Prison Nursing

EDITED BY
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AND
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To Teresa and Peter, my parents, who have always supported me in my chosen profession and who have helped me to balance the joys of being a parent with achieving a career that gives me so much pleasure.

My father would have been proud to have seen this book published had he still been alive.

And to all prison nursing staff: be creative, be positive, be proud!

Annie Norman

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Finally, we say a big thank you to the contributors to the individual chapters, without whom there could not have been a book.

Note

In April 2002 the UKCC was replaced by a new regulatory body, the Nursing and Midwifery Council. Based at the same building as the UKCC its address is: 23 Portland Place, London, W1B 1PZ (Tel: 020 7333 6697; Fax: 020 7333 6698; Website: www.nmc-uk.org).

The NMC's first action was to produce a *Code of Professional Conduct*, which became effective from 1 June 2002.

Contributors

Lindsay Bates
RGN, DN, MBA, Director of Nursing, Prison Health Policy Unit/Task Force (England and Wales)

Lindsay trained as a general nurse in the mid 1970s. She worked as a district nurse in the early to mid 1980s before moving into nursing and general management in the NHS. Lindsay worked as a hospital manager in the independent sector from 1991 to 1994 before returning to the NHS as a director of nursing for a community and mental health NHS trust in north London and subsequently an acute NHS trust. Lindsay was seconded to HM Prison Service from 1999 to 2000 as Nurse Advisor and was appointed as Director of Nursing, Prison Health Policy Unit/Task Force from July 2000. She is responsible for nursing issues, dentistry, workforce development issues (including professions allied to medicine (PAMs), and new technologies.

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Prior to joining the Commission for Health Improvement (CHI) as a clinical governance review manager in December 2000, Maddie was the Children's Policy Officer at the Law Society. She has advised solicitors on issues relating to children and young people, drafted amendments for parliamentary bills and responded to government consultation on behalf of the Law Society. Between 1997 and 2000, Maddie was a trainee then practising solicitor specialising in claimant and defendant law; this included personal injury, NHS litigation, childcare, mental health and regulation law. Maddie regularly speaks at conferences in Britain and at international events on childcare issues, consent, confidentiality, mental capacity, human rights and the Data Protection Act. Maddie is a qualified nurse, midwife and health visitor and obtained her MSc for her work on sexuality, disability and the law. In 1998 Maddie was a specialist health visitor to HMP Holloway. She

has had a number of texts published related to her work and is currently the joint editor of the RCN's child protection newsletter. She is a member of several learned societies and serves on the British Paediatric Surgeons Ethics Committee, International Research Society for Spina Bifida and /or Hydrocephalus and the RCN's Child Protection Forum Executive.

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Rannoch joined the prison service as an assistant governor in 1972. He worked with young offenders and adults, in high security and open prisons and at Prison Service Headquarters in the Human Resources Directorate. He was appointed Governor of HMP Hull in 1990 and HMP Leeds in 1997. He joined the Prison Health Task Force in June 2000 and has been responsible for reception screening and information management.

Stephen Gannon
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Stephen trained as an RMN in Napsbury Hospital, St Albans, in the mid 1970s and later as an RGN at Central Middlesex Hospital in 1985. When asked what was the best job he's had, he said that it was as a charge nurse on the wards for nearly eight years. More an ancient mariner than a 'modern matron'! Two ENB courses, a diploma in management studies, an incomplete Master's dissertation and a Royal Yachting Association day skipper qualification later, he found a berth in the prison service in 1994. Stephen was the first chair of the Royal College of Nursing's Prison Nursing Forum and consistently rattled the chains until the fettles broke in 1998. He helped his family to found a successful private residential home and can be found occasionally wandering through a reception area near you. Stephen maintains an active interest in the Royal College of Nursing's Prison Nursing Forum as its newsletter editor. His ambition is to cruise the Caribbean in his own boat (not his current Enterprise dingy!). He was created an MBE by Her Majesty in the Millennium Honours in recognition of his work for prison nurses and received a career special recognition award from the *Nursing Standard* in 2000.

Maggi Lyne
RGN, Nursing Inspector, HM Inspectorate of Prisons 1993–2000

Maggi had an impressive career in the NHS which culminated in her becoming the Chief Nursing Officer for Ealing Health Authority. She was renowned for

her creative, innovative and no-nonsense style of management. She moved from the NHS to join Her Majesty's Inspectorate of Prisons for Health Care.

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Rhoda lectured in health visiting/community nursing at the University of Ulster before taking up the post of Professional Advisor for Community Nursing/Higher Education at the Northern Ireland National Board for Nursing, Midwifery and Health Visiting. She was deeply involved in the development of specialist practice in Northern Ireland during her time at the Board. Since early retirement she has maintained a keen interest in the continued development of the profession. Rhoda worked closely with Alan Parrish in his time as RCN Professional Officer for Prison Nursing and was particularly helpful in identifying the skill base of the nurse working in the prison environment.

Ann E. Norman
SEN, RGN, Specialist Practitioner – Practice Nursing; Assistant Director of Nursing, Prison Health Task Force (England and Wales)

Ann trained in Southampton in the 1970s. She developed her career in community nursing in the mid to late 1980s. Ann joined the prison service in 1995 at HMP Winchester, where she developed services for female prisoners. This service development gained her *Nursing Standard*'s 'Community Nurse of the Year' award in 1998 for her pioneering work. In 1998 Ann became Lead Nurse at Winchester and was recognised by the prison service in 1999 with a 'Celebrating Success' award for her achievements in prisoner healthcare. Ann was chair of the Royal College of Nursing's Prison Nursing Forum between 1998 and 2000. She moved to the Prison Health Task Force as Assistant Director of Nursing in 2001.

Alan A. Parrish
OBE, RGN, RLND, Independent Nurse Consultant and Writer

Alan was Deputy Head of Nursing Services at Harperbury Hospital in 1969. In 1972 he became Principal Nursing Officer in Leicestershire, with a countywide remit. Appointed Director of Nursing at St Lawrence's Hospital, Caterham, Surrey, Alan has also edited a book on mental handicap. He is currently writing another book in this area of practice which is due to be published in 2002. Alan

became the first Nurse Advisor for Learning Disabilities at the Royal College of Nursing in 1983 and later the first Advisor for Prison Nursing at the College. He was awarded the OBE in 1999. Alan is a prolific writer of articles that highlight disadvantaged and disenfranchised groups of patients. He is well respected in the nursing profession.

Les Storey
RGN, FRCN, MSc, PG Dip HE, DMS, Dip Training Management

Les qualified in 1970 and spent over 14 years in operating theatres before moving into education and training. Les has been involved in research and development and was involved in the UKCC *Nursing in Secure Environments Project*. In October 2000 Les was awarded a Fellowship of the Royal College of Nursing in recognition of his work in relation to competence-based education and training in nursing. He was appointed to the Prison Health Policy Unit as Nursing in Prisons Occupational Standards Advisor. He was seconded from the University of Central Lancashire where he is a senior lecturer in the Faculty of Health. Les has provided advice about the development of an infrastructure to support the introduction of NVQ in custodial healthcare.

Sally Thomson
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Sally's career spans both acute general and mental health nursing, with a balanced experience in both pre- and post-registration. Most of Sally's experience was at Guy's Hospital where she went on to become a nurse teacher working with pre-registration students and then post-basic and continuing education students. Sally then moved to the Royal College of Nursing where she taught psychology and education to nurse teaching students, before moving into the education policy arena. Since then Sally has been acting as Director to the professional nursing department but has retained significant links with nurse education. Sally is passionate about the development of individuals and the effect that learning geared to individual, personal and professional needs can have on a nurse's development.

Abbreviations

CBT	cognitive behavioural therapy
CHI	Commission for Health Improvement
CMG	change management group
CMHT	Community Mental Health Team
CPA	care programme approach
CPD	continuing professional development
CPT	European Committee for the Prevention of Torture and Other Inhuman and Degrading Treatment of Prisoners
ECHR	European Convention on Human Rights
ENB	English National Board
GNC	General Nursing Council
GRC	General Research Council
HAC	Health Advisory Committee
HCC	Health Care Centre
HCO	Health Care Officer
HCPO	Health Care Principal Officer
HCSO	Health Care Senior Officer
HLP	higher level of practice
HMIP	Her Majesty's Inspector of Prisons
HMP	Her Majesty's Prison
HMCIP	Her Majesty's Chief Inspector of Prisons
HNA	health needs assessment
IMR	inmate medical record
IRA	Irish Republican Army
MO	Medical Officer
NICE	National Institute for Clinical Excellence
NMC	Nursing and Midwifery Council
NSF	National Service Framework
NTO	National Training Organisation

NVQ	National Vocational Qualification
OCU	observation and classification unit
PCG	primary care group
PCT	primary care trust
PER	prisoner escort record
PHPU/TF	Prison Health Policy Unit/Task Force
POA	Prison Officers' Association
PREP	post-registration, education and practice
PSI	psychosocial intervention
RCN	Royal College of Nursing
RGN	Registered General Nurse
RMN	Registered Mental Nurse
SMO	Senior Medical Officer
S/NVQ	Scottish/National Vocational Qualificaton
UKCC	United Kingdom Central Council for Nursing, Midwifery and Health Visiting
YOI	young offenders institution

Preface

The idea for this book was very much a joint one between us, and came from our experience when we were writing articles for nursing journals in the winter of 1998. The decision to write for nursing journals about prison nurses and nursing was made by members of the Royal College of Nursing's Prison Nursing Forum, who were very unhappy about the lack of identity and appreciation of the value of nurses working in this area of care. It was during the preparation and writing of these articles that it became apparent that there was a dearth of both books and articles specifically on the role of the nurse in prison healthcare. The prison service has come under scrutiny in recent years, and has received much publicity, both adverse and positive. The service is entrenched in tradition, with an environment and culture that can be hard for an outsider to understand. The regular reports of HM Chief Inspector of Prisons, critical programmes on the television and reports in newspapers have led to changes, culminating in the publication of the joint NHS/Prison Service report *The Future Organisation of Prison Health Care* (DOH, 1999) and the more recent *Nursing in Prisons* report (DOH, 2000). Significantly for prison healthcare services this has resulted in a partnership arrangement with the NHS in an attempt to provide healthcare to prisoners equivalent to that offered to people in the wider community. This has always been an aim of the prison service but sadly one that had not been achieved previously.

Making changes

Change in any service is likely to bring about anxiety for staff, and healthcare staff in prisons are no exception. Reviewing, adjusting and changing one's attitudes is not easy on a personal basis but, with the revision of patient care services and managerial practice, it is to be hoped that services will, in the future, improve and match those of the best NHS practice.

Staff, who for years had provided a service, rightly felt threatened at the thought of working alongside colleagues from other local services who had been given the opportunity to be professionally aware and up to date on current practices. Justifiably, they also had concerns about the introduction of a change in the balance in the workforce, with a positive move to attract more nurses into prison healthcare. With this background in mind, a nursing service had to be developed and the individual nurse's role established in a primary healthcare setting that is organised and delivered within a multi-disciplinary model. Existing staff need to be convinced that there is a valued role for nurses and that they can contribute to the multi-disciplinary team.

Nurses in this area of practice have had to adapt to the environmental, cultural and bureaucratic challenges of prison life. There is an urgent need to establish credibility by producing up-to-date research that underpins and supports the value of the nurse's work. Practice needs to be scrutinised and kept under constant review, and prison nurses are professionally accountable for their practice to the Nursing and Midwifery Council (NMC). Nurses need to ensure that they have appropriate and ongoing professional updating within the guidelines set by the UKCC.

The prison nurse is not only a 'hands on' practitioner but also highlights the needs of his/her patients to a wider audience. This audience may not always be sympathetic to those needs and many will not understand the complexity of the prison population. Prisoners are from all social groups and from a range of ethnic backgrounds and ages. It seems obvious but nevertheless necessary to state that the population is transient and contains reluctant residents, who are not typical of the community whence they came in terms of the use of healthcare services. Many have not registered with a general practitioner, many have abused drugs or alcohol and many suffer from chronic diseases.

We feel that this book will help not only nurses, but many of their colleagues, who, given a team approach and partnership arrangements with the NHS, can bring about positive change in the provision of healthcare in prisons.

Ann E. Norman and Alan A. Parrish
Southampton, May 2002

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1 The Context of Prison Nursing

RHODA MCCAUSLAND AND ALAN A. PARRISH

This chapter examines the social context of prison nursing, explores the principles underpinning prison nursing practice, and makes recommendations for the integration of the key skills required for specialist nursing practice.

Introduction

The practice of nursing within the setting of a prison healthcare service is at a specialist level, reflecting the uniqueness and diversity of the community it serves. Research of the literature on prison nursing in the United Kingdom soon revealed a dearth of writing about basic principles underpinning this specialist area of practice. There are publications written by other professionals about prison healthcare, but they tend to lack detail in the implementation of nursing practice. For the effective and efficient delivery of health and nursing care within the community that the prison serves, we would suggest that the principles that underpin the practice of community nursing (DHSS, 1996) be adopted as the basis of the practice of prison nursing.

In 1991 the UKCC, in its proposal for the reform of community nurse education and practice, adopted the Principles of Health Visiting for all community healthcare nurses (CETHV, 1997). The National Health Service Management Executive endorsed the principles in 1992 (NHSME, 1992).

The principles are as follows:

- the search for recognised and unrecognised health and social needs
- the prevention of ill health

- the facilitation of health-enhancing activities
- the use of therapeutic approaches to health and social care
- influencing policies affecting health and social care.

The registered nurse, equipped with the skills and knowledge acquired during general nurse training for the professional practice of nursing, will require further education and training to transfer previous knowledge and skills and develop them to a higher level of practice for this new and unique environment (Twin *et al.*, 1996).

The UKCC document *The Future of Professional Practice – The Council's Standards for Education and Practice following Registration* (UKCC, 1994), now superseded by *Standards for Specialist Education and Practice* (UKCC, 2001), clearly lays down the foundation for specialist practice, and it is within these parameters that the practice of prison nursing should be developed.

The social context of prison nursing

The ability of registered nurses to apply sociological concepts learned during training will be of paramount importance for the delivery of care within the new and more diverse environment of the prison service. The diversity of backgrounds of prisoners means that health and social needs must be assessed on an individual basis.

While the prison system treats all prisoners as equals within the category under which they have been classified, nurses must consider prisoners who come within their care with unconditional positive regard if their health needs are to be met. This will require the nurse to examine the prisoner's background in terms of class, gender, ethnicity and cultural norms and, in partnership with each prisoner, to draw up a realistic plan of care to meet identified needs.

Category A

High security prisons are recognised as being the environment for people who have committed serious criminal offences and whose escape would be highly dangerous to the public and the police, or to the security of the state.

In order to assess and meet the health needs of such prisoners the nurse has to be aware of the social class and strata from which they have come. Their needs will be highly diverse, as prisoners come from all social strata. The nurse practising in this setting will be exposed to a much higher level of risk and stress because of the rigidity of the top security regime required to hold these prisoners in custody. Good team management will depend on the interaction between the

nursing team and the prison service, as well as the leadership skills available within that team. A thorough understanding of the role of the prison governor and prison officers is essential for the effective and efficient service necessary for good client care.

For nurses to practise within the law it is important that they understand the policies that underpin the functioning of a prison. The necessity of the nurse to practise and function within the limits set out in the *The Scope of Professional Practice* (UKCC, 1992) must be acknowledged. It is essential that professional supervision is available for the nurse and partnership arrangements with local NHS providers will enhance and enrich this as well as making its facilitation easier. The delivery of healthcare of a defined and acceptable quality will and does depend on the co-operation, respect and goodwill of all personnel working within this high security environment.

Category B

This category applies to those prisoners for whom the very highest conditions of security are not necessary but for whom escape must be made very difficult. Unsentenced prisoners are automatically categorised B unless they are provisionally placed in Category A. The application of sociological concepts, however, is still required to ensure the delivery of efficient and effective healthcare. The nurse is less exposed to the very rigid practices of a high security environment although security and custody must always be the top priority in any prison. The delivery of healthcare can be considered at a different level and programmes of health education and healthy lifestyles introduced more easily. Prison policies still apply: security and custody remain the priority. The registered nurse must always be aware of the need to comply with the UKCC/NMC rules (UKCC, 1992).

Category C

Prisoners who cannot be placed in open conditions but who do not have the ability, resources or the will to make an escape attempt come into Category C. Many Category C prisons will be there primarily for training of the prisoners.

Category D

Category D prisoners can be reasonably trusted to serve their sentences in open conditions. Many of these prisoners will be nearing a release date from prison and often work on a daily basis in the local community.

Women's prisons

The physical environment of a women's prison differs very little from that of a men's prison in both the high and low security establishments. The challenge of providing good quality healthcare equivalent to that of the local NHS is an ongoing struggle for the multi-disciplinary team. The complexity of the relationships between the professionals and the clients is amplified within this environment. This is doubly so when women are in a system that is designed for men, and although there have been marked improvements in the environment over the years, it is still lacking in some of the finer requirements for a woman in custody. The Chief Inspector of Prisons points out (Home Office, 1997) that

> The multiple and severe health problems experienced by many women who become prisoners are made more profound by personal and family history, sexual and physical abuse, their role as carers, the stress of imprisonment, isolation and drug dependence.

The health needs of women are significantly different from those of men and many women who enter prison come from socially disadvantaged backgrounds. This often means that they have poor health and a far greater exposure to risk behaviour than other women and this puts their overall health status at risk. They are also ignorant of, or reluctant to discuss or disclose, their personal health problems. Some of these women live on the margins of the healthcare system, with greater than average health problems (often very numerous and complex) because of the situations in which they find themselves. These problems can be because of malnutrition, sexual abuse by a number of partners, poor housing or the manifestations of living life at a very high level of stress.

It is because of the complex and often painful background from which some of these women have come that sensitivity is needed when trying to provide a service equivalent to that of the NHS outside the prison environment. Because of their past experiences, it is a priority to ensure that these women have a choice of being seen by a female doctor and treated wherever possible by a female nurse, if that is their wish.

It is also crucial to take the opportunity, while a woman is in prison, to give her a proper health assessment and expose her to health education and health promotion facilities. While serving a sentence in prison women should benefit from all the actions that are taken to improve the health of the whole nation. Women prisoners often miss out on some of the positive advances that take place in the community in respect of women's health, either because of their

circumstances or because, for whatever reason, they do not feel able to take advantage of the chances on offer. Examples of services that are often missed are cervical screening and mammography.

The importance of implementing present healthcare policies regarding women's health should be and is being encouraged through the partnership arrangements with the NHS. The establishment of a Women's Policy Unit has shown that the prison service recognises the special needs of women and has a commitment to meeting those needs.

Men in prison

Men make up the majority of people who are held in prison, across an age range of 15 years to over 80 years. Within this group there is a wide range of ethnic, cultural and gender specific issues, and attitudes towards health. Among some of the most important issues are substance abuse, attitudes towards sex, and sexual practices, along with some macho-style behaviours that are often a front or a cover for an insecure person. Men are less likely to access health services than women and, therefore, greater emphasis needs to be placed on the role of the nurse in prison to provide opportunities for men to be exposed to both health education and health promotion activities. This needs to be done creatively, subtly and in a personalised manner.

It is becoming increasingly the norm in healthcare centres for men's health clinics (Well Man Clinics) to be organised on a regular basis. It is here that the real issues around an individual's health are identified and suitable treatments arranged. Within the prison setting the nurse will need to set up health promotion activities to meet identified needs, for example, screening for heart disease, and testicular and prostate cancer. Setting up such clinics may also have the effect of triggering health awareness issues for male staff. It is to be hoped that the partnership arrangements with the local national health services will eventually bring about the introduction of good quality occupational health services for all staff working in a prison environment.

Young offenders institutions

A young offender is defined as someone who is between 15 and 21 years of age.

The environment provided for young offenders is varied because of the diverse nature and age of the population that it serves. Such units vary in terms of the facilities for the young offender and the regimes that are organised. For example, Lancaster Farms, in Lancashire, is self-contained, with an emphasis on outdoor pursuits within the confines of the institution. The nurse practising in