, corporate work, and disease-specific work has been synthesised under headings to give a thematic view of recommendations, together with the source of the recommendation (e.g. corporate work). Any recommendations which also relate to PHPQIs have been highlighted accordingly.

[1] Healthy Children, Safer Communities (Dec 2009). HM Government.

Thematic area	Sub-heading	Recommendations	Source	PHPQI	Suggested Ownership
STRUCTURE	**Pharmacy**	Review need for a Pharmacy led clinic to advise on medicines – technician already delivers a weekly clinic	Corporate, disease headings	1.3	healthcare
	Mental health	Review the configuration of in-reach team, as the staff are not drawn from the Surrey CAMHS team directly	Health services	1.23a	NHS Surrey and SABP
PROCESS	**Emergency response**	Ensure safe emergency response in hours and out of hours, by: ensuring sufficient first aid trained prison and healthcare staff (especially overnight and during weekends) who have been trained to use a defibrillator, and reviewing the equipment, facilities and personnel needs of the prison for emergency response. Emergency equipment should be checked daily.	Health services	1.1	all
	Optician	Review access to optician	Corporate	N/A	Healthcare
	CRB	Ensure all staff have up-to-date completed CRB checks.	Health services	1.1	Prison, healthcare
	Safeguarding and PCT	NHS Surrey to link JBU in with the Surrey Children's Alliance in line with PHPQI. NHS Surrey to work to promote attendance of the Surrey Safeguarding Committee and Local Authority at the unit's quarterly meetings.	Health services	1.23a	NHS Surrey, prison, healthcare
DISEASE HEADINGS	**Physical health**	Use SystmOne to identify young women with chronic illnesses and use this to direct clinician to appropriate care pathways.	Disease headings	1.4	Healthcare, NHS Surrey
		Address high levels of overweight and obesity (half of the young women at time of notes audit) This includes review the quality and nutritional content of the diet and promotion of healthy eating	Disease headings	1.35	HPAG, healthcare
	Infectious diseases	Improve Hepatitis B vaccine coverage to green (in conjunction with the main prison)	Disease headings	1.33	Healthcare
		Ensure that sexual health services address the high levels of risky behaviour and need. Ensure that specialist GUM provision is provided, and promote Chlamydia testing via the HPAG	Disease headings	1.36	Healthcare
		ensure SRE module for sexual health or equivalent in place	Disease headings	1.36	Healthcare and prison education
		TB questions to be included within the SystmOne template	Disease headings	1.37	NHS Surrey & Healthcare

		Ensuring positive messages and explanations about vaccinations, and offers to 'catch up' on childhood and other immunisations at opportunistic points in their stay in the JBU is needed to capture this vulnerable population	Disease headings	1.32	Healthcare
	Self harm	Ensure that 'snoozelum' or calm area is created for young women	comparative	1.26	Prison and healthcare
	Learning disability	When DH guidance released, start screening prisoners for learning disability, and set in place health action plans and annual health checks	Disease headings	1.31	Healthcare
	Drugs	Address high levels of illicit drug use especially cannabis	Disease headings	1.19	Healthcare
		Seek assurance that all psychosocial interventions provided by Catch 22 are in line with either DH, NICE or NTA guidance where applicable	Health services	1.19	Healthcare
	Smoking	Ensure that work continues to support young women to quit and remain non-smokers	Disease headings	1.35	Healthcare
	Alcohol	provide alcohol interventions to meet high levels of need, particularly binge drinking	Disease headings	1.20	Healthcare, NHS Surrey
	Health promotion action group (HPAG)	Set up HPAG for JBU, to cover at least: mental health promotion and wellbeing, smoking cessation, healthy eating and nutrition, healthy lifestyles including sexual health and relationships, drug and other substance misuse.	Disease headings	1.35	NHS Surrey, Healthcare, prison
	Social vulnerability factors	Ensure increased support for women with history of, or at risk of homelessness	Disease headings & corporate	N/A	Prison and healthcare

INTRODUCTION

Background

Prison healthcare was transferred from the Prison Service to the NHS in 2006. A prison health needs assessment (HNA) and prison delivery plan was completed for HMPs Highdown, Downview and the Josephine Butler Unit (JBU) in 2006. This assessment forms part of a suite of HNAs across all Surrey prisons, in line with the requirements of the prison health performance quality indicators.[2] The PHPQIs which scored 'red' for 2009/10 (together with full listing of indicators) for JBU are found at Annex 1.

The needs assessment was carried out at unique point, as a new patient management system in Surrey prisons (SystmOne) was in the process of being implemented. Although this was not used to derive data on young women, it will change the way that needs assessments are carried out in future, removing the need for paper-based notes audits.

Healthcare at JBU is provided by Surrey Community Health, while mental health in-reach is provided by Surrey & Borders NHS Trust. Psychosocial drugs misuse services are commissioned from Catch 22.

Although funding for the majority of healthcare in the YOI estate now comes from DH direct to PCTs, the JBU counselling service is independently commissioned from Youth Justice Board (YJB) funding.

The main young persons' requirements from the PHPQI (indicator 1.23a) are for:

- Access to comprehensive CAMHS
- Safeguarding
- Transition to adult settings

Health needs assessment

Health needs assessments are carried out so that commissioners can make plans for healthcare, based on a sound understanding of current service provision and patient need. This HNA has been carried out using the model of the Birmingham Toolkit for health care needs assessment in prisons (Annex2).[3] The steering group membership and acknowledgements are found at Annex 3.

Structure of this paper

This paper describes the prison, the methods for the HNA, and the results (service descriptions, comparisons with other prisons, corporate results, and epidemiological descriptions). A gap analysis follows. Recommendations are summarised at the end of each main section, and collated in the executive summary, with suggested ownership for action.

[2] Prison health performance and quality indicators 2010 – Indicator 1.15 – An HNA should be carried out yearly for each prison.
[3] Marshall, Simpson & Stevens (2000). Toolkit for health care needs assessment in prisons. Department of Public Health and Epidemiology, University of Birmingham.

JBU DESCRIPTION

In 2004, a 16 bed juvenile unit (The Josephine Butler Unit - JBU) was opened on the grounds of Downview. This is the only YOI for young women in the South East Coast strategic health authority (SHA)[4], and accommodates both remand and sentenced young women.

Demographic profile and turnover (churn)

The unit's population fluctuated slightly (as expected) throughout the needs assessment, and was generally below the full certified normal accommodation (CNA) of 16 young women. Demographic profile is described below. Throughout the HNA, if patient numbers are so small that confidentiality may be compromised, this is indicated with the symbol "*", to denote suppression of exact numbers.

Retrospective cumulative demographic data were not available – so these demographic profiles are based on the notes audit carried out at the end of March, and the HMIP inspection of 2008.

Age

Most of the eight young women residing in the unit at end of March 2010 were 17 years old, and exact figures have been suppressed for reasons of confidentiality. Douglas & Plugge's[5] review of 73 young women in YOIs in 2006 noted that all the respondents were aged 17.

Ethnicity

The Social Exclusion Unit estimates that nationally the 'proportion of black juveniles in custody is 10 per cent, against 2 per cent in the general population'[6] pointing at an overrepresentation of black young persons in the juvenile system.

Ethnicity data from a very small sample carried out in March 2010 found that 4/8 (50%) of young women were of Black and Minority Ethnic (BME) origin. This is similar to existing reports from the JBU which showed that 46%[7] or 64%[8] of the young women were of BME origin.

These data can be contrasted with Douglas & Plugge's national review of 73 young women in YOIs which showed that while 18% of the sample described themselves as black, an additional 6% described themselves as from an 'other ethnic group' – figures which together approximate to 24% of young women in YOIs being classified as belonging to a BME group. Although the JBU at this time seems to have a higher proportion of BME young women compared with the whole female juvenile estate – our sample is too small to make further comment.

Further **demographic** details are summarised below.

Disability	The notes audit did reveal a very small proportion of young women with what could be defined as a disability, but this has been withheld to preserve anonymity.
Ethnicity	Ethnicity data from a very small sample carried out in March 2010 found that 4/8 (50%) of young women were of Black and Minority Ethnic (BME) origin.

[4] Promoting mental health for children held in secure settings. A framework for commissioning services (DH 2007)
[5] Douglas & Plugge 2006: 52
[6] Reducing Reoffending by ex-prisoners (2002). ODPM Social Exclusion Unit: 157
[7] Children and young people in custody (2008-9). HMIP Youth Justice Board. An analysis of the experiences of 15-18 year-olds in prison.
[8] HMIP JBU Summary of Questionnaires and interviews 21 December 2009.

Foreign nationals	At the notes audit – there was a low proportion of foreign national young women (again suppressed due to low numbers) – i.e. the majority of juveniles were of British nationality.
Religion	Given the small number of young women in the unit, religious profiles have not been described for to preserve anonymity. In the December 2009 questionnaires and interviews carried out by HMIP, 82% of young women felt their religious beliefs were respected.[9]

Churn

Churn has been estimated at a factor of three (x3).

Home address

The HMIP inspection of 2008[10] showed that just over 80% of the 16 young women lived within 50 miles of the prison, while 12.5% lived between 50 to 100 miles from the prison. This highlights the long distance that young persons may live from home – which poses challenges for maintaining family links.

Sentence type and length

At the notes audit, half of the young women (4/8, 50%) were found to be on remand, and half were sentenced (with a detention and training order).

Prisoner transfer data

No data were available on feeder / transfer establishments.

Brief description of healthcare

The healthcare unit within the JBU comprises one clinical room with no inpatient healthcare beds (further description follows).

Prison inspections

An inspection by HMIP in 2008 stated that the JBU provided a 'safe and active environment for some very disturbed and vulnerable young women'. Although the report noted improvements in health services, it did point out that there was no dedicated psychological service, and that there was a decline in involvement of the local Safeguarding Children Board.[11]

The recent inspection in February 2010, however, describes the JBU as 'an impressive facility'. Although 'safeguarding and child protection arrangements were sound', the report still notes a need for 'more involvement from local social services', with irregular attendance from the Surrey Safeguarding Children Board[12].

A specific list of action points from the HMIP inspection with progress and completed actions is found at Annex 4.

[9] HMIP Summary of Questionnaires and interviews. Josephine Butler Unit HMP Downview 21 December 2009.
[10] HMP & YOI Downview (JBU) HMIP May 2008 unannounced short follow up visit.
[11] Report on an unannounced short follow-up inspection of HMP & YOI Downview: Josephine Butler Unit. 12-14 May 2008.
[12] Report on an announced inspection of HMP/YOI Downview Josephine Bulter Unit. 1-4 February 2010. HMIP

METHODS

Demographic information

Demographic information was either derived from the notes audit or from HMIP reports.

Health services description and activity

Descriptions of key structures and processes were obtained via requests for information and informal discussions. Activity data are collated monthly by healthcare across Downview and the JBU, although some activity data were available for JBU separately.

Comparative

The comparator prisons for the needs assessment were identified from existing literature and the expertise of the steering group (Governor). HMP YOIs for comparison were agreed as follows:

- Foston Hall (Toscana Unit)
- New Hall (Rivendell Unit) and
- Eastwood Park (Mary Carpenter Unit).

Key service details were extracted from the HMIP inspection reports, and from HNAs requested from the PCTs hosting these YOIs.

Corporate

The corporate health needs assessment was carried out in May 2010. A detailed description of the corporate needs assessment is found at Annex 5. A brief summary is found below. Questionnaires were entered into an Exel spreadsheet and 20% were double checked for quality control. The data were analysed using SPSS. Data from surveys and focus groups are set out thematically with recommendations and suggested ownership.

Group	Corporate methods	Response rates for each method	Overall response rate per group
Young women	Survey questionnaires	8 questionnaires were disseminated to the young offenders through a cell drop by the officers on the unit, with 4/8 completed	4/8 (50%)
	Focus group	Not possible due to security constraints	•
Healthcare staff - internal	Survey questionnaires	Given to all four staff for completion	2/4 (50%)
	Focus group (one)	All internal health care staff participated	4/4 (100%)
Healthcare staff - external	Survey questionnaires	23% (3/13) external healthcare providers completed and returned a questionnaire, as same information collected for both Downview and JBU	23% (3/13)
Prison staff	Survey questionnaires	Not done	•

	Focus group	5 persons – 4 officers and 1 YMCA community link worker	4/10 officers (40%)

Disease headings with gap analysis

Epidemiological

On 15 March 2010, the notes of all eight young women were audited using:

- JBU reception screens (which cover medical history, substance misuse, mental health, self harm and key measurements such as height and weight)
- ASSET forms (which cover key risk assessment and offending behaviour information as well as social and family history, e.g. if a young person is a 'looked after' child, educational attainment etc).

It was not possible to access notes from young women who had previously stayed on the JBU, as these are all archived almost immediately after release or transfer.

These epidemiological data were then contrasted with key national research and policy papers, including Douglas & Plugge's paper on female offenders across the juvenile estate[13] and the Social Exclusion Unit Report of 2002[14].

Disease headings and gap analysis

This was achieved by triangulating the following data:

- service descriptions and activity data
- comparative results
- corporate findings
- epidemiological data

to build:

- a holistic picture of gaps in health care and health promotion, and
- recommendations for action.

[13] Douglas & Plugge (YJB 2006)
[14] ODPM (2002) Reducing Re Offending by Ex-Prisoners. Social Exclusion Unit.

RESULTS - HEALTH SERVICE DESCRIPTIONS AND ACTIVITY

Structure

Healthcare staff

Band 6	**1 WTE**
Band 5	3 WTE (x2 RMN, x1 RGN)

Douglas & Plugge recommend that in terms of nursing 'at least 1.5 to 2.0 full time equivalents (FTE) should be provided per 10 young women each week'[15]. Given the maximum CNA is 16 beds, there should be 3.2 WTE, and this is met by the current staff complement.

New healthcare staff are given an induction pack and allocated to a 'buddy', and meet with the lead nurse regularly on a one-to-one basis during the induction period.

Prison staff

There are ten prison officers assigned to the JBU. At night, two officers are on duty.

Youth Offending Team (YOT)

Two full-time Sutton Youth Offending Team (YOT) staff are based within the JBU, and are also involved in the health plans for the young women.

Healthcare facilities

The healthcare room in the JBU holds an examination couch, as well as workstation. There is a clinical room situated off the healthcare room which contains storage cupboards, and a vaccine fridge. The fridge was not working earlier in the year, so vaccines were being stored at Downview – this problem has since been rectified.

There are no inpatient healthcare beds, but there is access to an additional interview room if needed. The JBU has use of further clinic rooms and the dental room in the main prison at Downview.

Concerns have been raised in the corporate work at the main prison that the clinical areas are unclean – however this was at Downview and not the JBU site. Recommendations are made in the Downview HNA for cleanliness – this affects young women as some services eg dental are provided on the main site.

Opening times for healthcare

- Monday-Fridays 7.30am to 8.30pm
- Weekends 8am to 8.30pm

Out of hours primary care is provided by Harmoni.

[15] Douglas & Plugge (YJB 2006)

Process

New arrivals

Health assessment

When new young persons enter the JBU (usually in the evening), they are seen right away by healthcare staff, and given an induction pack.

If judged to have more urgent medical needs, they are seen as an emergency by an on-call GP. If they do not have emergency needs, they are assessed routinely by the GP within the first 24 hours of their arrival.

They are then seen by the YOT and by the prison officer. Their educational assessment is carried out at a later stage.

All young persons are seen by the dentist after entry to the unit, as a matter of routine practice.

PSO 0500 stipulates that all prisoners who enter an establishment as a 'first reception into custody' should undergo a general health assessment in the week immediately following reception.[16] Young women at the JU all have a follow-up assessment the next day after reception into custody to check all the information previously obtained.

Mental health assessment

All young women have a mental health assessment after arrival at the JBU, the timing of which is dictated by need. At the latest, for young women with no immediate mental health needs, they are seen routinely during the weekly mental health clinic (takes place on Thursdays).

Young women deemed at risk of self-harm will have an ACCT file opened on entry to reception, and are then placed under observation for a 7 day period.

YOT assessment

The ASSET form is completed by the Youth Offending Team (YOT) social worker before young women come into the unit, and is a vital tool for healthcare staff to gain a holistic picture of the juvenile prior to admission. The ASSET form is a comprehensive risk assessment which details offending behaviour, family and social history as well as past drug use and other salient factors.

After the reception process, the internal YOT in JBU will review the young woman the next day in the unit. There are further regular meetings between the young person and the internal YOT team.

A further ASSET review is carried out by the external YOT worker at about 3-4 weeks into a young woman's stay in the JBU, so that they can see what changes have occurred and make plans for when the young person is released back into the community.

[16] PSO 0500: 20.

Accessing healthcare

Young women are seen on a 'walk-in' basis in the morning or afternoon after their group sessions, with triaging done by a nurse. Alternatively they can place an application to be seen.

Out of hours, young women are assessed by the unit prison officers and referred to OOH care. Emergency cases are sent to Epsom Hospital Accident and Emergency department if needed.

Emergencies

There is a defibrillator in the healthcare office in the JBU and staff are trained and regularly updated in its use. Issues were flagged up by HMIP that the emergency equipment should be reviewed to ensure that it was readily available and transportable, and checked daily. This action has already been taken by the healthcare team as follows: The emergency bag is sealed with a tag and a serial number. The JBU nurse checks each day whether the seal is broken on the bag, and a daily log sheet is in place for the nurse to sign The nurse will only check the content of the bag if the seal is broken, otherwise the content of bag will be checked at the weekend routinely.

There is still some issue that the defibrillator used to be placed outside healthcare and was more accessible (now kept in a locked office) - this should be addressed in the general recommendation below.

However, personal communication has revealed that due to the later opening time of healthcare at JBU compared with Downview (8.30pm versus 6.30pm respectively), JBU healthcare staff are sometimes called to attend health emergencies at Downview. This highlights the gap in first aid/ resuscitation-trained staff at the main prison which may affect the JBU. A recommendation for both sites would thus be:

Recommendation:

Prison to ensure safe emergency response in hours and out of hours, by: ensuring sufficient first aid trained prison and healthcare staff (especially overnight and during weekends) who have been trained to use a defibrillator, and reviewing the equipment, facilities and personnel needs of the prison for emergency response. The emergency equipment should be checked daily.

Voluntary groups

There is a family day, for young women. In addition, the charity Cruse provides support for bereavement. VOICE provides an 'independent advocacy service' to the young women, with a weekly visit.[17]

Gym

Young women are able to access the gym daily, and this was highlighted as an area of good practice in the February 2010 HMIP inspection.

Disability

The JBU has wheelchair access, and there is a lift, and an adapted cell for a wheelchair user.

[17] HMIP inspection Feb 2010: 33.

Patient advice and liaison service (PALS)

The PCT (NHS Surrey) Public Engagement Manager visited the unit at the end of March 2010 to engage with young women and plan future work at the unit.

Complaints

Complaint forms (including for healthcare complaints) are found in the JBU, are filled in and placed in a box which is then emptied by the complaints clerk at the main prison.[18] HMIP notes that there was no audit trail for complaints, and no recent complaints have been presented at prison partnership board. On discussion with the Head of Healthcare, the healthcare complaints (few to none) are formally reported through the Clinical Governance meetings.

Accidents

Young women are referred to healthcare after sustaining an injury. An F213 form is completed by the officer and passed to healthcare staff. Forms are logged and followed up.

Criminal Record Bureau checks and Child protection training

At the last HMIP inspection, for criminal record bureau checks (CRB): 14 out of 50 staff 'who had applied for their final clearance had not had their final checks completed'.[19] All unified and health staff working in the JBU undergo yearly child protection training.

Recommendation: ensure all staff have up-to-date completed CRB checks.

Safeguarding and links with Surrey Safeguarding Children Board

Surrey Safeguarding meetings are held every other month for the JBU. The HMIP report notes that there was no attendance from the Surrey Safeguarding Children Board and local authority for the past three meeting.

The PHPQI process for 2009/10 has highlighted related and similar issues around linking the unit 'corporately' with the PCT.

Recommendation:

- NHS Surrey to link JBU in with the Surrey Children's Alliance in line with PHPQI.
- NHS Surrey to work to promote attendance of the Surrey Safeguarding Committee and Local Authority at the unit's quarterly meetings.

Stop smoking

Smoking is not permitted at the JBU given the young age of women. However, young persons are offered nicotine replacement therapy, and support and advice, as well as support to prevent relapse on discharge. The stop smoking work (which includes psychological support) is carried out by the healthcare team.

[18] HMIP inspection Feb 2010: 33.
[19] HMIP Feb 2010: 28.

Pharmacy

The JBU dispenses medication daily to girls who are on regular medication, and there is no 'in possession medication'. There is a gap highlighted by the HMIP report which showed that in-possession risk assessment was not being carried out (now completed), and that pharmacy policies were out of date (now also completed).

The issue of Pharmacy-led clinics was also suggested to be addressed by the HNA (by HMIP), and will be discussed in the disease headings and gaps section. A Pharmacy technician provides a weekly 'drop in' service for young women.

GP services

The GP for the JBU visits three times per week on Mondays Wednesdays and Fridays, though this is a flexible arrangement. Douglas and Plugge have recommended that 'at least three hours per 10 young women each week should be provided. Clinics should be held twice a week with access to both male and female GPs'[20]. These service levels seem to be met by current provision at the JBU, as this would equate to 4.8 hours per week for 16 young women. The GP in addition should be 'vocationally trained, appropriately accredited and work within the local PCT'[21]: the PCT Prison Commissioner has confirmed that the JBU GP is appropriately registered and qualified and on the NHS Sutton & Merton list.

Sexual health

Sexual health is provided by the GUM nurse in main healthcare at Downview. All young women are offered a sexual health screen at reception and offered a Chlamydia screen. Even though Downview and JBU did not meet their combined Chlamydia target for 2009/10 – all young women in JBU are offered a sexual health screen.

Douglas & Plugge recommend sexual health provision of 'six hours per 10 young women per week', in addition to 'clinical detection and treatment of disease as carried out by nurses and GPs'. The authors point to high levels of unmet need nationally, and have included a broad spectrum of provision including 'sexual health education... information and advice, as well as pre-test and post-test counselling'.[22]

Anecdotally there has been a report of a long wait for a sexual health appointment at the main prison which has necessitated two trips to the local Walk-In Centre for a sexual health consultation.

Although this indicates a willingness to place the patient first, this may reflect wider problems with sexual health service availability at the main prison (as there is no formal GUM service from a doctor). This is further discussed under sexual health.

Pregnancy

Pregnant young women are referred to antenatal care in the local hospital, and all juveniles have a pregnancy test on reception to the JBU – there were no pregnant young women in the last six months at the JBU.

[20] Douglas & Plugge 2006
[21] Douglas & Plugge (2006): 91
[22] Douglas & Plugge: 91

Dentistry

All young women admitted to the JBU receive a dental assessment after entry to the unit – the timing of which is determined by level of need. The dental clinic operates on Mondays and Thursdays for JBU patients and they are seen at the main prison at Downview in the lunchtime session to prevent mixing of juvenile and adult prisoners.

There is no waiting time for the dentist for JBU patients – they are seen immediately at Downview when needed. This would seem to meet the recommended levels of one hour per week per 10 young women from a general dental practitioner, and one hour per week of a dental nurse[23]. JBU scored green for the 2009/10 reporting year, on access and oral health promotion – but concerns were raised in the corporate work on dentistry access.

An oral health educator is working with the Head of Healthcare to deliver dental health education as part of the health education sessions.

Drug misuse

Medical

The medical side of prescribing (if needed) would be provided by the GP or Downview Integrated Drug Treatment System (IDTS) team. Last year a very low number of young women (suppressed) were on prescribed opiates, so the need is very low. There are no young women currently on Methadone in the unit.

There is no facility for acute drug or alcohol detoxification of young women. If detoxification is needed, extra nurses have to be employed through the night. A GP for drug misuse can also be accessed over weekends.

Psychosocial

As of February 2010, psychosocial support for drug and alcohol misuse has been provided by Catch 22, a charity with Surrey bases in Epsom and Woking.

The staffing structure for drug psychosocial support at the JBU is for two 0.5 WTE substance misuse workers: one to provide generalist drugs support (and auricular acupuncture), and the other to provide specialist substance misuse support.

Provision is still at an early stage, but falls in six main areas of work, as follows:

Substance misuse awareness	Course
Alcohol brief interventions	workshops
Smoking cessation	course
Cognitive behavioural therapy (CBT)	workshops
Path to independence	an accredited program to build life skills
Auricular acupuncture	for relaxation

[23] Douglas & Plugge: 92

All young women are to be assessed on entry to the JBU by Catch 22. If the young women have significant care needs they will receive one-to-one care, and if their needs are not significant they will participate in group work. Young women identified with drug misuse on admission are referred to Catch 22 and seen within one week. They also have access to drugs counselling.

Recommendation: ensure that all psychosocial interventions provided by Catch 22 are in line with either DH, NICE or NTA guidance also.

Alcohol

There is no routine provision for acute alcohol detoxification of young women. If acute detoxification is needed, extra nurses have to be employed through the night but this is not a routine facility. Catch 22 will provide brief interventions and support around alcohol misuse.

Mental health

NHS Surrey commissions mental health service provision as follows (from Surrey and Borders Partnership - SABP) and has been contrasted with nationally recommended service levels.

JBU mental health provision (WTE per 16 young women)	JBU mental health provision (WTE per 10 young women)	Nationally recommended level (Douglas & Plugge 2006): 91	Does JBU meet nationally recommended service level?
0.6 WTE Registered Mental Health Nurse with CAMHS experience	0.375 WTE per 10 young women	Community psychiatric nurse 0.3 to 0.5 FTE (full time equivalent) per 10 young women per week	yes
0.1 WTE Consultant Psychiatrist – who visits every Thursday for one session	0.0625 WTE per 10 young women	Psychiatric Consultants should be available for two hours per 10 young women per week	yes
0.2 WTE counsellor for one day per week	Equates to 8 hours for 16 young women – 5 hours per 10 young women	6 hours per 10 young women per week	Yes – as there has not been full use of CNA during period of HNA
Psychologist	When needed	Should be 2 hours per 10 young women per week	Provided when needed

The counsellor (commissioned independently by the JBU) was seeing 5 out of 8 young women at the time of the notes audit in mid March 2010.

Mental health training for staff

Mental health awareness training (3 hours) is planned for JBU prison officers and all staff.

'Snoozelum' or calm area

A cell at JBU is currently being renovated for young women if they need a quiet place to calm down (the juvenile equivalent of a care and support unit) – until then the CSU in the adult prison is used. This was similarly highlighted in the HMIP[24] inspection, as one young woman had been sent to the Downview Care and Separation Unit and this was highlighted as

[24] HMIP Feb 2010

inappropriate[25]. This has been discussed with the NHS Surrey Quality and Clinical Governance Manager, and Surrey Community Health will place this event on their incident log.

Recommendation: ensure calm area created (snoozelum)

Child and Adolescent Mental Health Services (CAMHS)

Douglas & Plugge recommend that mental health professionals 'are linked with and drawn from local Child and Adolescent Mental Health Services (CAMHS) to ensure they have sufficient experience and expertise in working with young people'.[26]

Mental health in-reach team has assured NHS Surrey that all mental health staff working in the JBU provide CAMHS services (Tiers 1-3) and have links with community CAMHS, however the staff are not directly drawn from the community team

Recommendation: Review the configuration of in-reach team, as the staff are not drawn from the Surrey CAMHS team directly

Young women requiring specialist mental health provision as an inpatient (ie Tier 4 CAMHS) have to be transferred out to another unit, although attempts are sometimes made to provide 24 hour mental health nursing cover.

Self harm and suicide prevention

If there is an incident of self harm, team review is carried out as indicated by the ACCT document if this is then opened. ACCT files are reviewed 7 days after closure and re-opened if needed.

In the last 8 months prior to April 2010, there were 18 incidents of self harm. Of the 18 incidents of self-harm, 10/18 occurred in a very small number of young women (suppressed number).

All staff in the JBU undergo ACCT awareness training.

Anger management

The Head of Healthcare provides anger management sessions as both group work and one-to-one sessions, for the young women in the unit.

Immunisations including Hepatitis B, Meningitis C, and childhood immunisations

The reception screen asks the patients to indicate whether they have had their childhood immunisations:

- Diphtheria, Tetanus, Pertussis and Polio, as well as BCG.

Young women are also offered:

- Meningitis C and Hepatitis B vaccine at reception.

The activity data for Hepatitis B and Meningitis C immunisations are found below for the period December 2009 to February 2010:

[25] HMIP Feb 2010: 5
[26] Douglas & Plugge (2006): 91

Hepatitis B vaccination clinic	Dec 2009	Jan 2010	Feb 2010
1st attendances	5	2	2
Follow Ups			5
Total	5	2	7
Meningitis C Vaccination Clinics			
Total	3	1	1

PHPQI data for Hepatitis B vaccination are amalgamated with Downview and there was an overall amber rating for Q4 (Jan-March 31 2010).

Recommendation: improve rating to green for Hepatitis B vaccination at JBU, and Downview.

Health promotion

Health promotion work in the areas of healthy lifestyles, cooking, immunisations and sexual health, a formal group is currently being set up which will involve NHS Surrey as well as the prison and prison healthcare.

The JBU Health Promotion Action Group is currently in progress, and will address all five of the recommended areas as per PHPQI indicator 1.35.

Recommendation: set up HPAG for JBU, to cover at least: mental health promotion and wellbeing, smoking cessation, healthy eating and nutrition, healthy lifestyles including sexual health and relationships, drug and othert substance misuse.

Healthy eating

Although the JBU caterer had access to the NHS Surrey nutritionist, a recent article in *Children and Young People* now highlighted the results of a freedom of information inquiry on spending per head on food. This showed that the JBU spent £15.54 per week on each young woman, in contrast with £22.48 spent by Feltham YOI and Werrington YOI. In addition, only Huntercombe YOI in Oxfordshire employed a nutritionist.

Recommendation: review the nutritional quality of the menus, and use the HPAG to promote healthy eating, and cooking, with PCT input.

Trainee release/transfer

On release, the healthcare team finds a GP for the young women in the area they are moving back to, and gives a letter for them to take back to their new GP.

There is a YMCA 'through the gate' program to help young women with resettlement back in the community. The link worker visits the unit once a week. The YMCA 3 year pilot 'Through-The Gate' project offers enhanced resettlement support to the young women who leave custody and return to London or the South East to reduce their risk of re-offending.

Further information is found at Annex 6.

Transition to adult settings

JBU does make great effort to keep young women who pass their 18th birthday whilst in the unit, to prevent these young women having to go into the adult estate. If this is not possible,

though, the young women go into the main prison at Downview. There are transition policies in place, but this is a difficult issue as the transition into the adult estate is a significant one, and the JBU cannot keep young women beyond a certain age.

External provision

External hospital referrals

In the last six months prior to April 2010, there were no external referrals to hospital outpatients.

Recommendations – health service descriptions and activity

Topic area	Recommendation	Suggested owner
Emergencies	Prison to ensure safe emergency response in hours and out of hours, by: ensuring sufficient first aid trained prison and healthcare staff (especially overnight and during weekends) who have been trained to use a defibrillator, and reviewing the equipment, facilities and personnel needs of the prison for emergency response. Emergency equipment should be checked daily.	Healthcare & prison
CRB	Ensure all staff have up-to-date completed CRB checks.	Prison and healthcare
Safeguarding and PCT	NHS Surrey to link JBU in with the Surrey Children's Alliance in line with PHPQI. NHS Surrey to work to promote attendance of the Surrey Safeguarding Committee and Local Authority at the unit's quarterly meetings.	NHS Surrey, prison & healthcare
Catch 22	ensure that all psychosocial interventions provided by Catch 22 are in line with either DH, NICE or NTA guidance	Health care and prison
Hepatitis B vaccination	Improve rating to green for Hepatitis B vaccination at JBU, and Downview.	Healthcare
HPAG	Set up HPAG for JBU, to cover at least: mental health promotion and wellbeing, smoking cessation, healthy eating and nutrition, healthy lifestyles including sexual health and relationships, drug and other substance misuse.	HPAG
Food and nutrition	Review the nutritional quality of the menus, and use the HPAG to promote healthy eating, and cooking, with PCT input.	HPAG and NHS Surrey
Self harm	Ensure calm area created (snoozelum)	Prison and healthcare
Mental health	Review the configuration of in-reach team, as the staff are not drawn from the Surrey CAMHS team directly	NHS Surrey and SABP

RESULTS – COMPARATIVE

The results of the comparative part of the HNA are set out below. The main areas of contrast are that the Toscana Unit has a 'snoozelum' where young persons are able to calm down, and that the Mary Carpenter Unit has access to 24 hour 'full on call' mental health services.

Structure	Josephine Butler Unit, HMP YOI Downview	Toscana Unit, HMP YOI Foston Hall[27]	Rivendell Unit, HMP YOI New Hall[28],[29]	Mary Carpenter Unit, HMP Eastwood Park
Number of beds	16	16	26	16
Region	South East	Derbyshire	Yorkshire	South West
Types of sentence	Remand and sentenced	Remand and sentenced	Adult, YOI and juveniles	Remand and sentenced - juveniles
Staffing levels	1 WTE Band 6, 3 WTE Band 5	1 WTE Band 6, 1 WTE Band 3 (1.8 WTE vacancies Band 5 unfilled)	4.5 nurses (but unclear if WTE) 2.5 nurses for 95 hrs per week	No dedicated nurse for the unit – general services from the main prison (HMIP 2009)
Inpatient healthcare	no	no	Assume not	no
GP	Mon, Weds, Friday (male and female GP)	Mon, Weds, Fri morning clinics	2 GPs (10 hours per week provision)	2 sessions per week - female GP[30]
Childhood immunisations including HPV	Ask if complete, offer Hep B and Men C on arrival. No HPV documented at reception.	Vaccinations offered in the unit including HPV vaccine	Sexual health vaccinations available	No information
Dental	Service at Downview as needed, no wait. All young persons seen by dentist routinely.	2 sessions per week, waiting up to 2/52. General nurse does dental triage.	Access to 8 hrs and 15 mins per week, but 4 month wait	No dental assessment as part of health screen on arrival. OOH dentist available but not reflected in prison action plan.
Mental health	0.1 WTE Psychiatrist – one session per week 0.6 WTE community psychiatric nurse visits as in-reach twice a week 0.2 WTE Counsellor for 10 hrs per week	CAMHS via local mental health trust, 2 half days per week, no wait.	Psychiatrist 8 hrs and 15 mins per week 1 WTE - Full time mental health nurse Counsellor for 37 hrs 30 mins per week	Psychiatrist -child and adolescent 1 day per month 0.4 RMN - 2 days per week

[27] Beck C (2009) HNA Toscana Unit HMP & YOI Foston Hall
[28] Douglas & Plugge YJB 2006
[29] HMP & YOI New Hall (Rivendell Unit) HMIP July 2009
[30] HMIP 2009

	Psychologist as needed (Personal communication, MH Manager)		Psychologist for 3 hrs each week (Douglas & Plugge p60). Not all mental health services provided by CAMHS.[31]	Psychologist from CAMHS – one day per fortnight Plans to recruit an OT
Substance misuse worker[32]	40 hrs per week, plus GP specialist substance misuse also at weekends	Substance misuse specialist GP visited three times per week[33] : unit does not accept young women with detoxification needs	37 hrs 30 mins per week	Plans to enhance services to a Band 7 substance misuse specialist nurse
Examples of good practice	All women seen before discharge by their named nurse, provided with a letter for the GP. If ongoing mental health issues, under care of CAMHS for aftercare[34].	A 'snoozelum' was well used to reduce anxiety and stress, and some ACCT assessment had been carried out there.[35]	Full time dedicated primary care nurse available, and available to attend DTO and other care planning meetings. Peer support scheme - new arrivals helped to settle in. All young women had a secondary health screen 72 hours after arrival. Full time mental health nurse[36]	Extremely good mental health services – multidisciplinary team across Mary Carpenter and Ashfield (YOI for boys). 24 hour full on call service. Excellent access to Tier 3 and 4 MH services.
Suggested improvements	See main document	Additional dental sessions, improve Hep B vaccination, increase CAMHS provision. Connexions service considered poor[37], inadequate staff training in self harm and suicide prevention[38]	All mental health services should be commissioned from and provided by CAMHS.	Dental assessment as part of arrival process. Services of a dedicated Registered General Nurse should be provided.[39]

[31] HMP & YOI New Hall (Rivendell Unit) HMIP unannounced July 2009
[32] Douglas & Plugge YJB 2006
[33] HMP &YOI Foston Hall (Toscana Unit) HMIP March-April 2008
[34] HMP & YOI Downview (JBU) HMIP short unannounced inspection May 2008
[35] HMP & YOI Foston Hall (Toscana Unit) HMIP March-April 2008
[36] HMP & YOI New Hall (Rivendell Unit) HMIP July 2009
[37] HMP & YOI Foston Hall (Toscana Unit HMIP March-April 2008
[38] HMP & YOI Foston Hall (Toscana Unit) HMIP March-April 2008
[39] HMP & YOI Eastwood Park (Mary Carpenter Unit) HMIP June 2009

RESULTS – CORPORATE

The main findings from the corporate work are presented below, with clear indication of whether comments are from young women, health or unified staff. Healthcare rating from the small sample was good, with an average rating of 7 out of 10.

As we were not able to interview the young women, the surveys carried out by HMIP in December 2009 have also been referenced to triangulate key findings that we may not have noted. In terms of healthcare, the HMIP visit for qualitative work identified the following issues[40]:

Young women's perceived ease of access to see a dentist, optician and pharmacist was not ideal.

- Only 40% of young women thought access to a dentist was easy,
- Only 30% of young women said it was easy to see an optician, and
- Only 30% reported that it was easy to see a pharmacist.

[40] HMIP Summary of Questionnaires and interviews JBU 21 December 2009.

Area	Finding	Young offender	Healthcare staff	Prison staff
What are the health concerns in JBU?	Young people have chaotic lifestyle on the outside, therefore when they come to JBU it's the first opportunity to take responsibility for their health and access health services.		●	●
	Issues of homelessness		●	●
	Substance misuse		●	●
	History of binge drinking before coming into JBU		●	●
	A high proportion of the young offenders have experienced at least one form domestic abuse.		●	●
	Poor diet and poor diet choices		●	●
	A high proportion of young people requesting sexual health screening due to risky sexual behaviours before coming into JBU		●	●
Healthcare	Prison staff and healthcare staff work very well together		●	●
	100% (4/4) of young offenders had seen a nurse and a doctor	●		
	Average healthcare access rating- 7.5/10	●		
	Average healthcare rating 7/10	●		

	75% (3/4) felt that they could only discuss little health concerns at the reception screening	●		
	75% (3/4) felt that healthcare was better outside of prison.	●		
	Nurses are approachable	●		●
Substance misuse	There has been young offender with a history of alcohol misuse. There is no alcohol detox in JBU to support these girls		●	●
Dental	JBU has 4 dental slots a week. When the unit is at full capacity, this does not meet the demand for the service		●	●
Optician	One appointment a month allocated to JBU		●	●
	When the unit is at full capacity, this does not meet the demand for the service		●	●
	The optician will not see girls within the last 6 weeks of their sentence			●
Health improvement				
Diet	Diet and nutrition- poor quality of food. Food is stodgy, high in white carbohydrate, and looks unappetising. As a result, the young offenders complain of weight issues.		●	●
	Young offenders make unhealthy food choices		●	●
Exercise	Good opportunity to carry out exercise. The young offenders are allocated 1 hr a day in the gym		●	●
	Prison officers encourage and support young offenders to access physical activity		●	●
Smoking	JBU is a non smoking establishment. Therefore the young offenders are given nicotine replacement		●	●

	therapy. Whilst they cope with it well they are concerned about how they will cope on the outside		
Health promotion	Healthcare deliver excellent health promotion sessions.	•	•

Recommendations – corporate work

The Josephine Butler Unit provides many projects and initiatives to support young offenders with opportunities for personal development and rehabilitation.

The recommendations below highlight what provisions and support could be further explored/ developed to support young offenders in JBU.

Social factors	Homelessness is a social vulnerability factor: ensure continued committed housing support
Alcohol	Identify support and services for young offenders that have a history of binge drinking with the view to discourage binge drinking on release
Access	Improve access to Optician, and Pharmacist
Weight management	Provide support/ sessions on weight management
Food and nutrition	Improve the nutritional quality of the food provided in JBU.

RESULTS – DISEASE HEADINGS WITH GAP ANALYSIS

National policy work acknowledges that 'the health and well-being needs of children and young people tend to be particularly severe by the time they are at risk of receiving a community sentence, and even more so when they receive a custodial sentence'.[41]

The Douglas & Plugge research found that 79% of 73 young women had a longstanding illness or disability. This highlights the vulnerability of this population and the need for careful medical history-taking to establish morbidity.

The physical health findings of our small notes audit are summarised in the Table below, and explained in greater detail in the accompanying text. As SystmOne is now live at JBU, this should be used to identify young women with chronic illnesses, flag up best practice and ensure that appropriate care pathways are followed.

	Observed prevalence - JBU notes audit	Expected prevalence - other sources
Asthma	2/8 (25%)	19% (Douglas & Plugge 2006)
Long standing physical complaint	5/8 (62.5%)	'a third of young women' (Healthy Children, Safer Communities 2010)
Longstanding illness/disability	5/8 (62.5%)	79% (Douglas & Plugge 2006)
Up to date with childhood immunisations	3/8 (37.5%)	62% (Anderson et al 2007)[42]

Physical health

Asthma

At the notes audit, 3/8 (37.5%) of young women had respiratory disease – only two of whom gave a history of asthma (2/8, 25%) and were using a bronchodilatory inhaler. The Douglas & Plugge study of 73 young female offenders found that 19% had asthma, which is a lower figure than in our small sample.

Diabetes

A very low proportion of young women (suppressed number) had diabetes – and as this was Type 2 diabetes with links to obesity, weight management is a definite priority to help control the diabetes.

Other medical history

There were no young women with epilepsy or sickle cell disease. A few other medical conditions were noted, but will not be reported individually to preserve anonymity.

[41] Healthy Children, Safer Communities (2010) DH: 14
[42] Anderson L, Vostanis P, Spencer N (2007) Health needs of young offenders

Prescribing

A small proportion of young women were on the oral contraceptive pill (OCP). Due to the very small sample, it is hard to extrapolate information on individual patients to generalise about juveniles in YOIs. However, given the

- potential drug interactions of the OCP, and
- range of medications that young women were on (inhalers for asthma, antidepressants, skin medications) -

we would recommend access to a Pharmacy-led service for advice on regular medications. The Pharmacy technician already delivers a drop-in service once a week. This would provide an excellent opportunity for positive health messages from a member of a multi-disciplinary medical team.

Recommendation: review need for a Pharmacist-led clinic to advise young women on medications.

Obesity, exercise and healthy eating

There was a wide range of body mass indices shown by the very small sample in the notes audit. Internationally accepted definitions of overweight and obesity in persons 16 years and over are set out below[43].

Of the young women in the unit in March 2010, the following BMIs were observed

BMI range	Number of young women (%)
<18.5 (underweight)	*
18.5 to 24.9 (healthy weight)	3/8(37.5%)
25.0 to 40 plus (overweight and obese amalgamated for patient confidentiality)	4/8 (50%)

National data from juveniles showed that almost no young women met the Government's target of 30 minutes on at least five days per week[44]. Although the JBU young women are able to have daily gym access, the fact that half of the young persons are either overweight or obese indicates a real health need to prevent later disease eg cancer, heart disease, diabetes etc. The Clinical Pharmacy lead is already delivering advice on weight management , but this should be complemented by other approaches.

Physical health gaps and recommendations

Recommendations:

- Use SystmOne to identify young women with chronic illnesses and use this to direct clinician to appropriate care pathways.
- Ensure access to a Pharmacist-led clinic to advice young women on medications.
- Address high levels of overweight and obesity (half of the young women at time of notes audit)

[43] Surrey Obesity Strategy: 4
[44] Douglas & Plugge (2006): 55

Infectious diseases and immunisations

Blood-borne viruses

The table below shows the expected number of persons infected with blood borne viruses in a year to the JBU, with the caveat that these are *male* YOI data. A year is used to make the numbers more meaningful as the CNA is so low.

	National prevalence % for male YOI Weild et al[45]	JBU new receptions per year	Number expected at JBU per year	Observed
Hepatitis B	2.2% (convicted) to 5.1% (remand)	48	1 to 2	No data
Hepatitis C	0% (convicted) to 1.4% (remand)	48	0 to 1	No data
HIV	0%	48	0	No data

Hepatitis B and Hepatitis B vaccinations

The prison based Hepatitis B vaccination programme started in 2001, and has been credited with reducing incidence of acute Hepatitis B in community intravenous drug users from 2005 to 2008.

At the JBU, there are no specific questions on Hepatitis B infection status (save a risk assessment question on injecting drug behaviour). However, Hepatitis B vaccination is offered to all young women at reception.

From the notes audit, half (4/8, 50%) of the young women either accepted the Hepatitis B vaccine offer or had already had the vaccine. The other half of the sample (4/8) were either unsure about whether to accept the vaccine or declined.

This is interesting when contrasted with Douglas & Plugge's study which showed that 49% of young women had been immunised against Hepatitis B. It may be that our very small sample was simply naive to the prison system (never been in prison before) and so had not been offered vaccine in the past (as Hepatitis B vaccine in the UK is not a routine childhood immunisation) to explain the lower coverage.

Hepatitis C

From the data above, we might expect one young woman per year with Hepatitis C, although the caveat is that this is based on male data. Data on Hepatitis C testing for the JBU for PHPQI. The last quarter for 2009/10 showed no women accepting testing , although the intake to the unit during that period was extremely low.

[45] Weild AR, Gill ON, Bennett D, Livingstone SJM, Parry JV, Curran L (2000). Prevalence of HIV, hepatitis B, and hepatitis C antibodies in prisoners in England and Wales: a national survey. Communicable Disease and Public Health Vol 3 No 2: 121-6. Please note these YOI data are for male YOI.

HIV

Similarly we might expect one HIV infected young woman to enter the JBU per year. This is difficult to compare with observed levels as the sample was so small.

Sexually transmitted infections and Chlamydia

Most of the young women either accepted the sexual health screen offered at reception or had recently been screened elsewhere (6/8, 75%). Two young persons declined screening (2/8, 25%).

National research from the female juvenile estate showed that 26% of young women 'had had three or more male sexual partners in the last year', and 15% 'stated that they always used condoms'.[46]

International research from the USA identifies juvenile females at a high risk for sexually transmitted infections, with one study showing Chlamydia positivity of almost 29.8%, and Gonorrhoea positivity of 11.9%[47].

Although it is good that almost two thirds of the young women accepted a sexual health screen on admission – ideally *all* young women would accept such screens given the risky behaviours that this group is known to exhibit.

In 2009/10, 44 Chlamydia tests were carried out at Downview (and JBU). The target for 2010/11 will be 150 tests for both sites, so there will have to be a significant increase in testing for Chlamydia (and all STIs).

Barrier protection in the form of condoms, female condoms and lubricants are provided at JBU at discharge. During the PHPQI rating for 2009/10, the lack of barrier protection other than condoms, plus the lack of a Sex and Relationships Education (SRE) module, meant that JBU could only score amber on the PHPQI.

Recommendation:

- Ensure that sexual health services address the high levels of risky behaviour and need. Ensure that specialist GUM provision is provided
- Ensure SRE module for sexual health or equivalent in place.
- Work with HPAG to promote uptake of Chlamydia screening

Childhood immunisations including HPV and Meningitis C vaccine

The importance of vaccinating young persons in the criminal justice system has been highlighted by other countries. US guidance from the Centers for Disease Control (CDC) notes that 'adolescents who are incarcerated generally have antecedent histories of social marginalization, limited healthcare access and use, and behaviours that place them at high risk for vaccine preventable diseases'[48]

[46] Douglas & Plugge (2006): 54

[47] Broussard et al (2002). Screening adolescents in a juvenile detention centre for Gonorrhoea and Chlamydia: prevalence and reinfection rates. The Prison Journal 82 (1): 8-18.

[48] Chapter 6 Adolescent Immunization. CDC Advisory Committee on Immunization Practices

	Observed prevalence from small JBU notes audit	Contrasted prevalence – Anderson *et al* (2007) study of primarily male offenders[49]
Up to date with childhood immunisations (BCG, MMR, DTP & P)	3/8 (37.5%)	31/50 (62%)
'Not sure'	4/8 (50%)	6/50 (12%)
Not up to date with all	1/8 (12.5%)	13/50 (26%)

Only 3/8 (37.5%) young women answered affirmatively that were up to date with their childhood immunisations – from the list of Diphtheria Tetanus Pertussis, Measles Mumps Rubella (MMR) and BCG (Bacille Calmette Guérin which is given to protect against Tuberculosis – TB).

It is difficult to compare our small sample with the work of Anderson *et al*[50], as young persons' responses may not be an accurate reflection of their vaccination history. What we can see, though, is that almost two-thirds (62.5%) of the young women at JBU either *weren't sure or said they had not been fully vaccinated* – a clear gap which can be met by health services.

Half of the sample whose notes we audited accepted the Meningitis C vaccine (4/8, 50%), and the other half either declined or were unsure whether to have it.

The vaccinations highlighted as necessary for prisons by PHPQI indicator 1.32 are listed below:

The HPV vaccine as of April 2010 has been ordered, and once received will be offered to all the young women.

Immunisation	Eligibility criteria	Added notes
Diphtheria Tetanus Pertussis Polio	Full guidance in Green Book	See Green Book refs[51],[52],[53],[54]
Measles Mumps Rubella (MMR)	MMR vaccine can be given to individuals of any age. Entry into…prison…provides an opportunity to check an individual's immunisation history. Those who have not received MMR should be offered appropriate MMR immunisation.[55]	
Meningitis C	Persons under 25 years[56]	•

[49] Anderson L, Vostanis P, Spencer N (2007) Health needs of young offenders
[50] Anderson L, Vostanis P, Spencer N (2007) Health needs of young offenders
[51] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108818.pdf
[52] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108823.pdf
[53] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_103982.pdf
[54] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108822.pdf
[55] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_063649.pdf
[56] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108821.pdf

Hepatitis B	See above	•
BCG	Would only apply to young women under 16 years	See Green Book[57]
Pneumococcal	Persons in risk groups aged 2 months and over	See Green Book for risk groups (Table 25.1)[58]
Seasonal Flu	Persons in risk groups aged 6 months or over	See Green Book for risk groups (Table 19.2)[59]
Human Papilloma Virus (HPV)	Catch up for under 18 year olds[60]	•

The proportion of young women who were unsure of their vaccination history (50%, half of the sample), and then either declined or were unsure whether to have their childhood immunisations represents a key public health opportunity for vulnerable young women to catch up with their community peers.

Ensuring positive messages and explanations about vaccinations, and offers to 'catch up' on childhood and other immunisations at opportunistic points in their stay in the JBU is needed to protect this vulnerable population.

Recommendation: Ensuring positive messages and explanations about vaccinations, and offers to 'catch up' on childhood and other immunisations at opportunistic points in their stay in the JBU, as above schedule

Tuberculosis

There is no question on Tuberculosis in the reception screening template but this should appear in the new SystmOne reception template.

Although it is not possible to compare US data with UK prison data, the US data from 1980 showed a prevalence of 7% of TB in incarcerated youth[61]. There is no question on TB in the reception screen, but given the vulnerable population of young people, it would be worth ensuring TB questions are added to SystmOne reception screening questions.

As the schools based programme which used to vaccinate children with BCG at age 14 years stopped in 2005[62], the young persons currently in JBU would *not* have been offered the vaccine. The BCG program is now targeted at neonates with parents or grandparents from high prevalence countries.

Recommendation: add TB questions to SystmOne.

Infectious diseases and immunisations gaps and recommendations

- Improve Hepatitis B vaccination coverage (with Downview) to green
- Ensure that sexual health services address the high levels of risky behaviour and need. Ensure that specialist GUM provision is provided

[57] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108824.pdf
[58] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_115268.pdf
[59] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_107815.pdf
[60] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087787.pdf
[61] American Academy of Pediatrics Committee on Adolescence. Health Care for Children and Adolsecents in the Juvenile Correctional Care System (2001). Refers to Hein et al 1980.
[62] Green Book (2006): 394

- ensure SRE module for sexual health (or equivalent) in place
- Work with HPAG to promote uptake of Chlamydia screening
- Ensuring positive messages and explanations about vaccinations, and offers to 'catch up' on childhood and other immunisations at opportunistic points in their stay in the JBU is needed to capture this vulnerable population.
- Add TB questions to SystmOne.

Mental health, self harm and suicide, learning disability

	Observed prevalence from small JBU notes audit	Expected prevalence using other sources
History of past contact with psychiatric services	5/8 (62.5%)	46-81% (Hagell 2002) – prevalence of mental health problems
History of DSH	3/8 (37.5%)	36% (Douglas & Plugge 2006)

Mental health

National estimates are that over a third of young persons in custody 'have a diagnosed mental health disorder'.[63] At the notes audit, 5/8 young women (62.5%) had had a previous contact with psychiatric services, even in the form of an assessment at a police station.

All eight young women denied being on any medication for their nerves, and only one had suffered a recent bereavement. Although this is a difficult proportion to compare, Hagell estimates that 'for younger people in custody, estimates of prevalence of mental health problems ranged from 46 to 81%' and so this would include the very crude estimate above.[64]

A review of international literature carried out by Hagell[65] shows that the most common disorders were conduct and oppositional (although these include males), followed by substance abuse and then anxiety and depression.

Self harm and suicide

National data show that in 2007, 69% of young women in custody had harmed themselves[66].

From the notes audit, three out of eight young women (3/8, 37.5%) admitted to a history of deliberate self harm, and one of these young women admitted to several suicide attempts in the past. All denied current suicidal ideation. National data revealed that 36% of young women 'had harmed themselves in the past month'[67], which is broadly similar to our sample.

[63] Healthy Children, Safer Communities: 14
[64] Hagell A (2002). The mental health of young offenders. Bright futures – working with vulnerable young people: 13.
[65] Hagell A (2002). The mental health of young offenders. Bright futures – working with vulnerable young people: 18
[66] HM Chief Inspector of Prisons for England and Wales (2008) Annual Report 2006-07, London
[67] Douglas & Plugge (2006): 55

A small proportion of young women had open ACCT files at the time of the notes audit suppressed for confidentiality.

Learning disability

There were no data on learning disability from the notes audit. However, Harrington et al reviewed 151 young offenders in secure settings and a further 150 in the community, and found that 'almost a quarter' had learning difficulties (IQ<70) while 'a further third had borderline learning difficulties (IQ 70-80)'[68].

Healthy Children, Safer Communities notes that over half of young persons in custody 'have difficulties with speech, language and communication', and over a quarter of young persons in community custody had a learning disability.[69] This would indicate an expected number of young women of at least four in JBU, given a fully occupied CNA of 16 young persons.

Mental health, self harm and suicide, learning disability gaps and recommendations

Recommendation: When DH guidance on learning disability is released later this year, a screening tool at reception should be implemented, in order to produce a health action plan and annual health check.

Substance misuse, cannabis, and alcohol

	Observed prevalence from small JBU notes audit	Expected prevalence using other sources
History of substance misuse	6/8 (75%) used cannabis (one young person also used other recreational drugs as well as cannabis)	82% used illegal drugs (Douglas & Plugge 2006)

Substance misuse and cannabis

The substance misuse questions at the reception screen and in the ASSET form ask young women about past use of cocaine, amphetamines, methadone, heroin, benzodiazepines, or subutex (an opioid agonist – buprenorphine). A very small proportion of young persons admitted to past drug use and this was with an array of largely stimulant drugs. All drug urine screens at reception were negative, although for some young women there is a time delay between passing through the courts and then arriving at the JBU.

No young women admitted to having injected drugs in the past. At the snapshot audit of the notes, most young women admitted to using cannabis – 6/8 (75%).

This is broadly similar with the national picture – 82% had used illegal drugs and the most commonly used drug was cannabis (49% reported daily use of cannabis). Much smaller proportions of young women used other drugs on a daily basis, and 11% reported injecting drug use.[70]

[68] Harrington R & Bailey S (2005). Mental Health needs and effectiveness of provision for young offenders in custody and in the community YJB: 7
[69] Healthy Children, Safer Communities: 14
[70] Douglas & Plugge (2006): 54

The fact that only one young woman in the JBU admitted to drug use other than cannabis could possibly reflect an unwillingness to admit to recreational drug use at time of ASSET screening or reception screening, or simply that the very small sample size does not allow one to pick up a representative sample of the whole juvenile estate.

The DH guidance for the pharmacological management of substance misuse among young people in secure environments covers opioid and non-opioid drugs as well as alcohol[71].

The higher proportion of injecting drug use highlighted by Douglas & Plugge also reinforces the need to educate young women in risk minimisation, and to empower them to request blood borne virus (BBV) testing as a result of recognising past risk behaviours.

Recommendation: address high levels of illicit drug use especially cannabis. Psychosocial interventions for cannabis use should align with NICE guidance 2007e and NTA 2008b guidelines.

Alcohol

National data can be contrasted with data from the small notes audit at the JBU.

	Observed prevalence from small JBU notes audit	Expected prevalence using other sources
History of alcohol misuse	5/8 (62.5%)	61% (Douglas & Plugge 2006)

Five out of eight young women (5/8, 62.5%) admitted to drinking alcohol, with descriptions suggesting hazardous or harmful intake. Of the five young women who drank alcohol, 2/5 (40%) admitted to withdrawal symptoms, which indicates dependence. Douglas & Plugge found that 86% of their sample drank before entering the YOI, and that 61% 'exceeded the recommended weekly amount of alcohol for women'.[72]

Given the new draft CMO guidance that young people aged 15 to 17 should: never exceed or equal adult daily alcohol limits, and that drinking should only be under the supervision of a carer or parent - we see that the young persons admitted to the JBU have not been drinking alcohol within these boundaries[73].

Downview and JBU scored amber for the 2009/10 PHPQI period on alcohol, as there was a screening tool in use, but not a full array of interventions.

Recommendation: provide alcohol interventions either from Catch 22 or healthcare.

Substance misuse, cannabis, and alcohol gaps and recommendations

Recommendation: address high levels of illicit drug use especially cannabis.

Recommendation: provide alcohol interventions either from Catch 22 or healthcare.

[71] Gateway 11189 (20 March 2009)
[72] Douglas & Plugge (2006): 54
[73] Draft Guidance on the consumption of alcohol by children and young people from the CMOs of England, Wales and Northern Ireland http://www.dcsf.gov.uk/consultations/downloadableDocs/CMO%20Guidance.pdf

Oral health

Need for dentistry in prisons is great – estimated to be four times higher in the prison population than in the general population of the same background[74].

All toothbrushes and toothpaste are free for the young women in the unit.

Smoking

	Observed prevalence from small JBU notes audit	Expected prevalence using other sources
Smoking	7/8 (87.5%)	81% (Douglas & Plugge 2006)

At the time of the snapshot audit, almost all (7/8, 87.5%) young women admitted to smoking. This is entirely consistent with national juvenile estate data which showed that 81% of young women were current smokers.[75] There are services in place to ensure that young women who smoke are encouraged and supported to quit, and this is a level of very high need.

RESULTS – SOCIAL VULNERABILITY FACTORS

	Observed prevalence JBU notes audit / data	Expected prevalence using other sources
History of sexual abuse	* (broadly consistent with national sources, suppressed)	33% (SEU 2002)
History of being a 'looked after child'	4/8 (50%)	41% (Douglas & Plugge 2006), 'over half' (SEU 2002)
Educational attainment	3/8 (37.5%) not in education, training or employment	'between a quarter and a third... no education and training available... before custody' (SEU 2002)

Pregnancy or dependent children

Almost all young women had a pregnancy test on arrival to the unit which is standard practice, apart from one young woman whose urine had not yet been processed. All of these pregnancy tests were found to be negative. No young women in the last six months had been pregnant.

Douglas & Plugge's review of 73 young women in YOIs showed that 10% (7/73) women had a child, and 8% were pregnant. This highlights the difficulty comparing a very small sample (JBU) with a larger one, as the picture of trainees at JBU is dynamic given the intake of remand as well as sentenced young women.

The JBU does have family days every three months in which young women may receive visits, and these presumably could accommodate visits from any dependent children.

[74] Strategy for modernising dental services for prisoners in England DH & HMPS 2003
[75] Douglas & Plugge (2006): 54

History of sexual or physical abuse

Although this is a very small sample, it is salient that a proportion in line with national figures gave a history of sexual or physical abuse, or rape, or all of the above. The Social Exclusion Report quotes higher figures than this those for this small sample: that 2 in 5 (40%) female juveniles had suffered violence at home, while 1 in 3 (circa 33%) female juveniles 'reported sexual abuse'.[76] Our lower figures are likely to reflect a small sample size.

Recommendation: ensure adequate support for young women with history of abuse

Looked after children, stays in secure training centres, and social services

Out of the small sample in the notes audit – 4/8 (50%) young women were either eligible or relevant children or had contact with social services. This is entirely consistent with Douglas & Plugge's study of 73 young women which found that 30/73 (41%) 'had been adopted or in foster or local authority care at some time in their life'[77], and a 1997 HMIP study showing that over half of under 18 year olds had a history of care or social services involvement.[78] This relates to the earlier recommendation to create robust links with the Surrey Safeguarding Children Board.

Educational attainment and qualifications

Nationally, it is documented that over three-quarters of young persons in custody 'have a history of temporary or permanent school exclusion'[79].

3/8 (37.5%) of the young women staying in the unit were not in education, training or employment. This should be interpreted alongside Douglas & Plugge's findings that 90% of their respondents 'had left full-time education by the time they were 17-years-old'.[80] The Social Exclusion Unit gives a comparable picture that 'between a quarter and a third of juvenile prisoners had no education and training available to them before custody'.[81] The social vulnerability is especially relevant as young women lacking practical and educational qualifications will struggle to find employment on release, and that 'the experience of NEET in one's early life can reduce his/her lifetime employment prospects'[82].

RECOMMENDATIONS FROM DISEASE HEADINGS AND GAP ANALYSIS

Disease area	Recommendation	Ownership
Physical health	Use SystmOne to identify young women with chronic illnesses and use this to direct clinician to appropriate care pathways.	Healthcare
	Review need for a Pharmacist-led clinic to advice young women on medications.	Healthcare
	Address high levels of overweight and obesity (half of the young women at time of notes audit)	Healthcare and HPAG

[76] Reducing Reoffending by ex-prisoners (2002). ODPM Social Exclusion Unit: 157.
[77] Douglas & Plugge (2006): 52
[78] Reducing Reoffending by ex-prisoners (2002). ODPM Social Exclusion Unit: 157.
[79] Healthy Children, Safer Communities (DH 2010): 14
[80] Douglas & Plugge (2006): 52
[81] Reducing Reoffending by ex-prisoners (2002). ODPM Social Exclusion Unit: 157.
[82] Keung. Young people and social exclusion: a multidimensional problem. 2010 Criminal Justice Matters: 42

Infectious diseases and immunisations	Improve Hepatitis B vaccination coverage (with Downview) to green Ensure that sexual health services address the high levels of risky behaviour and need. Ensure that specialist GUM provision is provided ensure SRE module for sexual health (or equivalent) in place Work with HPAG to promote uptake of Chlamydia screening Ensuring positive messages and explanations about vaccinations, and offers to 'catch up' on childhood and other immunisations at opportunistic points in their stay in the JBU is needed to capture this vulnerable population. Add TB questions to SystmOne.	Healthcare and HPAG, JBU, NHS Surrey
Mental health	When DH guidance on learning disability is released later this year, a screening tool at reception should be implemented, in order to produce a health action plan and annual health check.	NHS Surrey and healthcare
Substance misuse and alcohol	Address high levels of illicit drug use especially cannabis Ensure that psychosocial interventions for cannabis use should align with NICE guidance 2007e and NTA 2008b guidelines provide alcohol interventions to meet high levels of need	Healthcare
Smoking	ensure all young women who smoke are encouraged and supported to quit – maintain work in this area	healthcare
Social vulnerability factors	ensure adequate support for young women with history of abuse	Prison and healthcare

REFLECTIONS ON THE HNA

The sample size for the notes audit (n=8) was extremely small due to low occupancy in March 2010. This was additionally compounded by the fact that retrospective notes were not available from young women who stayed on the unit but had now been released. This would have enabled a larger sample size, more representative of this unique population.

Some data have been suppressed in the interests of anonymity, so where possible statements have been made as to whether proportions are consistent with national data.

We could not obtain security clearance in time to carry out focus groups with the young women. This would have made the corporate work more robust, so that informal observations could be captured, with the chance to hear women's views on a wider range of topics.

ANNEXES

Annex 1 – PHPQIs 2009/10

	PRISON NAME (select from dropdown box in cell C1)		JBU
	Input your new or changed Prison name in Cell C6 only if Prison name is NOT on drop down list in Cell C1		
	Prison Category		Young Offenders female
	Prison healthcare manager	Name	Mandy Darville
		Telephone no.	0208 196 6422
		Email addr	Mandy.Darville@hmps.gsi.gov.uk
	PCT contact	Name	Nicky Croft
		Telephone no.	01372 201673
		Email addr	Nicky.Croft@surreypct.nhs.uk
	Validated at Regional Review Meeting		Yes
	Date of Regional Review (DD/MM/YYYY)		10/05/2010
Ind.No			
1.1	Patient safety		Green
1.2	Healthcare environment		Green
1.3	Medicines management		Amber
1.4	Chronic disease and long term conditions care		Green
1.5	Continuity of case management		Green
1.6	Discharge planning		Green
1.7	Clinical governance		Green
1.8	Corporate governance		Amber
1.9	Information governance		Green
1.10	Financial governance		Red
	Accepted Finance Plans based on PHDP and Prison Healthcare Budget		No
	Spend against budget is transparent and maintained within acceptable limits		Yes
	Prison and PCT processes are in place to review expenditure against plan		Yes
1.11	Workforce plan		Green
1.12	Personal development plans		Green
1.13	Equality and Human Rights		Red
1.14	Service user involvement		Amber
1.15	Health needs assessmewnt		Red
1.16	Comprehensive range of services		Red
1.17	Access and waiting times		Green
1.18	Prison dentistry		Green
1.19	Substance Misuse Activities - IDTS		
1.20	Alcohol Screening, Intervention and Support		Amber

1.21	General health assessment	Green
1.22	Secondary Health screen - Prison Transfers	Green
1.23a	Services for Children and Younger people (under 18s only)	Amber
1.23b	Services for Older Adults (not YOI Estate)	N/A
1.24	Services for Adult Women	N/A
1.25	Primary care mental health	Green
1.26	Suicide prevention	Amber
1.27	Care Programme Approach Audit	Green
1.28	Access to specialist mental health services	Green
1.29	Section 117	Green
1.30	Mental Health transfers	Green
1.31	Learning Disability	Red
1.32	Vaccination/immunisation policy	Red
1.33	Hepatitis B Vaccination of Prisoners	Amber
1.34	Hepatitis C	Amber
1.35	Health Promotion Action Groups	Red
1.36	Sexual Health	Amber
	Means of accessing condoms	Yes
	Access social/life skills modules on SRE education or similar	No
	Access to GUM clinic in prison	Yes
	Access to chlamydia screening programme	Yes
	Access to barrier protection and lubricants	No
1.37	Communicable disease control	Green
1.38	Exercise	Red

TOTAL GREEN	19
TOTAL AMBER	9
TOTAL RED	8
Total Indicator Replies (Should be 38 in total)	36

WARNING - TOTAL INDICATOR REPLIES SHOULD BE 38- PLEASE CHECK THAT YOU HAVE ENTERED N/A CORRECTLY

Annex 2 - Birmingham Toolkit

This model comprises a:

- Corporate approach – collating and analysing stakeholder views from both prison staff and prisoners
- Comparative approach – comparing health services with those at similar prisons
- Epidemiological approach – estimating disease burden using health data
- Service descriptions – building a picture of current provision

Annex 3 - Steering group membership and acknowledgements

Steering group membership

- Prison: Governor Emily Martin, Governor Jules Blacklock, Julie Evans (Head of Activities)
- SCH: Mandy Darville, Daniel Chikanda, Becky Wall, Susan Davis

- IDTS: Julia Berryman, Darren Thomas
- Dental: Dr Susanna Mayne and Dr Jane Powell
- Mental Health: Mark Girvan
- Pharmacy: Nicky Evans, Khurshid Choudhury
- NHS Surrey: Jo-Anne Bradford, Nicky Croft, Rajinder Nanu Chumber, Christine Raven
- SCH: Linda Murray

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Special thanks are given to the following individuals:

- HMP YOI Downview – Josephine Butler Unit: Governor Sally Hill
- JBU Healthcare Team: Sister Jessie (Rajamanee) Armoogum
- Mental Health In-Reach: Mark Girvan
- NHS Surrey: Public Health Development Worker Rajinder Nanu Chumber (corporate)
- JBU Prison Officers for sharing their time
- The young women at the JBU for completing survey questionnaires

Annex 4 – HMIP 2010 inspection action points

Up to date HNA	**Now completed**
The emergency equipment should be reviewed to ensure that it is readily available and transportable to deal with medical emergencies. If necessary, advice should be sought in relation to equipment needs. Daily checks of the equipment should be documented	Accepted and due for completion June 2010
Formal documented triage algorithms should be used to ensure consistency and continuity of care and advice given to young women	Accepted and completed
Medicines and therapeutics committee should include all stakeholders	Accepted and completed
Patient group directions should be introduced, read and signed by all relevant staff	Accepted and completed

Young women should have access to pharmacy led clinics	Accepted and to be addressed by HNA, and due for completion June 2010
All pharmacy policies should be reviewed and brought up to date as a matter of urgency	Accepted and completed
In possession risk assessments of each drug and patient should be completed at all times	Completed
Dental – removal of storage boxes and other unnecessary items	Completed
Dental compressor should be vented to exterior	Due March 2011
Maximum and minimum refrigerator temperatures should be recorded daily and be within the 2-8 degree centigrade range	Completed

Annex 5 - Corporate methods

Young women

Due to the requirements of security clearance the focus group was not possible for young women. In total, 8 questionnaires were disseminated to the young offenders through a cell drop by the officers on the unit.

Healthcare - internal

Focus group - at the time of the focus group, there were four (4) healthcare staff employed in JBU. A focus group was organised by the JBU healthcare manager and all healthcare staff attended the focus group which was delivered in the JBU in a quiet room. The focus group schedule used in all the other Surrey prison health needs assessment carried out in 2009/10 was used.

Questionnaire - An envelope containing a questionnaire, covering letter and a prepaid envelope was given directly to all the healthcare staff by the Public Health Development Worker.

Healthcare Staff - external

Questionnaire - Thirteen (13) visiting practitioners and the GP provider service were given the opportunity to share their views through a questionnaire. The questionnaire used in all the other Surrey prison health needs assessment carried out in 2009/10 was again used.

An email with covering information about the corporate health needs assessment and the questionnaire was sent individually to each visiting practitioner. As the initial response was low, a month later the email was resent and external practitioners were encouraged to give their views.

Prison staff

Focus group - a focus group was organised by a Senior Officer in JBU. Five (5) prison staff attended the group: four were uniformed officers and one was the YMCA link community worker.

Questionnaire - On the day of the focus group, a questionnaire and a prepaid envelope was given the prison staff to put in the staff office.

Annex 6 – YMCA 'Through the Gate' project

YMCA Community Links Worker offers enhanced emotional, practical and resettlement support to the young women on the JBU, working in partnership with the multi agency JBU team, and outside agencies such as Youth Offending Teams, Connexions, Colleges, Training providers, Job Centres, YMCA's, Leaving Care Teams, Prince's Trust, Voluntary agencies and other key agencies and professionals. [83]

Authorship

Please ensure that authorship is clearly acknowledged if this document is referred to in future.

[83] YMCA Offender Services Briefing provided by the JBU