

CONSULTATION RESPONSE TEMPLATE

IMPROVING HEALTH WITHIN CRIMINAL JUSTICE
CONSULTATION RESPONSE TEMPLATE

HOW TO SUBMIT YOUR RESPONSE

Please return your consultation response via the following email or postal address **no later than 20th June 2016**. Email: cjhcstrategy@dojni.x.gsi.gov.uk Postal Address: **Department of Health, Social Services and Public Safety, GDOS and Prison Healthcare Policy Branch, Room D3, Castle Buildings, Stormont Estate, Belfast, BT4 3SQ**

Freedom of information

DHSSPS and DOJ will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request.

CONTACT DETAILS

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1/ THE CASE FOR CHANGE

The scale of the challenge (p.15-19) Have we identified the right issues? Are there any other issues you would like us to consider? Can you highlight any additional relevant research?

The Institute of Public Health in Ireland (IPH) believes that contact with the criminal justice system could be turned into an opportunity for improving health and wellbeing. This is an opportunity for health and social care services to identify and work with some of the most vulnerable people in our communities. It is also an opportunity to take a rights-based approach to tackling inequalities in society.

An overall theme throughout the draft strategy is for greater collaboration and a more joined-up approach from point of entry to the criminal justice system to resettlement in the community. In addition, a key theme that resonates throughout the draft strategy is the potential for criminal justice institutions as health promotion settings. IPH is pleased to see such an approach however work is required prior to point of entry to ensure health equity, and throughout the criminal justice experience to ensure equity of service provision. An overall approach of health equity would; address the inequalities that cause contact with the criminal justice system, address the inequalities that result from contact with the criminal justice system, and address the inequalities

in service provision.

HM Government/Department of Health (2011)¹ acknowledge this overall approach by adopting the recommendations from Lord Bradley's report² on improving mental health and learning disability outcomes for offenders. These recommendations include ensuring that offenders have the same access to mental health services as the rest of the population; that mental health issues are detected as early as possible upon interaction with the criminal justice system; and that a national liaison and diversion services is rolled out. This model should be adopted across the ill-health experience within the criminal justice system. However, with regard to mental health, IPH is particularly concerned by the figures cited in *The Scale of the Challenge*. In addition the estimation that 90 per cent of all prisoners have a diagnosable mental health problem (including personality disorder) and/or a substance misuse problem (HM Government and Department of Health, 2011:8) gives a sense of the scale of this challenge and indicates that more needs to be done to tackle health inequalities that are the root cause of criminality.

This is acknowledged within the section, *The Scale of the Challenge* which identifies significant substance misuse, mental ill health concerns and communication difficulties among young people in contact with the criminal justice system. The fact that children are in contact with the criminal justice system suggests a failure to identify emerging or potential problems. A significant issue identified in several places throughout the draft is that people who come in contact with the criminal justice system are frequently not in touch with health and social care services. Many of the children who fall into difficulties are identified in this draft as being children who are in the care of the State (and indeed, these may occur in adulthood whereby adults in contact with the system may have been children in care at some point in their lives). These children should be among those with the most contact with health and social care services and therefore wraparound services and quality care should prevent them ever having contact with the criminal justice system.

IPH is also concerned with the high percentage of crime in which alcohol was a contributory factor. In terms of prevention, minimum unit pricing (at a 50p rate) is anticipated to reduce the cost of crime in Northern Ireland by £19.9 million in the first year; with higher minimum unit pricing providing even greater savings. Minimum unit pricing is expected to lead to 5,293 fewer offences per year.³

Perpetration of crime related to alcohol suggests that links should be made to addiction services as well as providing family support services as needed. The impacts of alcohol abuse stretch beyond the individual, and the North South Hidden Harm Group recommend more integration between domestic violence services, services for children in care and treatment services.

¹ HM Government and Department of Health. (2011). *No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of all Ages*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf
Accessed 17 June 2016.

² Bradley, K. (2009). *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_098698.pdf Accessed 20 June 2016.

³ Angus et al. (2014). *Model-based appraisal of minimum unit pricing for alcohol in Northern Ireland*
[http://alcoholireland.ie/download/reports/minimum_pricing/mup_ni_report_from_university_of_sheffield\(1\).pdf](http://alcoholireland.ie/download/reports/minimum_pricing/mup_ni_report_from_university_of_sheffield(1).pdf) Accessed 16 June 2016.

The term of the framework *New Strategic Direction for Alcohol and Drugs* (DHSSPS, 2011) finishes this year and the good work already undertaken, particularly with regard to the continuum of services for offenders, should be continued with this Strategy.

Needs of particular groups (p.20-21) Have we identified the right groups? Are there any other groups you would like to see included? What are their particular issues or needs?

IPH is pleased with the particular groups identified, however, as mentioned, adult men are the cohort most likely to have contact with the criminal justice system in Northern Ireland and they may also have specific needs that should be separately identified. Services need to be gender appropriate to ensure men are comfortable accessing the care they may require.

2/ A NEW DIRECTION

Overview (p. 25-26) Do you agree with the proposed scope, purpose, timeframe, aims and objectives of the Strategy and Action Plan? Please explain.

IPH welcomes this draft strategy and is encouraged by the ambitious but achievable scope, purpose, timeframe, aims and objectives. However, IPH would welcome if the draft strategy could also address the roots of criminality and recidivism.
IPH would welcome inclusion of the right to privacy with regard to health and social care needs. Sharing of information across agencies and professionals may not be the individual's preference and people should have the right to control their personal information. In addition, choice and control over support services is important for all offenders as well as ex-offenders.

Service goals (p. 27-34) For each stage in the criminal justice journey, have we correctly identified what a good service would look like and who should be involved? Please explain.

A key partner not identified is the individuals in contact with the criminal justice system who are central to identifying required services. The engagement of people in contact with the criminal justice system and their families is a critical factor in developing effective policies and services.

IPH welcomes pro-active enquiry around health and social care needs as stated in the draft strategy to help the individual identify if they have any unmet needs. IPH believes it is important to see this contact with professional services as an opportunity to help individuals who have been identified by the criminal justice system. However, IPH also believes it is important to ensure that everyone in contact with this system is not viewed through the lens of criminality; this is an opportunity to potentially assist people who should not have been identified by the criminal justice system.

In terms of this, an important element of the move to greater collaboration and interagency working, would be to ensure that resettlement services join-up with different areas as people move between administrative areas and jurisdictions across the UK and Ireland.

Strategic priorities (p.34-43) Have we identified the right strategic priorities? Are there any other areas that you feel should be given priority in the Strategy and Action Plan?

IPH believes the correct priorities have been identified and IPH particularly welcomes the inclusion of health promotion as well as ill health prevention.

2/ A NEW DIRECTION – ACTION PLAN

Please share your views on the actions identified for each strategic priority. Have we identified the right actions? Are there any other actions you would like to see included?

Service planning and commissioning (p. 2 of action plan)

Service planning and commissioning should prioritise needs assessments as well as monitoring and evaluation.

IPH welcomes the intention to develop an evidence base and particularly welcomes the inclusion of service users as partners to the process of service planning and commissioning.

IPH would welcome 'value to the individual' as being as important as 'value for money'; often there are situations whereby services may not provide value for money but are of significant benefit to a small number of people.

Continuity of care (p. 3-4 of action plan)

IPH supports this action, but would reiterate that this continuity of care should stretch backwards as well as forwards; not just from the start point on a criminal justice journey, rather continuity of care should include preventing identified vulnerable cohorts from any contact with the criminal justice system. For example through early intervention juvenile diversion programmes.

Workforce development (p. 5 of action plan)

As an all-island body, IPH would suggest that workforce development would be cost-effective if events such as the suggested annual health and criminal justice event incorporated partners from the Republic of Ireland as well as the United Kingdom.

Diversion of vulnerable individuals (p. 6 of action plan)

IPH would suggest diversion should include educational opportunities in addition to employment. These could include training, second chance education as well as apprenticeships. Diversion could also incorporate alcohol diversion programmes such as late night football leagues.

IPH would also welcome this list including re-establishing/establishing relationships with family and friends.

Health promotion and ill health prevention (p.7-8 of action plan)

IPH welcomes this priority. In particular the forward-thinking displayed by including life-skills such as self care and parenting. IPH is heartened to see smoking and breastfeeding included under this strategic priority, and would welcome tobacco-free prisons in the future.

IPH would like to draw attention to the work of the Irish Cancer Society's We Can Quit programme which takes a gendered approach to tobacco cessation among women living in disadvantaged areas which may resonate with programme planning among prisoners in Northern Ireland.

This action would benefit from inclusion of immunisation, as many people in contact with the criminal justice system may not have accessed the population-level standard inoculations, and

would potentially benefit from other available inoculations.
In terms of health promotion, IPH would welcome an emphasis on healthy diets and nutrition awareness, as well as increasing levels and opportunities for physical activity. As well as having positive impacts for overweight, obesity and related diseases, there is also the potential for improving mental health outcomes through increased physical activity.

Social care (p. 9 of action plan)

IPH notes that under this priority it is suggested that there are perceived gaps in social care provision within prisons but it is believed there is not sufficient evidence to support this. A mapping exercise as suggested would be welcomed, but expedited quickly.

Accommodation (p. 10 of action plan.)

As stated, IPH feels that the negative fact that people are in contact with the criminal justice system should be turned into a positive. This is an opportunity for health and social care services to identify and work with some of the most vulnerable people in our communities.

3/ DELIVERING CHANGE

(p. 45-47 of consultation document) Please share your views on the proposed approach to resources, governance arrangements, monitoring and evaluation.

This proposed approach could be improved with a greater emphasis on outcomes that are focused on individuals and communities rather than on services.

EQUALITY CONSIDERATIONS

A preliminary Equality Screening, including a Disability Duties and Human Rights Assessment, has been undertaken and the draft Strategy and Action Plan have been screened out: however, a review of Equality Screening will be undertaken following the public consultation exercise. Responses to the questions below will help to inform this review.

Are the proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and comment on how these adverse impacts could be reduced or alleviated.

Are you aware of any indication or evidence – qualitative or quantitative – that the proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how.

Are there any aspects of proposals where potential human rights violations may occur?

FURTHER COMMENTS

Please include any further comments on the consultation document in the space provided.

The criminal justice system is an expensive service when compared with what could be achieved with an emphasis on health equity beginning in the early years. Work should be focussing on ensuring that people are not in contact with the criminal justice system, for the sake of the individual, their families and communities. Protection of the future generations is vital, and support and early intervention for the children and families of people in contact with the criminal justice system is essential to reduce the perpetuation of social and economic inequalities.

Signature:

Date:

Thank you for taking the time to respond to the consultation.