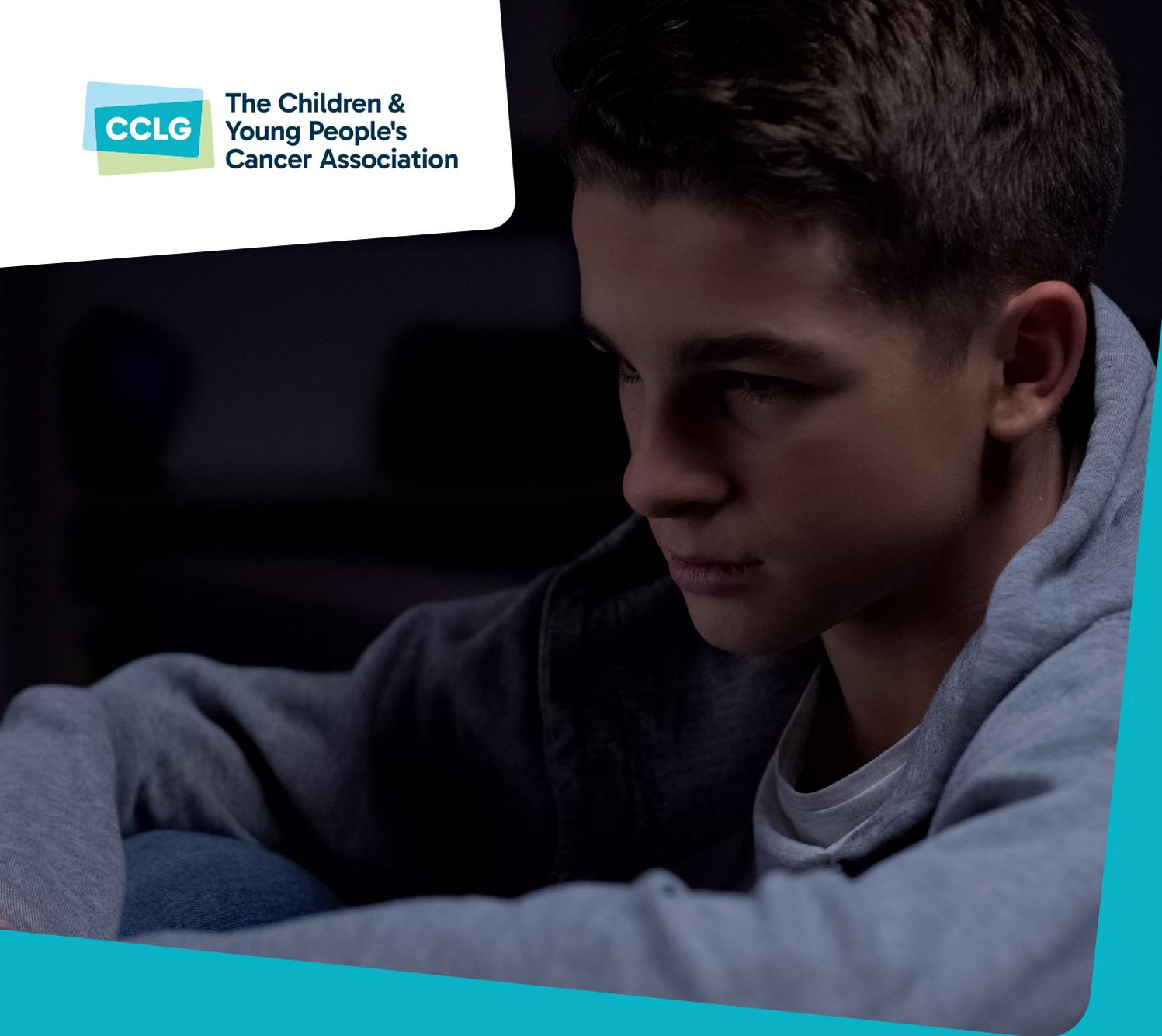




The Children &
Young People's
Cancer Association



Supporting teenagers and young adults diagnosed and treated for cancer during a prison sentence

A good practice guide for healthcare professionals

www.cclg.org.uk

**Expertise.
Progress.
Community.**

Supporting teenagers and young adults diagnosed and treated for cancer during a prison sentence: A good practice guide for healthcare professionals.

Written by Jo Maconnachie, Teenage Cancer Trust Lead Nurse, West Midlands, and Jade Greenhouse, Teenage Cancer Trust Clinical Liaison Nurse Specialist, West Midlands, on behalf of CCLG: The Children & Young People's Cancer Association.

Published March 2026. Next review due March 2031.

CCLG: The Children & Young People's Cancer Association does not sponsor nor indemnify the treatment/good practice guidance detailed herein. These recommendations are provided to inform and for use at the sole discretion of the health/social care professionals who retain professional responsibility for their actions and therapeutic interventions. Any recommendations herein are based on current good practice including the views of the authors, with supporting evidence where any such evidence exists.

Supporting teenagers and young adults diagnosed and treated for cancer during a prison sentence

A good practice guide for healthcare professionals

The aim of this Good Practice Guide is to raise awareness and provide guidance to improve care for teenagers & young adults (TYAs) diagnosed and treated for cancer during a prison sentence.

Introduction

Every day, seven young people aged 13-24 are diagnosed with cancer in the UK^[1]. This group of patients have unique psychological needs^[2] and in order to meet these unique support needs, dedicated TYA teams are available within every UK region to provide and coordinate age-appropriate care. This care becomes very difficult to provide when a young person receives a cancer diagnosis in prison. Our aim is to provide equitable support to all TYAs with cancer, regardless of their background, and to empower and equip other healthcare and prison professionals to do the same.

Why is this important?

The NHS England Teenage & Young Adult Cancer Service Specifications^[3] detail the responsibilities of both Principal Treatment Centres and Designated Treatment Centres within the UK that diagnose and treat TYAs with cancer. Both Principal Treatment Centres and Designated Hospitals must adhere to these service specifications to ensure structure and equity in care and support, however 94% of TYA nurses in England who responded to our survey feel that TYAs with cancer in prison are not able to access equitable support in comparison with their peers with cancer who are not in prison. In addition, the majority of TYA cancer nurses and prison nursing staff, who responded to the survey, expressed that their confidence could be improved when providing age-appropriate support to this cohort.

Our Project

The Teenage & Young Adult Cancer Service within the West Midlands has experienced first-hand the difficulties of providing equitable support to TYAs with cancer in prison, particularly when considering the following:

- Providing written and virtual information
- Lack of telephone communication
- Lack of privacy during sensitive conversations or sensitive consultations such as fertility preservation
- Lack of choice regarding place of care
- Inability to engage in peer support with Youth Support Coordinator team
- Clinical trial ineligibility
- Not being informed of hospital appointment times
- Lack of family support
- Communication difficulties between the hospital and the prison
- Inability to access the financial support usually offered
- Stigma and bias concerns

This prompted further exploration into how care and support for TYAs with cancer in prison can be improved, aiming to minimise unnecessary or avoidable disparities with their non-prisoner peers.

What is currently known?

Literature review

In order to establish any previous or ongoing work, a literature search was completed, which identified zero published articles regarding TYAs with cancer in prison, further highlighting the need for improvement. The literature search was therefore expanded to include articles regarding TYAs in prison with healthcare needs, and people with cancer in prison of all ages. The literature search searched MEDLINE, EMBASE, CINAHL databases using the following keywords *neoplasm, *prison, *jail/correctional facility and *adolescent and produced 74 articles. The abstracts were screened in accordance to their relevance to the subject, full text availability and availability in English. We should acknowledge that much of this research is international and therefore may not all be directly relevant to UK health and prison care. The key themes identified from the literature search were as follows:

Key findings from cancer care in prison literature search

- Overall difficulties in providing best practice in cancer care, UK^[4]
- Cancer diagnosis delays, UK^[5]
- Lack of appropriate cancer support and education, USA^[6]
- Lack of compassion for people with cancer in prison, USA^[7]
- Poor access to clinical trials, USA^[8]
- General poor communication, UK^[5]
- Privacy and confidentiality concerns, UK^[5]
- Lack of family support, UK^[5]
- Concerns around symptom and side effect management, UK^[5]
- Professional biases within healthcare settings, USA^[7]
- Higher death rates in current and previous prisoners with cancer, USA^[9]
- Poor cancer screening access, Uganda^[10]
- Overall higher cancer incidence in prisoner population, USA^[8]
- Impact of having a prison officer(s) attend appointments, USA^[11]

Key findings from TYA in prison literature search

- Supporting vulnerable young individuals in prison (such as females, LGBTQ and sexually exploited individuals), Africa^[12]
- Higher rates of sexually transmitted diseases in males, UK^[13]
- Disproportionate rates of black and male young people in prison, USA^[14]
- Increased rates of unplanned pregnancies, USA^[15]
- Suicidal thoughts can be common amongst young people in prison, USA^[16]

Treatment

In a 2024 study^[5] oncologists reported there was no difference in treatment protocols for patients in prison and those in the general population. However, it was reported that side effects could be more difficult to manage due to the difficulties in accessing emergency care, the cleanliness of the prison and confusion over who would be monitoring the patients. Another study^[4] however reported that significantly fewer cancer patients in prison received treatment with curative intent from 2012-2017 in the UK, likely because a delay in diagnosis results in later stage disease, dictating treatment options and availability for the patient.

Research^[17] in the UK found that on average the secondary health cost per person (of any age) diagnosed within prison was £1216 less than the general population, due to having fewer appointments or elective admissions. However emergency costs for the same group of patients were £497 per person higher than the general population, due to the costs of escorts and transport. These costs should be balanced against the poorer outcomes that patients in prison currently experience.

Communication

Research^[5] identified that not all information is shared regarding prisoner's cancer care with the relevant teams involved. There can be a sense of maintaining a patient's confidentiality but when they are in prison this can sometimes be to the detriment of the person involved. By discussing this with the patient and clearly documenting the agreed communication pathways for that individual, then open communication can be achieved^[5].

It was also reported^[5] that not being able to have a family member or friend with the patient during key hospital appointments had a detrimental impact on cancer patients in prison. It was also difficult for patients to acquire further information about their diagnosis. Again, achieving a clearly documented communication plan between the professionals and patient would ensure there are chances to gain further information and also involve the patient's family if they wish. The same work also suggested that patients have a prepared list of questions that they would like answers to as it is generally acknowledged they have less access to medical professionals than their peers.

The Office for National Statistics^[18] found there is a link between attending a school of poorer quality and likelihood of being incarcerated. Prison admission is also related to poorer socio-economic backgrounds, special educational needs and where English is not a person's first language. A comprehensive holistic needs assessment is required to assess the patient's needs and this should be reviewed during treatment. To ensure equitable support for TYA patients in prison, interpreters should be used for those whose first language is not English to ensure a holistic needs assessment can be completed accurately and any cultural differences can be considered and supported.

Prison Escorts

Due to safety concerns and ultimately the protection of the public, patients who are prisoners will often be escorted to and from prison by prison officers, including being handcuffed to the officer during

medical appointments^[5]. Cancer appointments are seen as a priority in prisons however shortages in staff can result in delayed or cancelled escorts.

The decision for a patient to be handcuffed is made following a risk assessment by the prison staff. Patient and staff safety should be the top priority. Where it is possible for a patient to be without handcuffs this can be considered to reduce feelings of embarrassment, a documented reason that patients have refused to attend appointments^[5]. The presence of a prison officer may also affect the appointment itself with one patient reporting they did not discuss fertility with their oncologist over fear of feeling humiliated or the prison officer discussing personal issues with other staff and prisoners^[5].

Psychological Support

Research demonstrates that there is a higher prevalence of mental health disorders, substance use disorder and self-harm amongst prisoners^[19, 20]. There is also evidence to show more young people in prison have neurodevelopmental disorders than their peers^[21] and fetal alcohol syndrome^[22]. Patients must be assessed by their healthcare team for their psychological needs before and during their treatment however there is not always access to psychological support for those that need it. Many prisons have access to support for prisoners such as 'listener schemes'^[23] but this will not be specific cancer support. Prisoners are meant to have their mental health screened in prison although there seems to be discrepancies in how often this is actually carried out, especially for prisoners of ethnic minorities^[24].

Research^[25] found that even just being in the criminal justice system itself is a source of psychological stress for young people, this is even before the diagnosis and treatment for cancer begin. The ability to compensate for these stressors can reduce over time for young people and therefore psychological need should be repeatedly assessed over the duration of their treatment.

“ The hypothesis is put forward that the elderly in prison present more positive emotions and less negative ones, higher levels of wellbeing and better adaptation to prison, in comparison to the group of young inmates.^[26] ”

Support After Cancer

Often patients are in prison in an area of the country away from their home, and therefore when they leave prison and return home they may need to transfer their cancer care to a local hospital. This can result in patients being lost to follow up^[4, 5, 17]. Healthcare teams must ensure an adequate handover to the new healthcare provision to make this process as smooth as possible. An agreed communication plan between all parties should allow for this.

There is support available for prisoners who are leaving prison and their families, such as the from the charity Prison Advice and Care Trust (PACT). PACT report that 2/5 prison leavers go on to re-offend after their release^[28], which has potential implications on their follow up for cancer treatment. Further research in Australia found this risk was increased even further in young people along with the risk of mortality after release^[29].

A research study in Spain^[26] found that younger patients had higher levels of anxiety and other negative emotions, whereas patients over the age of 50 were better able to regulate their emotions.

Stigma Free Language

“ Words matter when describing people involved in the criminal justice system because language can have a significant impact upon health, wellbeing and access to health information and services. However, terminology used in policies, programs and research publications is often derogatory, stigmatising and dehumanising.^[27] ”

It is important to consider the language that we use as healthcare professionals and the detrimental effect this can have on healthcare^[27], and this applies more generally whether patients are prisoners or not.

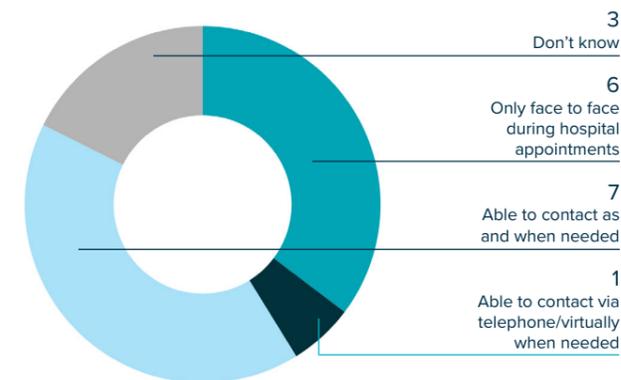
Language Recommendations^[27]

- Engage people and respect their preferences
- Use stigma free and accurate language
- Prioritise individuals over their characteristics
- Cultivate self-awareness

Survey results

Anonymous surveys were undertaken with both TYA cancer nursing colleagues and prison healthcare teams in England, to firstly identify their experiences of supporting this cohort. A total of 25 responses were received (17 from TYA cancer nursing colleagues and 8 from prison healthcare staff).

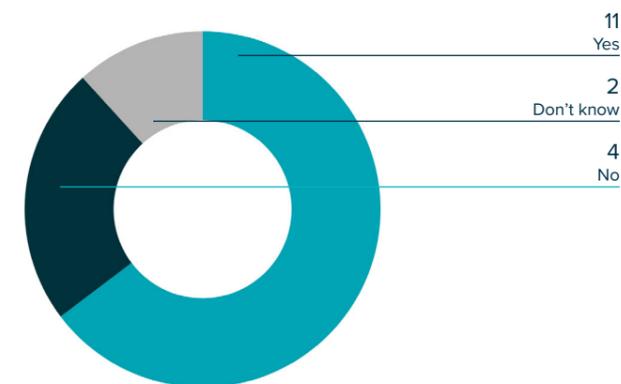
Was communication between the patient and TYA hospital team available as and when needed? (TYA nurses)



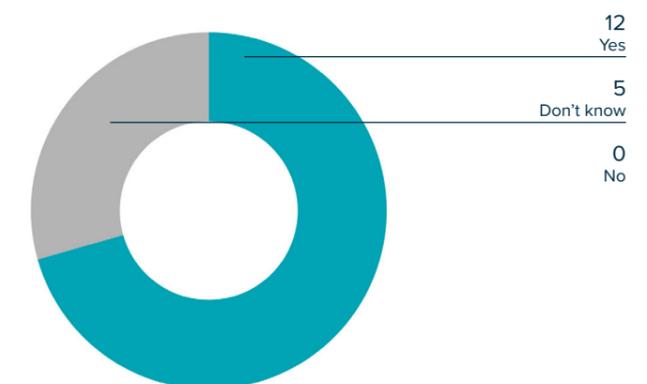
Were patients offered a holistic needs assessment? (TYA nurses)



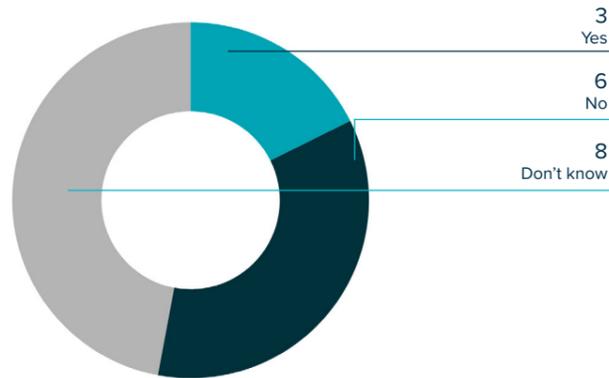
Were patients able to access age appropriate information/support, e.g. written or virtual information pack/contact numbers for staff? (TYA nurses)



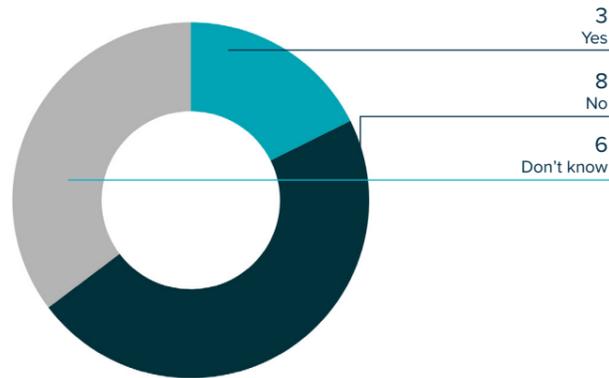
Were patients able to access appropriate fertility referrals and cryopreservation if relevant to their treatment plan? (TYA nurses)



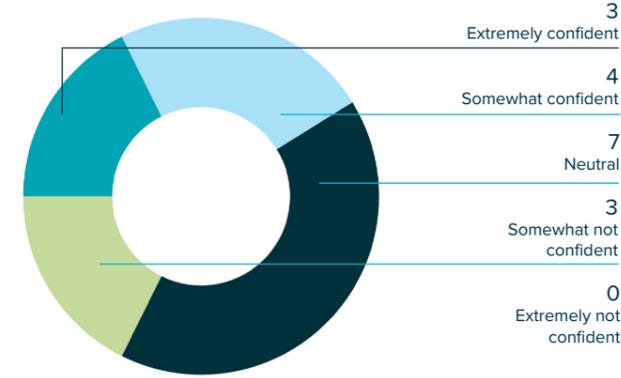
Did patients have access to relevant support groups or charities, either via their healthcare setting or within prison? (TYA nurses)



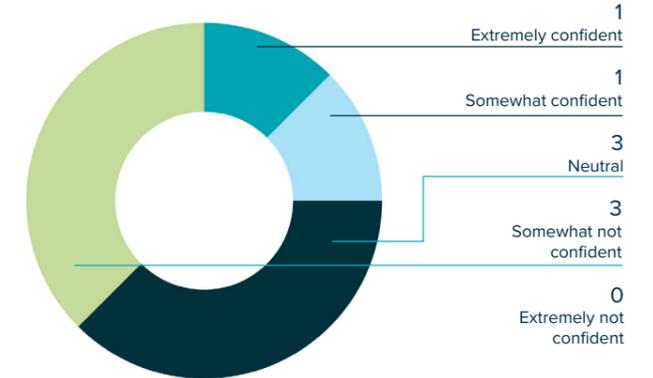
Were patients included in any patient experience surveys completed within your healthcare setting? (TYA nurses)



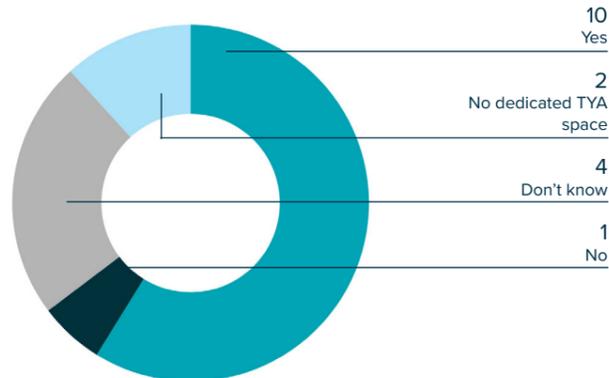
How confident do you feel in providing age appropriate support for TYAs with cancer in prison? (TYA nurses)



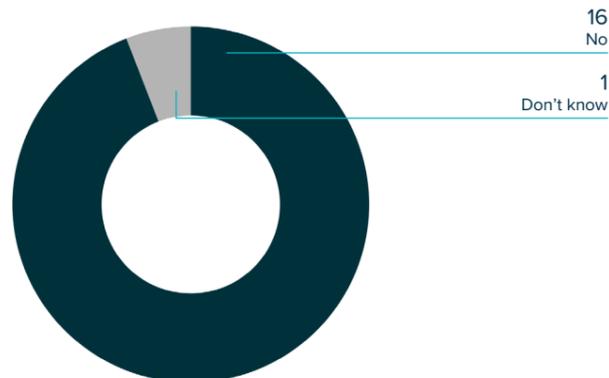
How confident do you feel in providing age appropriate support for TYAs with cancer in prison? (Prison nurses)



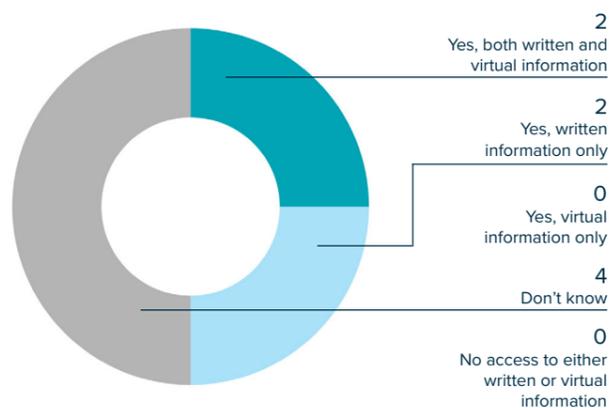
Were patients offered the choice to have their treatment in a dedicated TYA space within their hospital (if available)? (TYA nurses)



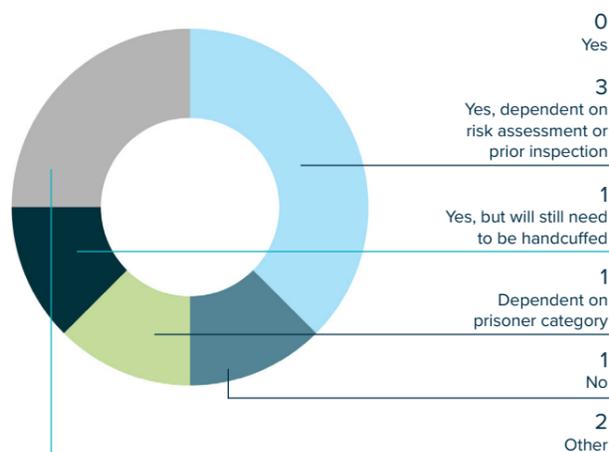
Do you feel that these patients are able to access equitable TYA support in comparison to their peers with cancer who are not in prison? (TYA nurses)



Are TYA patients able to openly access patient information provided by hospital teams whilst at the prison (i.e. written information pack to take with them)? (Prison nurses)



Are TYA patients able to access private rooms at the hospital (without a prison guard) when undergoing intimate procedures e.g. urine testing or providing a sperm sample? (Prison nurses)



Key quotes from TYA nurses and prison nursing staff who responded to the survey

“ It is a different experience. They do not have the same access to peer support but do have the fundamentals of TYA care, i.e. psychological/ social support, access to fertility preservation etc. It is a modified experience but not the same. This was made achievable by a very committed prison team. ”

TYA Nurse

“ [The young person was] able to access a private room for sperm banking but had to be handcuffed throughout. ”

TYA Nurse

“ [The young person was] unable to access peer support, and had less frequent contact with TYA team. ”

TYA Nurse

“ There was no easy way to communicate directly with the young person. When at hospital the young person I cared for was cuffed to an officer throughout his treatment on the day unit, and was unable to access peer support, as they were cared for in isolation. They were unable to have dates and details of appointments and plans, these had to go via the medical officer at the prison. ”

TYA Nurse

“ The prison officers were brilliant and really understanding - they had a really good relationship with the young person. ”

TYA Nurse

“ I didn't manage to build a relationship with these patients post-treatment, particularly as I wasn't sure where they were going afterwards, location wise. ”

TYA Nurse

“ Young people and their family do not know when appointments will be so family cannot attend and support and cannot stay. ”

TYA Nurse

“ Due to the permanent presence of prison officers, I was unable to offer privacy for sensitive conversations and unable to contact the prisoner once they had left the hospital setting without going through a third party. ”

TYA Nurse

“ I have been in contact with the Teenage Cancer Trust Clinical Nurse Specialist and provided their information pack to the patient. I have also been able to arrange Teams calls for support sessions. ”

Prison Nurse

What could good practice look like?

We've developed the following recommendations for good practice when supporting teenagers and young adults diagnosed and treated for cancer during a prison sentence.

1. A comprehensive holistic needs assessment is undertaken, via telephone/video call, or face to face when permitted, to allow for individualised support and care planning.
2. The patient is assessed for psychological support needs, and the support available at the prison is understood so that additional support can be facilitated as required.
3. A communication plan is produced, which clearly documents an agreement between the patient and professional teams involved in their care. This should include clarity about what information can be shared and how, to reduce inequalities arising from poor communication which is often experienced in this setting. The documentation should be readily available for all professionals involved via their local secured systems.
4. The healthcare service may request a risk assessment is carried out with the prison service to ensure that patients are only handcuffed when needed, to facilitate privacy in appointments, and for procedures wherever possible. It may be possible for a visit beforehand to help assess security. It is noted that the final decision rests with the prison service.
5. Patients are provided with information in a suitable format, which includes consideration for their literacy ability. Provision of information in different languages should be considered where possible for those whose first language is not English.
6. Patients, and prison staff, should be encouraged to devise a list of questions they would like answered during any hospital appointments to support effective communication. This is particularly important as patients in prison cannot just pick up the phone to contact their clinical teams, unlike their peers outside of prison.
7. Where possible, arrange other opportunities for the patient to ask questions in between appointments, such as through a video call with the prison. Some guidance on this can be found on the Ministry of Justice website (see useful links)
8. Advice on contraception methods should be given to patients, in view of higher rates of sexually transmitted diseases and unplanned pregnancies in TYA prisoners. Additional advice regarding safe sex whilst on cancer treatment should be clearly communicated, accommodating any communication preferences where possible.
9. Always be mindful of language used to refer to and communicate with patients who are in prison to avoid stigmatisation or dehumanisation. See recommendations on page six.
10. Ensure a referral and handover to the relevant TYA cancer care region when leaving prison results in moving location, to reduce the possibility of patients being lost to follow-up. This also applies in the case of transition to follow-up in adult cancer services.
11. Signpost patients to the available support when leaving prison to promote an easier transition. An example of this is the Prison Advice and Care Trust (PACT) (see useful links). Patients should also be reminded of their eligibility for ongoing TYA cancer-specific support if applicable from their treatment centre or relevant cancer charities.

Future Research

As we identified no specific research on teenagers and young adults with cancer in prison, and they are generally not eligible to participate in TYA cancer research projects such as BRIGHTLIGHT^[30], there is a key knowledge gap which needs to be addressed through future research.

This good practice guide has been developed based on the information currently available, however this guidance will need to be reviewed and amended as appropriate when more relevant research has been undertaken.

Appendix

Table 1: Prison categories

Category A	These are high security prisons. They house male prisoners who, if they were to escape, pose the most threat to the public, the police or national security.
Category B	These prisons are either local or training prisons. Local prisons house prisoners that are taken directly from court in the local area (sentenced or on remand), and training prisons hold long-term and high-security prisoners.
Category C	These prisons are training and resettlement prisons; most prisoners are located in a category C. They provide prisoners with the opportunity to develop their own skills so they can find work and resettle back into the community on release.
Category D - Open Prisons	These prisons have minimal security and allow eligible prisoners to spend most of their day away from the prison on licence to carry out work, education or for other resettlement purposes. Open prisons only house prisoners that have been risk-assessed and deemed suitable for open conditions.
Women and Young Adults	Women and young adults are categorised and held in either closed conditions or open conditions, according to their risks and needs. Females and young adults who are considered high risk are categorised as 'restricted status', meaning they can only be held in a closed prison. In exceptional cases, women and young adults may be held in a high security prison (category A). Young Offender Institution (YOI) These prisons house prisoners aged between 18 to 21. Youth Custody These establishments house young people under the age of 18 who have been remanded or sentenced to periods of detention by the courts.

Figure 1: Barriers and enablers of care for people with cancer in prison

Barriers and enablers of care for people with cancer in prison



References

[1] Cancer Research UK (2015). Young people's cancers statistics. [online] Cancer Research UK. Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/young-peoples-cancers#heading-Zero>.

[2] Lea, S., Taylor, R.M., Martins, A., Fern, L.A., Whelan, J.S. and Gibson, F. (2018). Conceptualizing age-appropriate care for teenagers and young adults with cancer: a qualitative mixed-methods study. *Adolescent Health, Medicine and Therapeutics*, Volume 9, pp.149–166. doi:<https://doi.org/10.2147/ahmt.s182176>.

[3] NHS England (2023). Service specification: Specialist cancer services for children and young people. [online] NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2023/05/service-spec-tya-ptc.pdf>

[4] Margreet Lüchtenborg, Huynh, J., Armes, J., Plugge, E., Hunter, R.M., Visser, R., Taylor, R.M. and Davies, E.A. (2024). Cancer incidence, treatment, and survival in the prison population compared with the general population in England: a population-based, matched cohort study. *The Lancet Oncology*, 25(5), pp.553–562. doi:[https://doi.org/10.1016/s1470-2045\(24\)00035-4](https://doi.org/10.1016/s1470-2045(24)00035-4).

[5] Armes, J., Visser, R., Lüchtenborg, M., Huynh, J., Wheatcroft, S., X, A., Barber, A.-E., Plugge, E., Taylor, R.M., Hunter, R.M. and Davies, E.A. (2024). Cancer in prison: barriers and enablers to diagnosis and treatment. *eClinicalMedicine*, [online] 72, p.102540. doi:<https://doi.org/10.1016/j.eclim.2024.102540>.

[6] Ramaswamy, M., Manz, C.R., Kouyoumdjian, F.G., Vest, N., Puglisi, L., Wang, E., Salyer, C., Osei, B., Zaller, N. and Rebbeck, T.R. (2023). Cancer equity for those impacted by mass incarceration. *JNCI: Journal of the National Cancer Institute*, [online] 115(10), pp.1128–1131. doi:<https://doi.org/10.1093/jnci/djad087>.

[7] Lyckholm, Laurel & Glancey, Caroline. (2016). Ethical Issues in Caring for Prison Inmates With Advanced Cancer. *Journal of Hospice & Palliative Nursing*, 18, 7-12. doi:[10.1097/NJH.0000000000000216](https://doi.org/10.1097/NJH.0000000000000216).

[8] Oladeru, O.T., Lam, C.M., Qureshi, M.M., Hirsch, A.E., Mak, K.S., Dyer, M.A. and Minh Tam Truong (2023). Inequalities in Cancer Stage at Diagnosis Among Incarcerated Individuals Undergoing Radiation Therapy at a Large Safety-Net Hospital. *International journal of radiation oncology, biology, physics*, [online] 116(1), pp.194–198. doi:<https://doi.org/10.1016/j.ijrobp.2023.02.002>.

[9] Manz CR, Odayar VS, Schrag D. Disparities in cancer prevalence, incidence, and mortality for incarcerated and formerly incarcerated patients: A scoping review. *Cancer Med*. 2021 Oct;10(20):7277-7288. doi: 10.1002/cam4.4251. Epub 2021 Sep 3. PMID: 34477309; PMCID: PMC8525139.

[10] Atuhe, I., Jatho, A., Nalwadda, B., Basaza-Ejiri, A.H., Atuyambe, L. and Orem, J. (2023). Barriers to and facilitators of prostate cancer screening among men in Uganda prisons. *ecancermedicalscience*, [online] 17, p.1563. doi:<https://doi.org/10.3332/ecancer.2023.1563>.

[11] Pillet S. Cancer care behind bars. *ONS Connect*. 2010 Aug;25(8):6-9. PMID: 20806575.

[12] Van Hout, M.-C. and Mhlanga-Gunda, R. (2019). Prison health situation and health rights of young people incarcerated in sub-Saharan African prisons and detention centres: a scoping review of extant literature. *BMC International Health and Human Rights*, 19(1). doi:<https://doi.org/10.1186/s12914-019-0200-z>.

[13] Robinson, M., Templeton, M., Kelly, C., Grant, D., Buston, K., Hunt, K. and Lohan, M. (2022). Addressing sexual and reproductive health and rights with men in prisons: co-production and feasibility testing of a relationship, sexuality and future fatherhood education programme. *International Journal of Prisoner Health*, 19(3), pp.322–339. doi:<https://doi.org/10.1108/ijph-02-2022-0008>.

[14] Thompson, M., Davis, L., Pendleton, V. and Schlafer, R. (2020). Differences in Sexual Health Outcomes Between Adolescents in Public Schools and Juvenile Correctional Facilities. *Journal of Correctional Health Care*, p.107834582095340. doi:<https://doi.org/10.1177/1078345820953405>.

[15] Perry, R.C.W. and Morris, R.E. (2014). Health Care for Youth Involved with the Correctional System. *Primary Care: Clinics in Office Practice*, 41(3), pp.691–705. doi:<https://doi.org/10.1016/j.pop.2014.05.007>.

[16] Barnert, E.S., Perry, R. and Morris, R.E. (2016). Juvenile Incarceration and Health. *Academic Pediatrics*, 16(2), pp.99–109. doi:<https://doi.org/10.1016/j.acap.2015.09.004>.

[17] Hunter, R.M., Huynh, J., Margreet Lüchtenborg, Armes, J., Plugge, E., Taylor, R.M., Visser, R. and Davies, E.A. (2024). Does the cost of cancer care for people in prison differ from those in the general population? Analysis of matched English cancer registry and hospital records. *EClinicalMedicine*, 72, pp.102575–102575. doi:<https://doi.org/10.1016/j.eclinm.2024.102575>.

[18] Office for National Statistics (2023). The links between young people being imprisoned, pupil background and school quality - Office for National Statistics. [online] [www.ons.gov.uk](https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/articles/thelinksbetweenyoungpeoplebeingimprisonedpupilbackgroundandschoolquality/2023-01-27). Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/articles/thelinksbetweenyoungpeoplebeingimprisonedpupilbackgroundandschoolquality/2023-01-27>.

[19] Fazel S, Hayes AJ, Bartellas K, Clerici M, Trestman R. Mental health of prisoners: prevalence, adverse outcomes, and interventions. *Lancet Psychiatry*. 2016 Sep;3(9):871-81. doi: 10.1016/S2215-0366(16)30142-0. Epub 2016 Jul 14. PMID: 27426440; PMCID: PMC5008459.

[20] Hawton, K., Linsell, L., Adeniji, T., Sariaslan, A. and Fazel, S. (2014). Self-harm in prisons in England and Wales: an epidemiological study of prevalence, risk factors, clustering, and subsequent suicide. *The Lancet*, [online] 383(9923), pp.1147–1154. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3978651/>.

[21] Lennox, C. (2014). The health needs of young people in prison. *British Medical Bulletin*, 112(1), pp.17–25. doi:<https://doi.org/10.1093/bmb/ldu028>.

[22] Borschmann, R., Janca, E., Willoughby, M., Hughes, N., Patton, G., Sawyer, S., Love, A., Puljevic, C., Stockings, E., Hill, N., Hocking, J., Robinson, J., Snow, K., Carter, A. and Kinner, S. (2021). The physical and mental health of young people in detention: A global scoping review. *International Journal of Integrated Care*, 20(3), p.14. doi:<https://doi.org/10.5334/ijic.s4014>.

[23] GOV.UK (2011). Prison life: Vulnerable prisoners. [online] GOV.UK. Available at: <https://www.gov.uk/life-in-prison/vulnerable-prisoners>.

[24] House of Commons Justice Committee (2021). Mental Health in Prison Fifth Report of Session 2021-22 Report, Together with Formal Minutes Relating to the Report. [online] UK Parliament. Available at: <https://committees.parliament.uk/publications/7455/documents/78054/default/>.

[25] Boen, C.E. (2020). Criminal Justice Contacts and Psychophysiological Functioning in Early Adulthood: Health Inequality in the Carceral State. *Journal of Health and Social Behavior*, 61(3), pp.290–306. doi:<https://doi.org/10.1177/0022146520936208>.

[26] Chiclana, S., Castillo-Gualda, R., Paniagua, D. and Rodríguez-Carvajal, R. (2019). Mental health, positive affectivity and wellbeing in prison: a comparative study between young and older prisoners. *Revista Espanola De Sanidad Penitenciaria*, [online] 21(3), pp.138–148. Available at: <https://pubmed.ncbi.nlm.nih.gov/32083276/>.

[27] Tran, N.T., Baggio, S., Dawson, A., O'Moore, É., Williams, B., Bedell, P., Simon, O., Scholten, W., Getaz, L. and Wolff, H. (2018). Words matter: a call for humanizing and respectful language to describe people who experience incarceration. *BMC International Health and Human Rights*, 18(1). doi:<https://doi.org/10.1186/s12914-018-0180-4>.

[28] Prison Advice and Care Trust (2023). Our progress in supporting people in prison and their families to make a fresh start. Available at: <https://www.prisonadvice.org.uk/media/3u4pw3mh/impact-report-22-23.pdf>.

[29] Gilchrist, L., Jamieson, S.K., Zeki, R., Ward, S., Chang, S. and Sullivan, E. (2022). Understanding health and social service accessibility for young people with problematic substance use exiting prison in Australia. *Health & Social Care in the Community*, 30(6). doi:<https://doi.org/10.1111/hsc.13880>.

[30] Smith, S., Mooney, S., Cable, M. and Taylor, R. (n.d.). THE BLUEPRINT OF CARE for teenagers and young adults with cancer Second edition. [online] Available at: <https://www.teenagecancertrust.org/sites/default/files/2021-11/Teenage-Cancer-Trust-Blueprint-Of-Care-2nd-Edition.pdf>.

Useful links

CCLG: The Children & Young People's Cancer Association www.cclg.org.uk

We provide trusted information and guidance for children and young people with cancer, their families, and everyone supporting them. Our expertise helps them navigate the challenges of cancer and its impact, offering reassurance and clarity when it's needed most.

CCLG is also the UK and Ireland's professional membership association for those working with children and young people with cancer. Becoming a member reflects your dedication and commitment to working together with other professionals to help save more young lives.

Together, our collective membership has a powerful voice in developing and improving standards of treatment and care for all children and young people with cancer, and our members offer advice to the Government and NHS, as well as providing feedback to bodies like NICE.

Membership of CCLG also delivers a broad array of learning and professional development opportunities and resources, plus a true sense of community.

Prison Advice and Care Trust www.prisonadvice.org.uk

PACT is a national charity that supports prisoners, people with convictions, and their children and families. They provide caring and life-changing services at every stage of the justice process: in court, in prison, on release, and in the community.

Their volunteers and staff support people in courts, prisons, probation services, and communities across England and Wales.

Ministry of Justice: Guidance on secure video calls for people in prison mojdigital.blog.gov.uk/2020/09/24

Young Lives vs Cancer www.younglivesvscancer.org

Support and information for young people on treatment and beyond.

Teenage Cancer Trust www.teenagecancertrust.org

Provides support and events to help young people connect with others and build confidence.

NHS www.nhs.uk/every-mind-matters

Online practical help and support for mental health.

www.nhs.uk/better-health
Advice about making healthy changes including exercise, smoking and drinking.

www.nhs.uk/live-well/sexual-health
Information and advice about sexual health, including contraception and sexually transmitted infections (STIs).



The Children & Young People's Cancer Association

Century House, 24 De Montfort Street
Leicester LE1 7GB
0333 050 7654
info@cclg.org.uk | www.cclg.org.uk

    @cclguk

CCLG and The Children & Young People's Cancer Association are operating names of The Children's Cancer and Leukaemia Group, registered charity in England and Wales (1182637) and Scotland (SC049948).

© CCLG 2026

We are CCLG: The Children & Young People's Cancer Association. We unite the children and young people's cancer community, driving collective action and progress. Powered by expertise, we work together to create a brighter future for children and young people with cancer.

Research is the key to better treatments, improved care, and potential cures. We fund and lead world-class research, fuelling groundbreaking work led by brilliant minds. Collaboration is at the heart of our approach - bringing together the right people and organisations to drive progress and deliver real impact.

We provide trusted information and guidance for children and young people with cancer, their families, and everyone supporting them. Our expertise helps them navigate the challenges of cancer and its impact, offering reassurance and clarity when it's needed most.

Through our professional membership, we bring together the brightest minds in childhood cancer, creating a national network that drives progress. Together, we shape better treatment and care - developing guidelines, sharing knowledge, offering expert advice, leading pioneering research, and creating essential resources and education for professionals. Our collective expertise sets the standard, advocating for excellence at every level - local, national, and global.