

# the Health Promoting Prison

a framework for  
promoting health in the  
scottish prison service



## Contents

The Health Promoting Prison: A framework for promoting health in the Scottish Prison Service: Background	1
Introduction	2
Context	3
Principles	4
Action	4
Priorities	6
What's next?	7
Core Health Topic 1: Eating for Health	10
Action checklist	11
Core Health Topic 2: Active Living	14
Action checklist	15
Core Health Topic 3: Tobacco Use	18
Action checklist	19
Core Health Topic 4: Mental Health Well-being	22
Action checklist	23
Working with the FPHP: Action planning	24
Working with the FPHP: Planning health promotion activities	26
References	28
Further reading and resources	29
Sources of support	30

## The Health Promoting Prison: A framework for promoting health in the Scottish Prison Service

*Standards for the Health Care of Prisoners*, published by the Scottish Prison Service (SPS) in 1998, set out the need for the SPS to provide services to prisoners which prevent illness, promote health and enable them to make reasoned choices regarding the adoption of a healthy lifestyle.

Establishments have worked hard in delivering health promotion programmes and activities. They have participated in national community-led events such as World AIDS Day, Drinkwise Scotland and No Smoking Day. The SPS has also developed and implemented other health promotion initiatives over the past few years, such as offering every prisoner on admission to custody immunisation against Hepatitis B, and providing 'well man' and 'well woman' clinics. However, it is recognised that to build on this success, the SPS needed to establish a formal Framework for Promoting Health.

A Health Promotion Committee, under the auspices of the Health Care Policy Group, has developed such a framework. It concentrates on four main topic areas relating to healthy eating, active living, tobacco use and the promotion of mental well-being.

This framework, along with our published SPS Health Care Standards and Drugs Strategy *Partnership and Co-ordination*, sets out how prisoners will be given the opportunity, while in custody, to engage with services to improve their health and provide them with information to enable them to make reasoned choices on the lifestyles they lead.

## Introduction

Prisons can make a major contribution to improving the health of some of the most disadvantaged and excluded individuals in our society (1).

The concept of the prison as a setting for health promotion has been recognised nationally and internationally. It follows the 'settings' approach to promoting and improving health, which concentrates on taking health promotion to people where they live, learn, work, spend their leisure time or seek help (2,3).

The overall goal of health promotion is to enhance positive health while preventing ill health, acknowledging that health has interlinked physical, mental and social components (4). Involving people in appropriate, targeted health promotion activities is seen as an important means of reducing the incidence of serious, and in many cases preventable, diseases.

This framework focuses on promoting health among the population of Scotland's prisons. It builds on the work that is already going on in prisons to set out a consistent and coherent framework for promoting health, and a plan for putting ideas into action. And it is based upon the values underlying the Scottish Prison Service (SPS) (see Box).

### Values of the SPS

- Integrity, frankness and honesty in dealing with people.
- Fairness and justice, respecting the needs and rights of prisoners and staff.
- Mutual support, encouraging teamwork and commitment.
- Caring for the safety and well-being of prisoners and staff.
- Openness about our aspirations, our successes and our failures, coupled with a willingness to learn.

Individual prisoners, their families and the communities to which they return after liberation will be the main beneficiaries of the Framework for Promoting Health in the Scottish Prison Service (hereafter referred to as the FPHP) approach. But it is important that the task of promoting health and preventing disease does not fall solely on the shoulders of prison health staff.

The involvement of prisoners, senior management teams, prison staff, families, local communities and partner agencies is also crucial to successful outcomes. With this spirit of co-ordination and co-operation, promoting health can be integrated successfully into all aspects of prison life. This is our overarching objective.

## Context

The SPS has a primary duty to keep in custody those committed by the courts. But it also has a responsibility to maintain and improve the health of prisoners, protect and promote the health of staff, and strengthen links with families and the community.

The World Health Organization (WHO) has set up a European network for promoting health in prisons. The aim of the network is to promote health, in its broadest sense, within the prison community.

It is built on a recognition that while imprisonment results in a loss of personal freedom, the negative effects of custody on health should be reduced to a minimum. It also endorses the principle that time spent in custody can be used positively to aid the prevention of disease and, as far as possible, to promote health (5).

In Scotland, healthcare delivery for prisoners was remodelled and restructured in 1995 to ensure consistent service-wide standards of physical care and to encourage multidisciplinary working. The move towards a more proactive approach to promoting health and preventing ill health was signalled by the publication in 1998 of *SPS Standards for the Health Care of Prisoners* (6).

The higher priority given to health promotion in this document reflected the main thrust of the Scottish Executive's policy statement on promoting health in Scotland, *Towards a Healthier Scotland* (7). In it, the Executive stressed the importance of comprehensive action to improve health, including the need to address:

- 'life circumstances' — the underlying factors or determinants of health
- health damaging behaviours
- 'lifestyles'
- the major causes of illness and death, such as mental ill health, coronary heart disease and cancers.

The promotion of health has subsequently been the foundation for the Executive's Health Plan for Scotland, *Our National Health: A plan for action, a plan for change* (8), and for policies targeting specific groups, such as:

- women and their babies (*The Framework for Maternity Services* (9))
- older people (*Adding Life to Years* (10))
- young people (*Drugs Action Plan* (11), *Protecting Children* (12))
- people with mental health problems (*Framework for Mental Health Services* (13), *Health, Social Work and Related Services for Mentally Disordered Offenders* (14))
- people with learning disabilities (*The Same As You?* (15))

The SPS has now established new partnerships with the Scottish Executive Health Department, the Health Education Board for Scotland (HEBS) and NHS Boards to develop the Framework for Promoting Health in the Scottish Prison Service to ensure that the focus on promoting health and preventing disease is carried forward in Scotland's prisons.

The SPS Rehabilitation and Care Directorate is responsible for the creation and dissemination of the FPHP, and also for the provision of guidance and audit of outcomes across the service. Individual establishments will be responsible for local ownership, implementation and internal monitoring, supported by local Health Promotion Departments and other relevant local agencies.

## Principles

Four basic principles underpin the development of the FPHP:

- empowerment
- equity
- sustainability
- partnership.

Figure 1 sets out these principles in more detail.

The FPHP represents the first step in advancing health promotion in prisons. It is anticipated that further guidance and support will be made available over the next few years to sustain a network of Health Promoting Prisons in Scotland.

## Action

The *SPS Standards for the Health Care of Prisoners* (6) outline broad areas for action for the SPS and provide scope for local flexibility in implementation. They reflect the health promotion agenda set out in *Towards a Healthier Scotland* (7), and state that prisons must provide services aimed at preventing illness and promoting health among prisoners.

The SPS cannot on its own address all the factors underlying poor health in Scotland that *Towards a Healthier Scotland* emphasises. But it has a part to play in, for example:

- helping to raise literacy and numeracy rates among prisoners
- increasing their future employability
- helping to maintain health by improved throughcare
- reducing the risk of re-offending through 'addressing offending behaviour' programmes.

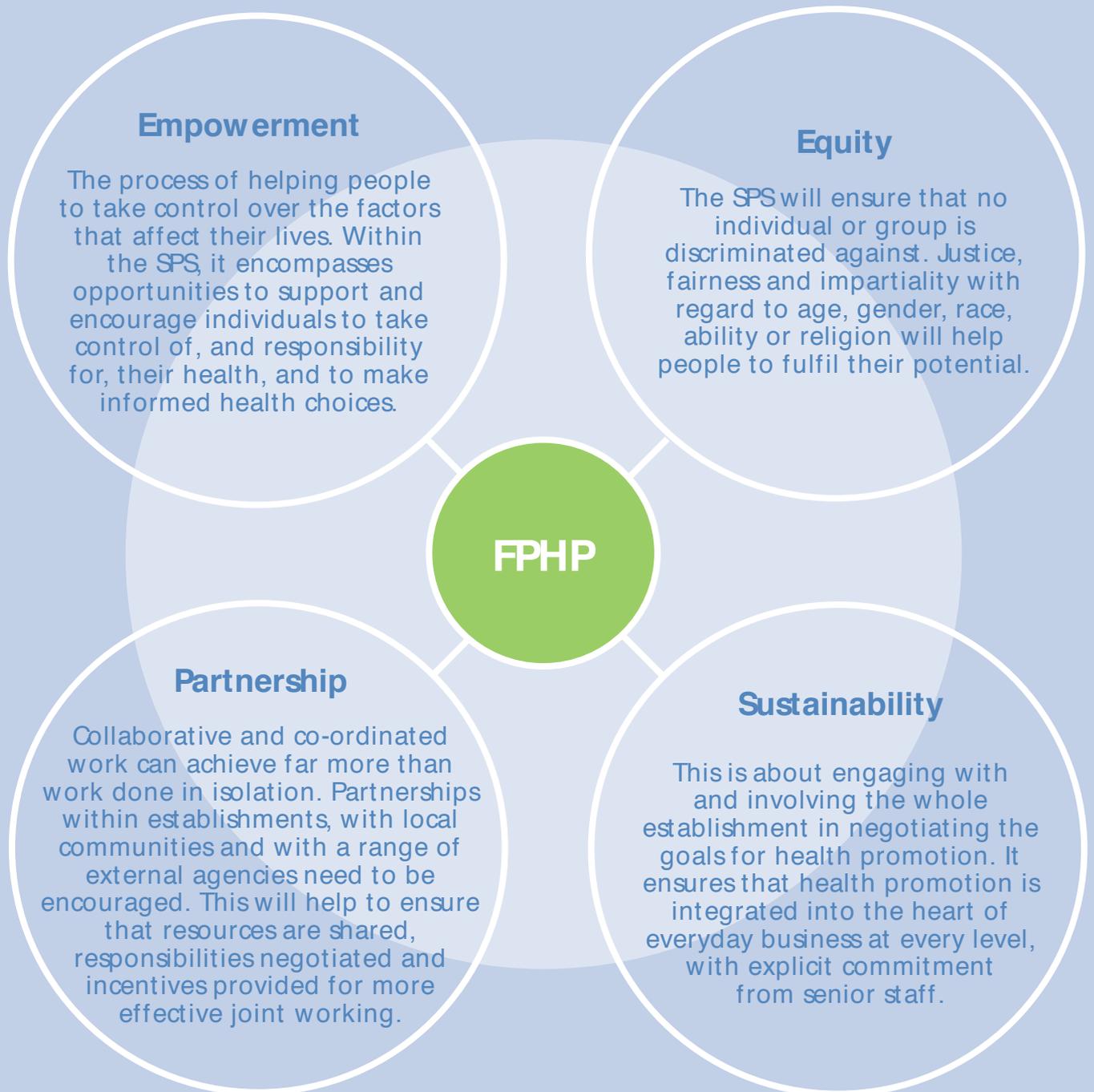


Figure 1. Principles underpinning the **Framework for Promoting Health in the Scottish Prison Service (FPHP)**

The development of policies on key issues such as tobacco use and healthy eating can help to protect health and encourage informed decision-making. Providing facilities for physical activity and organising counselling and advice services for those with emotional or psychological problems gives prisoners a framework from which to develop the personal skills they need to cope with difficulties and negotiate effectively with others.

Promoting health is a long-term goal which is dependent on changes in culture and the environment, as well as change by individuals. The SPS is committed to working with prisoners, their families, staff and the wider community in developing the FPHP, and will:

- provide a range of opportunities and facilities that enable prisoners to make reasoned and informed choices which will contribute to improvements in lifestyle and health
- develop multidisciplinary and multi-agency partnerships which work to improve the health of prisoners and their families
- develop policies and services to protect the health of prisoners and staff.

## Priorities

The FPHP's priorities for action are based on a recognition of existing guidance for Scottish prisons on:

- addictions
- addressing offending behaviour
- health care
- services for specific prisoners such as females and young offenders
- the strategic direction of the SPS.

Building from this, four core health topics have been identified as starting points for action for the FPHP:

- Eating for Health
- Active Living
- Tobacco Use
- Mental Health Well-being.

These four topics have been identified as priorities because they are:

- significantly linked — directly and indirectly — to health status
- national priorities for health action
- relevant to the social inclusion agenda

- offering opportunities for prisoner involvement, which is necessary for success
- not likely to adversely impact on security issues in establishments.

All four are closely linked, and the chances of success in promoting health will be boosted if work across them is co-ordinated. While action on staff health is not specifically included in the FPHP, health promotion initiatives should be considered across the whole of the service (including staff), and should include monitoring, auditing, benchmarking and target setting, as appropriate, for each establishment.

### What next?

The next section sets out practical guidance on going forward with the four core health topics. A number of actions are described under each health topic to help prisons and their Health Promotion Committees to build on what is already being done and to identify new opportunities for promoting health. The actions are set out under five headings:

- Creating a Supportive Environment
- Involving Prisoners, Communities and Partners
- Developing Personal Skills
- Integrating Healthcare Services
- Monitoring and Reviewing Progress.

An Action Planning 'map' is then presented, with some helpful advice devised by HEBS on running health promotion activities.

core health topic



# eating for health

# eating for health

- 1.1. While all foods contribute to maintaining health, national targets have been set to reduce the amount of sugar, fat and salt in the diet and increase the consumption of starchy, high-fibre foods. This means encouraging greater uptake of vegetables, fresh fruit, salads, breads, potatoes, rice and pasta, and moving away from convenience foods and snacks, biscuits, cakes and confectionery.
- 1.2. Establishments have a responsibility to provide adequate and nutritious food and offer a balanced diet to all prisoners. Substance misuse and low levels of physical activity can have a detrimental effect on nutrient intake, so it is important to consider healthy eating within the context of a broader approach to promoting health.
- 1.3. Establishments should work towards the following changes, as set out in the *Scottish Diet Action Plan* (16):

Change	Time frame	Intermediate target
Change to low sugar preserves	Full change by 2005	Issued portions by 2003
Change to low sugar/salt tinned vegetables	Full change by 2005	Achieve 50% by 2003
Change to tinned fruit in fruit juice	Full change by 2005	
Offer fruit juice at meal times	All meals by 2005	Breakfast by 2003
Increase vegetable uptake to 400g per day	By 2005	Increase to 200g per day by 2003
Provide sugar substitutes for beverages, etc.	Full change by 2005	Achieve 50% by 2003
Reduce fried dishes (puddings, chips, etc.) to 3 per week	Full change by 2005	To 6 per week by 2003
Increase uptake of wholemeal foods by 100%	By 2005	50% increase by 2003
Increase availability of salad meals by 50%	By 2005	25% increase by 2003
Advertising on vending machines should be for diet varieties	By 2003	

<h3>Creating a supportive environment</h3>		<h3>Integrating healthcare services</h3>	
<ul style="list-style-type: none"> <li>• Introduce a healthy eating policy which includes menu setting, snacks and shop sales.</li> </ul>		<ul style="list-style-type: none"> <li>• Emphasise the importance of illness prevention.</li> </ul>	
<ul style="list-style-type: none"> <li>• Ensure the availability of fresh fruit at meals and as snacks.</li> </ul>		<ul style="list-style-type: none"> <li>• Offer screening and advice for those who are very overweight and may be at risk of related health problems, such as diabetes.</li> </ul>	
<ul style="list-style-type: none"> <li>• Consider developing a competitive pricing policy for fruit to encourage uptake.</li> </ul>		<ul style="list-style-type: none"> <li>• Use opportunities to link discussions on healthy eating to dental health and hygiene, physical activity and general well-being.</li> </ul>	
<h3>Involving prisoners, communities and partners</h3>		<h3>Monitoring and reviewing progress</h3>	
<ul style="list-style-type: none"> <li>• Involve staff and prisoners in healthy eating 'special events'.</li> </ul>		<ul style="list-style-type: none"> <li>• Seek feedback from prisoners and staff on how the policy is being implemented and identify ways to act on this information.</li> </ul>	
<ul style="list-style-type: none"> <li>• Encourage links with other activities such as physical activity, arts and crafts or dental/oral health initiatives.</li> </ul>		<ul style="list-style-type: none"> <li>• Set and monitor targets against the uptake of healthier meal options offered or of fruit and vegetables.</li> </ul>	
<ul style="list-style-type: none"> <li>• Ask partner agencies for support and advice or resources for events and demonstrations, and for support for prisoners on release.</li> </ul>		<ul style="list-style-type: none"> <li>• Review menus and pricing policies.</li> </ul>	
<h3>Developing personal skills</h3>			
<ul style="list-style-type: none"> <li>• Provide information on healthy eating and encourage prisoners to develop their own leaflets or information sheets.</li> </ul>			
<ul style="list-style-type: none"> <li>• Devise quizzes and competitions to test knowledge.</li> </ul>			
<ul style="list-style-type: none"> <li>• Where possible, encourage prisoners to learn cooking skills, including methods of cooking to reduce fat intake.</li> </ul>			
<ul style="list-style-type: none"> <li>• Encourage the use of alternatives to salt and explore ways to cut down on sugar.</li> </ul>			
<ul style="list-style-type: none"> <li>• Set up discussion groups and encourage interest in devising menus.</li> </ul>			

core health topic

2

# active living

# active living

- 2.1 Overweight and obesity are increasing in the general population, yet there is evidence that average food (energy) intakes are not rising. This suggests that increases in body weight might be more commonly due to reductions in energy expenditure (reduced physical activity) rather than increases in energy consumption (eating more). It is estimated that 60% of the general adult population do not participate in levels of physical activity that will promote good health.
- 2.2 There are now well-established links between lack of physical activity, being overweight, and the onset of serious illnesses such as diabetes and heart disease in adult life. There is also growing evidence of a link between physical activity and good mental health, with raised self-esteem and heightened body image.
- 2.3 Physical activity therefore has an important role to play in promoting health. Physical education (PE) staff have a unique relationship with prisoners and staff. Their role should be enhanced to help achieve higher levels of general and cardiovascular fitness, lower blood pressure and improved suppleness, strength and stamina through the promotion of increased physical activity.
- 2.4 All establishments should have a fitness-testing system, which can be used to provide feedback on blood pressure, flexibility, body composition, grip strength, lung capacity, cholesterol level and stamina and provide a range of information on nutrition, alcohol, smoking, cardiac risk assessment and stress management.
- 2.5 Within the Prisons' Rules, prisoners are entitled to the following physical activity opportunities:
  - to take exercise for not less than one hour every day, except when not fit to do so
  - to spend time in the open air at least once a day
  - every young offender shall be given the opportunity:
    - to participate, on a regular basis, in physical recreation, activities and pursuits which are consistent with maintaining good health and physical well-being
    - to spend time in the open air at least once every day.
- 2.6 'Health Choices' was accepted as an Approved Activity by the SPS Accreditation Panel in 2002 (17). Its aim is to *'allow prisoners to address personal issues, allowing them to make informed choices, encouraging and promoting the benefits of a healthier lifestyle'*.

<h3>Creating a supportive environment</h3>		<h3>Developing personal skills</h3>	
<ul style="list-style-type: none"> <li>Establish a physical activity policy which encourages physical activity and as active a lifestyle as possible, including the encouragement of competitive sports, team development and individual prowess.</li> </ul>		<ul style="list-style-type: none"> <li>Provide information on health and physical activity, and encourage prisoners to develop their own information sheets or personal activity records.</li> </ul>	
<ul style="list-style-type: none"> <li>Invest in facilities, including showers and clothing, and ensure all categories of prisoner have the opportunity to attend the Sports and Fitness Centres.</li> </ul>		<ul style="list-style-type: none"> <li>Support the use of gym equipment and encourage prisoners to set goals and monitor progress (through perceived exertion scores, biofeedback systems, heart rate monitors, etc.).</li> </ul>	
<ul style="list-style-type: none"> <li>Consider providing incentives to encourage prisoners to be more active (such as providing water coolers, free fruit, free T-shirts and sweatbands).</li> </ul>		<ul style="list-style-type: none"> <li>Encourage self-awareness of personal hygiene issues.</li> </ul>	
<ul style="list-style-type: none"> <li>Encourage accumulated activity for prisoners of at least 30 minutes per day.</li> </ul>		<ul style="list-style-type: none"> <li>Develop physical activity programmes for prisoners and staff which are appropriate to individual needs and encourage participation through peer support.</li> </ul>	
<h3>Involving prisoners, communities and partners</h3>		<ul style="list-style-type: none"> <li>Develop games or other activities which demonstrate the links between healthy eating, physical fitness and mental well-being.</li> </ul>	
<ul style="list-style-type: none"> <li>Seek views on the kinds of individual or group activities it would be possible to offer.</li> </ul>		<h3>Integrating healthcare services</h3>	
<ul style="list-style-type: none"> <li>Offer activities which combine movement and relaxation techniques, such as yoga.</li> </ul>		<ul style="list-style-type: none"> <li>Develop 'well-person' clinics as a joint initiative between PE, health centre, programmes and catering staff.</li> </ul>	
<ul style="list-style-type: none"> <li>Provide play/playground facilities for family visits.</li> </ul>		<ul style="list-style-type: none"> <li>Offer information, advice and support across a range of health issues (including smoking, drug use, healthy eating and stress management), and involve families where possible.</li> </ul>	
<ul style="list-style-type: none"> <li>Invite partner agencies to run demonstration classes or provide access to facilities on long weekends/home release (at reduced cost or for trial periods).</li> </ul>		<h3>Monitoring and reviewing progress</h3>	
		<ul style="list-style-type: none"> <li>Seek feedback from staff and prisoners on how the policy is being implemented.</li> </ul>	
		<ul style="list-style-type: none"> <li>Set baseline and progress targets.</li> </ul>	

core health topic

3

# tobacco use

# tobacco use

- 3.1 Smoking is the biggest cause of preventable ill health and early death in Scotland, with up to 13,000 deaths per year in Scotland related to smoking.
- 3.2 Nicotine is a highly addictive substance, and many people who try to stop smoking fail to do so on their first (and subsequent) attempt.
- 3.3 There is scepticism about the potential health benefits of helping someone who has been smoking for a number of years, if not decades, to stop. But stopping smoking at any age, regardless of how long the person has smoked, can have a major positive impact on quality of life and life expectancy.
- 3.4 While no figures currently exist for levels of smoking in Scottish prisons, the rates are believed to be substantially higher than those found in the general population (34% of males, and 32% of females).
- 3.5 The prison environment is a difficult one in which to address tobacco issues, but the SPS should ensure that prisoners and staff are not subjected to passive smoking and should provide support and encouragement in helping smokers to quit.
- 3.6 All prisoners who smoke should be offered information about stopping smoking and those who wish to quit should be provided with appropriate support, such as nicotine replacement therapy (NRT), together with counselling and follow-up sessions.

<h2>Creating a supportive environment</h2>		<h2>Developing personal skills</h2>	
<ul style="list-style-type: none"> <li>Establish a tobacco policy which covers the whole establishment and includes staff and visitors.</li> </ul>		<ul style="list-style-type: none"> <li>Provide information about the effects of smoking, passive smoking and the benefits of stopping.</li> </ul>	
<ul style="list-style-type: none"> <li>Establish a baseline of numbers of prisoners who smoke.</li> </ul>		<ul style="list-style-type: none"> <li>Encourage prisoners to try and set their own goals, which could include cutting down the consumption of tobacco.</li> </ul>	
<ul style="list-style-type: none"> <li>Gather views on the provision of designated smoking areas, smoke-free cells and alternative 'reward/payment' schemes.</li> </ul>		<ul style="list-style-type: none"> <li>Discuss the advantages and disadvantages of smoking and consider reasons for stopping (or not stopping).</li> </ul>	
<ul style="list-style-type: none"> <li>Offer prisoners the choice of a smoke-free cell; the rights of non-smokers should be recognised as paramount.</li> </ul>		<h2>Integrating healthcare services</h2>	
<h2>Involving prisoners, communities and partners</h2>		<ul style="list-style-type: none"> <li>Provide staff training on awareness raising techniques, methods of smoking cessation, cognitive behavioural therapy, motivational interviewing techniques, and counselling.</li> </ul>	
<ul style="list-style-type: none"> <li>Involve prisoners in identifying what might help them to stop smoking (such as group support, a 'buddy' scheme or educational sessions, for instance).</li> </ul>		<ul style="list-style-type: none"> <li>Encourage the development of peer education and peer support groups.</li> </ul>	
<ul style="list-style-type: none"> <li>Ask families, visitors and staff how they can support prisoners wishing to quit.</li> </ul>		<ul style="list-style-type: none"> <li>Encourage the availability of NRT with support for those who wish to quit and allow for access to NRT at all times.</li> </ul>	
<ul style="list-style-type: none"> <li>Set up a competition for prisoners, staff and families with prizes donated from local companies. If sponsorship is difficult to arrange, consider offering a cash prize.</li> </ul>		<h2>Monitoring and reviewing progress</h2>	
		<ul style="list-style-type: none"> <li>Seek feedback on how the policy is being implemented.</li> </ul>	
		<ul style="list-style-type: none"> <li>Seek feedback on the provision of support.</li> </ul>	
		<ul style="list-style-type: none"> <li>Review enforcement procedures in areas where smoking is not permitted.</li> </ul>	
		<ul style="list-style-type: none"> <li>Use the annual Prisoner Survey to document progress.</li> </ul>	

core health topic

4

# mental health well-being

# mental health well-being

- 4.1 The importance of positive mental health, and not just the absence of mental illness, is widely recognised. Positive mental health is a sense of well-being and is important for personal fulfilment. It enables people to survive and grow through pain, disappointment and sadness. It flows from personal resilience and requires an underlying belief in your own, and others', dignity and worth.
- 4.2 The areas that can help to promote well-being lie in building opportunities for success in people's lives. Local action on problem-solving skills, assertiveness training, arts and leisure experience are fundamental starting points. Probably more important, but possibly more difficult to tackle, are key areas of work on helping to maintain family relationships, sexuality issues and the physical prison environment.
- 4.3 Enhancing family contact has been a priority in the SPS since the early 1990s. All establishments have Family Contact Development Officers. Nationally, policy is supported by **Families Outside**, formerly the Scottish Forum on Prisons and Families.
- 4.4 The prison environment plays an important part in promoting well-being. The development of appropriate colour schemes and the presence of posters, paintings and murals on corridor walls and other selected areas is now recognised as being important, and is being implemented. Tidiness and cleanliness, while difficult to achieve in the prison environment, are being prioritised and, where possible, are being 'designed in'.
- 4.5 The SPS has embarked on a wide-ranging programme of capital investment. New houseblocks are being built and selected residential units upgraded. Every effort is being made to take account of the need for personal space, safety, and the creation of as pleasant an ambience as possible.

<h3>Creating a supportive environment</h3>		<h3>Developing personal skills</h3>	
<ul style="list-style-type: none"> <li>Consider the design, function and colour schemes of the buildings. The quality of accommodation and the possibility of positive interactions have a major impact on psychological well-being.</li> </ul>		<ul style="list-style-type: none"> <li>Develop work opportunities that strengthen individual emotional resilience, such as cognitive and behavioural work, meditation and yoga.</li> </ul>	
<ul style="list-style-type: none"> <li>Review policies and staff training on, for example, anti-bullying strategies, depression prevention and maintaining family relationships, to support positive staff-prisoner relationships wherever possible.</li> </ul>		<ul style="list-style-type: none"> <li>Offer a wide range of skills courses, such as coping skills, assertiveness training, relationship skills and literacy training.</li> </ul>	
<ul style="list-style-type: none"> <li>Ensure availability of the widest range of employment, educational and recreational opportunities possible.</li> </ul>		<h3>Integrating healthcare services</h3>	
<h3>Involving prisoners, communities and partners</h3>		<ul style="list-style-type: none"> <li>Use the full range of health interventions (not just pharmaceutical aids) to support individuals and groups in discussing and seeking solutions to mental health problems.</li> </ul>	
<ul style="list-style-type: none"> <li>Involve staff and prisoners in developing and planning activities in the prison.</li> </ul>		<ul style="list-style-type: none"> <li>Ensure that psychological issues are raised even when prisoners present with what appear to be physical symptoms.</li> </ul>	
<ul style="list-style-type: none"> <li>Ensure that regular physical activity and participation in educational work and training are available and are promoted.</li> </ul>		<ul style="list-style-type: none"> <li>Wherever possible, involve spouses/partners in any therapies offered.</li> </ul>	
<ul style="list-style-type: none"> <li>Utilise peer support, mentoring and buddying schemes to positively channel prisoners' resources.</li> </ul>		<h3>Monitoring and reviewing progress</h3>	
<ul style="list-style-type: none"> <li>Involve partner agencies for support, advice and resources inside and outside the prison.</li> </ul>		<ul style="list-style-type: none"> <li>Seek feedback from prisoners, staff, partners and others on the work that has been implemented.</li> </ul>	
		<ul style="list-style-type: none"> <li>Set and monitor targets for skills, training and access components.</li> </ul>	
		<ul style="list-style-type: none"> <li>Evaluate the strengths and weaknesses of the range of actions and refine schedules accordingly.</li> </ul>	

## **Working with the FPHP: Action planning**

A quality circle, working closely with the Health Promotion Committee, is recommended for taking the FPHP forward within your establishment.

A quality circle consists of a group of staff who meet regularly to discuss quality-related work problems. The aim is to stimulate discussion and exchange of views to try and generate solutions. The circle is given the authority to bring the proposed improvements in quality through to completion.

To be successful, the quality circle mechanism requires the commitment of senior management. But it also needs support from other staff within the establishment, and from the circle members. Usually, a team of 6–9 people of differing grades and areas of interest is brought together, and they are encouraged to think freely, to challenge assumptions and existing methods of working, examine information and explore possibilities for future action. Training for the position of circle member is desirable, and the circle may have to call on the expertise of others from time to time. The circle should be facilitated by a skilled team leader.

The action planning ‘map’ (opposite) should provide a useful focus for the quality circle as they set off on the task of improving the quality of health promotion activity. It can be adapted to focus on general health promotion, or any of the four core health topics, or any other relevant initiative.

Working with the FPHP: An action planning 'map'  
(adapted from Koch, 1992 (18))



## Working with the FPHP: Planning health promotion activities

Each establishment's Health Promotion Committee is encouraged to plan specific health promotion activities for prisoners, either on an ongoing or one-off basis— healthy eating campaigns, stop smoking initiatives and targeted physical activity promotions have all been tried. This section offers a four-step guide to the process, with some key questions to help clarify your thinking.

step in the process	checklist	key questions
<p><b>Before you begin ...</b></p>	<ul style="list-style-type: none"> <li>• The event is needed <b>YES</b></li> <li>• Target group is defined <b>YES</b></li> <li>• Aims and objectives defined <b>YES</b></li> <li>• Funds secured, within budget <b>YES</b></li> <li>• Evaluation system set up <b>YES</b></li> </ul>	<ul style="list-style-type: none"> <li>• What health promotion issue is the activity responding to?</li> <li>• Why target this group? Can you access them?</li> <li>• Is the activity ongoing, or a one-off?</li> <li>• Where might you get some funding? Have you considered your own budget, or NHS Boards?</li> <li>• Will your evaluation system measure what you want?</li> </ul>
<p><b>Getting an organising group together ...</b></p>	<ul style="list-style-type: none"> <li>• An organising group for the activity has been formed <b>YES</b></li> <li>• The organising group is considering venue, dates, programme, ongoing monitoring, catering and security issues <b>YES</b></li> <li>• The organising group has defined deadlines to work to <b>YES</b></li> </ul>	<ul style="list-style-type: none"> <li>• Does your group have a defined, specific purpose?</li> <li>• Does your group have a co-ordinator?</li> <li>• Have you drawn up tasks for the group?</li> <li>• Have you set deadlines for completion of tasks?</li> <li>• Have you left sufficient time for the group to complete the organising?</li> </ul>

step in the process	checklist	key questions
<p><b>Handling materials and resources ...</b></p>	<ul style="list-style-type: none"> <li>• The right materials and resources for the activity are available <b>YES</b></li> <li>• The materials are appropriate for the target group <b>YES</b></li> <li>• The materials are supplied within budget <b>YES</b></li> <li>• The use of materials and resources has been planned <b>YES</b></li> </ul>	<ul style="list-style-type: none"> <li>• Have you explored options for materials supply, such as Health Promotion Departments and local community groups?</li> <li>• Can the target group use the materials?</li> <li>• Does the use of the materials raise any security issues?</li> <li>• Do you know when and how the materials and resources will be used during the activity?</li> </ul>
<p><b>Monitoring and evaluating ...</b></p>	<ul style="list-style-type: none"> <li>• A system to monitor the activity is in place <b>YES</b></li> <li>• An evaluation plan, setting out who will evaluate what, and by when, is in place <b>YES</b></li> <li>• A means of analysing the evaluation information has been decided <b>YES</b></li> <li>• Criteria for judging 'success' have been established <b>YES</b></li> <li>• A process to act on results has been agreed <b>YES</b></li> </ul>	<ul style="list-style-type: none"> <li>• Does your evaluation system reflect your original aims and objectives?</li> <li>• Have you defined ways to collect evaluation information?</li> <li>• Have you established who will lead the evaluation process?</li> <li>• Do you know what you are looking for in the evaluation – how will you know if the activity has been successful or not?</li> <li>• Do you know what you are going to do with the results? How will they affect your ongoing plans? Who needs to see the results?</li> </ul>

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## Further reading

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WHO Regional Office for Europe (1998). *Mental Health Promotion in Prisons. Health in prisons project*. The Hague: WHO.

## Resources

Health Education Board for Scotland. Workplace policies: *Simple Guides (Alcohol, Tobacco, Drugs, Dental Health, Healthy Eating, Physical Activity, Stress)*. Available from HEBS.

Health Education Board for Scotland/Action on Smoking and Health Scotland (2000). *Smoking Cessation Guidelines for Scotland*. Edinburgh: HEBS/ASH Scotland.

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[www.hebs.com](http://www.hebs.com): for general information on health issues, health promotion training and the health promotion research toolbox.

## Sources of support

### Health Promotion Departments

Argyll & Clyde NHS Board  
Ross House  
Hawkhead Road  
Paisley PA2 7BN

Ayrshire & Arran NHS Board  
Boswell House  
10 Arthur Street  
AYR KA7 1QJ

Borders Primary Care NHS Trust  
Unit 3, Tweed Horizons  
Newtown St Boswells  
TD6 OSG

Dumfries & Galloway NHS Board  
Nithbank  
Dumfries DG1 2SD

Fife Primary Care NHS Trust  
Haig House  
Cameron Hospital  
Leven KY8 5RA

Forth Valley NHS Board  
9 Gladstone Place  
Stirling FK8 2AH

Grampian NHS Board  
181 Union Street  
Aberdeen AB11 6BB

Greater Glasgow NHS Board  
Dalian House  
PO Box 15329  
350 St Vincent Street  
Glasgow G3 8YZ

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Assynt House  
Beechwood Park  
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Lanarkshire NHS Board  
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Lothian NHS Board  
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Shetland NHS Board  
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South Road  
Lerwick  
Shetland Isles ZE1 0TG

Tayside NHS Board  
Specialist Health Promotion  
Service  
Directorate of Public Health  
Kings Cross Hospital  
Cleington Road  
Dundee DD3 8EA

Western Isles NHS Board  
Health Centre  
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Isle of Lewis HS1 2PS

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