Prison Mental Health In-Reach Team
HMP Northumberland

Profile of Learning Opportunities
2012

Shining a light on the future
The mental Health In-Reach Team (MHIRT) provides a service for people detained in HMP Northumberland, who present with mental health difficulties.

This profile of learning opportunities (POLO) should provide you with the initial information you require in order to progress positively throughout your placement with us. The information is a comprehensive document, detailing pathways of care within the prison as well as all the learning opportunities available to you in the prison in reach team that are available to you throughout your practice placement.

It is intended that students & mentors select the appropriate opportunities to help the students to meet the specified competencies for particular placements.

Students should not expect to access all of these opportunities during one placement.

Deliver therapeutic interventions and evaluate their effectiveness

Access journal articles and text books relevant to your placement

Access the internet to research relevant topics
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→ Key Elements – Management of Care
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→ Useful materials
→ Student evaluation
→ Learning Zone
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## AREA PROFILE

<table>
<thead>
<tr>
<th>CLINICAL AREA</th>
<th>HMP Northumberland</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION</td>
<td>Acklington, Northumberland</td>
</tr>
<tr>
<td>TELEPHONE NUMBER</td>
<td>01670 762406</td>
</tr>
<tr>
<td>STAFF LIST</td>
<td>Full Time</td>
</tr>
<tr>
<td></td>
<td>1 x Band 7 Team Lead</td>
</tr>
<tr>
<td></td>
<td>3 x Band 6 RMN</td>
</tr>
<tr>
<td></td>
<td>1 x Band 5 LDN</td>
</tr>
<tr>
<td></td>
<td>1 x Band 4</td>
</tr>
<tr>
<td></td>
<td>1 day a week. Consultant Forensic Psychiatrist</td>
</tr>
<tr>
<td></td>
<td>1 X ½ Day week Admin support</td>
</tr>
<tr>
<td>WHO ARE WE</td>
<td>HMP Northumberland Prison Mental Health In-Reach Team was launched in November 2005 the service is provided by Northumberland Tyne and Wear NHS Foundation Trust. We are based in the health care department and work closely with many departments and professionals also working in the prison</td>
</tr>
<tr>
<td>WORKING HOURS</td>
<td>Mon – Fri  9am-5pm Excluding Bank Holidays Information regarding shift patterns and working with your identified mentor will be discussed and arranged during your first week of induction to the team.</td>
</tr>
<tr>
<td>DRESS CODE</td>
<td>Dress is informal but smart and clothing should be clean, tidy and suitable for the work you will undertake.</td>
</tr>
</tbody>
</table>
DIRECTIONS

Car

If travelling from the south on the A1:
1. Follow the signs for North and Morpeth.
   Remain on the A1 past Morpeth.
2. Approximately 6 miles north of Morpeth, after passing the sign for Causey Park Bridge and the Oak Inn on the left, take the first turning right, signposted Acklington/Widdrington/Amble/Chevington Moor.
3. After approximately 2 miles, turn left at crossroads and after 200 yards take first right turn for Acklington.
4. Continue over the level crossing and follow signs for Acklington Prison for approximately 2 miles.
5. Take a left turning signposted HM Prison and follow the road straight down, Visitors parking is on the right.

If travelling from the north on the A1
1. Follow the signs for South, Alnwick and Morpeth
2. After Alnwick but before reaching Morpeth, turn left at the signpost for Acklington/Widdrington/Amble/Chevington Moor.
3. Follow the directions above from step 3 above.

Buses

There is an hourly Arriva bus service to and from the prison. The 518 bus (From Newcastle Haymarket to Alnwick), will bring you direct to the prison.
This also calls at Morpeth.
The 518 service also runs from Alnwick travelling south, calling at Alnmouth Station (the entrance to the station car park – 2 minutes walk), Warkworth and Amble en-route to the prison.

Trains

The nearest train stations are either Alnmouth or Morpeth.
Welcome to HMP Northumberland

HMP Northumberland has a population of approx 1355 prisoners this is based over two prison sites, Acklington approx 946 Castington approx 409

It is a category C Male prison with a national catchment area; it is not a remand prison.

The prison demographic is quite distinct in as much as; roughly half the population are vulnerable prisoners (predominantly convicted of a sexual offence), there are mains prisoners who tend to be younger, serving shorter sentences and who have a high propensity towards substance use and dependency issues. Additionally there are a high proportion of prisoners serving life sentences.

Security

A security clearance form must be completed prior to any placement commencing, this process will take 4-6wks. You must contact the MHIRT for these forms.

Once clearance has been agreed you will be informed and you can commence your practice placement.

When visiting the prison on placement you must ensure you bring with you Two forms of photographic identification (NHS badge, driving license, Passport)

Your identification badge should be worn at all times.

A number of items are prohibited into the prison, this will be discussed with you during your security talk, prior to placement commencing.

What to expect as a student.

The following information is to assist you in adjusting to working within the team and the prison environment. It is not an exhaustive list and your input throughout will be helpful.

Working with this client group means that it is likely that you may hear details of offending behaviours which you may find disturbing, it is possible that you may feel anxious or hold strong moral or religious beliefs which may working in a prison environment difficult for you. You are not alone; These anxieties have been experienced previously by many staff and students before you. If you experience such feelings, it is important to discuss any worries or concerns with your mentor. This will help to reach a better understanding of the impact these issues have on your role as a health professional.
Confidentiality

The NMC code of Standards of conduct, performance and ethics for nurses (2008) states:

- "You must respect people's right to confidentiality."
- "You must ensure people are informed about how and why information is shared by those who will be providing their care."
- "You must disclose information if you believe someone may be at risk of harm, in line with the law of the country in which you are practising."

It is not acceptable for nurses to:

- discuss matters related to the people in their care outside the clinical setting
- discuss a case with colleagues in public where they may be overheard
- Leave records unattended where they may be read by unauthorised persons.

This also applies to you as a student

Mentorship

Your mentor will have been allocated to you prior to you starting your placement; you should as far as possible work as many shifts as possible with your named mentor.

During this placement students will be encouraged to join in the routine

You will be allocated a mentor who is responsible for helping, supporting and guiding you through your placement. However, it is your responsibility to ensure your learning outcomes in your portfolio booklets are met. Your mentor is here to support you in meeting these outcomes. Your mentor is responsible for informing you of the location of the policy documentation, unit philosophy

It is expected that students will conduct themselves in a professional manner throughout their placement, demonstrating a proactive attitude to the learning process and work in partnership with relevant personnel in order to achieve their learning objectives. Guidance, support and supervision will be provided throughout the clinical experience by your mentor and other appropriate members of staff.

If your mentor is off sick or on holiday you will be allocated an associate mentor. You are required to inform the university of any sickness. Students are welcome to join the staff at lunchtime or leave the unit if they wish.
What do we provide?

Scope of service

- The MHIRT work in a generic way and encounter prisoners who are experiencing a wide range of psychiatric difficulties, including symptoms which could be classified as requiring primary mental health care and a smaller proportion who have symptoms which require secondary mental care input, including care coordination.

- The minimum age of prisoners is 21; there is no upper age limit.

- The team provide screening and comprehensive assessment, intervention, advice and support for prisoners.

- When appropriate the team work in partnership with prison colleagues to help support prisoners with mental health needs.

Description of Service

The effects of prison life on mental health are costly in terms of the unmet needs and suffering experienced by individuals, the people charged with their care while in custody and their families on their release.

The MHIRT provide a service for prisoners which is comparable to mental health services available in the community.

The aim is to provide a comprehensive mental health service to all prisoners within HMP Northumberland.

Because of the shortage of suitable rooms within the healthcare department most of the contacts take place on the prison wings, this at times raises some difficulties for the team due to the sensitivity of the work undertaken and also the access times available.

Whilst on placement with us you as a student have the opportunity to:

- Observe & Participate in therapeutic work within the prison setting

- Liaise and work with other members of the multi-disciplinary team, e.g., Consultant Psychiatrist, Forensic Psychiatrist Nurses, Psychology, Forensic Psychology, General Practitioner, IDTS nurses, Pharmacy,
Health Promotion, Smoke cessation, Physiotherapy, Dentist, Mappa, Probation and numerous discipline staff throughout the prison.

- Observe, plan, participate in and facilitate group therapies (under supervision).
- Assist and participate in prison ACCT reviews.
- Access journal articles and text books relevant to their placement.
- Access the Internet to research relevant topics.

**The Challenge of Nursing in a prison!**

HMP Northumberland can at times be a challenging place in which to work. Some of the client group have a dual diagnosis Mental Health problems and alcohol/drug misuse. At times these Mental Health problems may increase the prisoners’ level of dangerousness and they may pose a risk to themselves and others. Some of the behaviours exhibited during these times of poor Mental Health may be of a disturbing nature. Firstly be reassured due to the close working relationships between prison staff and healthcare any changes in behaviour are easily detectable and easily and quickly managed. All meetings rooms where prisoners are interviewed by the team are fitted with panic alarm for our security. Please discuss any anxieties or concerns you have with your mentor.

Within the field of Forensic nursing good communication is essential across all grades, disciplines and situations. However minor you feel any information may be, it is important that you pass this on, as all information forms an important part of a prisoners risk assessment.
## KEY ELEMENTS
### INTERPERSONAL SKILLS

<table>
<thead>
<tr>
<th>LEARNING OPPORTUNITIES</th>
<th>RESOURCE / RELEVANT PERSONNEL / DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial assessment and planning of the prisoners care</td>
<td>Mentor, and other MHIRT staff</td>
</tr>
<tr>
<td>Implementing care – (communication skills)</td>
<td>Mentor, other MHIRT, Health Care, Prison staff</td>
</tr>
<tr>
<td>Working with members of Multi-disciplinary Team</td>
<td>Eg. Consultant Psychiatrist, GP, Other MHIRT, ect</td>
</tr>
<tr>
<td>Observing and participating in Group Therapies alongside trained CPNs</td>
<td>MHIRT, Mentor</td>
</tr>
<tr>
<td>Observing and participating in Assessments</td>
<td>MHIRT, Mentor</td>
</tr>
<tr>
<td>Adopting Leadership Role and chair daily rapid meetings</td>
<td>Mentor, MHIRT</td>
</tr>
<tr>
<td>Reflective Practice / Supervision</td>
<td>Mentor/MHIRT</td>
</tr>
</tbody>
</table>
### Key Elements

#### Clinical Skills

<table>
<thead>
<tr>
<th>Learning Opportunities</th>
<th>Resource / Relevant Personnel / Department</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessments of care (psychiatric disorders)</strong></td>
<td>MHIRT/ Mentor then referral to the required specialty Assessment Tools, e.g. HONOS, Concentration test, FACE and local risk assessment, Wechsler Adult intelligence scale, etc. Department of health guidelines</td>
</tr>
<tr>
<td>- Assessment tools</td>
<td>MHIRT, General nurses, IDTS Nurses</td>
</tr>
<tr>
<td>- Rating scales</td>
<td></td>
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<tr>
<td>- Maintaining patient safety &amp; safety of others.</td>
<td></td>
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<tr>
<td>- Clinical knowledge</td>
<td></td>
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<tr>
<td>- Service user needs</td>
<td></td>
</tr>
<tr>
<td>- Referral to other agencies / service providers</td>
<td></td>
</tr>
<tr>
<td>- Team &amp; inter-agency working</td>
<td></td>
</tr>
<tr>
<td>- Nursing systems &amp; structures</td>
<td></td>
</tr>
<tr>
<td><strong>Observations:</strong></td>
<td></td>
</tr>
<tr>
<td>Mental state, Risk assessment, IDTS Screening, urine analysis and various behavioural management monitoring etc</td>
<td></td>
</tr>
<tr>
<td><strong>Administration of medications:</strong></td>
<td></td>
</tr>
<tr>
<td>- Knowledge of major psychiatric drug groups</td>
<td>MHIRT, Carats, IDTS, Psychology</td>
</tr>
<tr>
<td>- Administration of medications</td>
<td>RMO</td>
</tr>
<tr>
<td>- Oral, IM / SC, Depot, Rapid tranquillization</td>
<td>prison staff / Risk assessment</td>
</tr>
<tr>
<td>- Knowledge of Clozaril medication and management</td>
<td>Pharmacy, MHIRT, Psychiatrists’,</td>
</tr>
<tr>
<td>- Drug error reporting procedure</td>
<td>Local Medicine Policy</td>
</tr>
<tr>
<td>- Practice and assist in administration of medication</td>
<td></td>
</tr>
<tr>
<td>- Storage and supply / stock of Medication</td>
<td>Qualified Nurses / Consultant</td>
</tr>
<tr>
<td>- Medication usage, classification and side effects of such</td>
<td>Patient Observation, BNF</td>
</tr>
</tbody>
</table>
### Drug & Alcohol Issues

**Planning care:**
- Observation, communication, discussion, liaison & Risk assessment
  - Supportive observation,
  - Communication, discussion, liaison, collaboration with service users, carers, CMHT
  - Assessment process – team working
  - Care planning process
  - Nursing documentation – team nursing system
  - Use of rating scales

**Implementing care:**
- Observe & Delivery of CBT, various behavioural interventions as approp, 121 structured sessions ect

**Mental Health Act:**
- Understand implications of individuals
- Detained under Home Office Restriction
  - Section 17 leave
  - Condition that apply to Section 17 leave
- Documentation of above
- Notifying of relevant parties
- Knowledge of MAPPA and implications
- Understand MHA
- Understanding of patients rights
- Capacity to consent for treatment
- Capacity to consent to admission
- Access to code of practice, understand it’s relevance and importance
- The development of pharmacological knowledge;

- Teaching sessions, discussions;

| Carats, IDTS, MHIRT | MHIRT/Mentor/Prison staff, Prisoner, MDT, Clinical reviews | MHIRT/ Mentor | Consultant, Psychiatrist MHIRT, Healthcare Medical Records Home Office MHAC 1983/2007 |
## KEY ELEMENTS
### PATHOPHYSIOLOGICAL PROCESSES

<table>
<thead>
<tr>
<th>LEARNING OPPORTUNITIES</th>
<th>RESOURCE / RELEVANT PERSONNEL / DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organic Disorders:</strong></td>
<td>MHIRT, Nursing, Psychiatry, Epilepsy Specialist Journals, Relevant Literature OT/ Physiotherapy Internet Drug Company Representatives</td>
</tr>
<tr>
<td>Epilepsy, Dementias, Brain injury, Korsakoffs, Diabetes, Muscular / Skeletal Disorders etc</td>
<td></td>
</tr>
</tbody>
</table>

| **Psychiatric Disorders:** | MHIRT, Nursing, Mentor, Various specialties Journals, Relevant Literature Internet Drug Company Representatives |
| Challenging Behaviours Depression, Anxiety Disorders, Phobic Disorders, Schizophrenia, Personality Disorder, Bi-Polar Disorder, Attention Deficit Hyperactive Disorder, Alcohol and Drug Abuse / Addiction, Dual Diagnosis, Talks / Discussions, the associated distress that people may experience and the relevance of non-medical interventions. | |
## KEY ELEMENTS

### HEALTH DEVELOPMENT OPPORTUNITIES

<table>
<thead>
<tr>
<th>LEARNING OPPORTUNITIES</th>
<th>RESOURCE / RELEVANT PERSONNEL / DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Observe and Participate in:</strong></td>
<td></td>
</tr>
<tr>
<td>• Behavioural Support Planning / Implementation, MAPPA, Hospital referrals, Hostel, Other prisons, Community MH Teams</td>
<td>MHIRT, Nursing, OT, GP, Outside MDT agencies</td>
</tr>
<tr>
<td>• Various Quality Audit’s, CQC, HMP inspectorate, Prison health performance indicators</td>
<td>Mentor, MHIRT, Steering Group, HMP Staff</td>
</tr>
<tr>
<td>• All Aspects of Risk Assessment and Care Planning</td>
<td>Mentor, MHIRT, Prison staff</td>
</tr>
<tr>
<td><strong>Implementing care:</strong></td>
<td></td>
</tr>
<tr>
<td>• Care planning process</td>
<td>Nursing Staff Mentor / Resource file / Pathology laboratory</td>
</tr>
<tr>
<td>• Communication, discussion, liaison, collaboration with service user, carers, other agencies involved</td>
<td></td>
</tr>
<tr>
<td>• 1:1 sessions,</td>
<td></td>
</tr>
<tr>
<td>• Group work,</td>
<td></td>
</tr>
<tr>
<td>• Solution focused interventions,</td>
<td></td>
</tr>
<tr>
<td>• Observe Clozapine/Lithium levels</td>
<td></td>
</tr>
<tr>
<td><strong>Liaise with Other Departments:</strong></td>
<td></td>
</tr>
<tr>
<td>(Learning Zone)</td>
<td>See Interpersonal Skills MDT List</td>
</tr>
<tr>
<td></td>
<td>See page 33</td>
</tr>
</tbody>
</table>
# KEY ELEMENTS

## MANAGEMENT OF CARE

<table>
<thead>
<tr>
<th>LEARNING OPPORTUNITIES</th>
<th>RESOURCE / RELEVANT PERSONNEL / DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking Leadership Role Reviews.</td>
<td>MHIRT, Mentor, Medical Staff, Prison staff</td>
</tr>
<tr>
<td>Being responsible for individual assessments of prisoners and planning care</td>
<td>MHIRT, Mentor, Nursing, Medical Staff, Multi-disciplinary Team, Families</td>
</tr>
<tr>
<td>Decision making, in discussion with Mentor/ MHIRT</td>
<td>Mentor/ Prison staff, Multi-disciplinary Team</td>
</tr>
<tr>
<td>Involvement in Multi-disciplinary Team</td>
<td>Members of Multi-disciplinary Team</td>
</tr>
<tr>
<td>Taking charge of the unit for a full day &amp; carry out Rapid chair meeting.</td>
<td>MHIRT / Mentor</td>
</tr>
<tr>
<td>Sickness and Absence</td>
<td>Guidelines for managing sickness Ward Manager and Human Resources</td>
</tr>
</tbody>
</table>
| Maintaining a safe and secure environment | **EVERYONE** inc....  
Trust and National Guidelines  
Manager/ Prison Staff  
Estates  
Risk Assessment / Management  
Relevant Forms  
Human Resources |
|------------------------------------------|---------------------------------------------------------------|
| **Teaching and Assessing**               | Qualified Nurses  
NVQ Assessors  
Control and Restraint Instructors  
Mentors  
Clinical Supervision  
KSF |
| **Governance**                           | The MHIRT adhere to the clinical governance protocols and policies of  
NTW NHS Foundation trust  
And those Policies & Protocols of HMP Northumberland. |
Our Process – What happens next…?

The Referral Process

Referral Process

- Referrals are made to the MHIRT using a referral form – any staff working with prisoners can make a referral. Urgent referrals can be made via discussion with a member of the MHIRT.

- All referrals are received in health care and are logged onto system one by health care admin staff, a letter of acknowledgement is sent to the prisoner.

- Referrals are paper triaged by a nurse from the MHIRT.

- Appointments are made using system one

Initial Assessments

After the referral had been made the initial assessment will be undertaken by a band 5 nurse within 2 working days of receipt of referral using the template document for men. Initial assessments will include.

- Checks whether the person is known to mental health services (if on CPA and is eligible for section 117)
- Presenting problems
- Risk screen
- Care plan (e.g. Referral for comprehensive mental health assessment, placement in health care centre, recommendation for ACCT)
- Working formulation (Key issues from background history, presenting complaints and risk concerns)

Rapid Meeting

All cases which have been initially assessed are then discussed at regular RAPID panel meeting chaired by band 6 on a rota basis, the rapid meeting will be held daily.
The remit of these panels is as follows:

- Supervision
- Continuity of care
- Patient safeguard
- Risk management
- Decision of care pathway
- Review of discharge/pre release

Comprehensive assessment

Comprehensive assessments should be conducted by a band 6 nurse or as a minimum a band 5 nurse under close supervision of a band 6 within 5 working days of the initial assessment

Discharge Process

Individuals are discharged from the MHIRT team under the following circumstances:

- Once their difficulties have improved and they no longer present with any mental health difficulties.
- Once their difficulties have become manageable and relapse prevention strategies are in place
- If the individual is deemed unsuitable for any interventions offered by the in reach team
- If it were felt that that the individuals difficulties are more closely related to their offending behaviour and would therefore be most appropriately served by a member of the prison psychology or probation team
- If they have consistently failed to attend appointments

Some individuals, because of the nature of their mental health difficulties, may require transfer to hospital facilities, such as NHS secure units, special hospitals or other prisons with in-patient health care provision. The MHIRT will liaise with the appropriate personnel to ensure care pathways are maintained.
Prisoner pathways are often complex and less straightforward than in the community setting.

When a prisoner requires transferred to an NHS hospital because of their mental health condition, the MHIRT are responsible for liaising with The Ministry of Justice and local authorities and prison colleagues.

Within the prison environment there is a lack of appropriate services and resources and this is most evident for prisoners who have learning difficulties, in most cases these individuals are referred to the mental health team who then have the difficulty of trying to determine care.

Dual diagnosis ~ MHIRT will liaise with IDTS (Integrated Drug Treatment System) staff as necessary in cases of dual diagnosis, an attempt will be made for the mental health team to access awareness training regarding dual diagnosis. Following a referral from the Carats’ Team (Counselling, Assessments, Referral, Advice & Through care services) who offer low intensity, low threshold intervention Integrated drug treatment system (IDTS) provides prisoners with treatment for their drug addiction.

Learning Disability ~ if during an assessment concerns are highlighted regarding cognitive impairment then screening questions will be completed as part of a comprehensive assessment, if a potential LD is highlighted the forensic referral process will be followed. The forensic LD team will come into the prison to conduct assessments & provide consultation/advice.

The MHIRT work with many other agencies including:

- Multi –Agency Public Protection Agency (MAPPA support the assessment and management of the most serious sexual and violent offenders. MAPPA bring together the Police, Probation and Prison Services into what is known as the MAPPA Responsible Authority. Other agencies are under a duty to co-operate with the Responsible Authority, including social care, health, housing and education services.
- Other primary health care providers; nurses and GP’s.
- HMP staff (prison officers, drugs workers).
- National Offender Management Service colleagues. (NOMS are responsible for commissioning and delivering adult offender management services in custody and in the community in England and Wales. They manage a mixed economy of providers including probation)
- Multi- faith Chaplaincy staff
- 3rd sector providers; MIND, CAB etc.
HMP Northumberland accommodates prisoners from across England and Wales, the MHIRT are required to liaise with mental health teams from an individual’s local area to ensure the hand over of care and sharing of information, particularly when an individual receiving mental health care is due to be released.
Useful materials & Literature
Student reading list

Literature

- Thompson, T and Mathias, P. (2000) *Lyttle’s Mental Health & Disorder*
- The Ashworth Inquiry (Easily available on the internet)
- The Fallon Report
- The Bradley Report
- Criminal justice Act (2001)
- The mental health code of practice

Websites

- [www.doh.gov.uk](http://www.doh.gov.uk)
- [www.nice.org.uk](http://www.nice.org.uk)
- [www.modernnhs.nhs.uk](http://www.modernnhs.nhs.uk)
- [http://mentalhealth.org.uk](http://mentalhealth.org.uk)
- [http://www.getselfhelp.co.uk/freedownloads2.htm](http://www.getselfhelp.co.uk/freedownloads2.htm)
- [http://www.mentalhealthcare.org.uk/treatment_and_care__including_medications_and_medication__Care_paths ways](http://www.mentalhealthcare.org.uk/treatment_and_care__including_medications_and_medication__Care_paths ways)
- [http://www.rcpsych.ac.uk/default.aspx?page=0](http://www.rcpsych.ac.uk/default.aspx?page=0)
- [www.scmh.org.uk](http://www.scmh.org.uk)
- [www.ldoffenders.co.uk](http://www.ldoffenders.co.uk) – The care & Treatment of offenders with learning disabilities
- [www.bnf.org](http://www.bnf.org)
- [www.mentalhealth.com](http://www.mentalhealth.com)
- [www.nmc.org.uk](http://www.nmc.org.uk)

Publications

Department of health (1998) Signposts for Success in commissioning and providing Health Services for People with Learning Disabilities. NHS


Mental Health Act (1983) HMSO, London


Evaluation Form

Within HMP Northumberland the team aim to provide our visiting students with clinical experiences within a prison setting, these skills can be personally and professionally rewarding. It would be helpful to the team if you are able to answer a few questions to let us know how to improve what we offer students in the future. These questions are not compulsory.

**FEEDBACK AND EVALUATION SHEET.**

1. Did you feel that the level of guidance and support you received throughout your placement was sufficient and appropriate?

2. Can you think of ways through which we could improve the guidance and support we provide students with?

3. Do you feel that your desired learning outcomes have been dealt with and met in a satisfactory manner?

4. Should we approach the achieving of students’ learning outcomes in a different way and if so, how?

5. Which further learning opportunities could and should we provide students with?

6. Do you think, the overall learning environment in HMP Northumberland was appropriate and supportive?

7. Please, feel free to share any other comments you wish to express and share?

Signed & Date: ------------------------------------------
**Prison Terms**

**ACCT (assessment and care in custody teamwork)** – To work together to create a safe and caring environment, where distress is minimised and those who are distressed are able to ask for help. To identify individual need and offer individualised care and support before, during and after a crisis.

**Adjudication** - A mini-trial, at which a prison governor is the judge and jury, which hears allegations of breaches of prison discipline by prisoners.

**Approved Parole Date (APD)** - The date on which a prisoner who is granted early release on Parole Licence is actually released from prison.

**BOSS Chair** - Body Orifice Security Scanner. A metal detector built into a chair to detect metallic objects in body orifices.

**Cognitive Behavioural Therapy (CBT)** - aims to help you to change the way that you think, feel and behave. It is used as a treatment for various mental health and physical problems.

**Cat A Prisoners** - Prisoners whose escape would be highly dangerous to the public, to the police or to the security of the state.

**Cat B Prisoners** - Prisoners for whom the very highest conditions of security are not necessary but for whom escape must be made very difficult.

**Cat C Prisoners** - Prisoners who cannot be trusted in open conditions that do not have the will or resources to make a determined escape attempt.

**Cat D Prisoners** - Prisoners who can be reasonably trusted to serve their sentence in open conditions.

**Closed Prison** - A prison with a wall; where prisoners are not allowed to leave the premises.

**Charge** - A formal accusation against a person that a criminal offence has been committed.

**Close Supervision Centre (CSC)** - A special unit for prisoners whose behaviour is very difficult to manage, e.g. hostage takers, serial serious assaulters, etc.
**C-NOMIS** - A computer system that is supposed to link the Prison Service and Probation.

**Community Psychiatric Nurse (CPN)** - A trained psychiatric nurse who makes assessments of prisoners and reports back to various bodies on whether further psychiatric work is needed.

**Care coordinator**

A care coordinator is a named individual who is designated as the main point of contact and support for a person who has a need for ongoing care. The Government's 'care programme approach' for specialist psychiatric services advises that health and social services should designate a person to keep in close contact with a 'patient' in the community and to monitor their care.

The care coordinator can be a nurse, social worker or other mental health worker - whoever is thought appropriate for the person's situation. A care coordinator should not be the same person as the care manager. Care coordinators are usually part of a community mental health team.

**Concurrent Sentences** - Where a person has received more than one sentence the court can order that they should run at the same time as one another or partly overlapping. Where a sentence is passed on a prisoner who is already serving a sentence, and the court does not indicate whether the new sentence should be concurrent or consecutive to the existing sentence, it must be treated as being concurrent. *concurrent sentence* n. when a criminal defendant is convicted of two or more crimes, a judge sentences him/her to a certain period of time for each crime. Then out of compassion, leniency, plea bargaining, or the fact that the several crimes are interrelated, the judge will rule that the sentences may all be served at the same time, with the longest period controlling.

**Conditional Discharge** - An order which does not impose any immediate punishment on a person convicted of an offence; subject to the condition that he does not commit an offence in a specified period.

**Conditional Release Date (CRD)** - The date on which a prisoner serving 12 months or more but less than 4 years (and is due to be released under the provisions of the **CJA 1991**) is released on licence under supervision. The term also applies to prisoners serving a Standard Determinate Sentence (of 12 months or more) and are due to be released on licence under supervision under the provisions of the **CJA 2003**.

**Consecutive Sentences** - Where a person has received more than one sentence the court can order that they should run 'consecutively' (one runs from the end of the other, so the total time served is found by adding each sentence together)). Where a sentence is passed on a prisoner who is already serving a sentence, and the court does not indicate whether the new sentence
should be concurrent or consecutive to the existing sentence, it must be treated as being concurrent.

**Conviction quashed** - The appeal has been won and the conviction overturned.

**Custody for Life** - The mandatory sentence for those under 21 convicted of murder, but who committed the murder between the ages of 18 and 21.

**Custody Time Limit** - The maximum period, as set down in statute, for which a person may be kept in custody before being brought to trial – the maximum periods may only be extended by an order of the judge.

**Discharge Grant** - This is money to help with a prisoner's living expenses for the first week after leaving prison. They must claim the discharge grant at least four weeks before they leave prison.

**Governor** - A senior non-uniform grade of prison staff. The ‘Governing Governor’ (or No 1 Governor) runs the establishment; other governor grades take responsibility for particular sections of the prison. In private establishments there are no Governors and the most senior management person is the Director.

**Integrated Drug Treatment System (IDTS)** - Is an initiative that aims to radically improve the clinical and psychosocial drug treatment services offered within prisons and ensure that professionals work together on the coordination of care. Clinical interventions are supported by a range of intensive psychosocial programmes delivered by prison CARAT teams. The IDTS approach also focuses upon providing continuity of treatment between communities and prisons and the planning and commissioning is therefore located within the local CDRP/DAT Partnership.

**Inmate Medical Record (IMR)** - A prisoners' medical file, as held by the prison. This is a confidential document.

**In Possession Medication (IP)** - Medicines that a prisoner may keep in his or her possession - rather than being issued, as required, by healthcare staff.

**Incentive and Earned Privileges (IEP)** - A system that is supposed to reward good behaviour with extra privileges and deter bad behaviour by their withdrawal; usually three tiers; Basic, Standard and Enhanced. The IEP level may affect whether a prisoner wears his own clothing (female prisoners can always wear their own clothing), how much they may earn and how many visits (or length of visit) they may have.

**Induction** - Programme of classes and activities during first few weeks a prisoner is in a prison, whether newly convicted or transferred. During this time the prison may want to carry out assessments on the prisoner.
In Possession (IP) - Either a description of property a prisoner keeps with him/her, or a list of items a prisoner is allowed 'in possession' (i.e. in their cell) or room.

Imprisonment for Public Protection (IPP) - is an indeterminate sentence for people whose offences are not serious enough for life imprisonment, but are considered by the court to be potentially dangerous. IPP prisoners can only be released when the Parole Board is satisfied they no longer pose a risk to the public. The prisoner is expected to demonstrate that their supposed risk has been reduced - this is done through prison based courses identified on their Sentence Plan.

Locks, Bars and Bolts (LBB) - A daily check by prison officers that the security of a cell is OK. It is not a search but merely a fabric check.

Licence Expiry Date (LED) - The date on which compulsory supervision ends for those prisoners released under the provisions of the Criminal Justice Act 1991. It applies to prisoners serving 12 months and over. It will normally be at the three-quarters point but run to the end of the sentence for sex offenders if ordered by the sentencing court under Section 44 of the CJA 1991. The licence expiry point for those due to be released from a Standard determinate Sentence under the provisions of the CJA 2003 will always be the end of sentence.

Life Licence - Most prisoners serving an 'Indeterminate Sentence' - known as 'lifers' will have a Tariff, which is the minimum term to be served (called the punishment part of the sentence). After the Tariff is passed the Parole Board can recommend their release. If released they have a 'Licence' which is, basically, a list of rules they must comply to. If they break any of the rules they can be recalled to prison. The licence normally runs for the rest of their life.

Life Sentence - A Life Sentence basically means imprisonment for life but very few prisoners have actually been told they will never be released. A life sentence always has a Tariff which is the time in prison imposed as a punishment. After the Tariff has expired the Parole Board may recommend a prisoners release but this will be with a ‘Life Licence’ which, if broken, can mean an immediate Recall to prison. A Life Sentenced prisoner is under threat of Recall for the rest of their life.

Lifer Liaison Officer (LLO) - The specific prison officer within a prison who deals with lifer issues.

Listeners - These are prisoners selected and trained by the Samaritans who support other prisoners in times of stress and need.

Loss of Association (LOA) - One of the punishments available to Adjudicating Governors whereby a prisoner loses his or her 'Association' for a set period (they still have access to telephones, showers, gym, chapel, exercise and work/education).
**Lock Down** - The process of locking inmates in their cells, either as part of the daily routine or if an incident is taking place.

**Long-Term Prisoner** - Any prisoner serving a sentence of 4 years or more.

**LPR - Lifer Parole Review** - All life sentence prisoners are entitled to a Parole Board review shortly before the expiry of the minimum term of imprisonment (often referred to as the “tariff”) expires.

**Mandatory Life Sentences** - This is the only sentence that can be imposed on anyone over the age of 21 who is convicted of murder. Detention during Her Majesty's Pleasure is the mandatory sentence for a person convicted of murder who was aged 10 or over but under 18 at the time of the offence. Custody for Life is the mandatory sentence for a person aged 18 or over but under 21 at the time of the offence who is convicted of murder and sentenced while under 21.

**Multi-Agency Public Protection Arrangements (MAPPA)** - The MAPPA began operating in April 2001. This body places a duty on the police and the National Probation Service to assess and manage risks posed by ex-prisoners in every community in England and Wales.

The MAPPA framework identifies the three separate but connected levels at which risk is assessed and managed:

- **Level 1** - Ordinary risk management, low/medium risk cases which are usually managed by a single agency;
- **Level 2** - Local inter-agency management, high risk cases requiring the active involvement of more than one agency;
- **Level 3** - Multi-Agency Public Protection Panels (MAPPPs), high/very high level of risk, cases assessed as being high/very high risk of causing serious harm or highly likely to be subject to media scrutiny and/or public interest.

**National Offender Management Service (NOMS)** - The National Offender Management Service (NOMS) is an Executive Agency of the Ministry of Justice (MoJ), responsible on behalf of the Secretary of State for Justice for commissioning and delivering prison and probation services in England and Wales.

NOMS was established in 2008 to join up prison and probation services, to enable offender management to be delivered more effectively, and to strengthen and streamline commissioning to improve efficiency and effectiveness.

NOMS delivers offender management services through:

- Probation trusts – 35 trusts responsible for the delivery of probation services at local level
- Public sector prisons – 127 establishments which provide around 88 per cent of prison places
Private sector organisations – operating 11 prisons under contract and providing other services, including prisoner escorts and electronic monitoring of offenders

Partnerships – with a range of public sector agencies, including local authorities, health and education services, and with organisations in the third sector.

NOMS is also commissioned by the Youth Justice Board to provide secure accommodation and services for young offenders and by the UK Border Agency to provide places for immigration detainees.

**Non Parole Date (NPD)** - The date on which a prisoner serving 4 years and over who has not been granted parole must be released. It also applies to prisoners sentenced before 1 October 1992 and is set at the two-third point.

**Not in possession (NIP)** – Prisoners who do not hold their medication due to risk factors have their medication distributed by healthcare staff at various times throughout the day which is given to a prisoner from a nursing hatch on the wing.

**Offences** - Below is a list of common offences. Each one links to sentencing information on the relevant page of the CPS (Crown Prosecution Service) website. Whilst this information is primarily designed for advocates it also provides useful information for those charged with, or convicted of, those sentences: it includes; Aggravating & Mitigating Factors, Relevant Sentencing Guidelines, and information about Relevant Sentencing Case Law.

**Offences by Prisoners** - An offence committed in prison by a serving prisoner may be dealt with: by the prison governor, using the prison's internal disciplinary procedure; or by a police investigation, which may lead to a prosecution. The decision whether to call the police to investigate is made by the prison governor using guidelines provided by the Home Office and depends on the nature and seriousness of the alleged offence.

Where a governor decides to investigate, he should still lay a disciplinary charge within 48 hours of discovery of the alleged offence, and the hearing should then be adjourned pending the police enquiry and CPS decision. If the victim requires that the matter be referred to the police, the governor should accede to that request. Clear evidence of racial motivation will strengthen the case for referral to the police.

**Personal Officer** - A prison officer whose job it is to get to know the circumstances of a prisoner and assist with assessments and sentence planning.

**Principle Officer (PO)** - The second level of management, above an SO (Senior Officer), wears 2 pips. Often is responsible for managing a complete wing or other area of responsibility.

**Primary Care** - Care given to prisoners outside of hospital or in-patient facility.
**Prison Rules** - The Prison Rules lay down, in legislation, how a prison is run, how a prisoner is treated, and the conduct of staff and visitors.

**Private Cash** - This is a term referring to one of the 'accounts' prisoners have with the Prison Service. Any money not 'earned' within the prison is placed in the 'Private Cash' account and an amount (depending upon IEP level) is transferred into their 'Spends' account each week. Prisoners can send money out from their 'Private Cash' but cannot normally buy items for themselves.

**Privileges** - Extra things a prisoner can have or do as a result of being promoted through the IEP system of Incentives and Earned Privileges. The Prison Rules lay down the minimum a prisoner can have; Privileges refer to extras above that: this may be such as; the wearing of his own clothing, extra visits, or more Association time.

**Post Recall Release Date (PRRD)** - The date on which prisoners who have been released on licence, and whose licences have been revoked, are released after serving a period of imprisonment for that revocation.

**Recall** - A person released on Parole Licence or Life Licence may be recalled to prison if they commit another crime or are charged with another crime, or if they behave in a way that makes their Offender Manager thinks they might be commit another crime, or if the persons breaks the conditions of their licence. For more information about recall see our Recall factsheet.

**Reception Pack** - A Reception pack (sometimes called a Comfort Pack or a First Night Pack) containing items such as tea, milk, sugar, sweets, and (if requested, and for over 16s only) tobacco, issued to a prisoner during the Reception Process.

**Reception** - Reception is the series of standard procedures that apply to prisoners entering an establishment, both for the first time and each subsequent time thereafter. It is also the name of the section where prisoners arrive and depart.

**Remand** - To order an accused person to be kept in custody or placed on bail pending further Court appearance.

**Remand Warrant** - This is the official authorisation a prison needs to keep a person in custody. It is the prison governor's responsibility to ensure all warrants are current and valid.

**Renew appeal** - If the first judge declines to allow an appeal it can be ‘renewed’ to the full court to apply to a panel of three judges for leave to appeal.

**Risk of Harm to Others (ROH)** - This is the term generally used by Probation to describe probation work to protect the public; particularly by released/licence prisoners. The 'risk' is measured in relation to children, other adults and staff.
**Release on Temporary Licence (ROTL)** - The system whereby suitable prisoners are released for precisely defined and specific activities.

**Safer Cell** - Most prisoners who kill themselves in custody do so by hanging, usually tying a ligature to window bars. Other ligature points include doorframes, light fittings, and furniture. One aspect of the Safer Custody Group’s strategy for reducing self-inflicted deaths in custody has been the development of ‘safer’ cells, designed to be free of ligature points while at the same time providing a pleasant and ‘normalised’ environment for prisoners. Prototypes of safer (ligature-free) cells were constructed at HMP Belmarsh in 1997, followed by the construction of two 120-place wing units at HMP Swaleside. Since then a number of establishments have had safer cells installed and the design of safer cells has continued to evolve.

**Safer Custody Group (SCG)** - A Prison Service initiative whose mission statement is ‘Preventing Suicides and making prisons safer for all who live and work there’. They are based at Prison Headquarters.

**Safer Custody Officer** - A prison officer responsible for co-ordinating anti-bullying efforts, the use of ACCT (2052SH), and suicide prevention.

**Sanction** - A penalty imposed on a person involved in a case if he or she, for example, fails to comply with directions or refuses to consider an alternative to court. Even though a person wins a case, the judge may order them to pay the other party’s costs.

**Secondary Care** - Refers to a type of healthcare and is a specialist care typically provided in a hospital setting or following referral from a primary or community health professional.

**Secure Units** - These are hospitals, mostly run by the National Health Service, which undertake psychiatric assessments and provide treatment and accommodation in a safe, clinical environment where patients can be prevented from harming themselves or others. The secure hospital facilities are divided into three main categories and are referred to as High, Medium and Low Security. The High Security Hospitals in England include Ashworth, Broadmore and Rampton; in Scotland there is The State Hospital, Carstairs. Northern Ireland and the Isle of Man have their own Medium and Low Secure units but use the mainland faculties for High Security patients.

**Sentence Expiry Date (SED)** - The date on which a prisoner’s sentence is completed. The prisoner will have no further liability, except that young offenders must complete at least 3 months under supervision unless they reach their 22nd birthday first.

**Segregation** - Sometimes referred to as ‘SEG or SACU’, a unit within the establishment that contains prisoners who are segregated from the normal population. This segregation may be because of disciplinary punishment, GOOD, or for the prisoner’s own protection.
**Senior Officer (SO)** - The first level of management. Wears a single pip. Often manages small units within a prison or is part of a team which run a wing.

**Sex Offender Treatment Programme (SOTP)** - A range of Offending Behaviour Courses aimed at prisoners convicted of crimes with a sexual element. There are various levels; Core, Extended, Booster, and a special Adapted Course for those with literacy or learning difficulties.

**Suspended Sentence** - A sentence which takes effect only if the person convicted commits another offence punishable with imprisonment within the specified period.

**Through care** - ‘transitional care’, refers to a range of work and support to prisoners from the point of sentence or remand, during their period of imprisonment and subsequent release into the community. It consists of two elements: work with prisoners to help them address and change their behaviour, and work in the community designed to re-integrate them back into mainstream society.

**Visiting Order (VO)** - A special form which is filled in and used to book a visit at a prison. VOs can be renewed or accumulated (if not used). Normally prisoners in England are entitled to 2 per month. Newly convicted prisoners are entitled to one immediately upon reception into a prison.

**Vulnerable Prisoner (VP)** - These are prisoners who are held separately from other prisoners. They are held under Prison Rule 45 (on the ‘Rule’). They may be prisoners who have committed serious offences which could cause them problems on ‘Main Location’ (sexual crimes for example), they may have run up debts to other prisoners which they cannot pay, they may be known police informers, or just prisoners who find it hard to cope in the mainstream prison system. VPs usually have separate wings and do not mix with main location prisoners but have all the rights and access to facilities which other prisoners have.

**Vulnerable Prisoner Unit (VPU)** - In some prisons: a wing where prisoners, mainly convicted of sex offenders but also those in debt or those who find it difficult to cope within the prison system, are kept apart to protect them from bullying and victimisation by other prisoners.

**Wing Officer** - A prison officer who works on the wings where residents live. They deal with the day to day issues relating to prisoners and are, usually, the first point of call if a prisoner has a problem or needs something.