



Equality Screening, Disability Duties and Human Rights Assessment Template

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Guidance notes are available to assist with completing this template. For further help please contact the Equality and Human Rights Unit ext 20539.

Part 1. Policy scoping

1.1 Information about the policy / decision

1.1.1 What is the name of the policy / decision?

Improving Health within Criminal Justice – A draft strategy and action plan to ensure that children, young people and adults in contact with the criminal justice system are healthier, safer and less likely to be involved in offending behaviour.

1.1.2 Is this an existing, revised or a new policy / decision?

A new policy.

1.1.3 What is it trying to achieve? (intended aims/outcomes).

The Department of Health, Social Services and Public Safety (DHSSPS) and the Department of Justice (DOJ) are committed to improving the health and wellbeing of children, young people and adults in contact with the criminal justice system (CJS) in Northern Ireland and in turn reducing the risk of re-offending and contributing to a safer community.

To this end, both Ministers agreed to the development of a Strategy and Action Plan covering the full criminal justice journey from prevention and initial police contact, through the courts to custody and supervision in the community and release and resettlement. The strategy will be based on the principle that those who come into contact with the CJS should have equality of opportunity in access to services and should not be disadvantaged.

Improving Health within Criminal Justice is a draft Strategy and Action Plan covering the health and social care needs of children, young people and adults at all stages of the criminal justice journey (as suspects, defendants and serving sentences) in Northern Ireland. The initial three year Action Plan sets out a clear programme of change to deliver improvements, structured around the seven strategic priorities set out below.

1. Service-planning and commissioning

To ensure that health and social care services for children, young people and adults in contact with the CJS are aligned to need, evidence-based, delivered to high standards and achieve value for money.

2. Continuity of care (including pathways and information-sharing)

To deliver improved continuity of health and social care for children, young people and adults in contact with the CJS by developing care pathways and supporting information-sharing.

3. Workforce development

To ensure that the health and criminal justice workforces and third sector partners are equipped to work confidently across organisational boundaries, to share information and to take coordinated action to meet the needs of children, young people and adults in contact with the CJS.

4. Diversion of vulnerable individuals

To ensure that the needs of vulnerable children, young people and adults in contact with the CJS are known and understood and that opportunities are taken to divert them, where appropriate, into mainstream health and social care or other services.

5. Health promotion and ill-health prevention

To ensure that opportunities are taken for health promotion and ill-health prevention and are available at every stage of the criminal justice journey.

6. Social care

To ensure that children, young people and adults in contact with the CJS have access to appropriate support and/or social care provision to improve and safeguard their social wellbeing in line with addressed need.

7. Accommodation

To ensure a range of accommodation options is in place to meet the health and social care needs of children, young people and adults in contact with the CJS.

1.1.4 If there are any Section 75 categories which might be expected to benefit from the intended policy, please explain how.

All those who come into contact with the criminal justice system as an accused person, defendant, offender, prisoner, prisoner's families, ex-offenders, persons on probation are expected to benefit from the Strategy and Action Plan.

Development of the draft Strategy and Action Plan has seen joint working between DHSSPS and DOJ and their agencies, supported by engagement with service-users and their families and the third sector. A discussion document ("Enhancing Equity, Improving Outcomes") produced jointly by DHSSPS and DOJ set out both Departments initial understanding of the issues and included "Emerging Themes" in terms of gaps in service

provision. The document was made available at a stakeholder engagement event, "Enhancing equity, Improving Outcomes", on 10 March 2014. A further report of that event confirmed that the emerging themes were valid and no further themes were added by delegates. Key emerging themes in terms of Section 75 categories are summarised below.

Needs of particular groups

A number of vulnerable groups are over-represented in the CJS when compared with the national average, including those with mental ill health, personality disorder, learning disabilities and difficulties and speech, language and communication difficulties.

These individuals may experience particular difficulties as they move through the CJS in terms of communication, participation, access and welfare; their needs are likely to require both a medical and a criminal justice response. The challenge is ensuring that individuals who enter the system with complex and sometimes hidden or undiagnosed needs are treated fairly in criminal justice processes, that their welfare is protected and that opportunities are taken to move them away from future offending by connecting them with appropriate care and support

Certain groups in contact with the CJS such as children and young people, women, older people and vulnerable individuals may have different health and social care needs and different experiences of the CJS.

Contact with the youth justice system provides an important opportunity to engage or re-engage children and young people with the health and social care services they need or to undertake more general health promotion.

Baroness Corston's review of vulnerable women in the CJS in England and Wales identified a range of issues underlying women's offending behaviour including domestic circumstances and problems such as domestic violence and childcare issues; personal circumstances, such as mental illness and substance misuse; and socio-economic factors, including poverty, isolation, unemployment and homelessness. Her fundamental conclusion was that women and men are different, and equal treatment of men and women within the CJS does not therefore result in equal outcomes.

Issues impacting on health and social care provision for foreign nationals may include language barriers, access to health records and social support and networks in and outside of custody.

Research suggests that issues affecting people from the LGBT community within custody may include isolation, harassment or physical abuse.

Evidence-based service-planning and commissioning

The clear picture of the health and social needs of people in contact with the CJS required to inform effective service planning and commissioning is not yet available, although the report, Public Health Agency Health Needs Assessment of Prisoners within the Northern Ireland Prison Service 2014/15 will be published shortly and is an important development that can be built upon in terms of adult provision. The previous 2013/14 Health Needs Assessment report highlighted that under-identification of health and social care needs is an issue, particularly at the front end of the CJS, but also in custody in areas such as mental health. There were further issues with the recording and extraction of data on information systems which have now been improved.

There is scope for greater criminal justice input to health and social care service-planning and commissioning to ensure that the needs of this population are met in the community and in custody.

A new Prisoner Needs profile system is being developed. It will contribute to identifying health and care issues.

Further work will be taken forward in association with the Strategy to ascertain social care needs. It is likely that this will be done as a separate project.

1.1.5 Who initiated or wrote the policy?

This is a joint DHSSPS /DOJ strategy with DHSSPS taking the lead. The need for a Strategy and Action Plan covering health care and criminal justice was originally identified as part of a review of the Northern Ireland Prison Service (NIPS) commissioned by Justice Minister David Ford. The review, published in October 2011, considered the conditions, management and oversight of all prisons and made 40 recommendations), of which 10 related to health and social care. Recommendation 13 called for:

“a joint health care and criminal justice strategy, covering all health and social care trusts, with a joint board overseeing commissioning processes within and outside prisons, to ensure that services exist to support diversion from custody and continuity of care.”

This draft Strategy and Action Plan represent the Government’s response to that recommendation.

1.1.6 Who owns and who implements the policy?

As stated in 1.1.5. however, actions in the draft action plan will be taken forward by a wide array of delivery partners such as: DHSSPS and DOJ Arm's Length Bodies, the Third sector, Universities, Further Education Colleges, Department of Social Development (DSD) and the Northern Ireland Housing Executive (NIHE).

1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision? If yes, are they

Financial

Legislative

Other

Legislative factors include the Mental Capacity Bill and the proposed Age Discrimination Bill.

The draft Strategy and Action Plan have been developed in the context of an extremely challenging financial climate, where frontline services available to the population as a whole are under pressure.

Where it is clear that the implementation of identified actions calls for additional resource, this will require the development of a full business case setting out attendant benefits, with final decisions taken in the context of the prevailing financial climate at the time and priority accorded to the action(s) within the overall strategy.

Achievement of outcomes will rely on strengthened co-ordination and partnership working in a whole system approach.

1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon?

Staff

Service users

Other public sector organisations

Voluntary/community/trade unions

Other, please specify

The draft Strategy and Action Plan covers the health and social care needs of children, young people and adults at all stages of the criminal justice journey in Northern Ireland.

1.4 Other policies with a bearing on this policy / decision. If any:

Policy	Owner(s) of the policy
1. Cross-departmental Autism Strategy (2013-2020) and Action Plan (2013-2016).	1. DHSSPS are in the lead.
2. Mental Capacity Bill.	2. DHSSPS
3. Transforming Your Care: A Review of Health and Social Care in NI (2011).	3. DHSSPS
4. Making Life Better – A Whole System Strategic Framework for Public Health 2013- 2023.	4. DHSSPS
5. Families Matter: supporting families in NI (2009).	5. DHSSPS
6. Hidden Harm: responding to the needs of children born to and living with parental drug and alcohol misuse in NI.	6. DHSSPS
7. Draft Stopping Domestic and Sexual Violence and Abuse Strategy.	7. DHSSPS

8. New Strategic Direction on Alcohol and Drugs 2011- 2016.	8. DHSSPS
9. Draft Mental Health Promotion Strategy.	9. DHSSPS
10. Protect Life: suicide and self-harm prevention strategy 2012-2014.	10. Public Health Agency
11. Health Needs Assessment of Prisoners in Northern Ireland (2013-14).	11. DOJ
12. Overview of Prisoner Healthcare and Social Care Services.	12. DOJ
13. Strategic Framework for Reducing Offending (May 2013).	13. DOJ
14. Review of the Northern Ireland Prison Service (October 2011).	14. DOJ
15. Adult Safeguarding: Prevention and Protection in Partnership' (July 2015).	15. DHSSPS/DOJ

1.5 Available evidence

What evidence/information (both qualitative and quantitative*) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

The strategy has been supported by a joint health care and criminal justice evidence base (**see Annex A**).

Further available evidence data by Section 75 categories of age and gender was also considered for the NI Prison Service population, convictions in all courts in NI and for offenders under supervision in NI (**see Annex B**).

DHSSPS and the DOJ hosted a stakeholder engagement event – Enhancing equity, Improving Outcomes, on 10 March 2014 at the Crumlin Road Gaol to support development of the Joint Health Care and Criminal Justice Strategy. The event brought together representatives from the statutory and third sectors, as well as a range of key stakeholders, to look how to improve the health and wellbeing of people in contact with the CJS in Northern Ireland and in turn reduce the risk of re-offending and contribute to a safer community.

The aim of the event was to test understanding of the issues, based on intensive work over the several months and to begin to identify priorities with a broader audience before preparation of the draft strategy document and action plan for public consultation.

The event generated a large amount of feedback and an event report, Enhancing Equity, Improving Outcomes, which was used to inform the next stage of work. The report provided further evidence including an, Emerging Themes section which confirmed that the themes that have emerged from the previous work were correct and no further themes were put forward. This document is available on request.

The following evidence has also been identified.

Audit of Inequalities - Emerging Themes Document .	Health & Social Care Trusts
Prisoners and Mental Health (Research and Library Service Briefing Paper)	NI Assembly
Foreign National Prisoners (Research and Library Service Briefing Paper)	NI Assembly
Prison Service Reform Programme: Update	Justice Committee (Official Hansard Reports 16.5.13 & 17.10.13)
CAJ's Submission to the UN Committee on the Elimination of all	Committee on the Administration of Justice

<p>forms of Discrimination against Women (CEDAW) on the UK's 7th Periodic Report (June 2013)</p> <p>Submission to the UN Committee on the Elimination of Discrimination Against Women (CEDAW) (22 October 2012).</p>	<p>NI Human Rights Commission (NIHRC)</p>
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Section 75 category	Details of evidence/information
Religious belief	<p>See Annex A.</p> <ol style="list-style-type: none"> 1. Youth Justice Agency (YJA) 2012. YJA annual workload statistics 2011/12. Statistical bulletin (Age/gender/ religious belief). 2. NIPS (2013) Interim needs analysis report. (Age/gender/marital status/ religious belief/ race). 3. Criminal Justice Inspectorate Northern Ireland (2010). Not a Marginal Issue: Mental health and the criminal justice system in Northern Ireland.
Political opinion	No information identified.
Racial group	<ol style="list-style-type: none"> 1. NACRO (2007). Black communities, mental health and the criminal justice system. 2. NACRO (2010). Foreign national offenders, mental health and the criminal justice system. <p>See Annex A:</p> <ol style="list-style-type: none"> 3. Prison Reform Trust: (2013). A briefing paper on foreign national women in prison in England and Wales. 4. Criminal Justice Inspectorate Northern Ireland (2010). Not a Marginal Issue: Mental health and

	the criminal justice system in Northern Ireland.
Age	<p>See Annex A.</p> <ol style="list-style-type: none"> 1. DOJ (2013). The Northern Ireland average prison population in 2012. Research and statistical bulletin 6/2013. 2. DOJ (2013). Northern Ireland conviction and sentencing statistics 2009. Research and statistical bulletin 7/2013 3. PBNI (2013). PBNI caseload statistics 2012/13. 4. YJA (2012). Youth Justice Agency annual workload statistics 2011/12. Statistical bulletin 1/2012 Criminal Justice Inspectorate Northern Ireland (2011). 5. Youth diversion: A thematic inspection of youth diversion in the criminal justice system in Northern Ireland. 6. Criminal Justice Inspectorate Northern Ireland (2012). Early youth interventions: an inspection of the contribution the criminal justice agencies in Northern Ireland make to preventing children and young people from entering the criminal justice system. 7. Prison Reform Trust (2011) Care: a stepping stone to custody? 8. Prison Reform Trust (2012). Turning young lives around: how health and justice services can respond to children with mental health problems and learning disabilities who offend. 9. House of Commons Justice Committee (2013). Older prisoners: fifth report of session 2013-14. 10. Age UK (2011). Supporting older people in prison: ideas for practice.

	<p>11. Prison Reform Trust (2008). DOING TIME: the experiences and needs of older people in prison.</p> <p>12. Criminal Justice Inspectorate Northern Ireland (2010). Not a Marginal Issue: Mental health and the criminal justice system in Northern Ireland.</p> <p>13. Adult Reoffending in Northern Ireland (201/11 cohort) Research and Statistics Bulletin 5/2014.</p> <p>14. Youth Reoffending in Northern Ireland (201/11 cohort) Research and Statistics Bulletin 6/2014.</p> <p>15. First Time Entrants to the Criminal Justice System in Northern Ireland 2011/12. Research and Statistics Bulletin 9/2014.</p>
Marital status	No information identified.
Sexual orientation	LGBT issues in the criminal justice system 2012: American Psychological Association (APA) Convention symposium highlights the discrimination faced by individuals who are LGBT- identified when they interact with the criminal justice system.
Gender (Men and women generally)	<p>See Annex A.</p> <ol style="list-style-type: none"> 1. DOJ (2013). The Northern Ireland average prison population in 2012. Research and statistical bulletin 6/2013. 2. DOJ (2013). Northern Ireland conviction and sentencing statistics 2009. Research and statistical bulletin 7/2013 3. PBNI (2013). PBNI caseload statistics 2012/13. 4. Scraton, P. & Moore, L. (2004). The Hurt Inside: the imprisonment of girls and women in Northern Ireland. Northern Ireland Human Rights Commission. 5. Criminal Justice Inspectorate Northern Ireland

	<p>(2010). Not a Marginal Issue: Mental health and the criminal justice system in Northern Ireland.</p> <p>6. NACRO (2007). Effective mental healthcare for offenders: the need for a fresh approach.</p> <p>7. Police Ombudsman for Northern Ireland and Northern Ireland Policing Board (2011). <i>Views and Experiences of People with Learning Disability in relation to Policing Arrangements in Northern Ireland</i>.</p> <p>8. Prison Reform Trust (2009). Vulnerable defendants in the criminal courts: a review of provision for adults and children. Criminal Justice Inspectorate Northern Ireland (2011). Pre-sentence reports.</p> <p>9. Prison Reform Trust (2013). Bromley Briefings Prison Factfile.</p> <p>10. Adult Reoffending in Northern Ireland (201/11 cohort) Research and Statistics Bulletin 5/2014.</p> <p>11. Youth Reoffending in Northern Ireland (201/11 cohort) Research and Statistics Bulletin 6/2014.</p> <p>12. First Time Entrants to the Criminal Justice System in Northern Ireland 2011/12. Research and Statistics Bulletin 9/2014</p>
Disability (with or without)	<p>See Annex A</p> <p>1. Criminal Justice Inspectorate Northern Ireland (2010). Not a Marginal Issue: Mental health and the criminal justice system in Northern Ireland.</p> <p>2. NACRO (2007). Effective mental healthcare for offenders: the need for a fresh approach.</p> <p>3. Police Ombudsman for Northern Ireland & Northern Ireland Policing Board. Views and</p>

	<p>Experiences of People with Learning Disability in relation to Policing Arrangements in Northern Ireland</p> <ol style="list-style-type: none"> 4. Centre for Mental Health (2012). Briefing 45: probation services and mental health. 5. Sainsbury Centre for Mental Health (2009). A missed opportunity? Community sentences and the mental health treatment requirement 6. Centre for Mental Health, Rethink and Royal College of Psychiatrists (2011). Diversion: the business case for action 7. McConnell, P. and Talbot, J. (2013) Mental health and learning disabilities in the criminal courts, Prison Reform Trust and Rethink Mental Illness 8. Prison Reform Trust (2009). Vulnerable defendants in the criminal courts: a review of provision for adults and children. Criminal Justice Inspectorate Northern Ireland (2011). Pre-sentence reports 9. Public Health Agency (2011). Health needs assessment of prisoners within the Northern Ireland Prison Service 10. Prison Reform Trust (2013). Bromley Briefings Prison Factfile
<p>Dependants (with or without)</p>	<p>See Annex A</p> <ol style="list-style-type: none"> 1. Scraton, P. & Moore, L. (2004). The Hurt Inside: the imprisonment of girls and women in Northern Ireland. Northern Ireland Human Rights Commission. 2. Prison Reform Trust (2013). Bromley Briefings Prison Factfile.

* **Qualitative data** – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

1.6 Needs, experiences and priorities

Taking into account the information recorded in 1.1 to 1.5, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? Specify details for each of the Section 75 categories

Section 75 category	Details of needs/experiences/priorities
Religious belief	<p>Since 2007/08, over half of those admitted to the Juvenile Justice Centre (JJC) were Catholic, peaking at 62% (169) of initial admissions in 2008/09. The proportion of Protestants admitted has ranged from 43% in 2007/08 to 34% in 2008/09. During 2011/12, the proportion of Protestants admitted was 35% compared to 60% Catholic.</p> <p>A service user's cultural or religious needs should be taken into account in the choice of care co-ordinator.</p>
Political opinion	<p>There are a small number of separated prisoners in custody based on political status. This brings with it increased security regime. There are no implications regarding access to health, or specific needs, experiences or priorities identified for this group.</p>
Racial group	<p>Issues impacting on health and social care provision for foreign nationals may include language and cultural barriers, access to health records and social support</p>

	<p>and networks in and outside of custody.</p> <p>In general, the incidence of mental health problems is thought to be higher in black and minority ethnic groups than their white counterparts.</p> <p>There has been a considerable increase in the number of foreign national prisoners held in prisons in Northern Ireland, from 181 committals in 2006-07 to 547 in 2008-09 (a 202% increase). The national and ethnic mix in prisons in Northern Ireland has changed considerably in recent years.</p> <p>Foreign nationals – including those with a learning disability – often have mental health needs which go beyond (and are different to) those experienced by the general offender population, In addition to the usual health stresses that accompany being arrested and incarcerated, foreign national prisoners may experience:</p> <ul style="list-style-type: none"> • mental health and welfare problems (such as isolation, separation from family, trauma and loss, particularly if they are seeking refuge or asylum); and • limited preparation for release and insufficient access to resettlement programmes a fear of return to their home country fuelled either by a lack of affinity with that country or by other reasons. <p>All of the above factors can impact on the experience of foreign nationals in the criminal justice process and, as such, affect their well-being and mental health</p>
Age	<p>Children & Young People</p> <p>Contact with the youth justice system provides an important opportunity to engage or to re-engage children and young people with the health and social care services they need or to undertake more general health promotion.</p> <p>PBNI statistics show that three-fifths (62%) of those under supervision are males aged 20-39.</p> <p>YJA statistics show that across the age groups, there</p>

has been a slight upward age shift in the proportions of young people held on sentence. In 2007/08, the majority of young people held on sentence were aged 15 or 16 (78%). In 2011/12, the majority of young people held on sentence are aged 16 or 17 (83%).

Around 33% of all children accessing local drug and substance misuse services are referred from the youth justice system. High numbers of children who offend have health, education and social care needs.

Research shows that:

- young offenders have approximately three times higher rates of mental health problems than the general population.
- an extremely high rate of young offenders in the prison population have personality disorder.
- rates of mental health conditions amongst children who offend are around three times higher than within the general children's population
- 43% of children on community orders have emotional and health needs. The rates amongst children in custody are even higher.

A Prison Reform Trust report (2009) states that:-
“...all children who appear in the criminal courts are vulnerable because of their young age and developmental immaturity. Many of these children are doubly vulnerable: there are high levels of mental health problems, learning disabilities, learning difficulties, and communication difficulties among children who appear before the courts; large numbers of children within the youth justice system have also experienced abuse, and many have been in care”.

A CJINI (2011) report states that young people from a looked-after care background are over-represented in the justice system.

Young Adults

Many areas of public policy are now seeking to develop policies and practices that meet the distinctive transitional needs of young adults. The term young adult is difficult to define as it depends on individual maturity as well as physical age, but the strategy and action plan aims to capture those young people leaving the child-centred youth justice system and entering the adult justice system as well as those in the 18 to 24 age range.

Adults

Research in prisons has shown that adult prisoners experience a much higher rate of mental health conditions than the general population.

Older People

Older prisoners tend to have more health problems than younger prisoners and than older people in the general population. They can also experience particular barriers in accessing health and social care services. The House of Commons Justice Committee report on older prisoners identified a number of common health issues including significant levels of chronic illness (cardiovascular, musculoskeletal and respiratory), mental ill health and disability and mobility restrictions, as well a particular need for social care and end of life care.

NACRO guidelines and training material for staff show that they suffer high levels of chronic health problems that affect their ability to cope in prison and in the community, particularly mental health problems such as depression.

Research suggests that for older prisoners:-

- the stresses and demands of the prison social environment (quite apart from the physical environment) make it even more difficult to grow old in prison than to grow old in the community;
- more than 80 per cent report longstanding illness or disability;
- 30% have a diagnosis of depression;

	<ul style="list-style-type: none"> • have needs that are distinct from the rest of prisoner population by virtue of their severity; • over half suffer from a mental illness, the most common being depression which can emerge as a result of imprisonment; and • some will have a physical health status of ten years older than their contemporaries in the community on the outside. <p>General Prisoners in general are young and male.</p>
Marital status	No specific needs, experiences or priorities identified although marital status may also include responsibility for children (see comments under, “Gender” and “Dependents”).
Sexual orientation	<p>Lesbian, gay, bisexual and transgender (LGBT) people</p> <p>There is no clear data on the numbers of people from the LGBT community in contact with the CJS in Northern Ireland. Research suggests that issues affecting people from the LGBT community within custody may include isolation, harassment or physical abuse.</p> <p>LGBT individuals experience discrimination at the extreme end of the spectrum, often becoming the victim of hate crimes as a result of their LGBT identity (Herek, Cogan & Gillis, 2002). This increases the likelihood that many will, at some point, come into contact with the criminal justice system.</p> <p>LGBT individuals’ experiences with and perceptions of the criminal justice system. In psychological, sociological, and criminal justice literature, authors have noted the possibility that some LGB survivors of crime are reluctant to interact with the criminal justice system for fear of experiencing micro aggressions or outright discrimination (Pattavina et al., 2007;</p>

	<p>Potoczniak et al., 2003).</p> <p>Preliminary findings suggest that LGBT people have both positive and negative reactions to the criminal justice system, and that a variety of factors may influence their perceptions and experiences.</p>
<p>Gender (Men and women generally)</p>	<p>Prisons</p> <p>The overall prison population is predominantly male (97% in 2012). Prisoners in general are young and male.</p> <p>Of people convicted in all courts, 25,100 (85.7%) were male (2009).</p> <p>Women</p> <p>A NI Human Rights Commission report (Scraton, P. & Moore, L. (2004). <i>The Hurt Inside: the imprisonment of girls and women in Northern Ireland</i>) claims that:</p> <ul style="list-style-type: none"> • the identified needs of women and girl prisoners, lacked creative or constructive programmes to assist their personal or social development, compromised their physical and mental health and that failed to meet minimum standards of a 'duty of care'. • the restrictive regime caused unnecessary suffering for women, their children and their families. <p>As at 4 October 2013 there were 60 women in prison in Northern Ireland. This is more than double the number of women in prison 10 years ago.</p> <p>72% of women sentenced to prison in 2009 were convicted of non-violent offences, and one in five women entering prison was imprisoned for fine default.</p> <p>Women in prison in Northern Ireland are in general an older population than men: the majority are aged between 30 and 50.</p> <p>66% of women in prison in Ash House have children under the age of 18 (see comment under "Dependents" and specifically child care issues).</p> <p>A snapshot view of women prisoners in Northern Ireland early in 2008 shows that half had a history of</p>

alcohol misuse, with 40% misusing drugs.

Experiences of physical abuse and sexual abuse were recorded in the majority of women's pre-sentence reports (74.5% physical abuse, 10.5% sexual abuse). 88% of women had experienced depression while in prison. 60% had been taking some form of medication prior to their imprisonment.

4% had experienced suicidal thoughts, 32% had self-harmed, and 32% had attempted to take their own lives.

A Sainsbury Centre for Mental Health (2008) report states that many more women prisoners than men disclosed mental health problems to the report authors. A NACRO report states that the mental health needs of female offenders are an increasingly pressing concern

Baroness Corston's review of vulnerable women in the CJS in England and Wales identified a range of issues underlying women's offending behaviour including: domestic circumstances and problems such as domestic violence and childcare issues; personal circumstances, such as mental illness and substance misuse; Her fundamental conclusion was that the needs of women and men are different, and equal treatment of men and women within the CJS does not therefore result in equal outcomes.

Men

It is estimated that 78% of male prisoners on remand and 64% of sentenced prisoners are personality disordered. For females the figure is said to be 50%.

Anti-social disorder (ASD) is the most common in all categories, particularly among men. Paranoid personality disorder (PD) is the second most common among men, while borderline PD is second among women.

Probation

PBNI statistics show that:

- three-fifths (62%) of those under supervision are males aged 20 -39.

	<ul style="list-style-type: none"> • In terms of gender profile of the caseload, males account for the vast majority of those under supervision, at 90%. Three-fifths (62%) of those under supervision are males aged 20 -39. <p>General The majority of those received into the Juvenile Justice Centre are male; in 2011-12, 87% of those admitted were boys and 13% were girls.</p>
Disability (with or without)	<p>Prisons It is estimated that 78% of male prisoners on remand and 64% of sentenced prisoners are personality disordered.</p> <p>General A CJNI report (2010) states that offenders with mental health needs or a learning disability are a particularly vulnerable group. Many will also be suffering from additional problems: poor physical health; drug and alcohol misuse; homelessness or accommodation difficulties; debts, financial exclusion and poverty.</p> <p>A NACRO report states that the mental health needs of female offenders are an increasingly pressing concern and that:</p> <ul style="list-style-type: none"> • Those who offend have much greater mental health needs than the general population and at any given time. • Research shows that young offenders have approximately three times higher rates of mental health problems than the general population. An extremely high rate of young offenders in the prison population have personality disorder • The mental health needs of female offenders are an increasingly pressing concern. • In general, the incidence of mental health problems is thought to be higher in black and minority ethnic groups than their white counterparts. <p>A Police Ombudsman NI and NI Policing Board report states that no data is available on the numbers and types of people with learning disability that are</p>

interacting with any of the policing organisations in Northern Ireland.

A Sainsbury Centre for Mental Health report (2008) states that depression was the most commonly mentioned mental health problem. The biggest complaint about prison health services was long waiting times. Some prisoners said their health needs were not being followed up within prison, let alone on release from prison.

A Centre for Mental Health (2012) Briefing 45, states that research suggests that 39% of offenders supervised by probation services have a current mental health condition.

A Sainsbury Centre for Mental Health (2009) report states that at least 40% of offenders on Community Orders are thought to have a diagnosable mental health problem.

A Centre for Mental Health report (2011) report details that many people in the criminal justice system have complex mental health needs. One prisoner in ten has a severe mental health illness such as schizophrenia. Nearly half have depression or anxiety. A similar proportion are dependent upon alcohol or illegal drugs, while two-thirds meet the criteria for a diagnosis of personality disorder. Overall, 90% of prisoners have some kind of diagnosable mental health problem and 70% have two or more such problems.

A report by McConnell, P. and Talbot, J. (2013) Mental health and learning disabilities in the criminal courts, Prison Reform Trust and Rethink Mental Illness states that 66% of prisoners have a personality disorder compared to 5% of the general population

A Prison Reform Trust report (2009) that for many of the children who appear in the criminal courts there are high levels mental health problems, learning disabilities and learning difficulties.

A Public Health Agency report (2011) states that the mental health needs of the prisoner population are

	harder to assess and current information systems are not capable of supporting this assessment; much of the data retrieval was manual.
Dependants (with or without)	<p>A NI Human Rights Commission report claims that the (NIPS) restrictive regime caused unnecessary suffering for women, their children and their families.</p> <p>A Prison Reform Trust report (2013) states that Women prisoners are far more likely than men to be primary carers of young children and this factor makes the experience of imprisonment significantly different for women.</p> <p>As stated above under “Gender”, Baroness Corston’s review of vulnerable women in the CJS in England and Wales identified a range of issues underlying women’s offending behaviour including childcare issues.</p>

Part 2. Screening questions

2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)		
Section 75 category	Details of policy impact	Level of impact? minor/major/none
Religious belief	<p>The Strategy and Action Plan aims to provide, “Improved health and well being of children, young people and adults in contact with the criminal justice system (CJS) in Northern Ireland and in turn reducing the risk of re-offending and contributing to a safer community”.</p> <p>The strategy and action plan will benefit all those in contact with the</p>	<p>Positive impact. However there is a need to consider further evidence generated from the analysis of the public consultation exercise on the draft strategy</p>

	<p>CJS and research shows for example may indirectly benefit Catholics who make up the greater proportion of those admitted to the Juvenile Justice Centre (JJC).</p> <p>The Strategy & Action Plan identified the following seven strategic priorities over the next five years to deliver enhanced access and improvements in the health and wellbeing:-</p> <ol style="list-style-type: none"> 1. Service planning and commissioning. 2. Continuity of care. 3. Workforce development 4. Diversion of vulnerable adults 5. Health promotion and ill health prevention 6. Social care and 7. Accommodation <p>A Benefits Realisation exercise carried out in relation to the draft Strategy and Action Plan has identified the following expected interim and end benefits:</p> <p>Interim benefits:</p> <ul style="list-style-type: none"> ▪ Resources and services better aligned to need ▪ Enhanced access to services ▪ Improved continuity of care ▪ Improved workforce capacity and capability ▪ Improved multi-disciplinary working ▪ Increased diversion of vulnerable individuals ▪ Client more engaged in managing own health ▪ Better ill-health prevention <p>End benefits:</p>	<p>and action plan to be conducted in 2016.</p>
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	<ul style="list-style-type: none"> ▪ Improved health and wellbeing of people in contact with the CJS ▪ Safer detention ▪ Reduced risk of reoffending. 	
Political opinion	The strategy and action plan will benefit all those in contact with the CJS as detailed under Religious belief above.	Positive impact as detailed above. However there is a need to consider further evidence generated from the analysis of the public consultation exercise on the draft strategy and action plan to be conducted in 2016.
Racial group	The strategy and action plan will benefit all those in contact with the CJS and may be of particular benefit to racial groups, who are disproportionately represented in both the criminal justice and the mental health system. Likely impact may include aiming to further address their specific mental health needs which research shows go beyond (and are different to) those experienced by the general offender population, as outlined in 1.6 above.	Positive impact as detailed above. However there is a need to consider further evidence generated from the analysis of the public consultation exercise on the draft strategy and action plan to be conducted in 2016.
Age	The strategy and action plan will benefit all those in contact with the CJS and may be of particular benefit to:-	Positive impact as detailed above. However there is a need

	<p>a) Children and Young People by aiming to further address the specific needs of this group as set out in 1.6 above, for example research shows:</p> <ul style="list-style-type: none"> • high numbers who offend and in custody have health, emotional, and social care needs. • an extremely high rate of young offenders in the prison population have personality disorder. • rates of mental health conditions amongst young offenders are around three times higher than within the general children's population • all children who appear in the criminal courts are vulnerable because of their young age and developmental immaturity. Many of these children are doubly vulnerable; • there are high levels of mental health problems, learning disabilities, learning difficulties, and communication difficulties among children who appear before the courts. <p>b) Older People by further addressing the specific needs of this group as set out in 1.6 above, for example research shows:</p> <ul style="list-style-type: none"> • suffer high levels of chronic health problems that affect their ability to cope in prison and in the community, particularly mental health problems such as depression; • more than 80 per cent of older 	<p>to consider further evidence generated from the analysis of the public consultation exercise on the draft strategy and action plan to be conducted in 2016</p>
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	<p>prisoners report longstanding illness or disability.</p> <ul style="list-style-type: none"> the physical health of older prisoners is worse than that of their age peers in the community. <p>c) Adults by further addressing the specific needs of this group as set out in 1.6 above. For example research shows adult prisoners experience a much higher rate of mental health conditions than the general population.</p>	
Marital status	The strategy and action plan will benefit all those in contact with the CJS as detailed under Religious belief above.	None. However there is a need to consider further evidence generated from the analysis of the public consultation exercise on the draft strategy and action plan to be conducted in 2016.
Sexual orientation	<p>The strategy and action plan will benefit all those in contact with the CJS and may be of particular benefit to LGBT people by aiming to further address their specific needs.</p> <p>For example research shows LGBT people experience discrimination at the extreme end of the spectrum often becoming the victim of hate crimes as a result of their LGBT identity which increases the likelihood that many will, at some</p>	Positive impact as detailed above. However there is a need to consider further evidence generated from the analysis of the public consultation exercise on the draft strategy

	point, come into contact with the criminal justice system.	and action plan to be conducted in 2016.
Gender (Men and women generally)	<p>The strategy and action plan will benefit all those in contact with the CJS and may be of particular benefit to:-</p> <p>a) Women by aiming to further address their specific needs as set out in 1.6 above. For example research shows:</p> <ul style="list-style-type: none"> • a snapshot view of women prisoners in Northern Ireland early in 2008 shows that half had a history of alcohol misuse, with 40% misusing drugs. • 88% of women had experienced depression while in prison <p>b) Men by aiming to address their specific needs as set out in 1.6 above. For example research shows:</p> <ul style="list-style-type: none"> • 78% of male prisoners on remand and 64% of sentenced prisoners are personality disordered. • Anti-social disorder (ASD) is the most common in all categories, particularly among men. • Paranoid personality disorder (PD) is the second most common among men. 	<p>Positive impact as detailed above. However there is a need to consider further evidence generated from the analysis of the public consultation exercise on the draft strategy and action plan to be conducted in 2016</p>
Disability (with or without)	<p>The strategy and action plan will benefit all those in contact with the CJS and may be of particular benefit to offenders with mental health needs by aiming to further address their specific needs. For example as outlined in 1.6 above research shows</p> <ul style="list-style-type: none"> • 78% of male prisoners on 	<p>Positive impact as detailed above. However there is a need to consider further evidence generated from the analysis of</p>

	<p>remand and 64% of sentenced prisoners are personality disordered;</p> <ul style="list-style-type: none"> • offenders with mental health needs or a learning disability are a particularly vulnerable group. Many will also be suffering from additional problems including poor physical health, drug and alcohol misuse; • the mental health needs of female offenders are an increasingly pressing concern; • those who offend have much greater mental health needs than the general population • young offenders have approximately three times higher rates of mental health problems than the general population. 	<p>the public consultation exercise on the draft strategy and action plan to be conducted in 2016</p>
<p>Dependants (with or without)</p>	<p>The strategy and action plan will benefit all those in contact with the CJS and may be of particular benefit to those with dependants in the CJS. For example women prisoners as primary carers of young children make the experience and impact of imprisonment significantly different for them.</p>	<p>Positive impact as detailed above. However there is a need to consider further evidence generated from the analysis of the public consultation exercise on the draft strategy and action plan to be conducted in 2016</p>

2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?		
Section 75 category	If Yes , provide details	If No , provide reasons
Religious belief	The strategy and action plan will benefit all those in contact with the CJS.	
Political opinion	The strategy and action plan will benefit all those in contact with the CJS.	
Racial group	Yes though implementation of the strategy and action plan which aims to further improve the specific health needs of this group in contact with the criminal justice system (CJS) in Northern Ireland as outlined in 1.6 and 2.1 above.	
Age	<p>Yes though implementation of the strategy and action plan which aims to further improve the specific health needs of:-</p> <p>a) children and young people including contact with the youth justice system which provides an important opportunity to engage or to re-engage children and young people with the health and social care services they need or to undertake more general health promotion;</p> <p>b) Young adults by aiming to capture those young people</p>	

	<p>leaving the child-centred youth justice system and entering the adult justice system as well as those in the 18-24 age range; and</p> <p>c) Older people for example who suffer high levels of chronic health problems as outlined in 1.6 and 2.1 above.</p>	
Marital status	The strategy and action plan will benefit all those in contact with the CJS	
Sexual orientation	Yes though implementation of the strategy and action plan which aims to further improve the specific health needs of LGBT people in contact with the CJS, as outlined in 1.6 and 2.1 above.	
Gender (Men and women generally)	Yes though implementation of the strategy and action plan which aims to further improve the specific health needs of:- women and girls in contact with the CJS, for example a high percentage of women who experience depression while in prison, as outlined in 1.6 and 2.1 above.	
Disability (with or without)	Yes though implementation of the strategy and action plan which aims to further improve the specific mental health needs of those who come into contact with the CJS as outlined in 2.1 above.	

Dependants (with or without)	Yes though implementation of the strategy and action plan which aims to further improve the specific needs of those who come into contact with the CJS and are the primary carers, for example of young children, as outlined in 1.6 and 2.1 above	
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2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group? (minor/major/none)		
Good relations category	Details of policy impact	Level of impact minor/major/none
Religious belief	<p>Positive impact as the joint strategy will rely on collaborative working and significant multi-agency effort. The range of public service providers includes DHSSPS and DOJ as joint leaders but also the involvement of housing, social development and education providers and collaborative working with the third sector. The end benefits of the strategy and action plan aims:</p> <ul style="list-style-type: none"> • to improve the health and well being of those in contact with the CJS; • provide for safer detention; and • reduce the risk of re-offending. <p>The latter benefit may also have an indirect positive impact on good relations.</p>	Minor positive

Political opinion	As above	Minor positive
Racial group	As above.	Minor positive

2.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?		
Good relations category	If Yes , provide details	If No , provide reasons
Religious belief	Yes indirectly through partnership working between statutory service providers and the third sector in support of the Strategy and Action Plan.	
Political opinion	Yes as above.	
Racial group	Yes as above	

2.5 Additional considerations

Multiple identity

Provide details of data on the impact of the policy on people with multiple identities (e.g. minority ethnic people with a disability, women with a disability, young protestant men, young lesbian, gay or bisexual persons). Specify relevant Section 75 categories concerned.

Multiple and inter-related needs

The overriding approach advocated by the strategy and action plan is to ensure that children, young people and adults in contact with the CJS have equity of access to health and social care which requires an understanding of an individual's health and social care needs but also to focus on those who have multiple and inter-related needs.

The specific needs of children and young people, young adults, older people, women and girls, racial groups and LGBT people have been addressed above. The work that was undertaken in developing the draft strategy and action plan (including the feedback from the Enhancing Equity, Improving Outcomes event on 10 March 2014 and subsequent Event Report) identified, inter-alia, two groups that have specific multiple and inter-related needs:-

1. Vulnerable Individuals

A number of vulnerable groups are over-represented in the CJS when compared with the national average, including those with mental ill health, personality disorder, learning disabilities and difficulties and speech, language and communication difficulties and problems with drugs and alcohol.

These individuals which include children, young people, adults, men and women and LGBT people may experience particular difficulties as they move through the CJS in terms of communication, participation, access and welfare; their needs are likely to require both a medical and a criminal justice response. For example there is growing evidence to suggest high rates of neurodisability and acquired brain injury among children and young people. Many of these issues are not readily identifiable and are sometimes referred to as hidden conditions.

2. Homeless people

Although homeless people are not a S75 category, many of the S75 categories including young people, adults and men and women all suffer

homelessness. It is difficult to estimate the numbers of homeless people within the CJS in Northern Ireland because of a lack of reliable data, but there is certainly a relationship between homelessness and coming into contact with the CJS.

Offending behaviour among people experiencing homelessness is often interlinked with other health support needs, including in the areas of substance misuse and mental health, and a holistic response is required, particularly in the context of release and resettlement. Access to services may also be an issue in the community due to a lack of address.

In addition for many individuals in contact with the CJS, health and social care needs will form part of a wider picture of multiple and inter-related practical, emotional, educational and employment needs. People with multiple needs who are in repeat contact with the CJS are sometimes referred to as the “revolving doors” group.

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.

No adverse impacts were identified in this preliminary screening or in the work that was undertaken in developing the draft strategy and action plan.

Further screening will be considered following an analysis of the feedback received from respondents to the public consultation of the draft strategy and action plan.

Part 3. Screening decision

3.1 How would you summarise the impact of the policy / decision?

No impact	<input type="checkbox"/>	Consider mitigation (3.4 – 3.5)
Minor impact	<input checked="" type="checkbox"/>	
Major impact	<input type="checkbox"/>	

3.2 Do you consider that this policy / decision needs to be subjected to a full Equality Impact Assessment (EQIA)?

Yes - screened in	<input type="checkbox"/>
No - screened out	<input checked="" type="checkbox"/>

3.3 Please explain your reason for making your decision at 3.2.

This preliminary screening exercise has highlighted key issues that need to be considered as identified in the, “Enhancing Equity, Improving Outcomes – Event Report”. See key messages of the report.

This screening will be reviewed in light of:-

- Further evidence provided through the consultation process; and
- Any evidence to be published in the near future such as the PHA’s “Health Needs Assessment of Prisoners in Northern Ireland 2014/15”.

The overriding approach advocated by the strategy and action plan is to ensure that children, young people and adults in contact with the CJS have equity of access to health and social care.

The joint Strategy and Action plan recognises the inter-relationship between health, disadvantage, multiple and inter-related needs, inequality and the physical, social and economic environment. The strategy and action plan seeks to align with other government policies and strategies and enhance collaboration with other relevant statutory service providers and the third sector.

Mitigation

If you have concluded at 3.1 and 3.2 that the likely impact is '**minor**' and an equality impact assessment is not to be conducted, you must consider mitigation (or scope for further mitigation if some is already included as per 2.6) to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

3.4 Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

Yes

No

3.5 If you responded "**Yes**", please give the **reasons** to support your decision, together with the proposed changes/amendments or alternative policy.

Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

The **Improving Health within Criminal Justice** Implementation Group will be responsible for coordinating monitoring and evaluation of the Strategy and Action Plan. A number of mechanisms for monitoring and evaluation have been identified and are outlined below.

Benefits realisation

A Benefits Realisation exercise carried out in relation to the draft Strategy and Action Plan has identified the following expected interim and end benefits:

Interim benefits:

- Resources and services better aligned to need
- Enhanced access to services
- Improved continuity of care
- Improved workforce capacity and capability
- Improved multi-disciplinary working
- Increased diversion of vulnerable individuals
- Client more engaged in managing own health
- Better ill-health prevention

End benefits:

- Improved health and wellbeing of people in contact with the CJS
- Safer detention
- Reduced risk of reoffending

Service-user feedback

An important feature of evaluating the impact of the Strategy and Action Plan will be direct feedback from people who have offended and their families/carers. The Improving Health within Criminal Justice Implementation Group will establish a number of service-user groups to seek feedback throughout the lifetime of the Strategy.

Practitioner feedback

Also important will be direct feedback from both health and criminal justice

practitioners. The proposed annual Health and Criminal Justice Event (See Action 3.1) will provide one forum where feedback can be gathered.

Independent oversight

In addition, as part of their ongoing work to monitor the delivery of the Strategy as a Prison Reform Team recommendation, Regulation and Quality Improvement Authority and Criminal Justice Inspection Northern Ireland will play a key role in evaluating progress and the realisation of the identified benefits

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

Health Needs Assessment and other quantitative research

The annual Health Needs Assessment process will provide information on trends in the health and wellbeing of the criminal justice population within prison custody and juvenile detention and will be a critical source of evidence to track progress. The proposed Health and Criminal Justice Research Network will also provide a resource for monitoring and evaluating progress, and can be used to examine the impact of the Strategy and Action Plan at other stages of the criminal justice journey.

A key action of the Strategy and Action Plan is to:

“Provide a robust mechanism for determining the level of health and social care need for those in contact with the criminal justice system in Northern Ireland. This may include a research network to develop the local evidence base.

Please note: - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.

Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

No not directly but the purpose of the Strategy and Action Plan is to improve the health and well-being of the criminal justice population and also contribute to safer detention and a reduced risk of reoffending. This includes improving continuity of care as part of the rehabilitation process for people leaving the justice system.

Under section 49A of the Disability Discrimination Act 1995 (as amended by the Disability Discrimination NI Order 2006), the Department is required to proactively consider how it can:

- promote positive attitudes towards disabled people; and
- encourage the participation by disabled people in public life.

DOJ continues to work with other government departments and non-statutory sectors to promote opportunities for employment for all people exiting the justice system. This includes those with a disability.

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

No not directly but as stated above at 5.1 the Strategy and Action Plan includes a number of Strategic Priorities which focus on identifying and addressing the specific needs of vulnerable groups including disabled people at all stages of the CJS and including strengthened collaboration with statutory service providers and the third sector.

Part 6. Human Rights

6.1 Please complete the table below to indicate whether the policy / decision affects anyone's Human Rights?

ARTICLE	POSITIVE IMPACT	NEGATIVE IMPACT = human right interfered with or restricted	NEUTRAL IMPACT
Article 2 – Right to life (Protect Life Strategy)	✓		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	✓		
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			✓
Article 5 – Right to liberty & security of person	✓		
Article 6 – Right to a fair & public trial within a reasonable time			✓
Article 7 – Right to freedom from retrospective criminal law & no punishment without law.			✓
Article 8 – Right to respect for private & family life, home and correspondence.	✓		
Article 9 – Right to freedom of thought, conscience & religion			✓
Article 10 – Right to freedom of expression			✓
Article 11 – Right to freedom of assembly & association			✓
Article 12 – Right to marry & found a family	✓		
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	✓		
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 st protocol Article 2 – Right of access to			✓

education			
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6.2 If you have identified a likely negative impact who is affected and how?

No negative impact identified at this preliminary screening stage. A further assessment of equality implications will be considered following the public consultation exercise on the draft Strategy and Action Plan to be undertaken in 2016.

At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

6.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy/decision.

None. The aim of Strategy and Action Plan is to ensure that children, young people and adults in contact with the CJS have the highest attainable standard of health and well-being.

The draft Strategy provides an agreed strategic framework for ensuring that those children, young people and adults are healthier, safer and less likely to be involved in offending behaviour.

Part 7 - Approval and authorisation

	Name	Grade	Date
Screened completed by	Mark Higgins	DP	26/10/15
Approved by ¹ (DHSSPS)	Bryan Dooley	Grade 7	26/10/15
Approved by ¹ (DOJ)	Brendan Giffen	Grade 7	26/10/15
Forwarded to E&HR Unit ²	Mark Higgins	DP	02/11/15

Notes:

¹ The Screening Template should be approved by a senior manager responsible for the policy this would normally be at least Grade 7.

² When the Equality and Human Rights Unit receive a copy of the final screening it will be placed on the Department's website and will be accessible to the public from that point on. In addition, consultees who elect to receive it, will be issued with a quarterly listing all screenings completed during each three month period.

ANNEX A**JOINT HEALTH CARE AND CRIMINAL JUSTICE STRATEGY****AVAILABLE EVIDENCE**

This document collates links to evidence that can inform development of the Joint Health Care and Criminal Justice Strategy. Evidence has been arranged in the following categories for ease of reference. Some reports appear more than once.

1. [People in contact with the criminal justice system in Northern Ireland](#)
2. [Criminal justice journey](#)
 - 2.1. System-wide
 - 2.2. Early intervention
 - 2.3. Pre-arrest, arrest and police custody
 - 2.4. Criminal justice decision-making and diversion
 - 2.5. Custody
 - 2.6. Supervision in the community
 - 2.7. Resettlement
3. [Needs of particular groups](#)
 - 3.1. Children and young people
 - 3.2. Women
 - 3.3. Older people


1. People in contact with the criminal justice system in Northern Ireland

DOJ (2013). The Northern Ireland average prison population in 2012. Research and statistical bulletin 6/2013.	http://www.dojni.gov.uk/index/statistics-research/stats-research-publications/prison-population/the-northern-ireland-average-prison-population-2012.pdf
DOJ (2013). Northern Ireland conviction and sentencing statistics 2009. Research and statistical bulletin 7/2013	http://www.dojni.gov.uk/index/statistics-research/stats-research-publications/prosecutions-and-convictions/ni-conviction-and-sentencing-statistics-2009.pdf
PBNI (2013). PBNI caseload statistics 2012/13	http://www.pbni.org.uk/archive/pdfs/About%20Us/Statistics%20and%20Research/Caseload%20Statistics/Caseload%20Statistics%20Report%202012_13_Internet%2020513.pdf
PSNI (2013). The PSNI's statistical report: 1 April 2012 – 31 March 2013.	http://www.psni.police.uk/psni_12_13_stats_press_release_final.pdf
YJA (2012). Youth Justice Agency annual workload statistics 2011/12. Statistical bulletin 1/2012.	http://www.youthjusticeagencyni.gov.uk/document_uploads/YJA_Annual_Workload_Statistics_2011-12.pdf

2. Criminal justice journey

2.1. System-wide

Bamford (2008). <i>Forensic services report: Bamford review of mental health and learning difficulty (Northern Ireland)</i> .	http://www.dhsspsni.gov.uk/published-reports
Criminal Justice Inspectorate Northern Ireland (2010). <i>Not a Marginal Issue: Mental health and the criminal justice system in Northern Ireland</i> .	http://www.cjini.org/CJNI/files/24/24d6cd45-20bb-4f81-9e34-81ea59594650.pdf
Criminal Justice Inspectorate Northern Ireland (2012). <i>Not a marginal issue: mental health and the criminal justice system in Northern Ireland: a follow-up review of inspection and recommendations</i> .	http://www.cjini.org/CJNI/files/cd/cdf1021e-d5e0-4cae-a11e-9ec36f988d4c.pdf
Lord Bradley (2009). <i>The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system</i> .	http://www.rcpsych.ac.uk/pdf/Bradley%20Report11.pdf

<p>Ministry of Justice (2010). <i>Breaking the cycle: Effective punishment, rehabilitation and sentencing of offenders.</i></p>	<p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/185947/green-paper-evidence-a.pdf</p>
<p>Multi Agency Steering Group (2011). <i>Making a difference for individuals with learning disability, learning and communication difficulties in the Northern Ireland criminal justice system. Draft.</i></p>	<p> Draft MASG Report to Steering Group 28</p>
<p>NACRO (2007). <i>Effective mental healthcare for offenders: the need for a fresh approach.</i></p>	<p>http://www.nacro.org.uk/data/files/nacro-2007101000-476.pdf</p>
<p>NHS National Treatment Agency for Substance Misuse (2010). <i>Routes to recovery via criminal justice.</i></p>	<p>http://www.nta.nhs.uk/uploads/chapter1.pdf</p>
<p>Patel. (2010). <i>The Patel Report: Reducing Drug Related Crime and Rehabilitating Offenders. Recovery and rehabilitation for drug users in prison and on release: recommendations for action.</i></p>	<p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216012/dh_119850.pdf</p>
<p>Police Ombudsman for Northern Ireland and Northern Ireland Policing Board (2011). <i>Views and Experiences of People with Learning Disability in relation to Policing Arrangements in Northern Ireland.</i></p>	<p>http://www.policeombudsman.org/Publications/uploads/SMR%20OPONI%20PB%20FINAL%20REPORT%204%20JULY%202011.pdf</p>
<p>Prison Reform Trust (2007). <i>No one knows: the prevalence and associated needs of offenders with learning difficulties and learning disabilities.</i></p>	<p>http://www.prisonreformtrust.org.uk/Portals/0/Documents/No%20One%20Knows%20preliminary%20report.pdf</p>
<p>Prison Reform Trust, Centre for Mental Health, Revolving Doors Agency and ADASS (2013). <i>Making the Difference: the role of adult social care services in supporting vulnerable offenders.</i></p>	<p>http://www.revolving-doors.org.uk/documents/making-the-difference/making-the-difference.pdf</p>
<p>Sainsbury Centre for Mental Health (2009). <i>Briefing 39: Mental health and the criminal justice system.</i></p>	<p>http://www.centreformentalhealth.org.uk/pdfs/briefing_39_revised.pdf</p>

2.2. Early intervention

Criminal Justice Inspectorate Northern Ireland (2011). <i>Youth diversion: A thematic inspection of youth diversion in the criminal justice system in Northern Ireland.</i>	http://www.cjini.org/CJNI/files/2c/2c445c8e-510f-420a-bff4-a9072157e4e4.pdf
HM Government (2010). Drug strategy 2010: Reducing demand, restricting supply, building recovery.	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98026/drug-strategy-2010.pdf
Prison Reform Trust (2011) <i>Care: a stepping stone to custody?</i>	http://www.prisonreformtrust.org.uk/Portals/0/Documents/caresteppingstonetocustody.pdf
Revolving Doors Agency (2010). Summing Up: Revolving Doors Agency's key learning 2000-2009.	http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CC8QFjAA&url=http%3A%2F%2Fwww.revolving-doors.org.uk%2Fdocuments%2Fsumming-up%2Fsumming-up.pdf&ei=KSXMUu2SMoXH7AaB3YEY&usq=AFQjCNEh449cS352YZfP-MOT0_jveqLuVw
Revolving Doors Agency (2011). <i>Complex responses. Understanding poor front line responses to adults with multiple need: a review of the literature and analysis of contributing factors.</i>	http://www.revolving-doors.org.uk/documents/complex-responses-2011/complex-responses.pdf
Scottish Government (2009). Changing Scotland's Relationship with Alcohol: A Framework for Action.	http://www.scotland.gov.uk/Publications/2009/03/04144703/14
Scottish Government (2013). <i>Creating a Tobacco-Free Generation: A Tobacco Control Strategy for Scotland.</i>	http://www.scotland.gov.uk/Resource/0041/00417331.pdf

2.3. Pre-arrest, arrest and police custody

Criminal Justice Inspectorate Northern Ireland (2009). <i>Police Custody: the detention of persons in police custody in Northern Ireland.</i>	http://www.cjini.org/CJNI/files/3d/3d4f79c9-b015-4919-a9a2-416247266efa.pdf
McGilloway, S. & Donnelly, M. (2004). "Mental illness in the UK criminal justice system: A police liaison scheme for Mentally Disordered Offenders in Belfast.	Not available online.

Journal of Mental Health". <i>Journal of Mental Health</i> ; 13(3): 263-275.	
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3.1. Children and young people

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ANNEX B**NUMBERS IN CONTACT WITH THE NORTHERN IRELAND CRIMINAL JUSTICE SYSTEM***

*All figures cited in Departmental Dashboard (Analytical Services Group, DOJ, April 2014) and Northern Ireland Conviction and Sentencing Statistics 2010 – 2012 (Analytical Services Group, DOJ, March 2014).

Crime levels

- Recorded crime has shown a general downward trend over the last 10 years. The level of 102,089 recorded for the 12 months to 28 February 2014 showed an increase of 1.7% on the equivalent 2012/13 figure.
- Alcohol was a contributory factor in 20% of all crimes recorded in 2012/13 while, for offences against the person, alcohol was a contributory factor in 47% of crimes recorded.

Prosecution

- Between April 2013 and March 2014 a total of 57,401 prosecution decisions were issued. Of these, 2,112 were 'indictable', 33,738 were 'summary', 15,318 were 'no prosecution', and 6,170 were 'diversion's

Convictions in all courts in Northern Ireland 2012

- In 2012 the numbers of convictions in all courts were 30,604. 25,798 (84%) were male and 4,801 (16%) were female.
- The highest percentage of convictions in all courts was handed down to people in the 18-24 year old category. In 2012, 9,042 (30%) convictions were handed down to people in this category.
- The most common type of disposal imposed in 2012 was a monetary penalty (58.4%), followed by suspended custodial sentence (13.7%), imprisonment (11.8%), community sentence (10.9%), discharge (3.4%) and other (1.7%).

Youth Justice System

- The number of young people involved with Youth Justice Services in 2012/13 was 1,039.
- The total number of young people involved with Custodial Services (JJC) in 2012/13 was 211.

- There were a total of 10,467 days of custody provided by the JJC. Of these days, 3% were for PACE, 57% for remand and 40% for sentence.

Probation

- There were 3,926 new statutory orders made at court requiring PBNI supervision in the 12 months to the end of December 2013.
- At December 2013 there were 4,552 people being supervised by PBNI. Three in four of these people are supervised by PBNI teams in the community, with one in four in custody.
- The average JJC populations in 2012/13 and 2013/14 were 29 and 27 respectively.

Prisons

- The total prison population at March 2014 was 1,894, an increase of 6.3% compared with March 2013.
- The number of prisoners in immediate custody was 1,480, an increase of 12.5% compared with March 2013.
- The number of prisoners on remand was 408, a decrease of 12.6% on March 2013.
- The number of women prisoners was 72, an increase of 4.3% on March 2013.

SECTION 75 CATEGORY – AGE

EVIDENCE DATA:

- 1. Northern Ireland Prison Service Population**
- 2. Convictions In All Courts in Northern Ireland**
- 3. Gender and Age Profile of Offenders Under Supervision**

1.1 Average Immediate Custody Prison Population by Age at Reception

In 2012, 12% (139) of the average immediate custody population in prison were under 21 years old, with 41% (488) being between the ages of 21 and

29 at reception . A further 22% (260) were aged between 30 and 39, 16% (195) were between the ages of 40 and 49, while 7% (78) were aged between 50 and 59. Immediate custody prisoners aged 60 years or more at reception accounted for 3% (34) of the average immediate custody population.

In terms of the age profile at reception of the average immediate custody prison population the short-term trend would appear to be towards a greater proportion of those aged 21-29. For example, while these made up 38% of the immediate custody population in 2009, they have subsequently made up 53% of the overall total increase between 2009 and 2012. Similarly, over the period 2006 to 2012 the proportion of those in immediate custody aged 21-29 has risen from 35% to 41% while at the same time the proportion of those aged 30-39 at reception has fallen from 27% to 22%.

While they make up a relatively small proportion of the immediate custody population (11% in 2012), it is also worth noting that the number of prisoners aged 17-20 at reception increased by 30, from 106 in 2009, to 136 in 2012 (an increase of 28% over that three year period).

SOURCE:- DOJ (2013). The Northern Ireland average prison population in 2012. Research and statistical bulletin 6/2013.

Average Northern Ireland prison sex, prisoner type and age population, by group 2012.

MALES	Aged under 21	60
	Aged 21 or over	466
	Age unknown	0
Remand	Sub - Total	526
Fine defaulter	Aged under 21	3
	Aged 21 or over	28
	Sub - Total	32
Immediate custody	YOC	75
	Young Prisoners	62
	Adult Prisoners	1022
	Sub - Total	1160
None criminal		1
TOTAL MALES		1719

FEMALES	Aged under 21	2
	Aged 21 or over	17
Remand	Sub - Total	19
	Aged under 21	0
	Aged 21 or over	3
Fine defaulter	Sub - Total	3
	YOC	2
	Young Prisoners	0
	Adult Prisoners	32
Immediate custody	Sub - Total	34
None criminal		0
TOTAL FEMALES		56
ALL PRISONERS		1774

SOURCE:- DOJ (2013). The Northern Ireland average prison population in 2012. Research and statistical bulletin 6/2013.

2 Convictions in all courts in Northern Ireland 2012

Age band	Gender			Total
	Male	Female	Other ¹	
10 - 17	995	158	-	1,153
18 - 24	7,971	1,071	-	9,042
25 - 29	4,752	776	-	5,528
30 - 39	5,868	1,171	-	7,039
40 - 49	3,768	1,058	-	4,826
50 - 59	1,761	441	-	2,202
60 & over	644	102	-	746
Unknown	39	24	5	68
Total	25,798	4,801	5	30,604

3 Gender and Age profile of offenders under supervision at Point in Time: 31st March 2010 – 31st March 2013

Age	2010	2011	2012	2013
Less than 18	80	82	87	90
18-19	292	280	281	219
20-24	1,017	1,039	1,142	1,076
25-29	760	786	856	930
30-39	892	940	986	1,033
40-49	591	669	664	692
50-59	247	288	296	301
60+	104	127	129	127
Total people	3,983	4,211	4,441	4,468

- At 90%, males account for the vast majority of those under supervision at 31st March 2013, with females accounting for 10%.
- The median age of those under supervision at 31st March 2013 was 29.
- The chart above presents an age and gender breakdown of those under supervision at 31st March 2013 and shows that just over three-fifths (62%) are males aged 20 -39.

SOURCE - PBNI (2013). PBNI caseload statistics 2012/13

SECTION 75 CATEGORY- GENDER

1. Average Prison Population by Sex
2. Average Northern Ireland prison sex, prisoner type and age population, by group 2012
3. Convictions in all courts in Northern Ireland 2012
4. Gender and Age profile of offenders under supervision at Point in Time: 31st March 2010 – 31st March 2013

1. Average Prison Population by Sex

Males accounted for 97% of the average total prison population in the years 2010, 2011 and 2012. This is the same level as found for the years 2006-2009. (For the years 2002-2005, the average proportion was 98 %.) This gender composition has overall been reflected within the different prisoner categories, with males accounting for an average 95% to 98% of remand prisoners between 2002 and 2012 and 97% to 98% of immediate custody prisoners (Table 1). In the same period the male proportion of the fine defaulter population has ranged from 90% to 96%. On average in the last 10

years nearly all non-criminal prisoners were male - there have been a very small average number of female non-criminal prisoners.

SOURCE:- DOJ (2013). The Northern Ireland average prison population in 2012. Research and statistical bulletin 6/2013.

Average Northern Ireland prison sex, prisoner type and age population, by group 2012

		2012
MALES	Aged under 21	60
	Aged 21 or over	466
	Age unknown	0
	Remand	Sub - Total
		526
	Aged under 21	3
	Aged 21 or over	28
	Fine defaulter	Sub - Total
		32
	YOC	75
	Young Prisoners	62
	Adult Prisoners	1022
	Immediate custody	Sub - Total
		1160
	None criminal	1
TOTAL MALES	1719	
FEMALES	Aged under 21	2
	Aged 21 or over	17
	Remand	Sub - Total
		19
	Aged under 21	0
	Aged 21 or over	3
	Fine defaulter	Sub - Total
		3
	YOC	2
	Young Prisoners	0
	Adult Prisoners	32
	Immediate custody	Sub - Total
		34
	None criminal	0
	TOTAL FEMALES	56
ALL PRISONERS	1774	

SOURCE: - DOJ (2013). The Northern Ireland average prison population in 2012. Research and statistical bulletin 6/2013.

2. Convictions in all courts in Northern Ireland 2012

Age band	Gender			Total
	Male	Female	Other ¹	
10 - 17	995	158	-	1,153
18 - 24	7,971	1,071	-	9,042
25 - 29	4,752	776	-	5,528
30 - 39	5,868	1,171	-	7,039
40 - 49	3,768	1,058	-	4,826
50 - 59	1,761	441	-	2,202
60 & over	644	102	-	746
Unknown	39	24	5	68
Total	25,798	4,801	5	30,604

3. Gender and Age profile of offenders under supervision at Point in Time: 31st March 2010 – 31st March 2013

	2010	2011	2012	2013
Female	361	394	472	453
Male	3,622	3,817	3,969	4,015
Total people	3,983	4,211	4,441	4,468

- At 90%, males account for the vast majority of those under supervision at 31st March 2013, with females accounting for 10%.
- The median age of those under supervision at 31st March 2013 was 29.
- The chart above presents an age and gender breakdown of those under supervision at 31st March 2013 and shows that just over three-fifths (62%) are males aged 20 -39.

SOURCE - PBNI (2013). PBNI caseload statistics 2012/13

ADDITIONAL INFORMATION TO INFORM THE ANNUAL PROGRESS REPORT TO THE EQUALITY COMMISSION

(PLEASE NOTE : THIS IS NOT PART OF THE SCREENING TEMPLATE BUT MUST BE COMPLETED AND RETURNED WITH THE SCREENING)

1. Please provide details of any measures taken to enhance the level of engagement with individuals and representative groups. Please include any use of the Equality Commissions guidance on consulting with and involving children and young people.

A joint approach

In November 2013, DHSSPS and DOJ Ministers established a Steering Group to oversee development of a joint health care and criminal justice strategy and supporting action plan. As a first step, the Steering Group commissioned four work streams, led at senior level within both health and justice, to map existing health and social care provision for children, young people and adults at each stage of the criminal justice journey and identify gaps and areas for improvement. Alongside this, work began to bring together an Evidence Base in this policy area.

Statutory workshop

On 20 January 2014, DHSSPS and DOJ hosted a workshop bringing together those involved in the Steering Group and its work streams following two months of intensive exploratory work. The workshop, attended by over 40 delegates from the health and criminal justice sectors, was designed to consolidate our understanding of existing health and social care provision for children, young people and adults in contact with the CJS and produce a comprehensive picture of gaps in provision. It also led to the identification of a number of emerging themes. The outcomes of this workshop were set out in a Discussion Document for review by a wider audience.

Stakeholder engagement event

On 10 March 2014, DHSSPS and DOJ hosted a joint stakeholder engagement event – Enhancing Equity, Improving Outcomes – at the Crumlin Road Gaol to support development of the draft Strategy and Action Plan. The event brought together 109 delegates from the statutory and third sectors to test initial understanding of the issues, set out in the Discussion Document and supplemented by the Evidence Base, and to begin to identify priorities. Ministers Ford and Poots attended part of the event.

Delegates shared their views through interactive voting, annotation of large scale maps of the criminal justice journey, facilitated group discussions and Twitter. A large amount of valuable feedback was gathered during the event, which was collated and published in an Event Report and has informed the current draft Strategy and Action Plan.

Service-user focus groups

Over the course of April 2014, a number of focus groups were held to gather views on improving the health and wellbeing of people in contact with the CJS from a range of service-users and their families/carers. Groups engaged included men, young men, women and children who have offended and parents/carers and partners of people who have offended. Again a large amount of valuable feedback was gathered, which was collated and published in a Report of Service-User Focus Groups and has informed the current draft Strategy and Action Plan. Focus groups will continue during the consultation period.

2. In developing this policy / decision were any changes made as a result of equality issues raised during :

- (a) pre-consultation / engagement;
- (b) formal consultation;
- (c) the screening process; and/or
- (d) monitoring / research findings.

If so, please provide a brief summary including how the issue was identified, what changes were made, and what will be the expected outcomes / impacts for those effected.

As stated above the large amount of valuable feedback gathered during the joint stakeholder engagement event (Enhancing Equity, Improving Outcomes) was collated and published in an Event Report and has informed the current draft Strategy and Action Plan.

In addition the large amount of information gathered from the series of focus groups held during April 2014 has also informed the current draft Strategy and Action Plan. Any equality issues raised in the focus groups that will continue during the consultation period will be used to further inform any further assessment of equality implications which will be considered following the public consultation exercise which is planned to be undertaken in 2016.

3. Does this policy / decision include any measure(s) to improve access to services including the provision of information in accessible formats? If so please provide a short summary.

Improving Health within Criminal Justice is a draft Strategy and Action Plan covering the health and social care needs of children, young people and adults at all stages of the criminal justice journey (as suspects, defendants and serving sentences) in Northern Ireland.

The Strategy and Action Plan covers the full criminal justice journey from prevention and initial police contact, through the courts to custody and supervision in the community and release and resettlement.

The strategy will be based on the principle that those who come into contact with the CJS should have equality of opportunity in access to services and should not be disadvantaged.

The initial three year Action Plan sets out a clear programme of change to deliver improvements.

Thank you for your co-operation.
Equality and Human Rights Unit.