



GOVERNO DE  
PORTUGAL

· MINISTÉRIO DA JUSTIÇA

# Continuity of Care in Prison

## *The Portuguese Experience*

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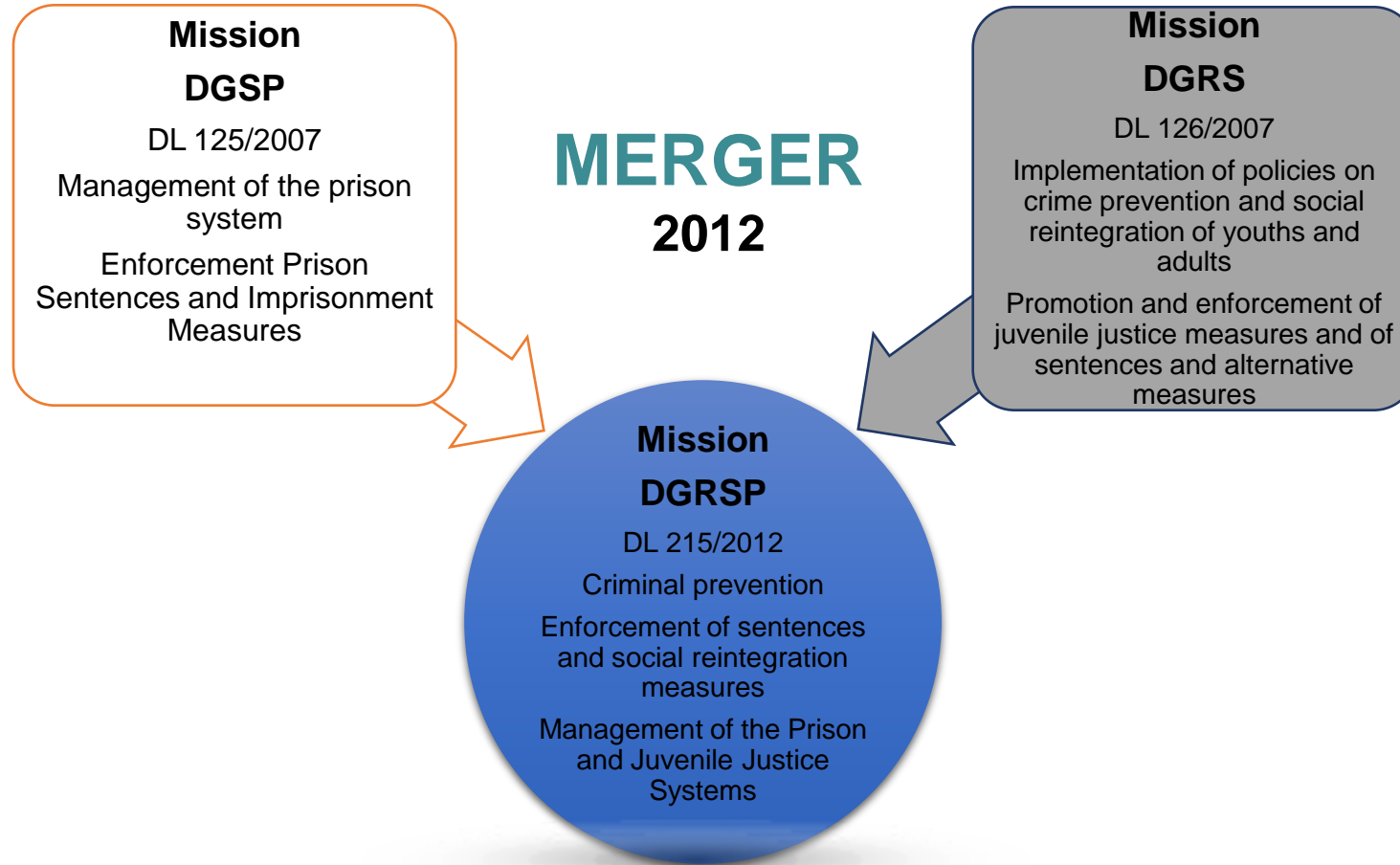


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# The Portuguese Reintegration and Prison Service

*A brief overview*



**Transversal and holistic Intervention focused on the individual, with benefits in the perspective of efficiency, effectiveness and economy.**



## Strategic Orientation

- Oriented toward the prevention of recidivism and engagement in pro-social behaviours
- Effort to decrease the risk factors / Increase the protection factors
- Intervention centered on risk and needs assesement
- Implementation of responses methodologies oriented to the criminogenic needs – rehabilitation programs

## KEY PROCEDURES OF DGRSP:

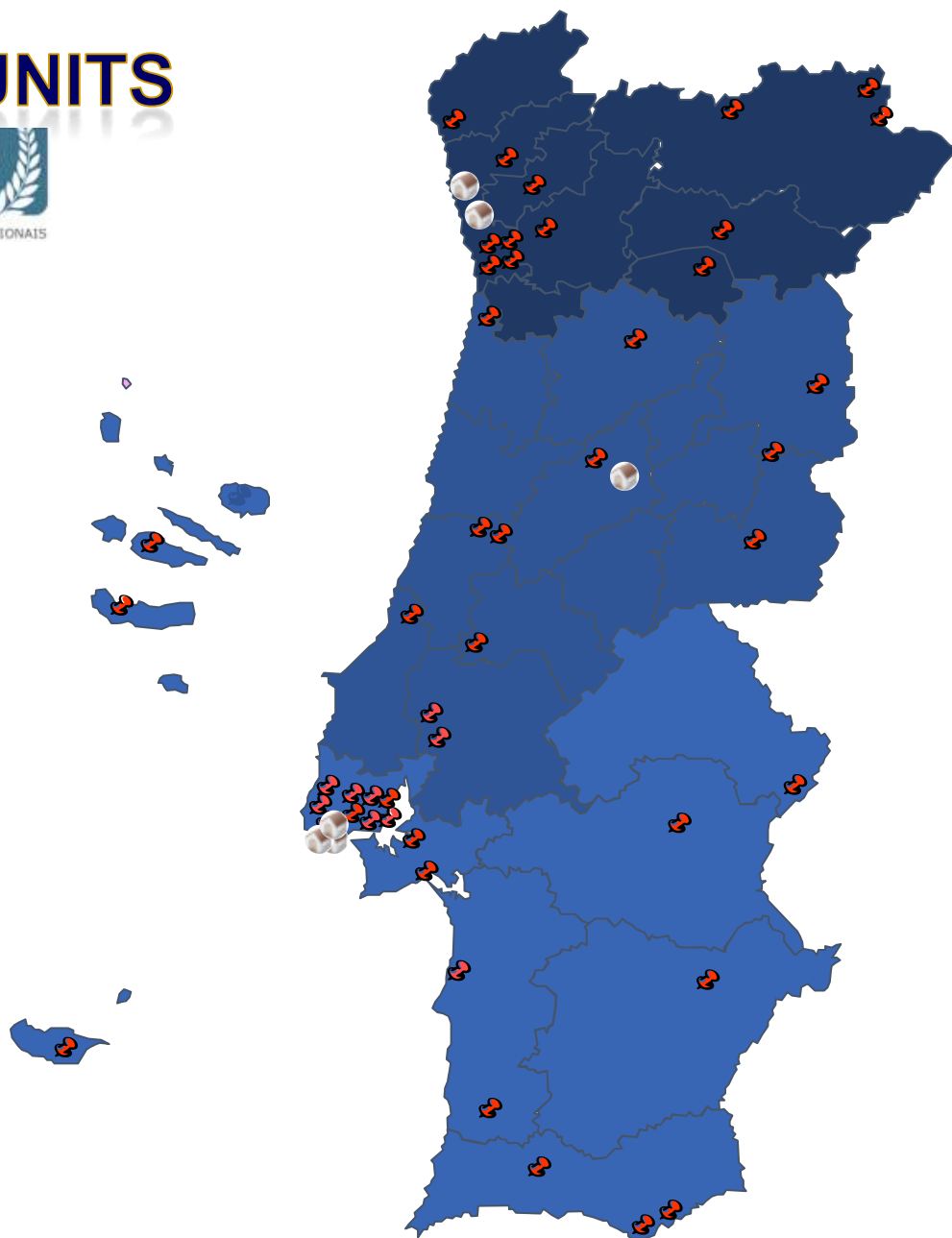
- Technical advisory to courts to support the judicial decision
- Enforcement of sentences and community sanctions
- Enforcement of sentences and measures with electronic monitoring
- Enforcement of freedom depriving sentences and measures
- Enforcement of Juvenile Justice System



# REGIONAL UNITS



DIREÇÃO-GERAL DE REINserÇÃO E SERVIÇOS PRISIONAIS



North Reintegration Regional Delegation

Center Reintegration Regional Delegation

South and Islands Reintegration Regional Delegation

Prison

Educational Center

## PRISONS

49

- Special security and high level of management complexity (1)
- High security and high level of management complexity (20)
- High security and medium level of management complexity (23)
- Medium security and medium level of management complexity (5)

## JUVENILE EDUCATIONAL CENTERS

6

- Closed Regime
- Semi-open Regime
- Open Regime

## REGIONAL PROBATION DELEGATIONS

48

### PROBATION CENTERS:

- Teams with generic technical competencies(29)
- Teams specialized in Penal Law area (16)
- Teams specialized in Juvenil Justice area (3)

### NATIONAL ELETRONIC MONITORING SYSTEM

### ELECTRONIC MONITORING SPECIALIZED TEAMS

11

1 National Center for Surveillance of Operations  
10 specialized teams: enforcement of sentences with EM, Court advisory team



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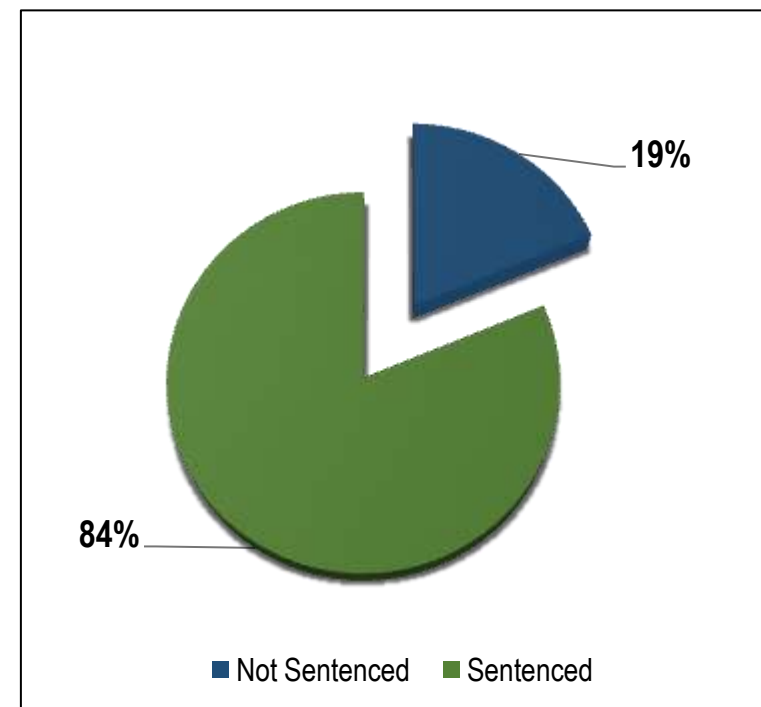
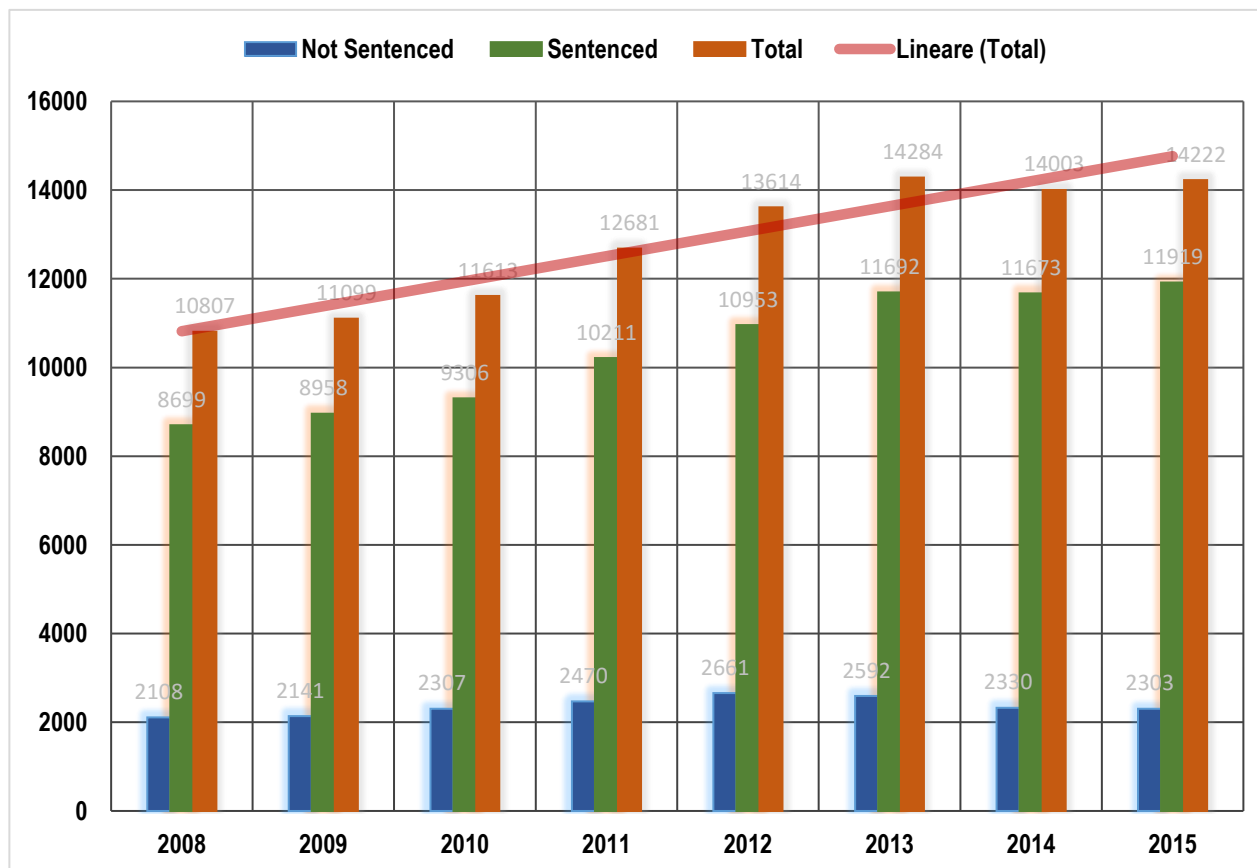
# The Portuguese Reintegration and Prison Service

## *Prison Population*





# Prison Population Characteristics - 31/12/2015

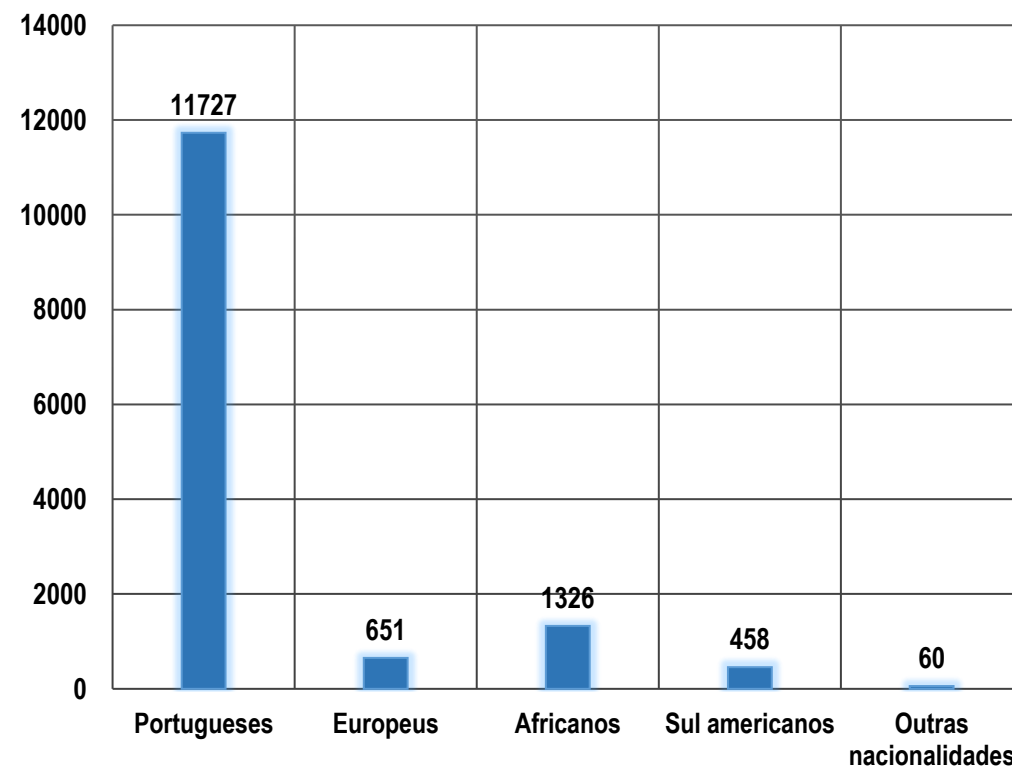
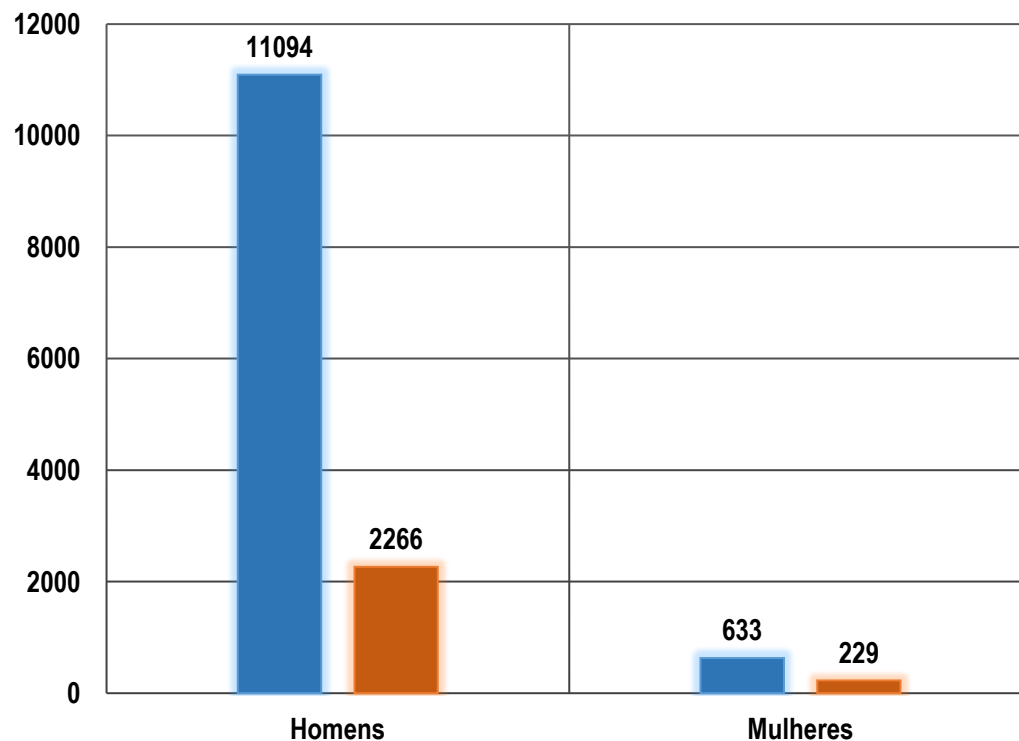


The sentenced inmates include 274 persons who are suffering from mental illness and whose state of mental health is incompatible with detention in a prison and are detained in an establishment specially designed for the purpose (122p/152np)

# Prison Population Characteristics

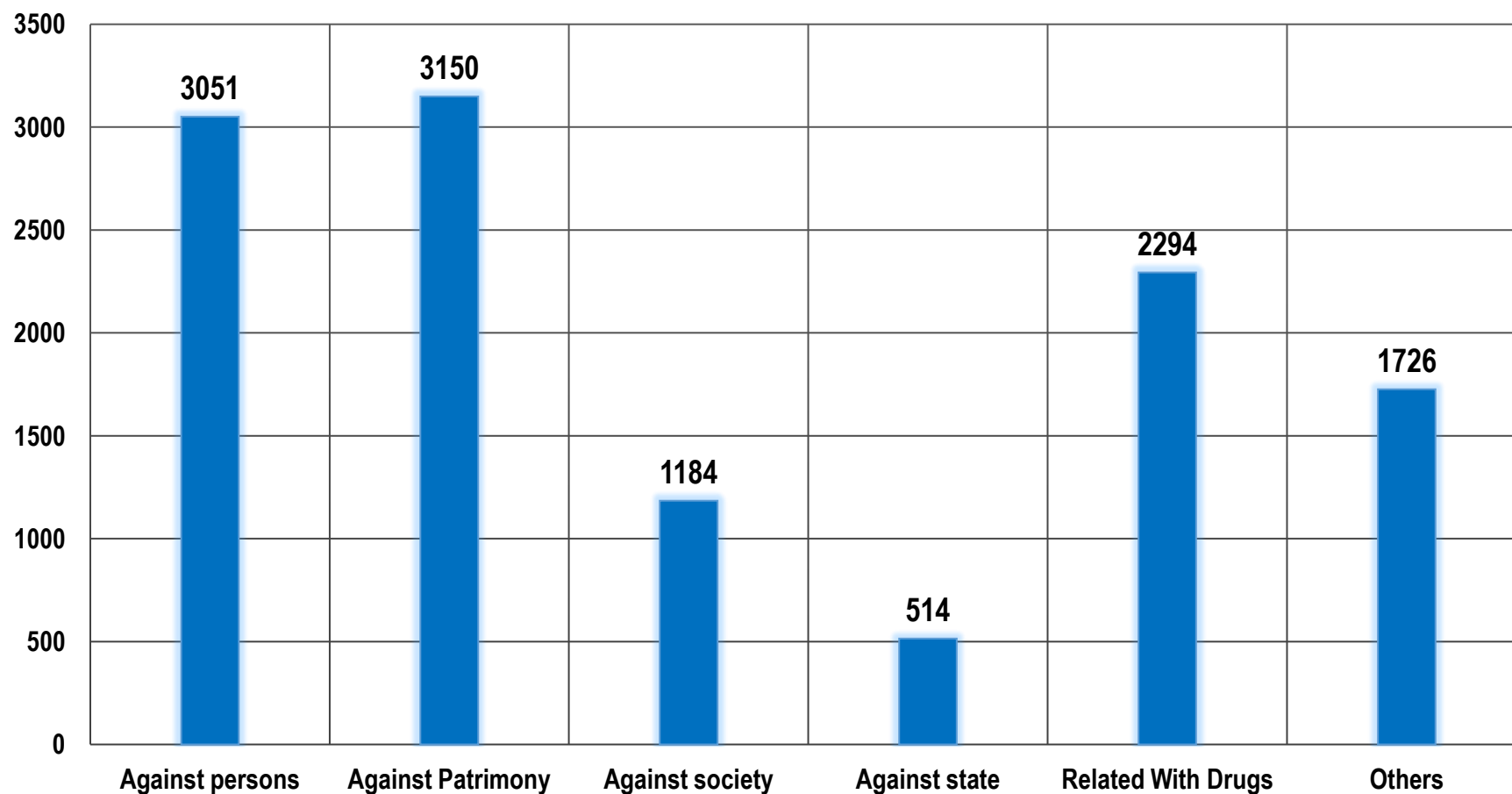
## Gender and Nationality Distribution - 31/12/2015

■ Portugueses ■ Estrangeiros



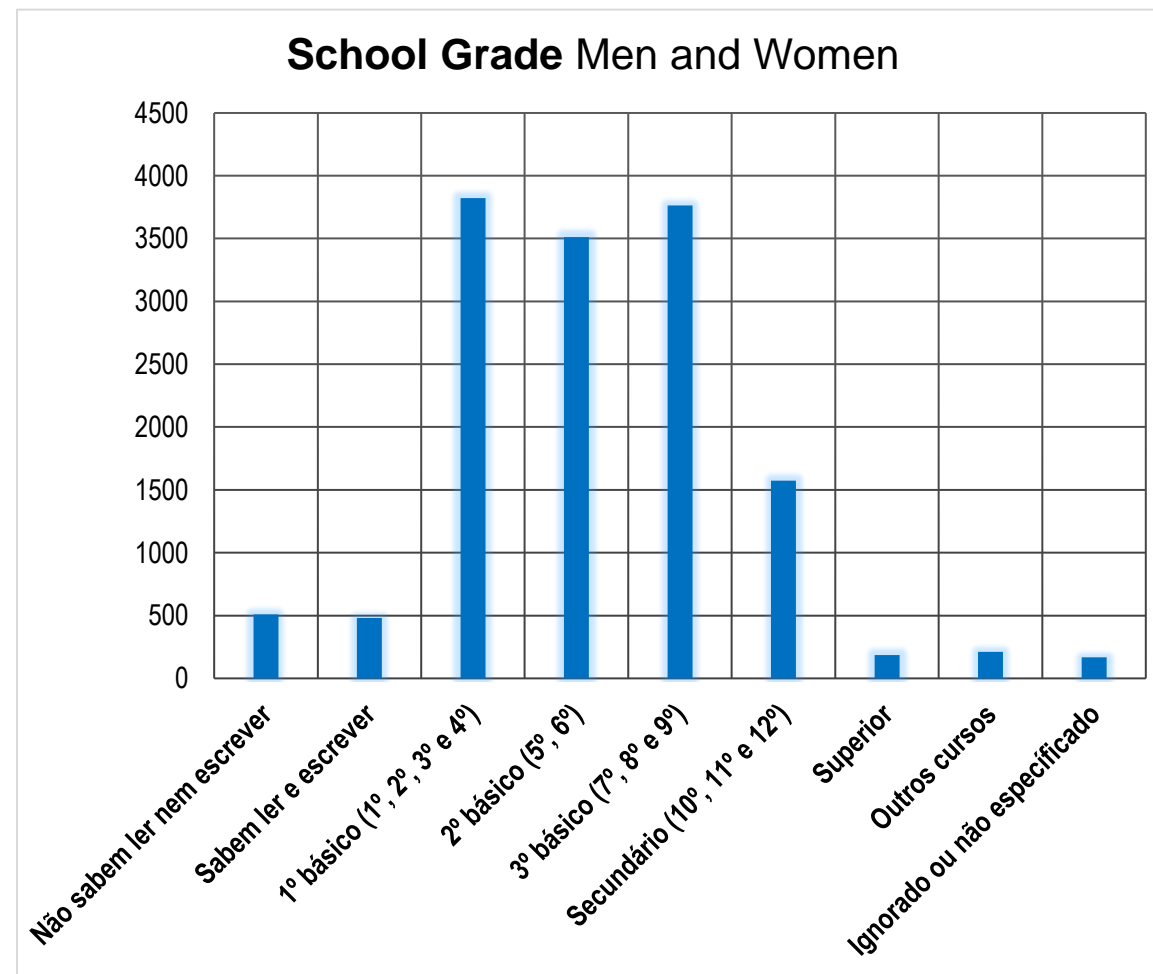
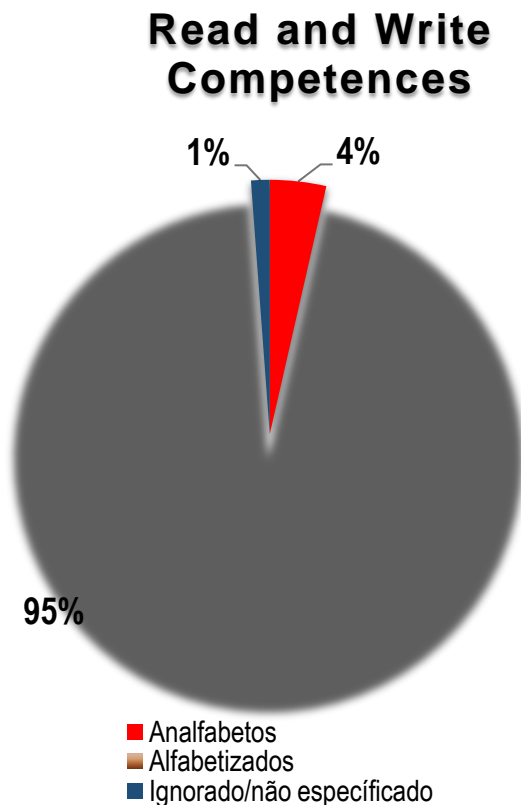
# Prison Population Characteristics

## Type of offenses distribution - 31/12/2015



# Prison Population Characteristics

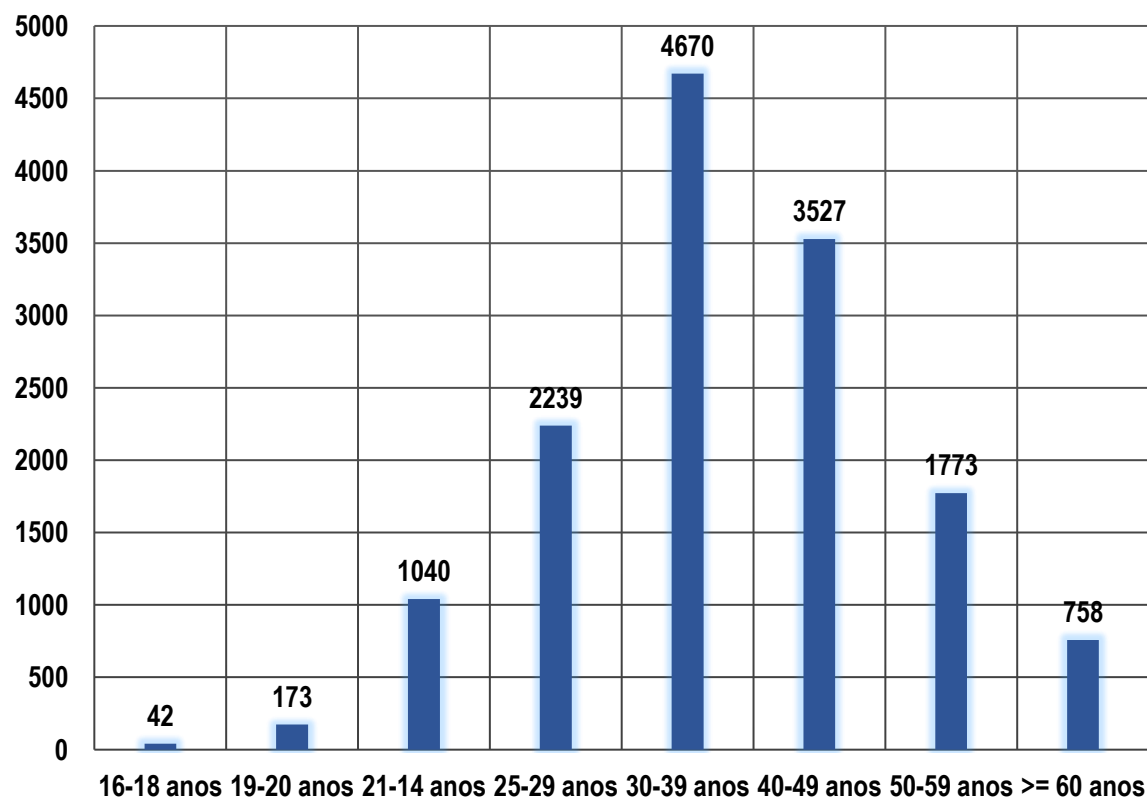
## Education distribution - 31/12/2015



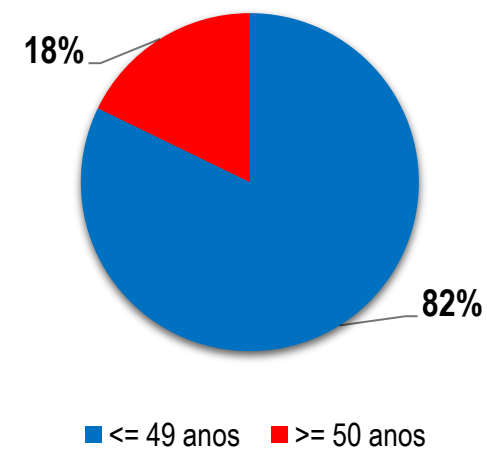
# Prison Population Characteristics

## Age distribution – 31/12/2015

Inmates by Age



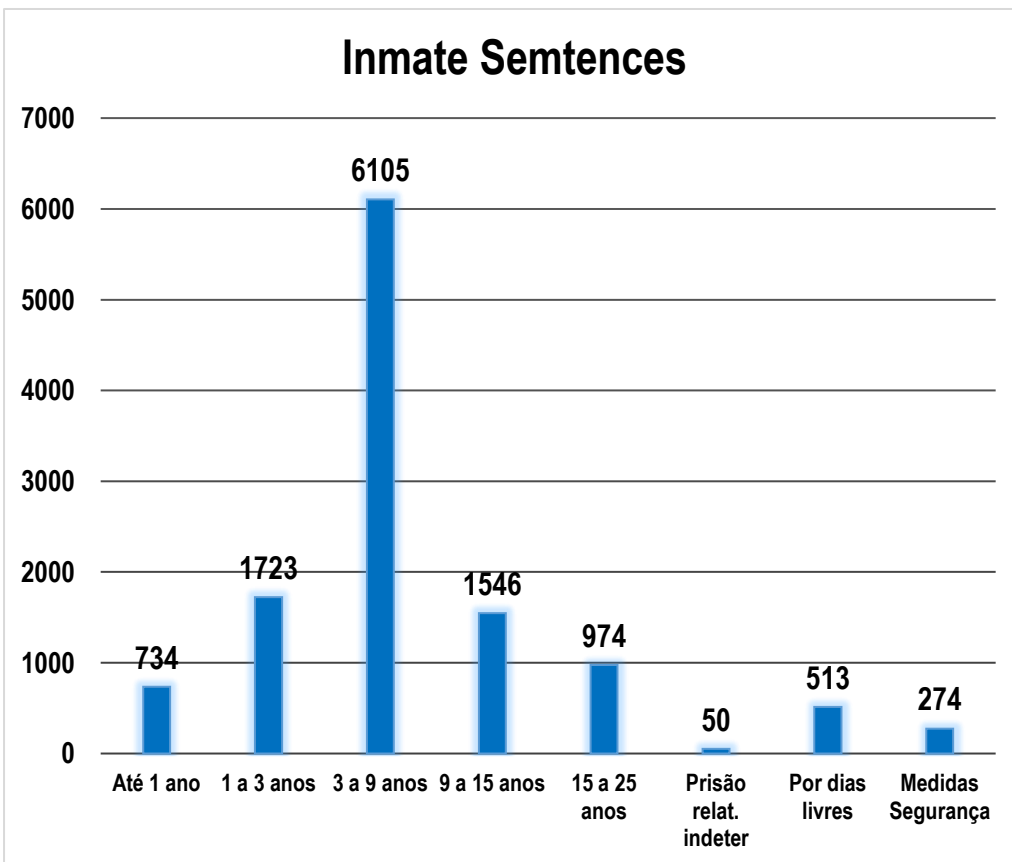
Inmates over 50 years



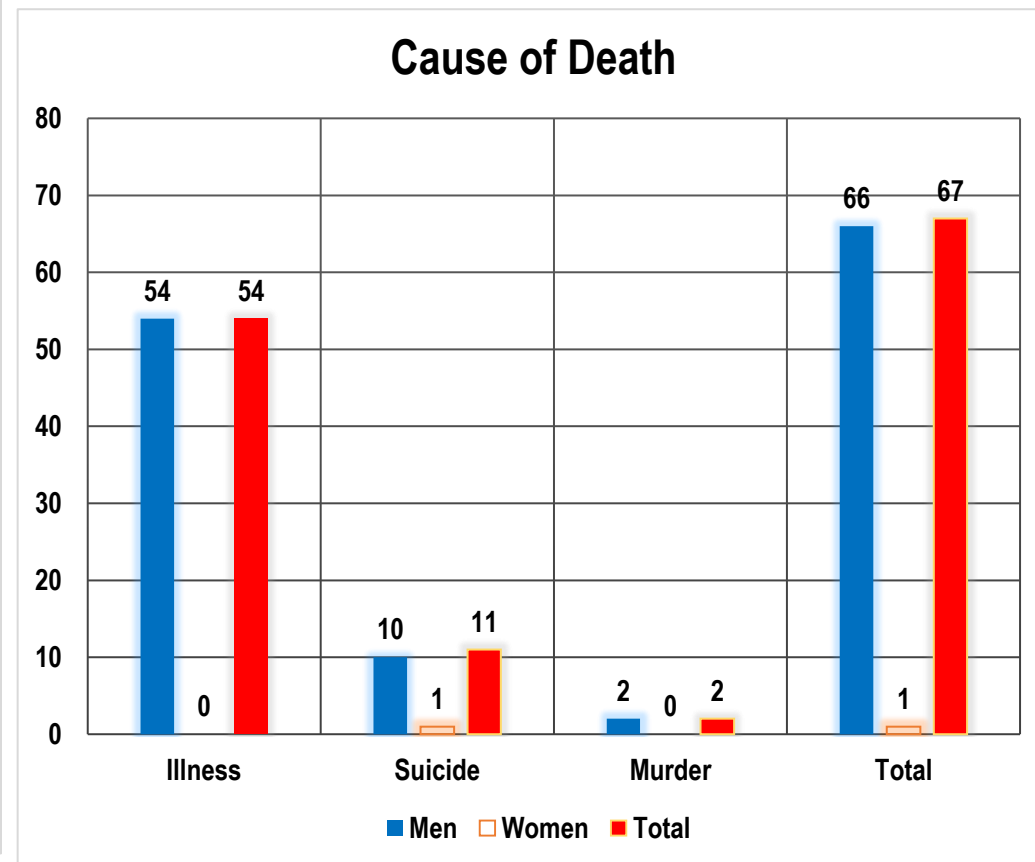
# Prison Population Characteristics

## Sentence and cause of death distribution - 31/12/2015

### Inmate Sentences

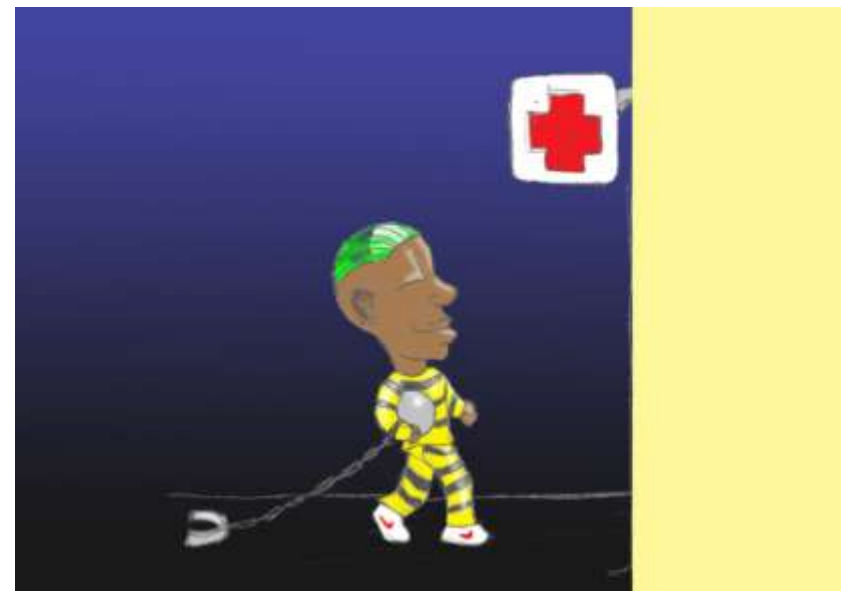


### Cause of Death



## Prison Population - Health Characteristics

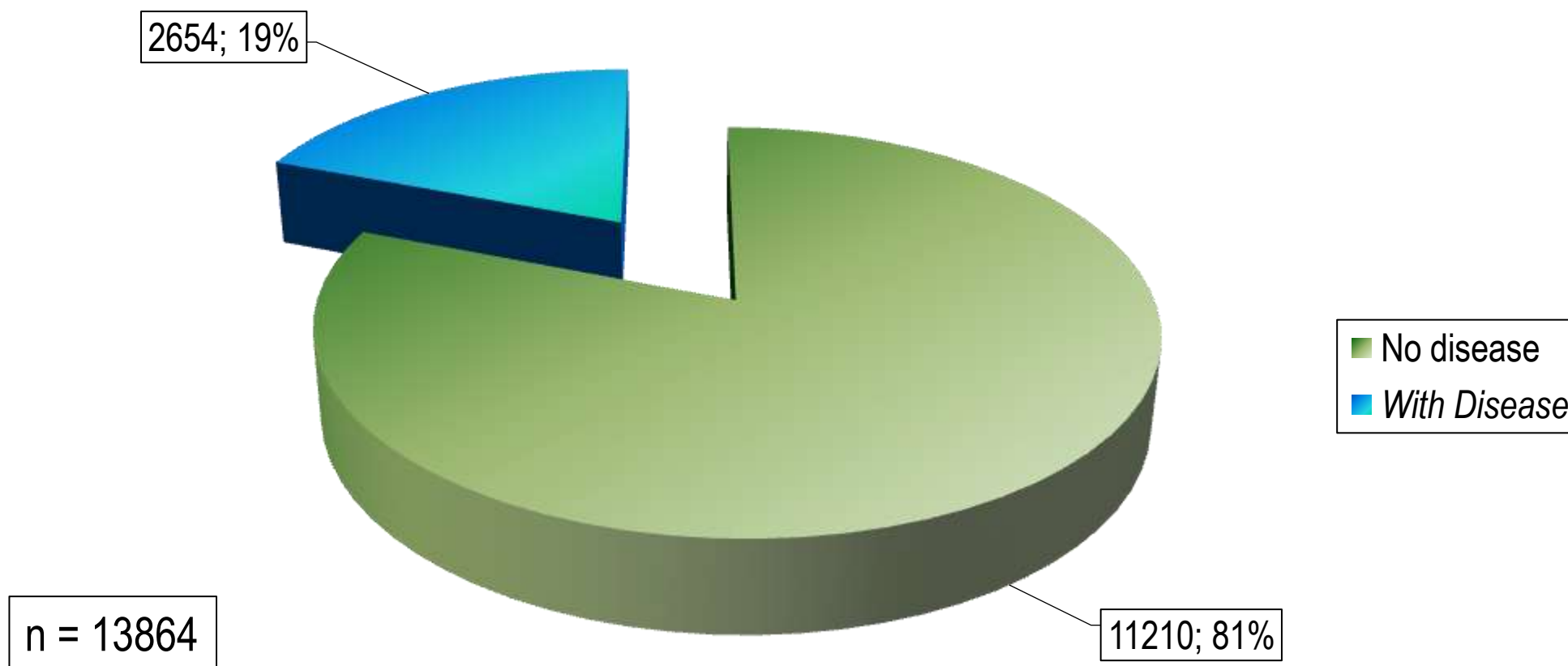
- Higher prevalence of infectious diseases, mental and other associated to drug abuse;
- Reduced contact with health care community services;
- An aging population increases the prevalence of chronic diseases particularly renal, neoplastic, cardiovascular and demential;
- Privation of liberty and the social and physical environment of the prison are pathogenic factors





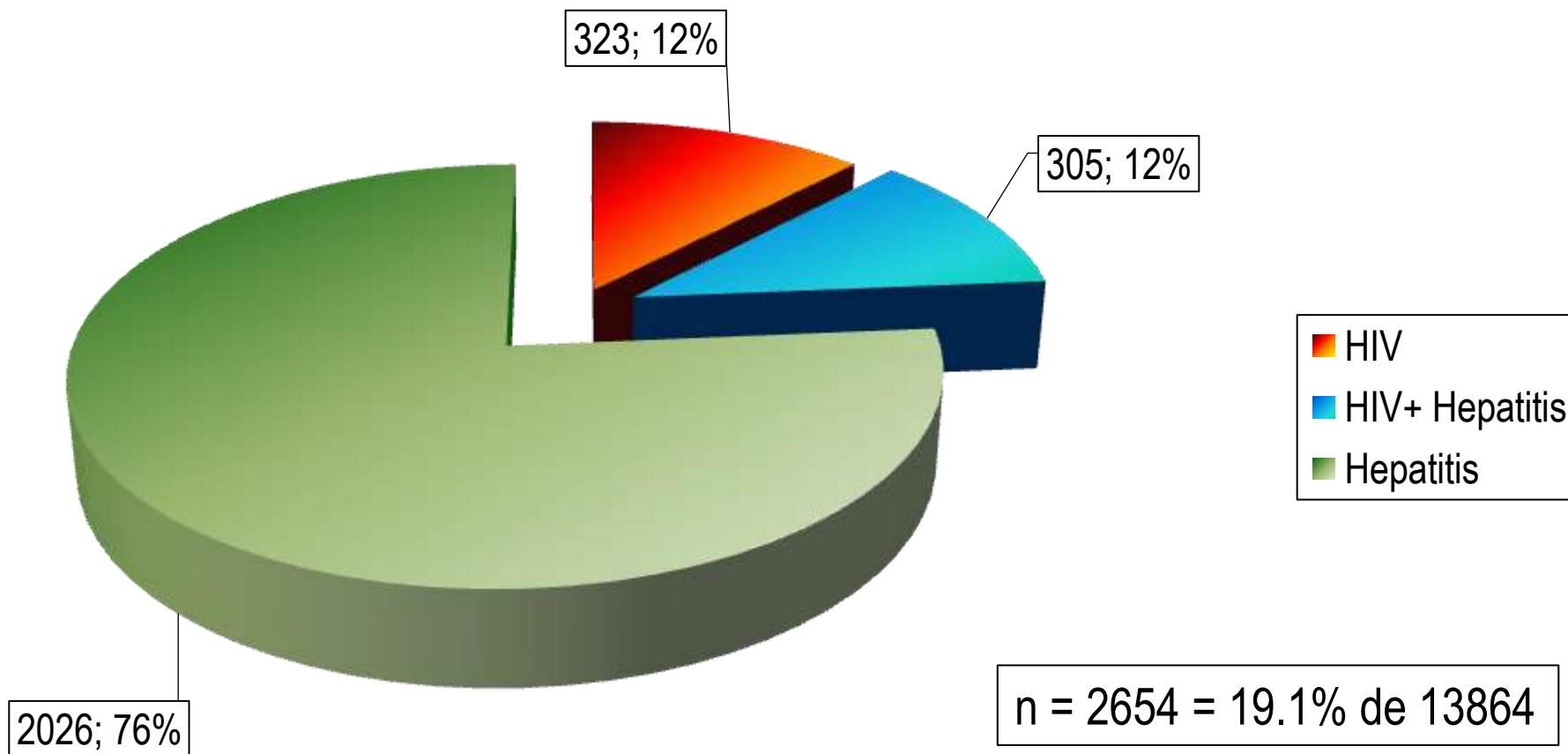
# Prison Population - Health Characteristics

## Viral Infectious diseases – 31/12/2014



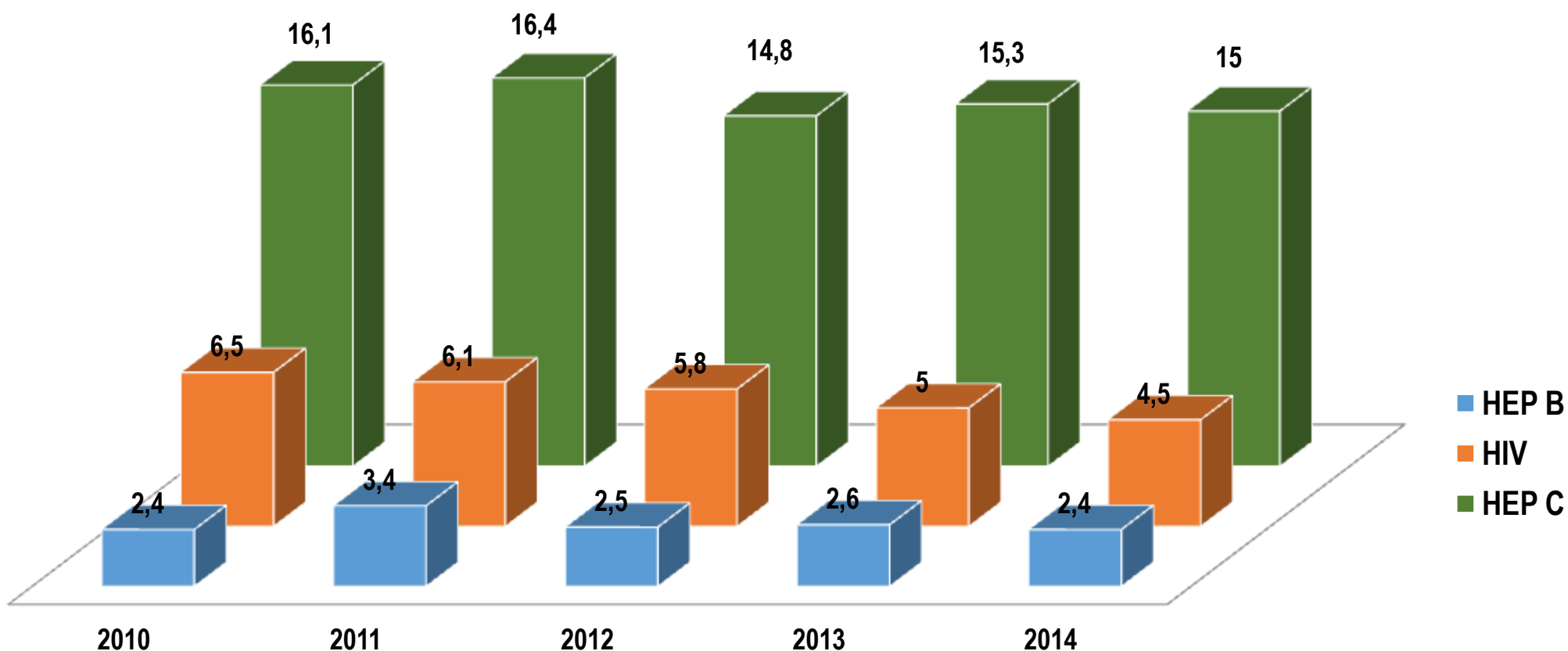
# Prison Population - Health Characteristics

## Viral Infectious diseases – 31/12/2014



# Prison Population - Health Characteristics

## Viral Infectious diseases – last five years prevalence



# Treatment Programmes for inmates with Addiction Related Problems

## Pharmacological programmes – available in all prisons

- Pharmacological programmes (agonists and antagonists) are available in all Prisons. There is a direct articulation between prisons and the structures of the Ministry of Health responsible for drug treatment for the civil society.
- This articulation ensures continuity of treatments started in the community and also ensures that the treatments started in prison are the provided after being released.
- In some Prisons, the technical responsibility of these programmes belongs to the prison health care staff, who decide the continuity of treatment started in freedom, as well as the proposals for new inmates to start de program.

# Treatment Programmes for inmates with Addiction Related Problems

Abstinence oriented programmes - drug free units - available in 6 prisons

- Available for inmates able to be treated on a community basis
- Voluntary request
- Drug use forbidden
- Absence of sever psychiatric disorders
- Motivation for a healthy life project
- Promotion of personal and society skills
- All steps have specific goals to be achieved and to be evaluated
- Duration of the Programme of DRUG FREE UNITS: 18 – 24 Months



# Human Resources

## ➤ **DGRSP**

- 17 Medical doctors
- 47 nurses
- 21 AAM
- 4 TDT

## ➤ **5 health professionals suppliers – 9 contracts**

- SG 24
- IAP
- Helped
- Talenter
- Radelfe

- 49 Prisons
- 48 Clinical Services
- 1 Hospital
- 2 Psychiatric clinics
- 3 Backup inpatient units



# Clinical Services

**Nurses and GP are available in all Portuguese prisons**

- Routine procedures
- Admission, periodic and under request evaluation
- Treatments
- Management and preparation daily medication
- TOD





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# The Portuguese Reintegration and Prison Service

*Continuity of Care*

# Law 115/2009

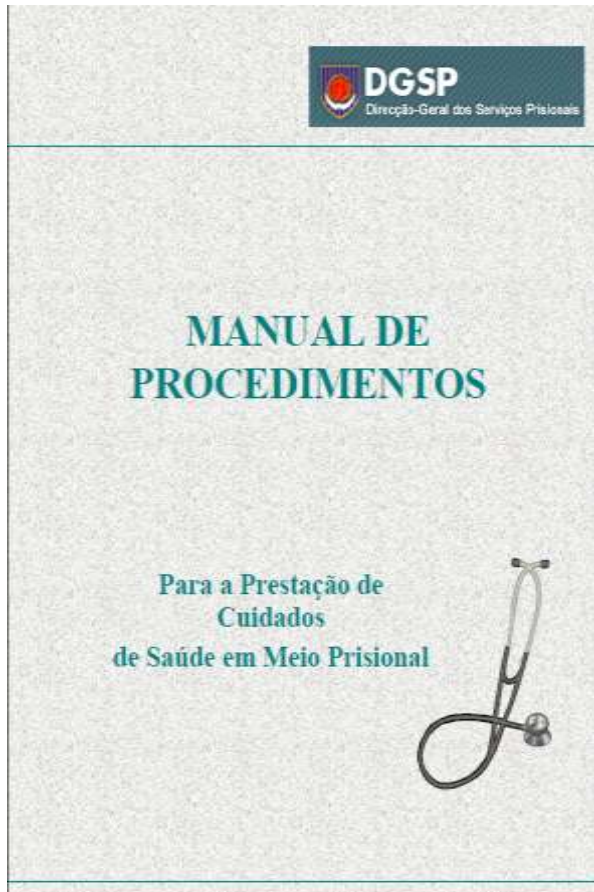
- Article 32 - 1 - ... is guaranteed to inmate access to health care in conditions of quality and continuity identical to those guaranteed to all citizens.
- Article 32 2 - The prisoner is, for all purposes, user of the National Health Service.
- Article 52 paragraph 3 - The prison situation does not relieve the relevant public entities providing social and economic support within their respective duties, particularly in terms of security and social action, employment, training, education and health

# Law 115/2009

- Article 3 ... The execution is impartial and can not harm ....., deprived of any right or exempt from any duty any prisoner
- .... As far as possible, avoid the harmful consequences of deprivation of liberty and approaches of the beneficial conditions of life in community
- Article 7. i) **rights of the prisoner - to have access to the National Health Service in conditions similar to those guaranteed to all citizens;**



# The Procedures Manual for Health Care Provision in Prison Environment

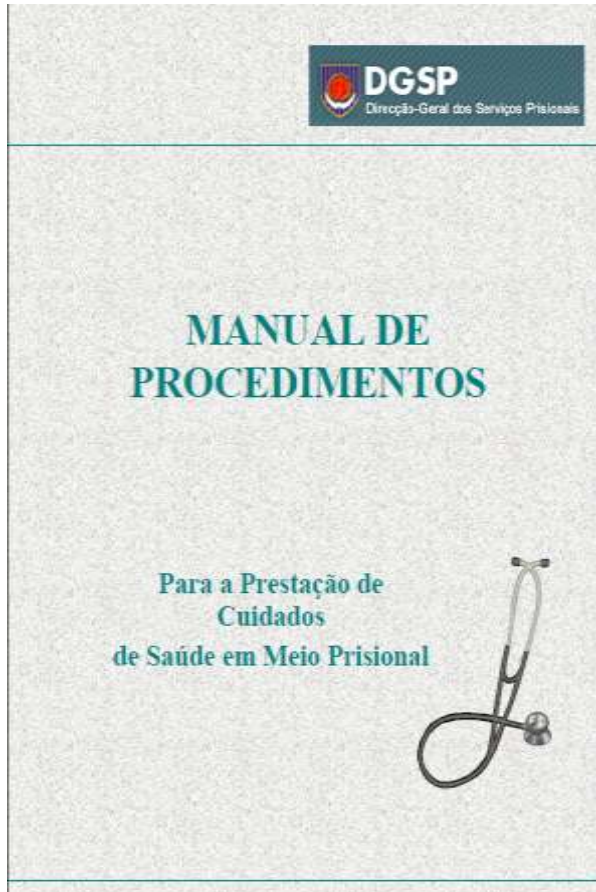


**Implemented in 2009** (Currently revising)

- Promotes the provision of uniform health care in different Prison Establishments;
- Define the rules and functional duties that all health professionals are obligated to



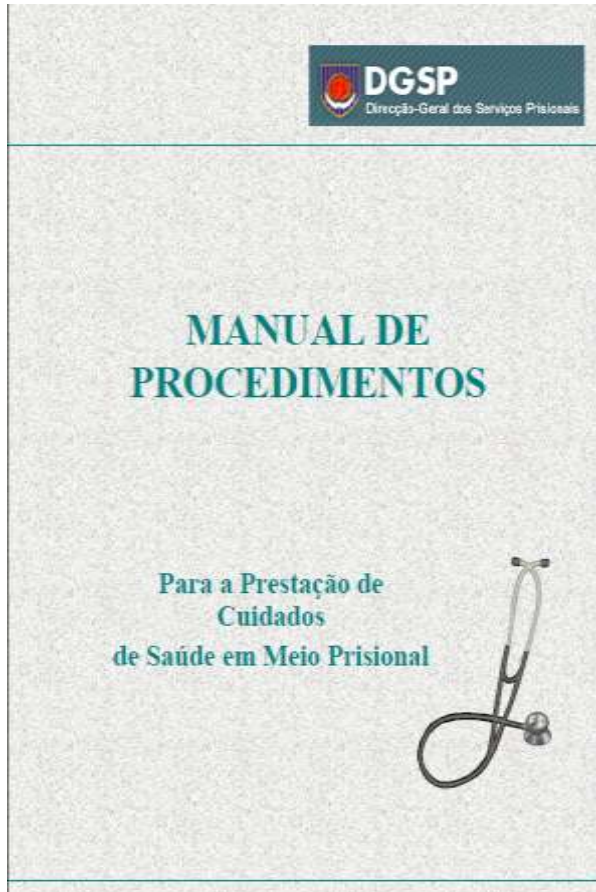
# The Procedures Manual for Health Care Provision in Prison Environment



- Sets minimum quality standards to be observed in the provision of health care to inmates,
  - efficiency criteria and rationalization of resources
  - It allows to assess and evaluate the performance and accountability of the Clinical Services and its professionals.



# The Procedures Manual for Health Care Provision in Prison Environment

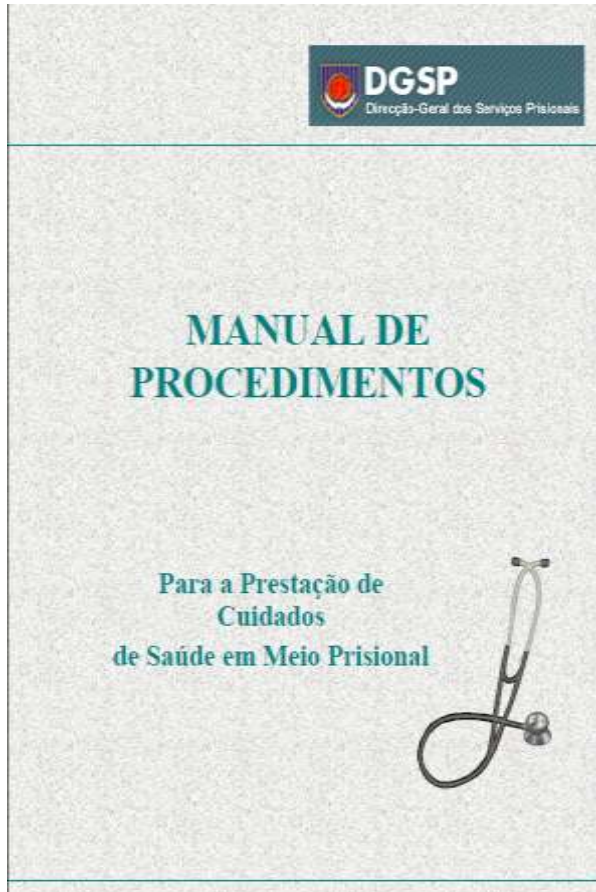


- **Allow standardize some procedures like**
  - Clinical File and records
  - Health care services available
  - Admission
  - Follow-up
  - Inpatient and out-patient care provided
  - Preparation of Liberty
  - Diet and therapeutic prescriptions
  - Health promotion activities





# The Procedures Manual for Health Care Provision in Prison Environment

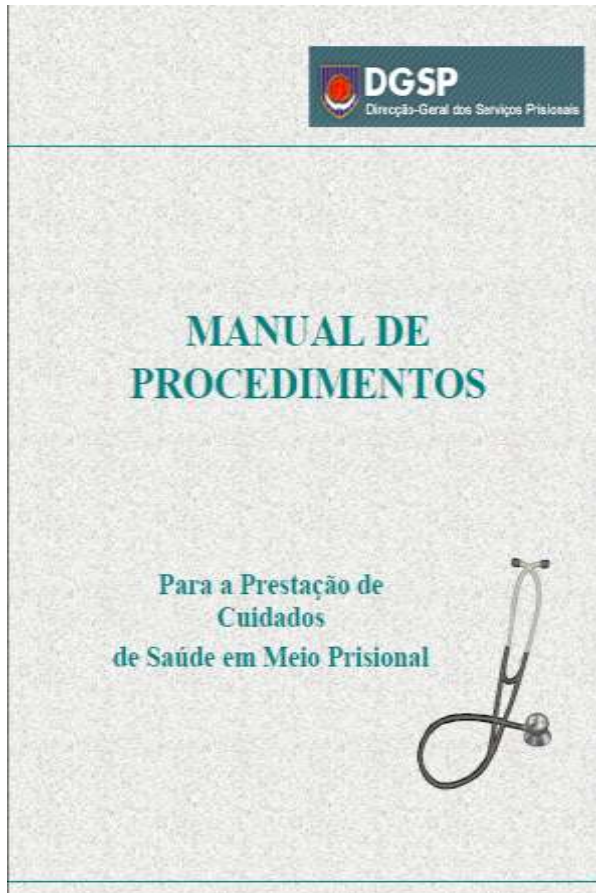


- Establishes which tests to be performed at the entrance and during detention allowing the systematic screening of many diseases

- HIV
- Hepatitis
- Tuberculosis
- Syphilis
- Diabetes
- High Blood Pressure
- Neoplastic Diseases



# The Procedures Manual for Health Care Provision in Prison Environment

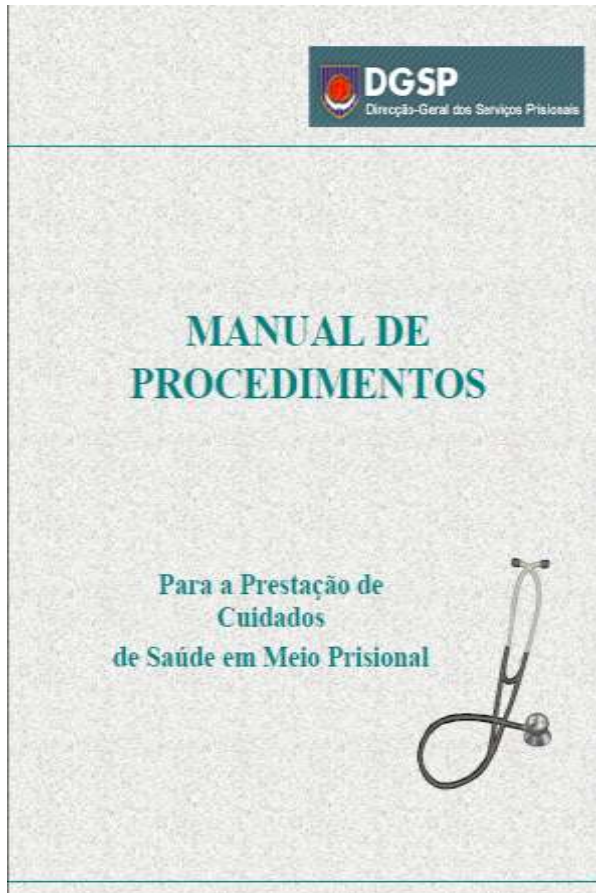


- Refers to the case of some infectious diseases, such as Hepatitis and HIV. Patients should preferably be oriented to referenced Hospitals in the NHS
- It also states that all the guidelines in place should be followed regarding the treatment if this treatment is carried out in the prison context





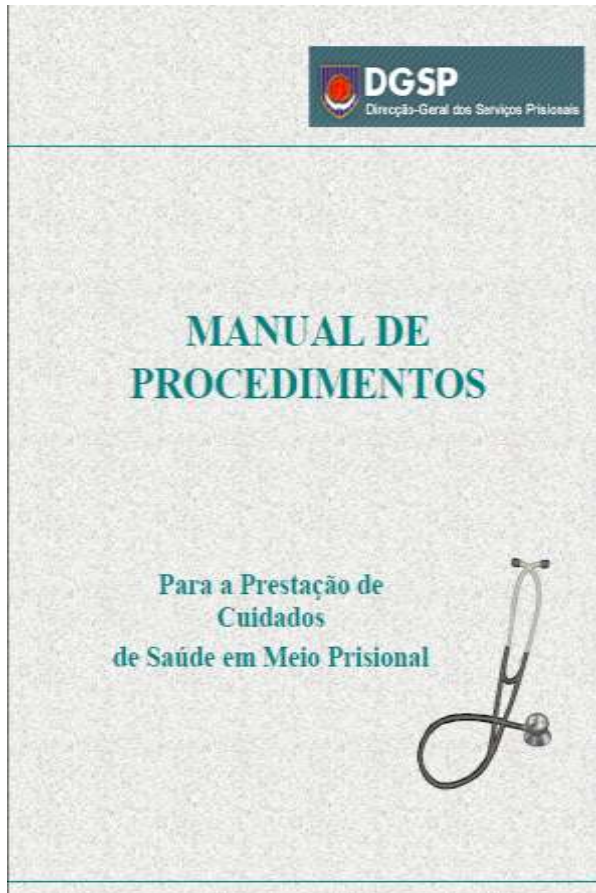
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- Refers that to promote the continuity of care when the inmate is released the Prison Clinical Services take some procedures



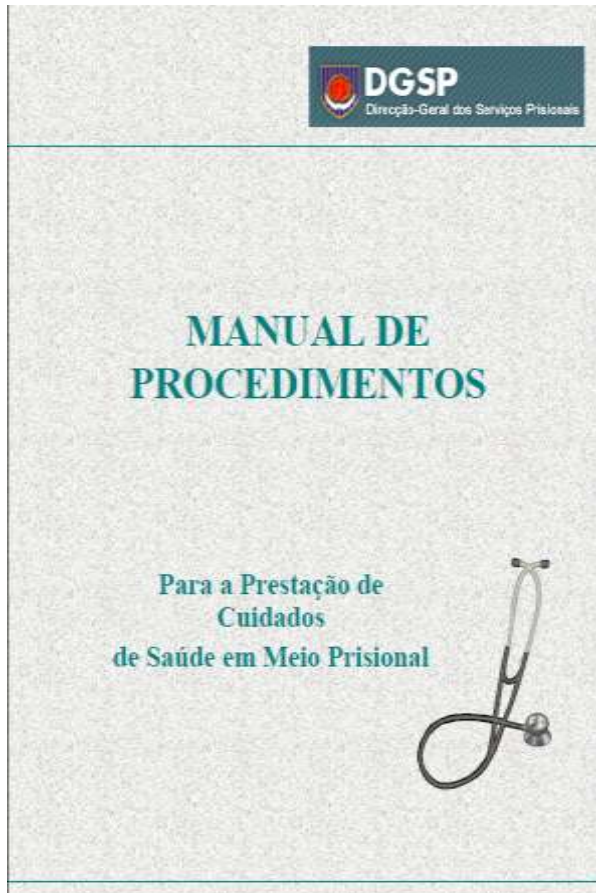
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- Prior to inmate release, the EP Clinical Services provide information and refer the inmate to health facilities that can continue its clinical monitoring
- If the inmate so requests, the Director of the EP can consent that it be given to him the clinical report with all the relevant information about their health problems and any treatment and prescribed medication , accompanied by complementary means of diagnosis



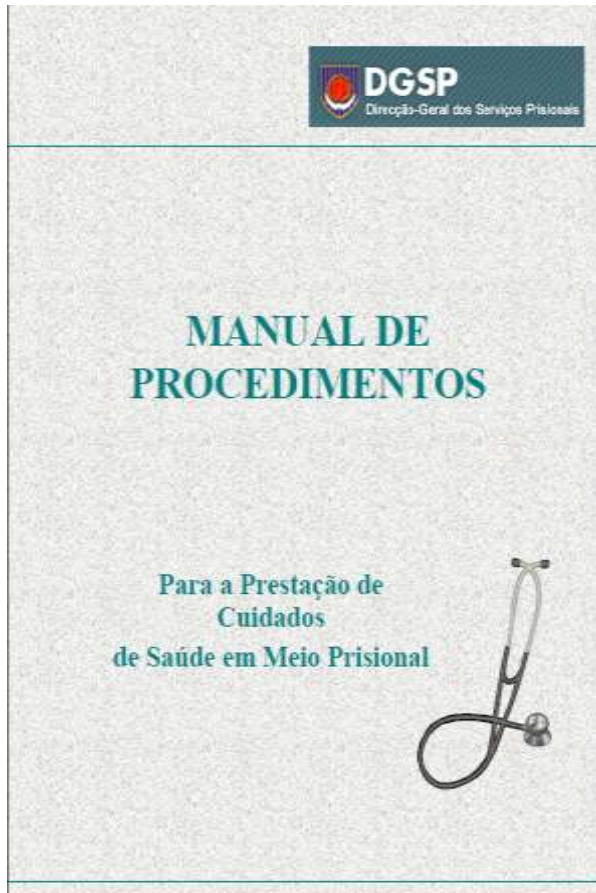
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- In order not to interrupt ongoing treatment , clinical services proceed as follows :
  - In the case of diseases requiring treatment without interruption of continuity, medication is prepared from eight days; relative to acute situations , the medication is prepared until the end of treatment (eg: antibiotic. ) and is given to the inmate
  - In addition to the referral of the inmate to the appropriate health valences , the EP Clinical Services shall proceed, upon request, to send medical report to the health unit responsible for follow-up.



# The Procedures Manual for Health Care Provision in Prison Environment



- It is important to prevent the inmate exit of the Prison without proper referral, particularly in that the release is immediate and there is no time for the prisoner's contact with the Clinical Services provided in the preceding paragraphs .  
**Thus, clinical services adopting the following :**
  - Sending clinical report to the health unit responsible for monitoring inmate;
  - Request to contact ESS with family or friends of the prisoner , making them aware of the need for monitoring and supporting the reclusive.





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***“THE DEGREE OF CIVILIZATION IN A SOCIETY CAN BE  
JUDGED BY ENTERING ITS PRISONS.”***

**DOSTOIEVSKI**

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Health Care Management Department

