Changing the Record

Improving the health and wellbeing of people in contact with the justice system

Director of Public Health Annual Report 2017/18

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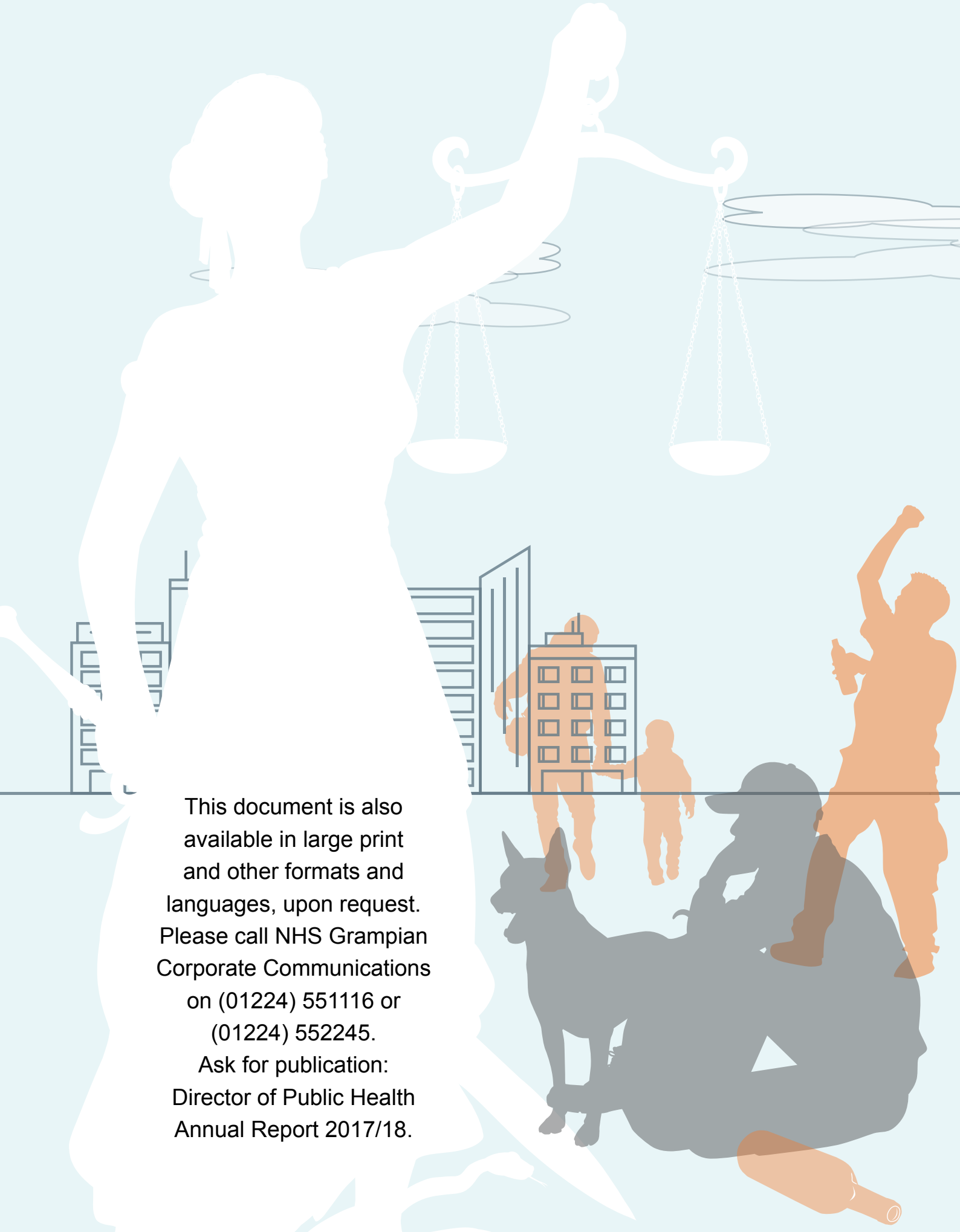

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Most people who are in contact with the Criminal Justice System **live in communities not in prison**

7% of children grow up with a parent in **prison**

Families Outside 2012

Introduction

Susan Webb, Director of Public Health, NHS Grampian

This report is concerned with the health and wellbeing of people in contact with the criminal justice system.

The greatest number of people who are in contact with the justice system live in the community. Responsibility for improving the health and wellbeing of this group is spread across a range of agencies and partnerships.

> **The primary purpose of this report is to raise awareness about the needs and inequalities which exist. Improving wellbeing, reducing inequalities and meeting the health and social care needs of people in contact with the criminal justice system require coordinated local action and I hope that this report can act as a starting point for building the shared understanding and consensus that facilitate joint action.**

In this report, I have used Scotland's public health priorities published in 2018, as a lens to look at how those issues affect the lives and wellbeing of people in contact with the justice system.

This report does not make a distinction between victims of crime and offenders of crime. The reason for doing so is to set out a vision for a holistic approach to better recognising and meeting the health and wellbeing needs of all people that come into contact with justice services, whoever they might be.

The men, women and families in contact with the justice system often have multiple and complex needs.

They are also, often, in contact with a range of services and organisations. Our existing networks and partnerships offer unrivalled opportunities to take more joined up action and offer people the opportunity of improved wellbeing.

> **Improving wellbeing of people in contact with the justice system is a cross cutting issue and is closely linked to organisational priorities.**

The determinants of offending, reoffending and poor health outcomes have much in common. Addressing social exclusion, poverty, stigma, unemployment, poor educational outcomes, low quality and unaffordable housing, family breakdown are all shared features of improving wellbeing, reducing inequality, reducing offending and reducing reoffending. In addition to the wider determinants of health, wellbeing and offending, this report also considers the vital role that well designed health and social care services play. Improving health will make our communities safer, making our communities safer will make us all healthier.

I hope that this report gives you a sense of the enormous and unrivalled opportunity we have to make the north-east of Scotland thrive.

4 out of 5 people connected with a crime payback through community sencences, penalties or fines[1]

500 Grampian residents were in prison during 2018

Scottish Prison Service

[1] Aberdeen City Community Justice Needs Assessment 2017 Draft 3, Aberdeenshire Community Justice Outcomes Improvement Plan 2017-18

Who is in contact with the criminal justice system?

In this report, the term "people in contact with the criminal justice system" includes:

- **People in prison, police custody and other secure places of detention;**
- **People who are living in the community who are in contact with or known to the police;**
- **People living in the community who are serving community based sentences;**
- **People who have been released from secure places of detention into communities;**
- **The children and family members of people who have committed and offence;**
- **People who have been the victims of crime.**

The justice system refers to the organisations and processes that are involved in keeping communities' safe, preventing offending, minimising reoffending and supporting victims. Organisations involved and in contact with this population group include statutory organisations, third sector organisation and private sector businesses.

Being in contact with the justice system does not necessarily mean that a crime or an offence has been committed. Police are increasingly involved in emergencies involving extremely vulnerable individuals, for example, people with complex needs who have been reported missing or people with mental health needs who are in distress.

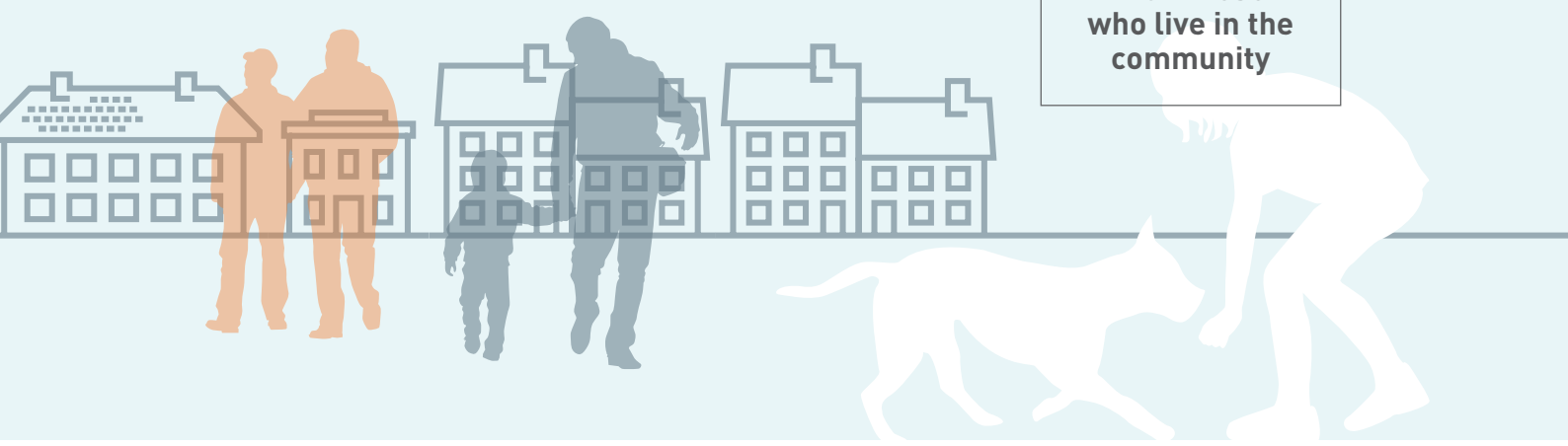
To respond to crimes and offences, Scotland's criminal justice system is made up of a complex set of processes. As a result, many different agencies are likely to be in contact with someone who is suspected of and charged with an offence.

Around one in five of people who are convicted of an offence are sent to prison. The majority of people receive a community payback order or some other type of penalty, such as a monetary penalty.

Among the people in contact with the justice system, there are particular groups of people who face distinct challenges. These include women, people from ethnic minorities and children and young people.

Compared to the general UK population, death rates of people in contact with the justice system are...

3
times higher
than those who live in the community



1.5
times higher
amongst people in prison

Source: Revolving Doors Agency 2017

Inequalities evident among people in contact with the justice system

The higher rates of death that are observed are a strong indicator of the poor health and entrenched inequality in health outcomes that impact on the lives of people in contact with the justice system. Although it is widely accepted that people in contact with the system are at an increased risk of death, no estimates of life expectancy have been made. Examining the higher death rate in more detail, the causes of death that are frequently recorded include suicide, drug overdose, blood-borne viruses, accidents, cancer and alcohol related liver disease.

Communicable diseases

The prevalence of blood borne viruses such as HIV, hepatitis B and C and sexually transmitted infections are also higher amongst people in justice settings. The prevalence amongst female prisoners is higher than amongst male prisoners, not a reflection of lifestyle and choices but of increased vulnerability, social exclusion and gender inequality.

UK wide, rates of tuberculosis (TB) are higher among people in contact with the justice system than the general population. Experiencing poverty, homelessness and social exclusion is associated with an increased chance of delayed diagnosis, drug resistance, onward transmission and poor treatment outcomes.

> **About one in five Scottish prisoners are positive for hepatitis C virus.**
>
> Taylor 2012

Non-communicable and chronic diseases

Recorded levels of heart disease in the medical notes of prisoners tend to be lower than the general population, this is thought to be due to under recognition and under diagnosis. Even where this condition is recognised and documented in the notes, up to 20% of people were not prescribed appropriate medication.

The dental health of people in prisons is considerably worse than the dental health of the general Scottish population. This is probably as a result of higher levels of smoking and a higher prevalence of chronic disease. A further contributory factor may be the lower levels of access and engagement with dental services compared to the general population. The dental workforce are playing an increasingly important role in the prevention, early diagnosis and self-management of chronic long-term health conditions. Ensuring equitable access to dentistry, in custodial settings as well as in the community could have wide-ranging health benefits.

Prevention and early intervention

Programmes that prevent disease, such as vaccination or programmes that identify people who have a disease at an early stage could help to reduce the health inequalities that are evident. Lower levels of participation in the national screening programmes for bowel cancer, breast cancer, cervical cancer, abdominal aortic aneurysm and diabetic retinopathy have been demonstrated amongst people in contact with justice settings. There are a number of barriers that people in contact with justice system face. These range from health literacy, frequent changes of address and electronic systems not being updated, periods of disrupted access to primary care and limited communication between different services.

Supported self management requires effort for its potential to be realised among people who are in contact with the justice system. Low levels of help seeking behaviour may reflect distrust of services created as a result of previously negative experiences.

Peer support systems have an important role to play in assisting people to self-manage, not just physical and mental health conditions, but also finances, transport, moving to a new area etc. There is a need to increase the focus on peer support and self-management for our whole population and, ensure that these approaches are accessible for those in contact with the justice system. At the same time, it is vital to ensure that this growth occurs within a clear governance structure with clear recognition of the necessary safeguarding requirements.

Asthma

1.5 times higher

Graham 2007

Epilepsy

4 times higher

Graham 2007

Tooth decay

3 times higher

Graham 2007

For people in contact with the justice system, smoothing transitions between services could improve quality of care and outcomes.

The role of Health and Social Services

Provision of quality and accessible health and social care services within custodial settings like prisons and custody settings can have a significant impact on improving health and wellbeing. Impact is limited by the short duration of contact or sentencing and the short time available to engage with people. This is why community based service provision is so important. Co-designing these services together with people who have lived experience is a way to improve equity of access.

There is growing recognition of the vulnerability of patients and the increased chances of poorer outcomes during times of transition or interface, for example, when returning from primary to secondary care or when care is handed over from one team to another. For people in contact with the justice system, smoothing transitions between services could improve quality of care and outcomes.

The role of the wider determinants of health and wellbeing

Poor health, disadvantage and exclusion are linked with offending and reoffending behaviours. The poor health outcomes described in this report are created as a result of years of exposure to adverse environmental, social and physical conditions, as well as lifestyle choices. Actions to prevent offending and reoffending and prevention aimed at improving the health of the population and reducing inequalities act on the same drivers, for example poverty, social exclusion, parenting capacity. It is important that we do not overlook these wider determinants, which may in the long run, be more cost effective approaches to support prevention.

Understanding the environmental impact of poor health is growing. Collaboration between health and justice, particularly in terms of the design of environments which promote wellbeing and prevent crime could also contribute to environmental sustainability.

A shared understanding about the range of common determinants together with an understanding of a community's characteristics and assets can help influence decisions about local priorities. Coming together on the basis of this shared understanding could help health and justice identify joint indicators to assess progress and impact.

1 in 7

adults are thought to have had

4 or more

adverse childhood experiences as they were growing up

Source: ScotPHN 2016

Why children and families in contact with the justice system struggle to flourish

There are opportunities to profoundly improve the life chances of children and young people during pregnancy, childhood and adolescence. This will in turn lead to benefits for society as a whole. This is because the influences and environment that a child is exposed to, from its very earliest days of being, leave lasting signatures. Research has demonstrated that these can alter genes and gene expression, alter brain structure, and influence the development of the nervous, immune and hormonal systems, eventually impacting on long-term health and wellbeing for the better or the worse.

The persistent disparities in health outcomes that are described in this report can also be seen as the lifetime accumulation of toxic influences outweighing the positive and protective influences, a process which will have started in early childhood.

Toxic stress can be as a result of abuse, neglect or household adversity.

A person who is exposed to four or more adverse childhood events has a lifetime risk of suicide and self-harm 12 times higher than someone who is not exposed to any adverse childhood exposures and 9 times more likely to experience imprisonment.

ScotPHN 2016

Abuse	Neglect	Household Adversity
Emotional Abuse	Emotional Neglect	Growing up in a household where there is domestic violence
Physical Abuse	Physical Neglect	Growing up with someone who misuses alcohol or drugs
Sexual Abuse		Growing up in a household where a family members struggles with their mental health
		Parental separation
		Growing up in care
		Having a parent or family member involved with the justice system

ScotPHN 2016

The greater the number of experiences, the higher the risk of poor health and wellbeing in later life.

Having had a difficult childhood is often the explanation for lifestyle risk factors such as higher rates of smoking, alcohol consumption or drug taking. The poor health in people who have experienced difficult childhoods has traditionally been attributed to the consequences of their lifestyle and behaviour choices. The research into adverse childhood events challenges this thinking, demonstrating that the toxic stress changes the growth and development of children's brains and bodies.

Having a parent or family member in contact with the justice system is recognised as an adverse childhood experience. Given the higher prevalence of poor health described in this report, it is likely that children and families will experience other forms of household adversity too, placing them at high risk poor health and wellbeing in the short, medium and long term.

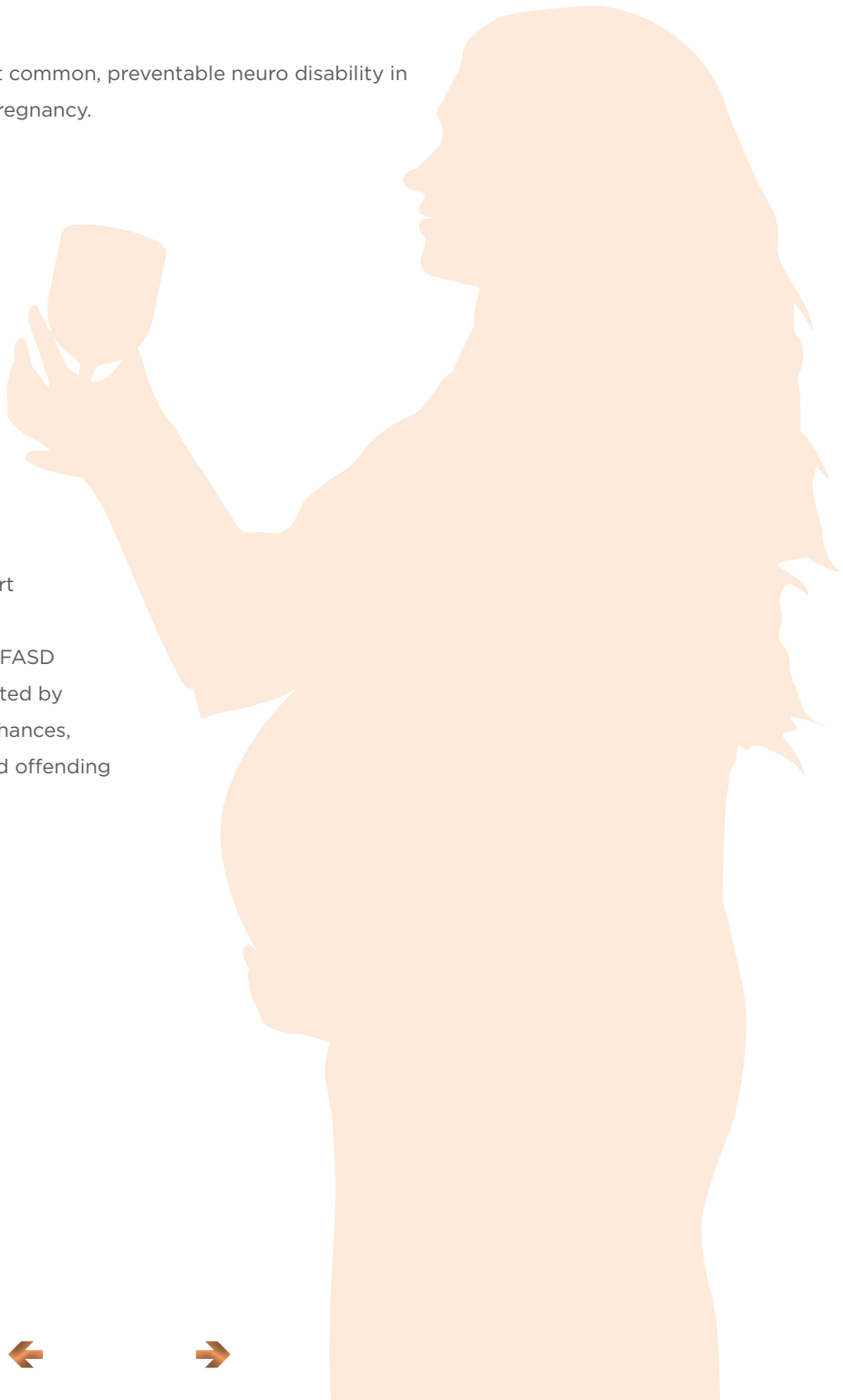
Adverse childhood experiences are common.

Systematically recognising trauma and vulnerability, responding holistically and building resilience are all key features of how services need to respond. The nature of household exposures mean that adult services also have a role to play in recognising the potential for adverse experiences. As the outcomes most strongly associated with multiple adverse childhood experiences (such as violence, mental illness, and substance use) represent the very same risks for the next generation ahead, a clear local strategy on how we can harness the power and resources of existing partnerships is essential.

FASD is 30 times more common amongst people in justice settings compared to the general population.
Popova 2011

Fetal Alcohol Spectrum Disorder

Fetal Alcohol Spectrum Disorder (FASD) is the most common, preventable neuro disability in the UK. It is caused by exposure to alcohol during pregnancy. There is no safe amount of alcohol to drink during pregnancy and there is no safe period during pregnancy during which alcohol can be consumed. Alcohol can affect up to nine different parts of the brain, no two individuals with FASD will be affected the same. The links with offending are thought to be due to the impact on the brain where control of impulses and an understanding of consequences is limited. There is limited recording of alcohol consumption in pregnancy as well as limited professional awareness about FASD making it much harder to get a diagnosis and support. Although there is no cure, providing support to families can improve educational and wellbeing outcomes for children who are affected. Preventing FASD and improving the support available to people affected by this neuro disability can help improve people's life chances, and, for some individuals, help contribute to reduced offending and reoffending.



Young offenders

The health and social care needs of young people directly involved with the criminal justice system are broadly similar to that of adults. The differential provision of services for children and adults may result in disruptions or an abrupt end to the care as children transition into adult services. Child and adolescent mental health services support conditions which adult services do not provide for. Barriers to accessing care for young people with a substance use problem include the stigma attached to drug services as well as the different patterns of drug use in younger people.

Among people in contact with the Justice System, there can be particular challenges to being physically **active,** having a healthy diet and maintaining a healthy weight

Challenges and opportunities to eat well, be physically active and maintain a healthy weight

Being overweight or obese is common in the north east. Higher rates of overweight and obesity are recorded in people living in the most socio-economically disadvantaged communities compared to those living in more affluent communities. Being overweight or obese is a leading risk factor in the development of cancer, heart disease, high blood pressure and type two diabetes.

Men who are in prison are less likely to be overweight or obese than men in the general population, however given that being overweight or obese is the norm in the wider population, levels of overweight and obesity are still unacceptably high. Women are 18% more likely than the general population to be overweight or obese.

Although prison can provide opportunities and access to physical activity, there is a need to increase and expand opportunities for participation.

One in ten women and one in three men in prison meet the minimum weekly requirement for physical exercise.

Herbert 2012

The diets of people in custodial justice settings such as prisons or police custody are often unhealthy with either under or over-provision of calories containing excessive levels of salt. As people can purchase snacks and food items, creation of healthy food retail environments and limiting the amount of highly processed calorie dense food available could be a helpful measure in these settings.

There can be challenges in responding to the dietary needs of people with chronic health conditions such as diabetes. In other countries, recognising the therapeutic value of food as an adjunct to the self-management of chronic physical and mental ill health has resulted in both improved health outcomes, as well as a reduction in prison infractions among specific groups.

Sport and culture have wider benefits, beyond helping to maintain a healthy weight. There is considerable interest and investment in sporting and cultural opportunities to promote social inclusion, particularly as a means to prevent offending and antisocial behaviour. Providing services alone does not ensure that people who are experiencing social exclusion will take part. Projects that have the most success tune into existing social and cultural values and networks and build on these assets. As such, success is dependent on context and how programmes are designed and implemented. Bringing together initiatives to improve participation in sport and leisure activities, together with efforts to reduce offending and antisocial behaviour, could pay dividends. Evaluation, throughout the course of the project, is essential.

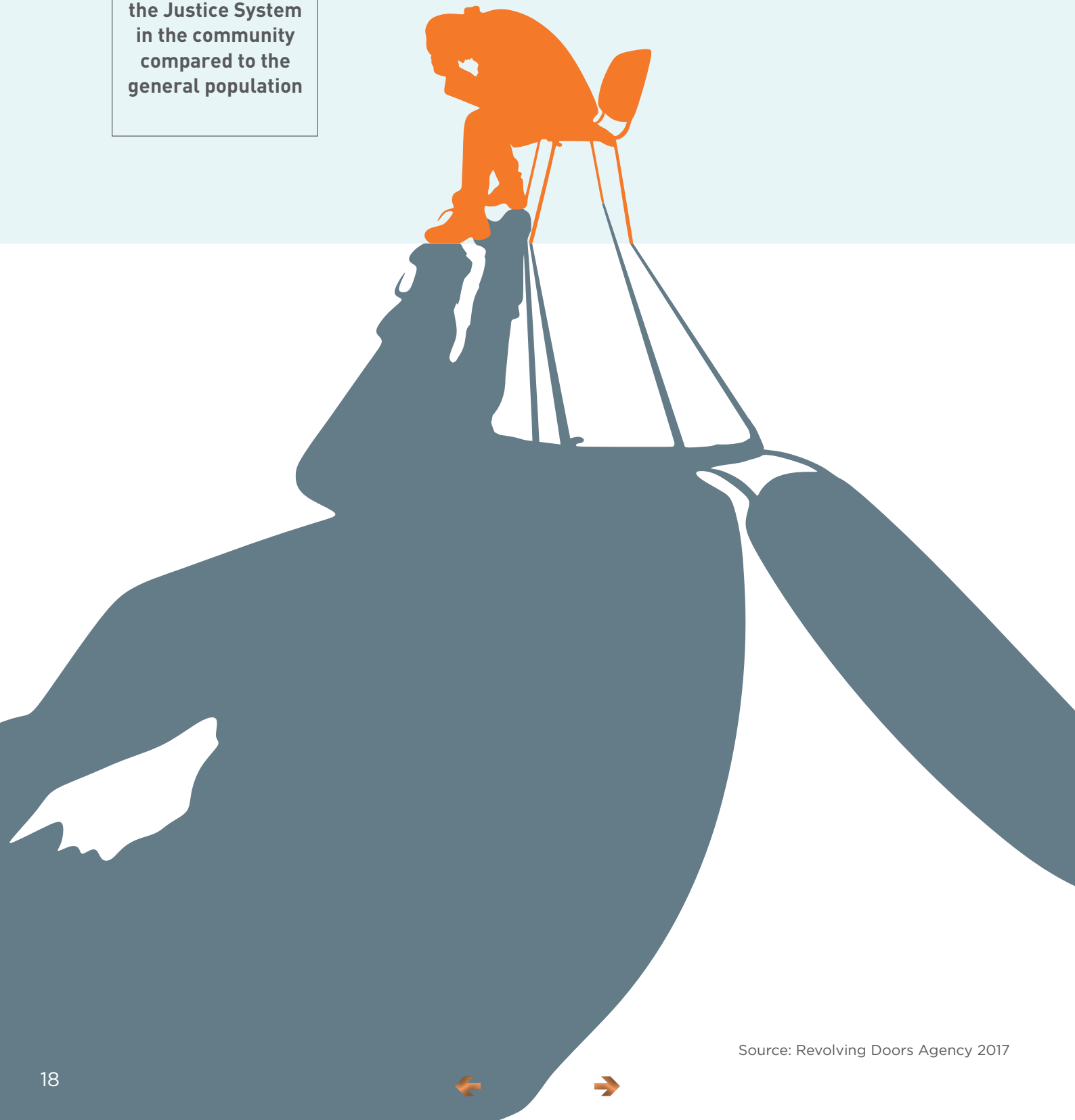
Rates of depression are

1.7% higher

and anxiety are

3 x higher

among people in contact with the Justice System in the community compared to the general population



Source: Revolving Doors Agency 2017

Mental health and wellbeing

There is a higher prevalence of both acute and long-term mental health problems and learning disability amongst people in contact with the justice system.

Police are often called to respond to and assist people who are distressed or disorientated, where there is no suspicion of any crime having been committed. People with mental health disorders are more vulnerable to being victims of crime, particularly violent crime compared to people who do not have a mental health condition. The experience of being a victim of crime, or the fear of being a victim of crime can have profoundly detrimental impacts on people's mental health and wellbeing. People who work in services that support victims often find that they are faced with unmet mental health needs.

> **"We have to deal with quite a lot of mental health support but that's not really what we are trained to do but we have to try and do the best we can."**
>
> Health impact assessment of alcohol in Aberdeen City 2016

Bullying and victimisation can take many forms, such as physical violence, emotional abuse, sexual abuse and property theft. For people in contact with the justice system, there appears to be an association between this kind of victimisation, which may not be reported, and the presence of a mental health disorder.

> **Six per cent of detainees in UK police custody suffer from a learning disability.**

Recognising a person's vulnerability from a mental health disorder or learning disability is important in order to get them the help and support that they need. It is also important to recognise these vulnerabilities when an offence is being investigated to ensure a fair process and justice. People who suffer from a mental health condition or learning disability may have difficulty understanding the process and providing coherent answers to questioning. All factors which, if not recognised and appropriate support put in place, could disadvantage them in the justice process.

Just under one in ten people in police custody aged over 50 showed signs of early dementia

McKinnon 2012

Rates of mental health condition differ by gender and also by the setting in which a person is based. The highest prevalence and greatest severity and complexity is seen in the prison population.

People in contact with the justice system living in the community have higher rates of mental health conditions than the general population.

The higher prevalence combined with the larger population size of people living in the community and in contact with justice settings, reflects a significant need which community services need adequate resourcing to meet.

People recently released from custodial settings are at a particularly high risk of suicide and self-harm, especially in the first four weeks after release with a risk similar to that of people recently discharged from psychiatric institutions.

One of the challenges for people with mental health conditions and other multiple social disadvantages is that they do not meet the threshold entry requirements for accessing a service. This can contribute to a disproportionately high use of other primary care and emergency care services. Co-exiting substance misuse with mental ill-health (dual diagnosis) is more common among people in contact with justice settings than in the general population. People with dual diagnosis can be high risk and difficult to manage, 40% of deaths in custody in the UK in 2004 had features of dual diagnosis, they were also more likely to have been restrained than people who did not show features of dual diagnosis. Public Health England coined the phrase “no wrong door” to assist in transforming services into more integrated and responsive services which meet the needs of the person, regardless of which service they have accessed first.

Suicide risk amongst those recently released from custodial settings was found to be eight times higher for men and 32 times higher for women than the general population

Fazel 2017

Harm from alcohol, tobacco and drugs

The use and misuse of alcohol, drugs and tobacco is higher among people in contact with the criminal justice system compared to the general population.

There are well described links between both alcohol and drugs and crime, in particular the link between alcohol consumption, violent crime and domestic violence. The links between substance use and violence are complex, influencing the perpetrator, the victim and how the victim copes in the aftermath of the situation.

> **"People probably not broken from the situation they've been in ... have asked for support but sometimes referral to other support services is not immediate ... so alcohol is being used while they wait for things like mental health assessment."**
>
> Health Impact Assessment of Alcohol in Aberdeen City 2016

The particular links between alcohol and crime should be an opportunity to identify and provide interventions to people to help moderate their drinking. It is estimated that between 60 and 80% of people in police custody drink at levels which could harm their health and wellbeing. One in five people in police custody are at risk of alcohol withdrawal. Relying only on self-reporting fails to identify the majority of people would could benefit from support. There is an opportunity to embed alcohol screening systematically across justice settings. No figures are available on the number of alcohol related deaths among people in contact with justice settings, although alcohol related liver disease is one of the conditions that contribute to the higher premature mortality rate in this group. Justice settings (prison, criminal justice social work and police custody) could provide opportunities to explore initiatives which could support the early diagnosis and treatment of liver disease, the leading cause of alcohol related deaths in the north-east.

Up to four out of every five people in police custody drink at levels which could harm their health and wellbeing.
McKinnon 2012

Drug use amongst people in contact with justice settings commonly features cannabis, cocaine, heroin and benzodiazepines. The type of substance used varies on local availability and trends. The increase in the use of New Psychoactive Substances (NPS) in prisons is of particular concern because of the "unknown" nature of these synthetic compounds. Synthetic compounds can be much more potent than traditional drugs of abuse. The processing of these compounds can result in variations to strength and concentration, placing users at a high risk of poisoning and death. The most common route for the consumption of NPS in a prison is through smoking or inhalation, which also presents a serious occupational risk for prison and health care staff working in these settings.

The likelihood of a person in contact with justice settings dying as a result of a drug related death is higher than the general population. Release from prison is a known risk factor, because of the potential for interruptions to the continuity of methadone and other replacement therapies. Maintaining continuity of care and minimising disruptions to care as a result of liberation will make an important contribution to reducing drug related deaths overall. Release from police custody is also a risk factor for drug related deaths. Measures to improve the availability and quality of health care in police custody will contribute to improving care and continuity of care in this setting.

> **Around two in every three people detained by the police or in prison are current smokers**

There is good reach of smoking cessation services into HMP Grampian, with impressive quit rates. As all prisons in Scotland embrace smoke free status, new challenges emerge; supporting people in contact with justice settings living in the community to quit smoking, helping those who have quit whilst in prison stay smoke free on release.

Creating vibrant, safe and healthy communities

Community, home and workplace are as important settings as prison and police custody for improving health and wellbeing

Prison and police custody continue to be important settings, where people can access quality healthcare services and experience environments that are conducive to creating better health and wellbeing. Improving the health and wellbeing of people in contact with police custody or prison cannot happen in isolation; a clear understanding of need that is shared between partners is essential to building smooth transitions from and back into communities that minimises disruption to care and maximises opportunities to access support is welcomed. Prison and police custody settings also offer opportunities to better recognise and meet the health and wellbeing needs of the workforce.

In public health the focus is on populations, and the bulk of the population in contact with the justice system live in communities where they access regular community-based services. This report has tried to show how this group, although living among the general population have multiple and complex needs, which, traditionally structured services can find difficult to meet. This is a group of individuals who stand to benefit enormously from the provision of transformed and integrated services directed at the greatest need.

Home

Home as a setting where health can be created is another important consideration for people in contact with justice settings. The experience of feeling unsafe in your own home, insecure accommodation and homelessness are all more common in people who are in contact with the justice system than in the general population. People who are homeless have higher levels of use of urgent care services and poorer health outcomes. Helping people in contact with the justice system maintain safe, settled and suitable housing is both a preventative measure for offending and a measure which can help to reduce health inequality.

Workplace

The workplace is another setting to be considered, employment is associated with better health and wellbeing outcomes and can be a support in preventing offending. Despite this, there can be challenges in accessing the workplace, one to one support for people can be beneficial. One of the barriers to employment is lack of clarity and clear communication on the part of employers about whether people with previous convictions can be employed within their organisation. Opportunities for action exist both through existing partnerships and through workplace health improvement initiatives.

The number of people who are in the community and in contact with the justice system is set to rise as Scottish Government initiatives to reduce short prison sentences are implemented. The use of community based options is influenced by a greater awareness and recognition of the need for mental health or substance misuse treatment. Effective and accessible community based health and social care services are crucial to the success of community based sentences.

Finances

Another factor crucial to the success of community-based sentences and to improving the wellbeing of people in contact with the justice system is ensuring access to welfare benefits advice and support. People with mental health conditions and people who have substance misuse issues are more likely to face sanctions than people with other health conditions. Sanctions, delays and interruptions to payments have, anecdotally, been associated with an increase the chances of disengagement from health services, disrupt recovery and increase the chances of relapse or reoffending. Ensuring equality of access to welfare rights, advice, link worker and other signposting services within the community for this and other socially excluded groups should be a core feature of the evaluation of impact of these services.

Attitudes

A vibrant community is one that is powered by its citizens, including those who have been in contact with the justice system. To improve the quality of the services provided, a balance needs to be struck between the expertise of professionals and those with lived experience. Overcoming stigma is essential if people who have been in contact with the justice system are to be empowered to participate. Stigma experienced by people can take many forms: being or knowing an offender, having a mental illness, being dependent on substances, being homeless or being a victim. These labels can lead to negative attitudes from professionals and act as a barrier to engagement, they can also lead individuals to exclude themselves on the belief that they are less worthy than others.

... a balance needs to be struck between the expertise of professionals and those with lived experience

Improving the health and wellbeing of people in contact with the justice system

Closing remarks from the Director of Public Health

Health and social care integration, community planning partnerships, community justice partnerships and Integrated Children's Service plans, amongst others create a landscape of opportunities which could respond to the multiple and complex needs of people who are in contact with the justice system.

There are many examples of cross sector action to improve health across Grampian. These initiatives differ in their scale, ambition and governance arrangements.

What these initiatives share are a clear vision and a common purpose.

Characteristics of successful collaborations in the north-east include those where:

- **Partners have a clear and shared understanding of the problem;**
- **Service users, families and people with lived experience are involved;**
- **Evidence based approaches are used to tackle the problem;**
- **Evaluation is used to identify when and where progress is being made and to learn from situations where obstacles prevent successful achievement of outcomes;**
- **Governance is strengthened by transparency, information and intelligence sharing;**
- **Performance monitoring provides means of assuring the availability, uptake and quality of services provided.**

The needs of people in contact with the community justice system need to be considered if health improvement and reduction of inequality amongst the whole population is to be achieved

There are strong links between a person's needs and their offending or reoffending behaviour. Better meeting these needs can lead to safer communities. A safer community brings wider health benefits to everyone who lives in it, from a greater uptake of physical activity and leisure opportunities to a greater sense of social cohesion and connectedness with others.

The needs of people in contact with the community justice system need to be considered if health improvement and reduction of inequality amongst the whole population is to be achieved

I hope that this report serves as a tool for partners to reflect on how people in contact with the justice system are reflected in their own priorities and to provoke curiosity about actions which are happening.

I would like this report to serve as a tool for discussion about our individual and collective responsibilities and our accountability to the people and communities that we serve.

What actions can we take now?

- All partners should use the “golden thread” which links priorities between health and social care, community planning, justice partnerships and integrated children’s services in order to identify shared improvement actions.
- All partners to consider how health outcomes and access to health care services can be included in performance frameworks and inequality frameworks in order to drive improvement
- Commit to making efforts to support information sharing so that care can be delivered in the way that best meets that person’s needs and support the necessary organisational information sharing to facilitate governance and transparency.
- In 2019, NHS Grampian’s Public Health team will provide a formal health and wellbeing needs assessment to improve health and wellbeing in police custody settings.
- Health and Social Care Partnerships should consider how equitable and accessible peer-led support and self-management models can be developed to allow people to be involved as active partners in their own care as well as in the design and delivery of services.
- All partners should commit to the development of a strategy and associated action plan that set the direction of travel for how we intend to break the cycle of Adverse Childhood Experiences and the toxic effect of trauma.

Acknowledgements

I am grateful to the involvement and contribution of partners across a range of agencies for their contribution, commitment and support for this report.

NHS Grampian

Aberdeen City Council

Community Planning Aberdeen

Aberdeen City Health and Social Care Partnership

Moray Health and Social Care Partnership

Aberdeenshire Council

Aberdeenshire Health and Social Care Partnership

Aberdeenshire Community Planning Partnership

Police Scotland

Scottish Prison Service

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Further reading

General

NHS Health Scotland Community Justice Briefing http://www.healthscotland.scot/publications/community-justice

Revolving Doors. Balancing Act, addressing health inequalities among people in contact with the criminal justice system http://www.revolving-doors.org.uk/why-were-here/health-justice/balancing-act

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Hepatitis C Prevalence and Incidence among Scottish Prisoners and Staff Views of its Management, May 2012 by Taylor et al., University of Scotland, University of Bristol and NHS Health England

Graham L (2007) Prison Health in Scotland. ScotPHN

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