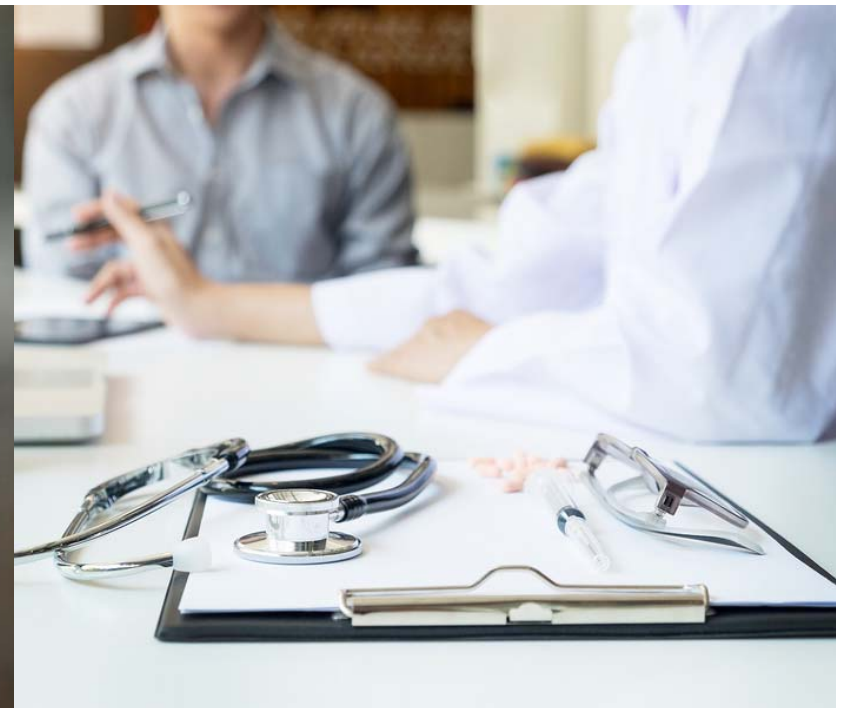


COMPETENCES FOR THE ORGANISATION OF HEALTH CARE, HEALTH PROMOTION, PREVENTION AND WELLBEING IN BELGIAN PRISONS



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- The external experts were consulted about a (preliminary) version of the scientific report. Their comments were discussed during meetings. They did not co-author the scientific report and did not necessarily agree with its content.
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ABBREVIATION

DEFINITION

CAW	Centrum Algemeen Welzijn
CMHC	Centre for mental healthcare
CRP	Central registration point
FPS	Federal Public Service
HIV	Human Immunodeficiency Virus
NIHDI	National Institute for Health and Disability Insurance
OCMW	Openbaar Centrum voor Maatschappelijk Welzijn
PMD	Planningsteam Maatschappelijke Dienstverlening
PSSJ	Psycho-social Service of Justice
SJC	Services Justicial care
TANDEM	Toeleiding en Aanmelding Na Detentie En Meer
TBC	Tuberculosis
VAPH	Vlaams Agentschap voor Personen met een Handicap



■ SCIENTIFIC REPORT

1 INTRODUCTION

Health care in Belgian prisons is the common responsibility of different players. The **organisation and financing of health care provision in prisons** is primarily a Federal competence. The penitentiary Central Medical Service, today still a part of the department of justice, is responsible for the organization, management, supply and supervision of healthcare in prisons. The Communities are competent for the organisation of **services of wellbeing, preventive health care, health promotion, social and professional reintegration, education, culture and sports in prisons**. Due to the sixth State Reform several competences of the Federal State, that might be important for the organisation of health care in prisons and the (after)care for ex-prisoners with particular (mental) health problems have been transferred to the defederated entities.^a In several domains, the homogenisation of scattered competences between the federal State and the defederated entities^b was the goal of the State reform.

Due to the 6th State reform, the Communities have now become exclusively competent for the **prevention policy** (tobacco, drug addiction, environmental health, food and health plan). Yet, if prevention actions necessitate an intervention of healthcare professionals (e.g. screening or vaccination), the honoraria can be paid by the NIHDI. Furthermore, a protocol agreement related to prevention (2016), defines several domains where collaboration between the different defederated entities and/or the defederated entities and the federal government should take place.^c The Communities are held to elaborate an active prevention policy related to alcohol and drugs in prisons, included diagnostics and motivation to stop (cfr. 0). With regard to screening, the protocol agreement foresees that the

^a Bijzondere wet van 6 januari 2014 betreffende de zesde staatshervorming, B.S. 31 januari 2014 Staatshervorming http://www.legalworld.be/legalworld/uploadedFiles/Config/Home_Page/NewGov/ArtikelStaatshervorming%20joos_lang.pdf?LangType=2067

^b In Belgium, the defederated entities consist of 3 regions (Flanders, Brussels and Wallonia) and 3 communities (Flemish Community, German speaking

Community and the Fédération Wallonie-Bruxelles (former French Community).

^c Protocolakkoord van 21 maart 2016 tussen de Federale Overheid en de overheden bedoeld in artikel 128, 130 en 135 van de Grondwet inzake preventie, B.S. 16 December 2016



federal state and the defederated entities should assess together how active screening of prisoners for TBC can be organised in an efficient way.^d

It should also be noted that for prevention and health promotion related matters during detention and the preparation of care in the period after detention, individual health care providers and the different services governed by the Communities have a shared responsibility. In that scope, the Law of Principles explicitly foresees that care providers of the health care services in prisons are presumed to contribute to prevention and health promotion.^e For physicians this is also a deontological obligation. Yet, given the workload and the current understaffing of health care providers in prisons, the Communities have an important role to complement this task.

Due to the sixth state reform, the governance of the facilities for elderly, the psychiatric facilities (the psychiatric care houses and the initiatives '*beschut wonen*'), the concertation platforms mental health care, revalidation facilities and the organisation of first line care (including the organisation of after-hours for first line care) was also allocated to the defederated entities. The psychiatric hospitals and the sections psychiatry in general hospitals remain under the responsibility of the federal government. Internees can reside in the following institutions defined in the law of 5 May 2014^f:

- a department psychiatry of a prison
- an institution or department protection of society (*bescherming van de maatschappij*) organised by the federal government
- A forensic psychiatric center organised by the federal government

- An institution, appropriate to provide care to the internee, organised by a private institution, a Community or Region or a local government and accredited by the competent authority. A collaboration agreement needs to be established between one or more institutions and the Minister of Justice and the Minister competent for the policy of care provision in the institutions. In this agreement the minimum amount of internees that can be hosted, the profiles of the internees and the procedure for hosting need to be defined.

Another important transfer concerns the organisation, operation and the execution of the tasks of the justice houses and the services that organise the operationalisation and follow-up of the electronic surveillance system.^g The federal government remains competent for the definition of tasks of the houses of justice or the other services of the Communities that are charged with the operationalisation of court rulings (e.g. determining when a person needs to be submitted to control of which conditions should be fulfilled, such as training and education, assistance or (medical) treatment).^h Yet, the tasks of the houses of Justice can only be redefined after an obligatory concertation between the Federal government and the Communities.ⁱ Currently the houses of Justice are a.o. charged with the judicial supervision and monitoring of offenders imposed by the judicial and / or administrative authorities, aimed at preventing recidivism. The transfer of the tasks of the houses of justice may allow a better alignment with tasks that are already provided by the assistance and care services in the Communities. The mandate of the Flemish care services with regard to the support of detainees after dismissal and the prevention of recidivism seem to overlap with the competences of the houses of Justice, for instance the preparation of reclassification, reception of detainees and crisis intervention to limit

^d Chapter 3 Protocolakkoord van 21 maart 2016 tussen de Federale Overheid en de overheden bedoeld in artikel 128, 130 en 135 van de Grondwet inzake preventie, B.S. 16 December 2016, p. 19

^e Art. 87, 1°-2° Basiswet van 12 januari 2005 betreffende het gevangeniswezen en de rechtspositie van de gedetineerden, B.S. 1 Februari 2005

^f Art. 3 Wet van 5 mei 2014 betreffende de internering van personen, B.S. 9 juli 2014

^g See the websites here: <http://www.maisonsdejustice.be/>; <https://www.justitiehuisen.be/>

^h Art. 5, §1, III, Bijzondere wet tot hervorming der instellingen van 8 augustus 1980, B.S. 15 augustus 1980

ⁱ Art. 6, §3 bis, 4° Bijzondere wet tot hervorming der instellingen van 8 augustus 1980



detention damage, for which both the psychosocial service of Justice and the trajectory coordinators of the Centra Algemeen Welzijn (CAW) are competent. Therefore an integration of services of care and assistance services and the activities of the houses of Justice is one of the targets of the Flemish Strategic Plan 2015-2020 (see 2.1.).

With regard to the **management of the electronic surveillance**, a collaboration agreement was established between the Communities.^j Electronic surveillance can apply for persons in temporary custody as well as condemned persons that partly or entirely serve their sentence. Since 2015 there are two centres for electronic surveillance (1 for the Flemish Community and 1 for the Fédération Wallonie-Bruxelles; the German Community has bilateral agreements with 1 of both Communities). There is a common contract between the Communities for the material (ankle bands, boxes etc.) and for the data program Siset.

In the next sections, the particularities of the policy and the services related to prevention, health promotion and wellbeing in the different Communities will be focussed on. The practical consequence of the (increasing) defederalisation is that the implementation of policies and the services related to health promotion, prevention and wellbeing care and assistance in prisons differ significantly according to the defederated entity the prison depends upon. The Flemish Community is competent for prisons in Flanders and (for activities in Dutch) in prisons in Brussels. The Federation Wallonie-Bruxelles (former French Community) transferred the exercising of the competence for care and assistance (for prisoners) to the Walloon region and for (activities in French) Brussels to the French Community Commission.^k For prisons in Brussels, the Joint Community Commission is competent for bilingual activities/ care and assistance services for prisoners.

As many local 'good practice initiatives' complement the services governed by the defederated entities in several prisons, it is impossible to give an exhaustive overview of all available services. The services offering aid and assistance to relatives of prisoners are not included in this section. Furthermore, solely services related to health in a strict sense will be focused on; facilities offering services related to social and professional reintegration, education, culture and sports are out of scope.

^j Samenwerkingsakkoord of 10 December 2014 tussen de Vlaamse Gemeenschap, de Franse Gemeenschap en de Duitstalige Gemeenschap betreffende het beheer van het elektronisch toezicht, B.S. 2 maart 2015

^k Bijzonder decreet van 3 april 2014 betreffende de bevoegdheden van de Franse Gemeenschap waarvan de uitoefening naar het Waalse Gewest en de Franse Gemeenschapscommissie wordt overgedragen, artikel 3, 7°, e)



2 POLICY RELATED TO HEALTH PROMOTION, PREVENTION AND WELLBEING IN THE FLEMISH COMMUNITY

2.1 Strategic Plan help and assistance to prisoners

In 2000, a collaboration agreement on the organisation and the offer of services for the wellbeing of detainees has been signed by the Minister of Justice and the Flemish Community: The “Strategic plan help and assistance for prisoners” (Strategisch Plan Hulp- en Dienstverlening aan Gedetineerden). This so-called help and assistance to prisoners relates to different fields, such as education, culture, work, sports, healthcare, wellbeing, etc. One of the primary ambitions of the plan was to improve continuity of care and to enhance a seamless transition from the prison to the outside world. Therefore specific coordination- and support mechanisms needed to be created at a local as well as on a supra local level.

The Plan was formalised in a 2013 Decree on the organisation of care and assistance to detainees that foresees that 1 strategic plan/legislature should be elaborated by a mixed Commission (gemengde commissie) composed of representatives of the Flemish relevant competent domains and representatives of the ‘middenveld’.^l The Decree formulates specific targets and tasks that are to be concretised in the strategic plan.^m

In the 2012 statutory advise of the Strategische Adviesraad Welzijn, Gezondheid en Gezin (SAR), it was stressed that the targets could only be established if the means and in particular the necessary manpower is

aligned to the number of prisoners.ⁿ If budgetary means are too short to realise all targets at once, the SAR explicitly asked for a prioritisation (e.g. setting priority groups for care and assistance, focus on the health needs or the crime committed and risk for recidivism?....). In this it seems important to align this prioritisation in the services offered by the Communities with the Federal instances.

In the **strategic plan 2015-2020** the following targets related to healthcare are listed^o:

- The mixed Commission will have a clear view on the profile of the entire population of inmates in order to align the care and assistance services to the needs of the weakest target population → 2019
- Care and assistance services will be aligned to the activities of the houses of Justice to enable an integrated offer of services during as well as after imprisonment → 2018
- The services of the Flemish Agency for disabled persons (Vlaams Agentschap voor Personen met een Handicap) within prisons is better aligned with care offer of other professional actors → 2017.
- The services of the Flemish Agency for disabled persons in prisons will be extended to handicapped inmates and not limited to internees and their social network → 2020.
- The Centers for mental health care will increase their capacity based on the local needs and possibilities in each prison → 2017
- The offer of care and assistance services is integrated in the trajectory of care circuits for internees with a focus on the transfer to appropriate residential or ambulant care → 2020.

^l Decreet van 8 maart 2013 related to the organisation of care and assistance to detainees, B.S. 11 April 2013

^m Art. 5 Decreet 8 maart 2013

ⁿ Strategisch Adviesraad Welzijn, Gezondheid en Gezin, Advies over de organisatie van de hulp- en dienstverlening aan gedetineerden, 4 juli 2012 nr. 20120704

^o Strategisch Plan Hulp-en Dienstverlening aan Gedetineerden 2015-2020 https://www.departementwvg.be/sites/default/files/media/documenten/strap_gedetineerden_2015_2020_definitief.pdf



- The policy coordinators assess the requirements for a successful approach for the addiction problems in prisons and elaborate a local action plan → End of 2016
- The Flemish Administration (departement WVG en agentschap Zorg en Gezondheid) elaborates a framework for an integrated policy for drugs/addiction problems for inmates → End of 2017.
- Participation of inmates to the organisation, elaboration and diffusion of information on care and assistance services in prisons → 2020

At the prison level, the action plans of the strategic plan need to be translated to the local context by a **policy team** composed of the representatives of the care organisations active in the prison and prison direction.^p A **coordination team** is charged with the implementation of the action plan.^q

Within the prisons, several **central key functions** ensure the coordination and collaboration of the different services:

- **Policy coordinator** (beleidscoördinator; 1/prison) are representatives of the Flemish Community that:
 - o are the link between the prison direction and the different care services offered by the Flemish Community
 - o coordinate the different care initiatives and care actors (wellbeing, preventive health care, education, culture sports).
 - o negotiate with the prison direction on the necessary care offer in relation to the penitentiary context.

- **Organisation support** (organisatieondersteuner) are collaborators of the CAW (Dienst Justitieel Welzijnswerk) that:
 - o are responsible for the practical organisation of care in prisons, e.g. announcing activities, logistics,...
- **Trajectory coordinators** (trajectbegeleider) are collaborators of CAW that:
 - o assist individual prisoners in their search for care and motivate them to participate in appropriate offer of care.
 - o follow and evaluate the care trajectory of the prisoner and can help with the reclassification

The overall coordination of the different services offered in prisons is the task of the “**Planningsteam Maatschappelijke Dienstverlening**” (PMD). The PMD is presided by the policy coordinator. Other members of the PMD are the coordinator of the help-and assistance services, a representative of the trajectory coordinators, a representative of the following sectors: assistance (CAW, Mental health care, OCMW, Kind en Gezin, Care for disabled persons...), training and employment, education, culture and sports.

^p Art. 6 Besluit van 13 december 2013 van de Vlaamse Regering tot uitvoering van hoofdstuk 3 van het decreet van 8 maart 2013 betreffende de organisatie van hulp- en dienstverlening aan gedetineerden, B.S. 16 januari 2014

^q Art. 8-11 Decreet 8 Maart 2013 + art. 8 Besluit van 13 December 2013 tot uitvoering van het Decreet van 8 maart 2013



3 INSTANCES OFFERING SERVICES RELATED TO HEALTH PROMOTION, PREVENTION AND WELLBEING IN THE FLEMISH COMMUNITY

3.1 Instances offering overall psycho-social assistance

Different types of instances offer an overall psycho-social help to prisoners (from take-in to the period after detention). **Services Justicial care** (diensten Justitieel Welzijnswerk - SJC) within the Centra voor Algemeen Welzijn (CAW) are active in the distribution of information and advice on social and psychosocial issues. Individual (e.g. individual psychological assistance, visits of volunteers...) as well as groups activities are organised. The Services Justicial Care have no link with Justice and work on a voluntary basis, which implies that prisoners ask for or agree with the services offered. The **psycho-social services Justice (PSSJ)** in prison follow-up prisoners in the scope of the prisoner's re-integration plan. The PSSJ have the role to advice the instances that decide on the modalities of (temporary) leave and are linked to the department of justice. Both the SJC and the PSSJ verify if there was already a (mental) care trajectory before detention and if this can be continued during and if necessary after detention. Furthermore, they can also refer prisoners to more specialised services (care for disabled people, mental health care etc.).

3.2 Instances offering care in a specific domain

The **Centres for Mental Healthcare (CMHC)** offer programs to detainees with mental problems. The CMHC annually offer help to more than 4500 patients with a judiciary statute. Most of them are prisoners (1300 patients per year) and patients (mostly treated for drug-related problems) submitted to alternative judicial measures (2000 patients per year).^r A third category of patients are non-prisoners treated for sexual delinquency. **Kind en Gezin** takes care of mothers in prison and their children. The **Vlaams Agentschap voor Personen met een Handicap (VAPH)** subsidises projects for inmates with a mental disorder in the prisons of Gent, Merksplas and Antwerp.

3.3 Screening for contagious diseases in prison

In Flanders and Brussels, screening for TBC initiatives are implemented in prisons in collaboration with the "Vlaamse vereniging voor respiratoire gezondheidszorg en tuberculosebestrijding".^s There is no systematic screening for Hepatitis C or HIV in all prisons. Yet, there are information campaigns to make drugs users aware of the risk for hepatitis C. For the prevention of sexually transmittable diseases, prisoners can get free condoms from the medical service in prisons. Furthermore, several programs related to health promotion in prisons stimulate a healthy lifestyle, dental hygiene or participation to sports activities.

^r Template ter beschrijving van de module "aanmelding en toeleiding van gedetineerden met een geestelijk gezondheidsprobleem naar de gepaste zorg en hulpverlening na detentie", https://www.popovggz.be/?action=nieuws_detail&nieuws=700&titel=Template+%22Aanmelding+e+n+toeleiding+na+detentie%22+ingediend&thema=

^s http://www.vrgt.be/tuberculose/informatie_voor_professionelen/risicogroepen/gedetineerden



3.4 Drugs policy and drugs programs

Since 2006 each prison is held to initiate a local steering group 'drugs', in collaboration with external care providers and under the responsibility of the prison direction and the chief physician. Two drug coordinators, appointed by the FPS Justice are responsible for the coordination between the prisons and external drug related help. They are also charged with coordination at a national level. The reflection group 'zorg en detentie' reports a stagnating and even lacking drug policy in prisons. The steering groups hardly meet and since 2013 the job time of the drug coordinators has been decreased.^t

Therefore, in Flanders drug policy is one of the major points of attention in the latest strategic action plan (cfr. 2.1). The transfer of the financing of specialised facilities for addiction problems and of the Houses of Justice to the Communities should enable a more integrated approach for resocialisation of prisoners. In 2014 a multidisciplinary working group already formulated policy recommendations for the reintegration of problematic drugs addicts during and after detention.^u

Current **drugs programs** in prisons focus on prevention, limitation of harm, care and safety. Yet, the offer of services is scattered and continuity of care and the seamless transition to outdoor care is often lacking.

3.4.1 Substitution treatment

Prison physicians can prescribe a substitution treatment with methadon or Subutex® for heroin addicts. These pharmaceuticals decrease the cold turkey and the craving for drugs. The offer of these medication programs is very scattered and several prisons solely provide the pharmaceuticals as substitution therapy and not as long term treatment.^v

3.4.2 Harm reduction Interventions

Drugs use is a major risk factor for the contamination with infectious diseases. Vaccines for tuberculosis or hepatitis are in some prisons pro-actively available, in others only on demand of the prisoners. As mentioned before, the protocol agreement foresees that the federal state and the defederated entities should assess together how active screening of prisoners for TBC can be organised in an efficient way. Other harm reducing interventions are injecting equipment programs, antiretroviral therapies...but these measures are hardly available in Belgian prisons.^w

3.4.3 Program 'B.Leave' in Ruiselede

Since 1995, the penitentiary "landbouwcentrum" in Ruiselede organises the 'B.Leave-programma'. Prisoners condemned for drugs related facts and addicted to drugs or having drug related problems can participate in the program. The aim of the program is to live a drug free life. Hereto participants are assisted with therapy and learn how to develop personal, social and other relevant skills. A strict daily structure of obligatory work and activities in their free time is imposed to prevent relapse. Prisoners also have to pass drug control before being admitted for the program.

^t Reflectiegroep 'zorg en gezondheid', Naar een volwaardige gezondheidszorg voor gedetineerden en geïnterneerden in België, 25 juli 2014

^u See the recommendations here:
<http://www.dekiem.be/documents/tekst/aanbevelingen%20werkgroep%20re-integratie>

^v Van Malderen, S. 2012. Drugs in gevangenissen: een blik op het penitentiair drugsbeleid (powerpoint presentatie) <http://www.dekiem.be/documents/tekst/PL4Vanmalderen.pdf>

^w Michel, L., Lions, C., Van Malderen, S., Schiltz, J., Vanderplasschen, W., Holm, K. et al. (2015). Insufficient access to harm reduction measures in prisons in 5 countries (PRIDE Europe): a shared European public health concern. BMC Public Health, 15 (1), 1093



3.4.4 Drug free wings in Bruges and Hasselt

The prison of Bruges has a drug free wing 'D-side' enabling 20 male prisoners to live a drug free life and to be separated from other inmates to avoid contact with drugs. The set-up of a daily structure, obligatory work, therapy, developing social skills... is similar to the B leave program. The Prison of Hasselt started a similar a drug free section for male prisoners in 2015.

3.4.5 Central Registration Points (CRPs)

The Central Registration Points (CRPs) started in 2000 as a pilot project in the prison of Antwerp because it was too difficult to organise ambulatory or residential assistance of addicts in prisons. Prisoners also experienced difficulties in linking with treatment/assistance services at the time of and after release. Since 2011, CRPs are organised in all prisons in Flanders, Brussels (Le Prisme) and Wallonia (Step by Step). In Flanders, the CRPs are an official program organised by the Vlaamse Vereniging Behandelingscentra Verslaafdenzorg and financed (till 2016) by the FPS Justice. The CRPs engage in continuity of care and support between prison and the community. CRP staff members are treatment providers who perform a liaison function between the prison and substance abuse treatment outside prison. They support prisoners with a drugs use problem in finding adequate treatment after detention.

Specialised teams staffed with 4 full time equivalents from the local treatment services, come at fixed times to prisons and try through individual conversations to:

- introduce and inform on the existing help related to drug problems,
- assess the prisoner's problem and trying to motivate them to go for help
- organise the referral of the prisoner to the most appropriate help

In the Belspo study on process and outcome of prison-based registration points^x, commissioned by the FPS Justice, the CRPs were positively evaluated by all actors involved (Justice, Wellbeing and drug help services, clients). Help-and assistance services focus on the good collaboration with the CRP professionals, clients report that they have the feeling to be motivated and supported and the professional actors of the justice department stress the client-centred approach of the CRP professionals, their independent role and professional secret. Points of attention are the long waiting times for an intake (sometimes clients were already released) and the poor coverage of non-native speakers.

With the "Communautarisation" of drug abuse treatment services, the CRPs were not transferred to the competencies of the Communities. Yet, due to a negative advice of the inspector of Budget (that contests the competence of the FPS Justice for these CRPs) the FPS Justice decided to no longer finance the CRPs. The activities of the CRPs were therefore ended on 1 May 2016 due to a lack of funding. A redefinition of the CRP model was introduced to the Flemish government in February 2017. Instead of a single focus on drug addicted prisoners, the services of the CRPs, that will be renamed "TANDEM" (Toeleiding en Aanmelding Na Detentie En Meer) will be open to all prisoners with a mental health problem.^y The idea is to align the content and the organisation of the CRPs to the competences of the Flemish Community related to prisoners, the federal and Community policy on mental health care and the federal penitentiary policy. As such, the CRPs in Flanders will have to reach a broader population with the same budget. To come forward to the current problem of long waiting times, it is foreseen that the existing services in prisons (e.g. the psychosocial services of the prison and the Services Justicial care) will make a pre-selection of the prisoners' submissions and where possible already refer to other services (e.g. a simple referral of a mentoring process, that can be continued after the detention period). The "Overlegplatforms Geestelijke Gezondheid" will elaborate and coordinate this.

^x See the full study here:
http://www.belspo.be/belspo/organisation/Publ/pub_ostc/Drug/DR70rapp.pdf

^y Een nieuwe CAP in de startblokken, Driemaandelijks tijdschrift van De Kiem VZW – Jaargang 25 Nr. 1 Januari, Februari, Maart 2017
<http://www.dekiem.be/documents/tijdschrift/2017DeKiem1>

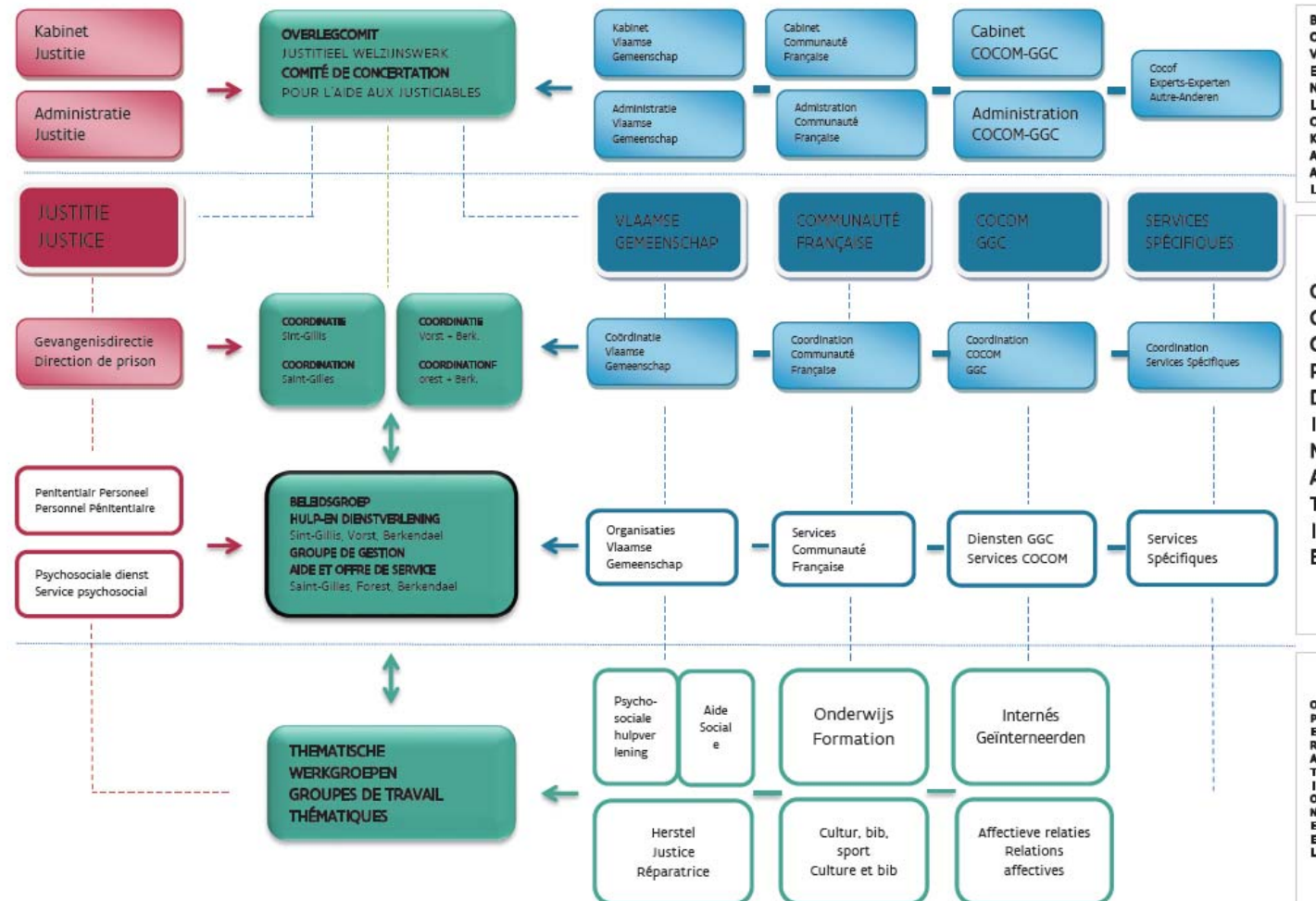


4 ORGANISATION AND COORDINATION IN PRISONS IN BRUSSELS

For prisons in Brussels, the Flemish Community (for Dutch activities/services), the Walloon region (for French activities/services) and the Joint Community Commission (for bilingual activities/services) are competent for the organisation of services of wellbeing, preventive health care, health promotion, social and professional reintegration, education, culture and sports. As 3 different defederated entities and the federal government are competent, several coordination and discussions platforms were established to align policy and activities (Figure 1).



Figure 1 – Coordination in prisons in Brussels



Source: Annual report 2015 Prisons in Brussels: https://departementwvg.be/sites/default/files/media/documenten/jaarverslag_gevangenisbrussel_2015.pdf



For the prisons of Forest/Vorst, Berkendael and Saint-Gilles/Sint-Gillis, a common (Flemish) action plan “help and assistance to prisoners” was elaborated because the same team of care providers is active in these prisons.^z Moreover, there are many transfers of prisoners from the prison of Vorst to Saint-Gilles/Sint-Gillis.

There is no more financing of the CRPs (Le Prisme) in the prisons in Brussels, but Ambu-Forest, the coordinating organisation maintains some of the existing activities.

5 POLICY AND INSTANCES OFFERING SERVICES RELATED TO HEALTH PROMOTION, PREVENTION AND WELLBEING IN THE FÉDÉRATION WALLONIE - BRUXELLES

5.1 Services related to health promotion, prevention and wellbeing

Since 1 July 2014, the Walloon Region and the Joint Community Commission (Brussels) are competent for the organisation of services of wellbeing, preventive health care, health promotion, social and professional reintegration, education, culture and sports in prisons in the Fédération Wallonie-Bruxelles.^{aa} Several services organise activities related to health promotion and prevention in prisons. In collaboration with the “Fonds des Affections Respiratoires”^{bb}, **TBC screening initiatives** are implemented in prisons. Yet, there is no systematic screening for Hepatitis C or HIV in all prisons. The **mental health services** (Services de Santé mentale) have no systematic offer in the prisons of the federation Wallonie-Bruxelles. As they have no specific financing for services in prisons, their offer is rather low. Some services offer aid on demand of the prisoners. The **Service for Health Promotion** (Service Education pour la Santé)^{cc} gets subsidies to implement programmes related to health promotion in prisons in the Fédération Wallonie-Bruxelles. Activities and information sessions on general health care issues (stress, HIV, healthy food, drugs use...) food habits and mental health are organised in some prisons.

^z https://www.departementwvg.be/sites/default/files/media/documenten/actieplan_brusselsegevangenissen_2016_2018.pdf

^{aa} Bijzonder decreet van 3 april 2014 betreffende de bevoegdheden van de Franse Gemeenschap waarvan de uitoefening naar het Waalse Gewest en de Franse Gemeenschapscommissie wordt overgedragen, B.S. 25 Juni 2014

^{bb} See the website of the FARES here: <http://www.fares.be/fr/>

^{cc} See the description of the SES here: <http://www.ses-asbl.be/>



Several **drug prevention projects and drugs programs** are active in prisons in the Fédération Wallonie-Bruxelles. *Prévenez-vous* », trains and informs prisoners on the prevention of risks associated with drug use. In the « Détenus Contact Santé »^{dd} program prisoners are informed and trained on different themes related to health care (food habits, hygiene, Aids, Hepatitis, addictions). The idea is that prisoners are informed by trained peers. The « Boule de Neige »^{ee} program informs prisoners on different themes related to drug use: the possible consequences of drug use HIV, Hepatitis infection, prevention of these diseases, ... Volunteers drug users are recruited to inform co-detainees via a questionnaire and brochures. This project was financed by the FPS Justice from 2006 to 2014 but due to the communautarisation, the competence to fund preventive activities goes to the Federation Wallonie-Bruxelles. The subsidies granted seem to be insufficient to ensure the activities of the respective associations.

By the end of 2011, CRPs were also initiated in the Walloon prisons (Step by Step) and funded by the FPS Justice. However, most of the activities of the Step by Step program were terminated in September 2016 due to a lack of funding. The Fédito Wallonne has reinstalled a CRP in the prison of Lantin since February 2017. The subvention granted by the Walloon Minister of Health does not permit however to ensure continuity of this service. At the time of writing of the report the Fédito Wallonne is trying to get more financial means to ensure continuity of the CRPs in all Walloon prisons.

In 2015, "la Concertation des Associations Actives en Prison" published an evaluation report on the offer of services in prisons in the Fédération Wallonie-Bruxelles for the period July 2013- June 2014.^{ff} The report concludes that although there seems to be a multitude of services, the offer is insufficient compared to the number of prisoners. Major points of attention are the scattered offer (the offer varies per prison), the precarious financial situation of the associations without lucrative purpose who largely depend on subsidies and the lack of coordination between activities offered by different services.

^{dd} See the activities of the SES here: http://www.ses-asbl.be/nos_activites.php#b

6 CONCLUSION

The organisation and financing of health care provision in prisons is primarily a Federal competence (Federal Public Service Justice) whereas the Communities are competent for the organisation of services of wellbeing, preventive health care, health promotion, social and professional reintegration, education, culture and sports in prisons. Hence, the implementation of policies and the operation of services related to health promotion, prevention and wellbeing care and assistance in prisons differ significantly according to the defederated entity the prison depends upon. Whereas the Flemish Community made its prevention and health promotion policy explicit in a Strategic Plan help and assistance to prisoners, that is further translated into local targets for the respective prison, the overall policy related to prevention and health promotion is not formalised in the Fédération Wallonie-Bruxelles. Although many initiatives exist in the domain of prevention and health promotion, the offer is scattered and often not adapted to the needs of prisoners. Some instances active in prevention and health promotion for prisoners, in particular in the Fédération Wallonie-Bruxelles do not benefit from a structural and specific financing targeted to assistance for prisoners. Overall, the segmentation of the competences related to healthcare for prisoners between the Federal public service Justice and the defederated entities hampers an integrated and global approach. A shift of the responsibility for 'curative' healthcare for prisoners to the Federal public service Public Health and a coordination of curative and preventive interventions at a local and supralocal level may come forward to this. Furthermore, the institutionalisation of preventive and health promotion services for prisoners and structural subvention mechanisms are primordial to ensure continuity.

^{ee} Description of Boule de Neige: <http://pro.guidesocial.be/actualites/modus-vivendi-l-operation-boule-de-neige-en-milieu-carceral-arretee.html>

^{ff} Link to the evaluation report <http://www.caap.be/index.php/document/caap>