Development of a dementia education workshop for prison staff, prisoners, health and social care professionals

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Abstract

The world's prison population is aging. Older prisoners, those aged 50 years and older, are at risk of poor health and developing a dementia. Prisoners with dementia may present challenges to the regime within the prison and require extra support. However, prison staff and health and social care professionals have reported a lack of skills and knowledge to identify and support prisoners with dementia. This may be due to a current lack of dementia education programmes developed specifically for the prison setting and delivered comprehensively for all those working with prisoners. The aim of this paper is to describe the development and implementation of a dementia education workshop for the prison setting, which is suitable for all prison staff, prisoners, and health and social care professionals.

Keywords

Dementia, prison, training, workshop, prisoners

Introduction

Older prisoners are the fastest growing group in many countries around the world, including the UK, America, and Australia (House of Commons, 2018; Bureau of Justice Statistics, 2016; Australian Bureau of Statistics, 2017). The definition of an older prisoner has been debated, but is not consistently applied, although a common definition is any prisoner over the age of 50 (Public Health England, 2017). In countries where there are indigenous populations it has been suggested this needs to be reduced to prisoners over the age of 45 years (Angus, 2015). However, the expansion of older prisoners is expected to continue, in Australia if the current trend does not alter, by 2020 one in ten custodial sentences will be delivered to a person over the age of 50 (NSW Bureau of Crime Statistics and Research, 2017).

The identification of an older prisoner is essential as they are at risk of developing complex health conditions, such as dementia, at an earlier age than community living adults (Sharupski, Gross, Schrack, Deal, & Eber, 2018). Accelerated aging of prisoners was originally identified by Grant (1999), and defined as prisoner's physiological health was 10 years advanced of their chronological age.

More recently, prisoners' health has been estimated to be at least 15 years advanced of their chronological age (Kouyoumdjian, Andreev, Borschmann, Kinner, & McConnon, 2017). Contributing factors impacting on the health of prisoners include: unhealthy lifestyles and poor engagement with healthcare, low educational attainment, higher rates of a mental health illness and traumatic brain injuries, alongside poor nutrition and lack of exercise in the prison setting (Maschi, Kwak, Ko, & Morrissey, 2012).

Older prisoners are therefore at risk of complex health and social needs, which require a full assessment and implementation of a supportive plan. Initiatives have begun to address this issue, such as the Older Prisoner Health and Social Assessment Plan (OHSCAP), which was developed and implemented successfully in one prison in the UK (Walsh, Forsyth, Senior, O'Hara, & Shaw, 2014). Governing bodies, such as Public Health England (2017) recognise the need for comprehensive health and social assessment of older prisoners and have produced clear guidance. However, HM Inspectorate of Prisons and Care Quality Commission (2018) in England and Wales found there remained no comprehensive national strategy for social care, and many prisons lacked a robust process to identify prisoner's health social care needs and appropriate social care services. This has led to older prisoners experiencing inconsistent physical, emotional and social care support throughout a prison sentence and upon release (Di Lorito, Vollm, & Dening, 2018).

The complex health and social needs of older prisoners require consistent care and support, which creates a burden and unique challenges for prison staff, and health and social care provision (Wangmo et al., 2015). An important element for prisoners with dementia is the ability of staff to recognise and support, rather than reprimand behaviours that may challenge the regime within the prison (Carpenter & Dave, 2004). Previously, prison officers have suspected a dementia in five times as many prisoners as healthcare professionals (Brie et al., 2009). Currently both prison staff, and health and social care professionals have reported difficulties in identifying the difference between dementia, mental health conditions and psychotic episodes due to illegal drug use in the prison setting (Gaston, 2018; Dillon, Vinter, Winder, & Finch, 2018). Dementia education has occurred in the prison setting but only for specific staff within dementia initiatives (Hodel & Sanchez, 2012), or as a topic within a wider workshop on supporting older prisoners (Masters, Magnuson, Bayer, Potter, & Falkowski, 2016).

The development of dementia education specifically for the prison setting is required as the prevalence of dementia in older prisoners has been estimated to range from 12.8% to 18.8% (Kingston, Le Mesurier, Yorston, Wardle, & Heath, 2011; Combalbert et al., 2018). However, this is an estimate and many prisoners may remain undiagnosed due to diagnostic criteria and cognitive

screening tools that are not appropriate for a prison setting, and where a regime within the prison may mask the onset of dementia (Dillion et al. 2018; Feczko, 2014). Prisoners with dementia, especially those you are undiagnosed are vulnerable, both in their interactions with fellow prisoners and prison staff (Gaston, 2018). Early identification and diagnosis of dementia are essential to enable strategies and treatment plans to slow the progression of the disease and support the prisoners within the prison setting (Ciprani, Carlesi, Danti, &Di Fiorino, 2017).

Therefore, there remains a need for a system-wide approach of dementia education within prison settings, which incorporates prison staff, prisoners, health and social care professionals and all external agencies. The aim of this paper is to present the development and implementation of a prison specific dementia education workshop.

Methods

Design

A three phase approach to develop a prison specific dementia education workshop. Each phase is described in detail below. Phase 1 and 2 involved understanding current knowledge and experiences of supporting prisoners with dementia to inform phase 3 the development and implementation of an education dementia workshop.

Setting

The work was completed in a category C male prison within Her Majesty's Prison and Probation Service (HMPPS) in England, which holds a maximum of 640 prisoners, of which a high proportion were convicted of sex offences. Category C is defined as a closed prison and holds prisoners who cannot be trusted in an open prison, but who are unlikely to try and escape.

Phase 1

The current understanding of dementia by prison staff, and health and social care professionals working in the prison was explored through the completion of the Dementia Knowledge Assessment Scale [DKAS] (Annear et al. 2017). The DKAS is a reliable and valid measure (Annear et al., 2015a; Annear et al. 2015b; Annear et al. 2017), which contains 25 items across four domains of: 1) causes and characteristics, 2) communication and behaviour, 3) care and consideration, and 4) risk and health promotion. Each domain contains a set of 6 or 7 items (statements) that are answered from False, possibly false, possibly true, true or don't know. Each statement is scored out of 2, for example if the statement is false, false is scored as 2, possibly false as 1 and all other answers as 0.

The results are the sum of each domain and the total score the sum of all the domains, with a total score of 50.

Phase 2

The current experience of supporting prisoners with dementia by prison staff, prisoners, and health and social care professionals was explored through three open ended questions, which included: 1) please state 5 facts you believe to be true about dementia, 2) tell me about the barriers or challenges have you experienced when supporting a prisoner with dementia, 3) tell me about supportive initiatives/programs or processes within the prison which have supported you in supporting a prison with dementia.

Phase 3

Data from phase 1 and 2 were analysed to inform the development of a two hour dementia education workshop to support prison staff, prisoners and health and social care professionals to understand and support prisoners with dementia. Finally, the dementia education workshop was implemented and evaluated by prison staff, prisoners, and health and social care professionals.

Results

Phase 1

Participants

Healthcare professionals (n=13), Substance Misuse counsellors (n=5), Offenders Management Unit officers (n=7) and Senior Managers within the prison (n=8) completed the DKAS (Annear et al. 2017).

Total mean scores for the DKAS were: healthcare professionals 23.62, substance misuse counsellors 25.80, offenders management unit officers 16.15, and senior managers 19.75. Mean scores for each domain for each staff group and prisoners are presented in Table 1, 2, 3 and 4. The results demonstrate a basic understanding of dementia across the four domains. The domain of causes and considerations was consistently scored high by healthcare professionals, senior managers, and substance misuse counsellors; however lower scores from the offender management unit officers were noted. Substance misuse counsellors were the only staff to consistently score high in the domain of risk factors and health promotion. Substance misuse counsellors and healthcare professionals consistently scored high on the domain of communication and behaviour. Lastly only the senior managers scored consistently low on the domain of care considerations.

Phase 2

Participants in this phase included: healthcare professionals (n=20), prisoners (n=76), and prison officers (n=15).

All staff groups and prisoners demonstrated a basic knowledge of the different types of dementia, symptoms, treatment, and the impact on family members. A misconception held by some staff was the belief that dementia only occurred in older people. Staff and prisoners identified four barriers to supporting prisoners with dementia: 1) bullying of prisoners with dementia by other prisoners, 2) the regime within the prison, with extended periods of time behind locked doors, 3) a physical environment with stairs, slopes, high level of noise on the wings, and the lack of a suitable environment to provide work opportunities, 4) lack of communication between prison staff and health and social care professionals. Current prison initiatives identified by staff and prisoners included: prisoners trained to provide social care and groups for prisoners over the age of 50 within the gym, education, and a group called 'diversity' which involved activities and a social environment.

Phase 3

The dementia education workshop was developed from both the understandings and misunderstandings of dementia by staff and prisoners, and specifically addressed barriers identified and supported and explained current initiatives. An interactive workshop was developed, including a PowerPoint presentation, videos, handouts and group activities. This approach was to enable participants to advance their knowledge of dementia and problem solve issues that may arise due to the prison environment.

The ethos behind the dementia education workshop was to deliver the workshop to small numbers of prison staff, prisoners and health and social care professionals, which would support consistent understanding of the issues and commence communication between all groups within the prison. Unfortunately, this was not possible due to the constraints of the regime within the prison and the dementia education workshop was delivered on ten occasions to prison staff, prisoners and health and social care professionals separately (refer to Table 5).

The dementia education workshop was appropriate for each staff and prison group as the question asked where answered at the appropriate level. A few minor amendments were made to support all the needs of those supporting prisoners with dementia, these included: the provision of literature on dementia for staff and prisoners to refer to, such as 'The dementia guide: Living well after a diagnosis' by the Alzheimer's Society (2017), the inclusion of Krokoff's syndrome, and more information on behaviour and psychological symptoms of dementia.

Discussion

Prison staff, prisoners and health and social care professionals had a basic level of understanding of dementia and how to support prisoners with dementia. A two hour dementia education workshop was developed from their existing understanding to improve their knowledge of the symptoms of dementia and how to further support prisoners with dementia in the closed environment of a prison. The two hour dementia education workshop was received well by all staff and prisoners who fully engaged in the process with informed discussions, which challenged misconceptions.

The dementia education workshop described in this paper suggests the need of a system wide approach to dementia training in the prison setting. Previous initiatives to support prisoners with dementia, have included training for prison staff and prisoners, but only involved staff and prisoners who were supporting an initiative (Hodel & Sanchez, 2012; Moll, 2013). Dementia initiatives have been implemented in a number of prisons, including 14 prisons in USA, England, Belgium and Japan, and specific training in dementia and aging was provided to those involved in the initiatives (Moll, 2013). However, the impact of these approaches and initiatives are difficult to evaluate as few are widely published, or robustly evaluated to support the development of evidence-based practice (Peacock, Hodson, MacRae, & Peternelj-Taylor, 2018).

System wide Initiatives to raise awareness of dementia in prison settings and the development of prison officers knowledge have commenced in the UK (McCrudden & Sindano, 2016; Gray, 2018). These have been in the format of a Dementia Friends session as created by the Alzheimer's Society, which are sessions to raise awareness of dementia, including the challenges that people with dementia may face, but also how their life can remain fulfilling with the right support (Alzheimer's Society, 2018). The development of this dementia education workshop suggests the need for prison staff to be able to recognise and support prisoners with dementia and a Dementia Friends session would not cover the necessary and specific information related to the prison setting. Prison staff require further information such as recognising cognitive deterioration, communicating with a prisoner with dementia and supporting behaviours that may challenge the regime within the prison from a person-centred approach.

More in-depth dementia education has been delivered within age-specific workshops (Masters et al. 2016; Stevens, Shaw, Bewert, & Salt, 2018). A two day workshop regarding supporting aging prisoners has been developed and implemented by Masters et al. (2016) for prison staff, which included: information on: the aging prison population, normal and pathological aging and mental health issues. Dementia was specifically introduced under mental health issues and included information on: aetiology, diagnostic process and treatment. The completion of the Facts on Aging Quiz (Breytspraak, Kendall, & Halpert, 2006) prior and post training suggested there were no

changes in participant's knowledge and understanding of aging, however dementia was not specifically assessed. The current dementia education workshop was based on the knowledge of prison staff, prisoners and health and social care staff, due to the nature of the two hour workshop immediate assessment of knowledge was not assessed, and will be assessed six months post training.

An important element of the dementia education workshop was to develop prison staff, prisoners, and health and social care professional's knowledge of dementia in the prison setting to enable and empower staff and prisoners to support a prisoner with dementia, yet training alone will not be sufficient to change practices, environments and regimes within prisons. For example, a common symptom of dementia, which was discussed in the dementia education workshop, was visual-perceptual difficulties including: visual misinterpretation, misidentification, loss of peripheral vision, depth perception and shadowing from objects (Alzheimer's Society 2016). Each of these visual-perceptual difficulties can be supported by changes in the environment, such as good lighting, reduction in the need to access stairs, removal of shiny floors, and removal of walls ceilings and doors of the same colour (Kings Fund, 2013). Therefore, higher level and government strategies are needed to enable people with dementia to be independent, which will require quiet, predictable and accessible environments, rather than overcrowding, segregation and inaccessible prison environments (Peacock et al. 2018).

The current dementia education workshop was developed to be implemented to prison staff, prisoners and health and social care professionals simultaneously to develop communication strategies and a united approach to identifying, assessing and supporting prisoners with dementia. However, this was not possible, a number of initiatives have developed dementia training to be delivered across prison staff and prisoners (Moll, 2013), but the impact and/or success of this approach has yet to be fully explored.

Limitation

A limitation of the workshop is the development and implementation in only one prison in the UK, this going to be addressed and the workshop is going to be implemented and evaluated in another two prisons in England.

Conclusion

This paper has discussed the development of a dementia education workshop from the knowledge of prison staff, prisoners, health and social care professionals to support prisoners with a dementia. The evaluation of the dementia education workshop continues as it is implemented in two further

prisons; however it is clear a system wide approach to dementia education is crucial in the prison setting. Further work in this area is essential, there is a need for the exploration of the impact of training prison staff and prisoners in the same classroom, a robust evaluation of dementia initiatives that include dementia education, and the support of government and policy makers to ensure environmental and support structures are suitable for prisoners with dementia.

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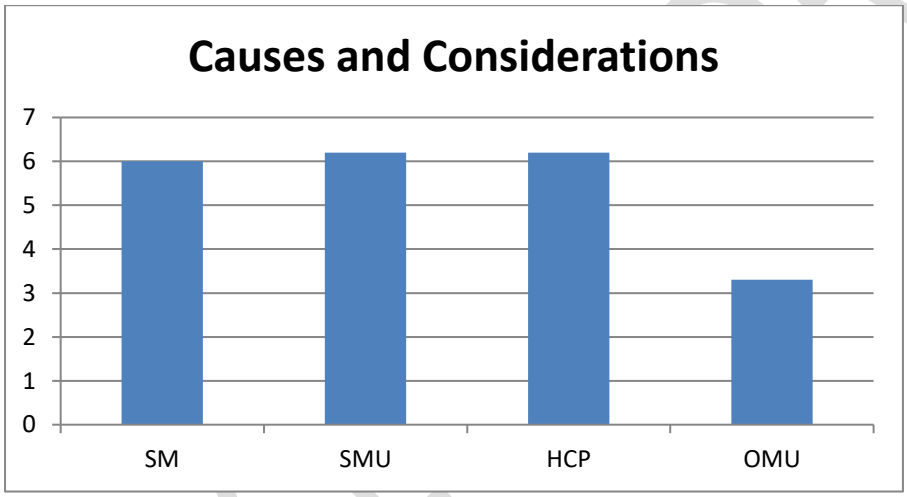
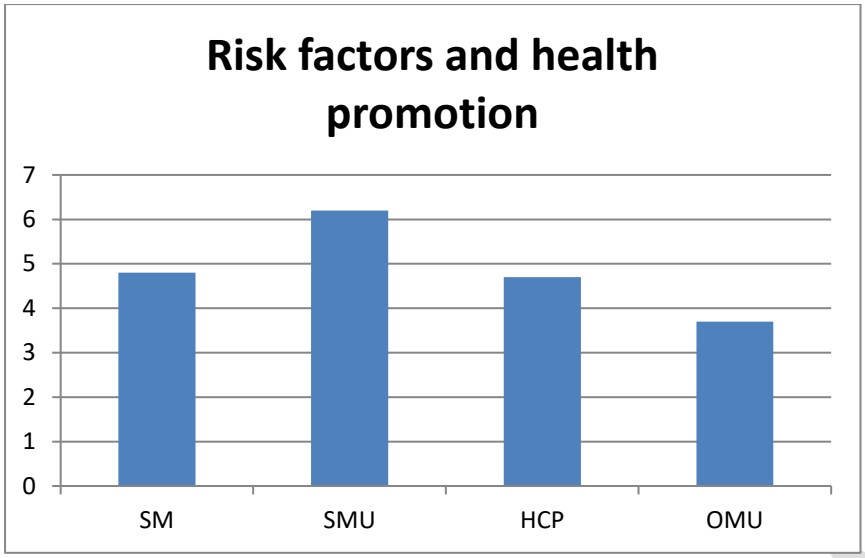
Table 1: Causes and Characteristics



Mean of sum total score of 14

SM=Senior Managers, SMU=Substance Misuse Unit, HCP=Health and social care professionals, OMU=Offenders Management Unit

Table 2: Risk factors and health promotion



Mean of sum total score of 12

Table 3: Communication and Behaviour

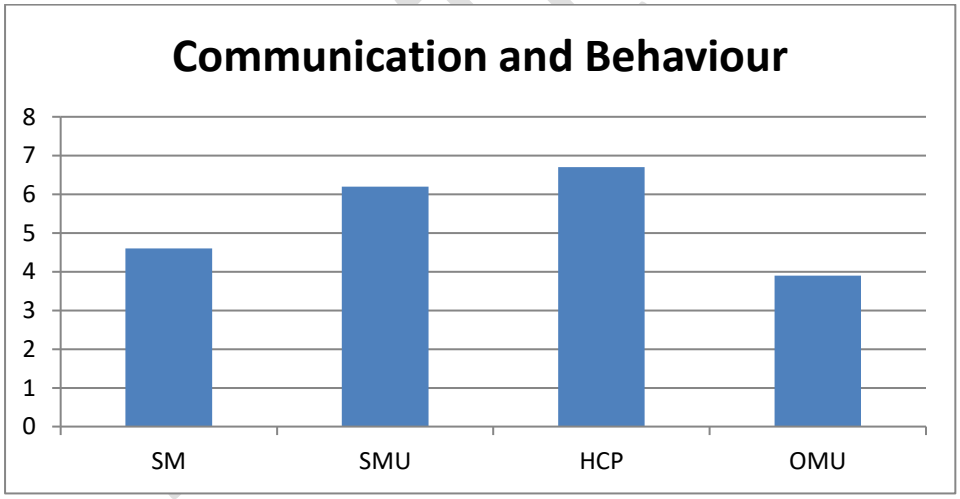


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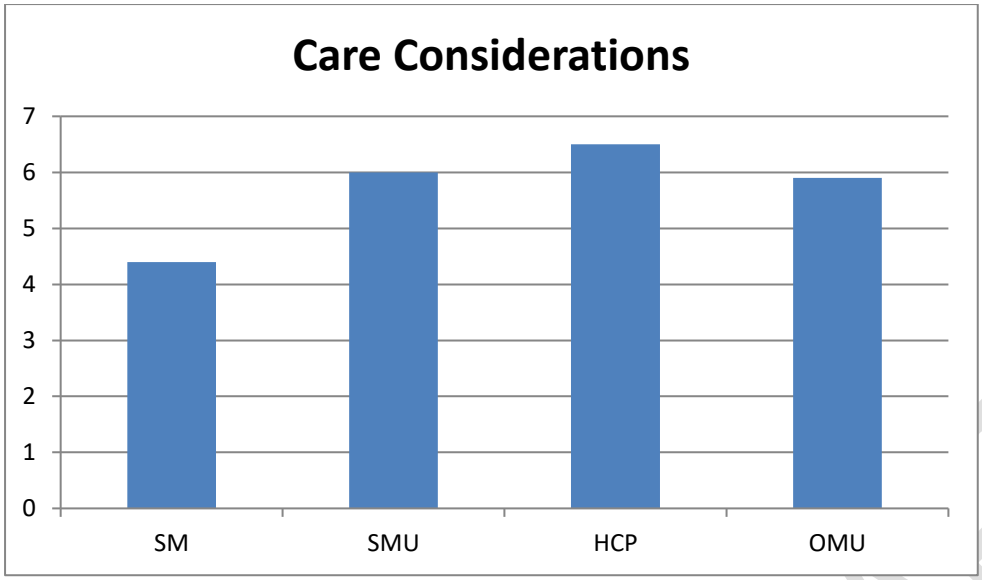
Table 4: Care Considerations



Mean of sum total score of 12

Table 5: Teaching sessions

Teaching session	Role of participants	Number of participants
1	Healthcare Professionals	8
2	Prisoners	7
3	Prisoners	21
4	Prisoners	13
5	Prisoners	16
6	Prisoners	11
7	Senior Management	8
8	Healthcare Professionals	6
9	Healthcare Professionals	6
10	Offenders Management Unit	7