

Training and support manual for the
Older prisoner Health and Social Care
Assessment and Plan
(OHSCAP)

June 2013

(Version 1)

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The **Offender Health Research Network** is a collaboration between several universities, based at the University of Manchester. It was established in 2004 to develop a multi-disciplinary, multi-agency network focused on offender healthcare innovation, evaluation and knowledge dissemination.

Authors

Mrs Katrina Forsyth

Dr Elizabeth Walsh

Dr Jane Senior

Professor Jenny Shaw

Address for correspondence

Mrs Katrina Forsyth

Offender Health Research Network, Room 2.312, Jean McFarlane Building,
University of Manchester, Oxford Road, Manchester, M13 9PL

Tel: 0161 306 8017; Fax: 0161 275 0716; Email:
katrina.forsyth@manchester.ac.uk

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- The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the [Health Service and Delivery Research Programme], NIHR, NHS or the Department of Health.

Introduction

Older prisoners are the fastest growing subgroup in the English and Welsh prison estate (118). They have more complex health needs than both younger prisoners and those of the same age living in the community (36). They also often have a multitude of social care needs (30). Coordinating their care in prison can be challenging (19).

As part of a larger research project, a health and social care assessment and care planning process was developed by prison staff, healthcare staff and older prisoners (29). It aimed to identify, plan and manage older prisoners' health and social care needs. This assessment and process was named the Older prisoner Health and Social Care Assessment and Plan (OHSCAP). This manual describes the OHSCAP and aims to support staff to deliver it. The OHSCAP should be conducted in addition to all other services and assessments usually undertaken with older prisoners.

Background

What is the minimum cut off age for an older prisoner?

There is no real agreement about the minimum cut off age for older prisoners. There is some evidence to suggest that older prisoners age

faster than the general population (119). At the time of writing, both in the US and the UK, the most frequently used cut off ages for defining 'older' prisoners were 50 or 55 (2). Fifty will be used as the minimum cut off age to define older prisoners throughout this document.

Why is the number of older prisoners growing?

The number of older prisoners is increasing rapidly in England and Wales (118). This is a result of a number of factors including:

- the courts sentencing a higher number of older people to prison for increased periods of time;
- the introduction of indeterminate sentencing;
- an aging population; and
- improvements in forensic science evidence leading to older adults being convicted for crimes they committed in previous years (20,120).

What does policy about older prisoners say?

- There is no national strategy for the care of older prisoners despite repeated calls for one to be developed (19,72).
- In 2004, Her Majesty's Inspectorate of Prison (HMIP) examined 15 prisons and found the physical design of establishments often restricted older people from physically accessing many areas of the prison (19). Some older prisoners reported feeling unsafe and specific staff training to deal with issues affecting older prisoners was found to be limited.
- A follow-up inspection in 2008 of 29 establishments found that only three prisons had a policy specifically addressing the needs of older prisoners. The later inspection did, however, find that older prisoners were less fearful than had been identified previously and that the majority were happy with the care they received. It also

found many examples of good practice. The inspection also raised grave concerns that older prisoners' needs were not planned or provided for after release.

- The Department of Health (2007) produced a toolkit for good practice for older prisoner care. The toolkit aimed to bring prison-based care into line with care provided in the community. The document stated that older prisoners' needs should be assessed using a health and social care assessment specifically designed for their needs and that this should be repeated at least every six months, with care plans made and reviewed accordingly.

What are older prisoners' physical health needs?

- Older prisoners experience complex health needs (37,40).
- Older prisoners have higher rates of illness than both younger prisoners and those of a similar age living in the community (36).
- Over 80 percent of older prisoners have at least one major illness (36). These most commonly include cardiovascular diseases, arthritis , respiratory diseases and endocrine disorders (121).

What are older prisoners' mental health needs?

- Older prisoners are at a greater risk of becoming isolated within the prison environment and are less likely to have social support, putting them at a greater risk of developing mental health difficulties (122).

- In addition, it is estimated that over half of older prisoners have a psychiatric diagnosis with depressive illness being the most commonly diagnosed (37).
- Depression in older prisoners is frequently inadequately recorded and treated (37).
- Alcohol is the most commonly misused substance amongst older prisoners (46,123).

What are older prisoners' social care needs?

- Older prisoners have more social care needs than their younger counterparts (20).
- The narrow doorways, long walks and lack of handrails in prison are challenging for those with mobility difficulties (47).
- There are some examples where buddy schemes have been established to support those with mobility difficulties (19,49).
- Incontinence, and a lack of appropriate support services, is a further particularly degrading problem for some older prisoners (30).

Whose responsibility is older prisoners' health and social care?

Healthcare staff are responsible for clinical services within prison. Social care is concerned with providing people with extra practical and physical support to help them live their lives on a day to day basis and is the joint responsibility of prison and healthcare staff. It is therefore important that prison and healthcare staff work together to support older prisoners.

Older prisoner Health Social Care Assessment and Plan

Development of the OHSCAP

The Older prisoner Health and Social Care Assessment and Plan (OHSCAP) was developed as part of a larger research project funded by the National Institute for Health Research (NIHR) (The project number is HS&DR 08/1809/230). THE NIHR is part of the NHS.

To develop the OHSCAP, an Action Learning Group comprised of healthcare staff, prison staff and older prisoners was established at a prison in England. Over a series of months this group developed and tested the tool which has been named the OHSCAP. It is described in more detail in this document and is included at the end of this document.

For further information about the development of the OHSCAP please refer to:

Senior J, Forsyth K, Walsh E, O'Hara K, Stevenson C, Hayes A, Short V, Webb R, Challis D, Fazel S, Burns A, & Shaw J. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. *Health Serv Deliv Res* 2013;1 (X).

Who should complete the OHSCAP?

Every prison in England and Wales is different and staff structures vary. It is therefore possible that individuals with different roles may deliver the OHSCAP at each prison. During the test, the OHSCAP was delivered by the Older Prisoner Lead who was a Prison Officer based within the Equality and Diversity team. The older prisoners who received the OHSCAP as part of the research stated that they felt comfortable discussing their health and social care needs with the Older Prisoner Lead. In addition, the Older Prisoner Lead reported that delivering the OHSCAP fitted well into his role and was a manageable task. The OHSCAP has been specifically designed for use by assessors who do not have a clinical background. We

would therefore recommend that the Older Prisoner Lead delivers the OHSCAP where possible. If however this is not possible examples of individuals within other roles who may deliver the OHSCAP include:

- Prison Officer who facilitates the older prisoner social group
- Prison Officer based with the vulnerable or older prisoner wings
- Older Prisoner Lead Nurse
- Nurse who runs Older Adult Clinics

What is the OHSCAP?

The OHSCAP consists of an assessment, a care plan and a review. Details of these three aspects are described below.

The assessment

The assessment is divided into three key parts; social, wellbeing and discharge planning. The social assessment includes open questions around relationships, activities and mobility. The well-being section explores emotional and physical well-being, and medications and treatment. The final section includes a number of trigger questions around discharge planning.

The open question format of the assessment was considered to be very important by the Action Learning Group members who developed the OHSCAP as they felt that it encourages meaningful discussion. They wanted to avoid the assessment being a 'tick box' exercise.

The care plan

Figure 1 below displays an overview of the care plan to be completed. It is in the form of a table. A row is completed for each of the issues raised in the assessment. An example is included to illustrate the type of information that the assessor may write into the care plan.

Figure 1: The care plan

Number	Issue raised from assessment	Aim of action	Action (including by whom and when)	Date to be reviewed and rationale	Status of action
1	Ted is not getting medication on time	For Ted to get his medication on time	Assessor to speak with healthcare to discuss further and inform Ted of outcome	2 days Allows time for healthcare to check records/discuss plan/speak with doctor/obtain treatment if appropriate	ongoing
2	Ted is having difficulty accessing the telephone	For Ted to be able to use the telephone	Assessor to speak with wing officers to ascertain reason for difficulty and seek solution. Prisoner to be informed of outcome.	2-3 days Allows time for wing staff to deal with the issue and let prisoner know what is happening	ongoing

Reviews

Following an initial assessment, a review of the care plan made needs to be undertaken to see what has happened and what still needs to take place.

Figure 2 below shows the table that needs to be completed at this review stage. An example is included to show the type of information that may be included in a review.

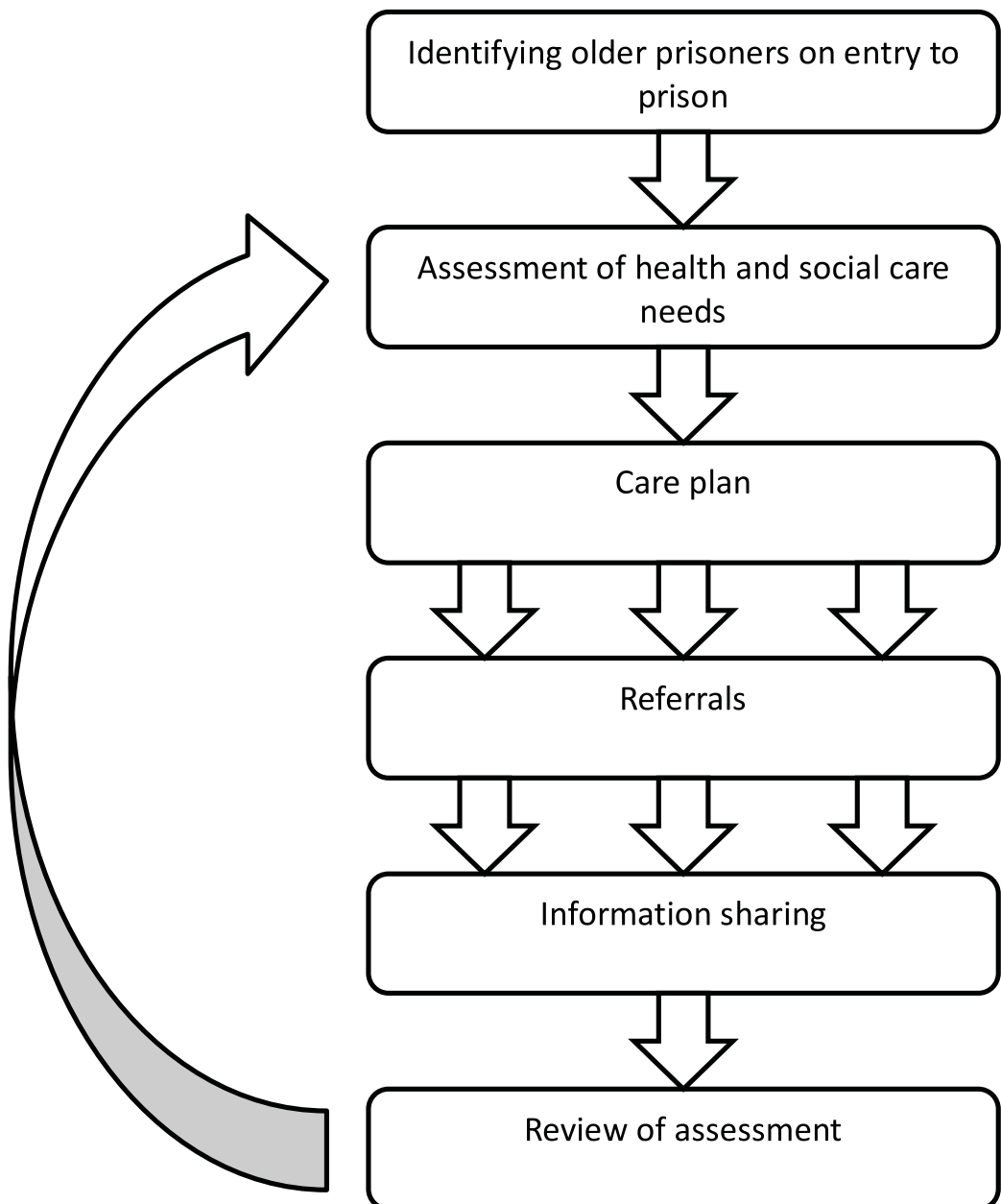
Figure 2: The Review

	Progress since last review	Action planned	Next review with rationale
1	I spoke with the wing officers regarding the prisoner's problems getting access to the telephone. Delays were occurring in checking permitted phone numbers. This has now been done and Ted is able to use the telephone.	None required but Ted informed and advised to contact wing staff or assessor if any further issues	Not required as problem solved.
2	Healthcare contacted and medication issues reviewed. Prisoner informed of decisions about medication and advised accordingly	Ted advised to contact healthcare staff via treatment room should any further issues arise	Next review to be undertaken in one month to ensure IP medication is ordered/collected/organised

What is the process for completing the OHSCAP?

Figure 3 shows the process of delivering the OHSCAP which is described below.

Figure 3 The OHSCAP Process



Identifying older prisoners on entry into prison

The assessor accesses the prison or clinical computer system on a daily basis to identify any prisoners aged 50 or over newly received into the prison. Different systems may be available in each prison to make this process easier. You should speak to the member of staff responsible for IT systems in your establishment to work out the simplest way of conducting this search.

Assessment of health and social care needs

Research shows that prisoners often find it difficult to process information at reception. The assessment is therefore conducted seven to 14 days after an older prisoner enters prison, to allow time for them to settle and identify what their needs would be. Assessments are conducted in a private room with the assessor and the older prisoner. Each area of assessment has prompt questions which are designed to open up discussion around the area in question. Use the prompt questions as a way to identify key areas which need to be examined in depth.

Care plan

After the initial, and any subsequent, assessment has been completed the corresponding care plan should also be developed and updated on a regular

basis. The care plan is completed in conjunction with the older prisoner and they are provided with a copy if they want one.

Referrals

Referrals are made to agencies as a person's identified needs indicate, for example such as housing agencies education, healthcare, solicitors and social services. Referrals can be made to agencies/services both inside and outside of prison. Local procedures should be followed. It is likely that assessors will build on their experience of making referrals over time.

Information sharing

The assessor should keep paper copies of the OHSCAP filed in a locked cabinet in accordance with the Data Protection Act and all other appropriate policies of their establishment.

A summary of the care plan should be entered onto the prison records system (Computer-National Offender Management System - C-NOMIS); the clinical records system (usually SystemOne); and probation computer system (Offender Assessment System - OASys). If the individual facilitating the OHSCAP does not have access to these systems, appropriate arrangements should be made for someone to enter the information. Sharing of information in this way should help to prevent duplication of work and improve the care older prisoners receive and be helpful for when an older prisoner is released or transferred to another establishment. When a prisoner is released or transferred to another

establishment they should take their copy of their care plan with them. Local procedures should also be developed to ensure copies of care plans are provided to the appropriate organisations (such as prisons, probation approved premises, social services etc.) when an individual leaves prison.

Reviews

The decision as to when reviews are to be conducted should be made by the assessor of the OHSCAP and the older prisoner. This will be depended upon the level of need. In line with the Department of Health guidance, reviews should be conducted a minimum of every six months but more often if required (57). It is important that care plans remain relevant to prisoners' current needs, assessors will develop skills to achieve this overtime.

The Older prisoner Health and Social Care Assessment and Plan (OHSCAP) document

A copy of OHSCAP document is enclosed below.

The Older prisoner Health and Social Care Assessment and Plan (OHSCAP)

Date _____ Time commenced _____

General information

- This assessment tool is divided into three areas: wellbeing, social care and discharge from prison. It revisits information that may already have been provided on initial reception, and identifies new information that has come to light following a few days in custody. It then explores any issues relevant to ensuring appropriate discharge from prison.
- It is to be completed 7-10 days after the prisoner has arrived in the prison.
- Ideally it will be completed by both healthcare and discipline staff together, jointly interviewing the prisoner. This is provided he is happy to discuss his health issues in front of the discipline officer. However, it may be more appropriate for the discipline officer to take the lead and refer to healthcare if necessary.
- The assessment will be reviewed at a time deemed appropriate by staff completing it, and the prisoner.
- A care plan must be completed by the staff conducting the assessment, and agreed with the prisoner. The prisoner may retain a copy of the care plan if they want to.

Social assessment

The aim of this part of the assessment is to discuss any issues with the prisoner that might be affecting his ability to settle into prison life and feel safe. The questions are divided into three sections: relationships; activities and mobility. There is space in the assessment to record discussion on any other areas that might be important to the prisoner.

Wellbeing assessment

This part of the assessment revisits the information gathered during medical reception a week earlier to see if there have been any changes, and to identify if the prisoner requires further health/wellbeing assessment following the first week of settling into custody.

Discharge from prison

This part of the assessment explores the issues that require addressing prior to the prisoner being discharged from prison.

Section One: Social Assessment

Name		Date of Birth	
Age		NOMS Number	

A: Relationships

*Ask the person if they have been able to maintain their social and family relationships whilst they have been in prison. Is anyone looking after their finances/benefits etc?
How are they getting along with other prisoners? Do they feel safe?*

B: Activities

What is the prisoner doing with their time? What are their interests/hobbies? Are they aware of what is available to them e.g. gym, over 60's club, library? Do they want to work? Are they going out on exercise? If not, why not?

C: Mobility

Is the prisoner managing to get around safely? Can they collect their own meals; get in/out of bed, get to/from their cell to association, and in/out of shower. Can they walk to visits/healthcare/treatment room etc?

Section Two: Wellbeing Assessment

D. Emotional wellbeing

Is the prisoner coping OK with being in prison? How are they feeling in general? Are they feeling supported? Are they getting on with other prisoners – feeling safe? Are they sleeping? Do they have any concerns?

E. Physical wellbeing

Are there any physical problems that have arisen since first reception in to prison? Can they think of anything they might have forgotten to mention when they first arrived? For example, have they got their reading glasses/contact lens solution etc? Does the prisoner know how to access healthcare? Are they able to attend to their own personal hygiene needs effectively?

F. Medications and treatment

Does the prisoner take any medication? If so, have they been getting it at the right times? Are there any problems with getting their medication e.g. ability to attend treatment room, pressured into giving it to other prisoners?

G. Any other concerns that have not already been mentioned?

SECTION 3: Discharge from Prison

H. Discharge from prison

(This should be discussed and planned for even if release is not in the near future)

When is the person being discharged from prison? Where do they plan to go? Will they be welcome there? Do they have finances in place to support themselves? Are there any healthcare/social care needs that need to be considered?

Healthcare staff (sign) (IF PRESENT)

(Print Name)

Date

Discipline staff (sign)

(Print Name)

Date

I agree for the information contained within this document to be shared with other professionals as appropriate.

Prisoner (sign)

(Print Name)

Date

Please note your information will be shared if we think you or someone else is at risk of harm.

Care Plan

To be completed in conjunction with prisoner

Number	Issue raised from assessment	Aim of action	Action (including by whom and when)	Date to be reviewed and rationale	Status of action
1					
2					
3					
4					
5					

Review

Date:

Time commenced:

Reviewer(s):

Number	Progress since last review	Action planned	Next review with rationale
1			
2			
3			
4			

Time completed _____

Review

Date:

Time Commenced:

Reviewer(s):

Number	Progress since last review	Action planned	Next review with rationale

Time Completed _____

Getting the best out of the OHSCAP

The OHSCAP is designed to support the work of experienced staff, and we recognise that professionals will apply their judgement. However, we would like to offer a few tips which arose during the development process.

Interview considerations

Please ensure that you have considered **ALL** the points below before beginning the OHSCAP:

- Ensure the interview room offers privacy.
- Establish whether the older person's first language is English, and if necessary make use of local interpreter services.
- If you do not think the prisoner is able to engage with the assessment (for example due to confusion or hearing difficulties), contact healthcare staff to ensure they are aware of his condition and your concerns. Document this action as part of the care plan.

If the prisoner is experiencing hearing difficulties, you may need to consider adapting the way you undertake your assessment to manage this. For example, you can give the prisoner sight of the assessment form and ask if they would like to complete it themselves with you present. You should make sure that if the prisoner has a hearing aid, it is switched on. If the prisoner can lip read, make that you sit with your face well lit, and speak clearly, facing the prisoner.

- Explain to the older person who you are and what your role is i.e. help identify any problems that require further attention
- Explain what the OHSCAP is and that it will result in a care plan, which the older person will be involved in developing.
- Explain about confidentiality and who the information will be shared with and for what purpose.

Interviewing techniques

The following section highlights some important considerations:

Environment - The physical setting will affect the course of the interview. Comfort and privacy are essential. Rooms with multiple distractions and telephones ringing will lead to multiple breaks in the interview, which impairs the free flow and discussion of sensitive issues. If you need to carry a radio, ensure it causes as little distraction as possible. Try and avoid physical barriers to the interview, for example talking across a desk can make the interviewer seem distant.

Safety issues - Be familiar with the layout of the room you are using including exits. Always try and position yourself nearest to an exit route. Trust your instincts - if you are beginning to feel uncomfortable or threatened, draw the interview to a close and leave.

Interviewing styles and verbal skills - Research on information gathering during interviews has shown that most factual information is collected when a systematic approach using open questions is taken. However closed questions can be useful when trying to fill in gaps in the information provided in response to open questions or for clarification. If open questions are well considered, an older person will often provide much of the needed information spontaneously.

- A leading question is one that directly suggests its answer; For example: I expect that made you feel angry, didn't it?

Suggestible individuals may feel pressure to comply and agree with the interviewer. Meanwhile an oppositional and defiant person may seize the opportunity to demonstrate how wildly wrong the interviewer is, and by doing so, not be wholly honest about their feelings.

- A double question asks about two things at the same time and should not be used. For example: 'When the police stopped you, were you worried or angry, or didn't you care?'

These questions can often result in answers where you are unsure which answer belongs to which question.

- Multiple choice questions are a form of closed questions that may be helpful when regular open and closed questioning has failed to provide an adequate answer. For example: when asking about the frequency of thoughts of self harm and the person says 'I don't

know' a question like; 'Is it every day, once a week or a couple of times a month?' may be helpful.

As many prisoners have learning and language needs, it is advisable to use simple words and short sentences, constantly being alert for possible misunderstanding. The open question approach with its emphasis on getting the individual to describe their experiences and behaviour helps to ensure that both the interviewer and the interviewee are talking about the same thing. If you feel that you are not able to communicate effectively with the person, this may well suggest that he or she has speech, language or communication difficulties. It is very important for you to seek assistance with completing the assessment. In the first instance discuss with your line manager or trusted colleagues.

It is important to pick up on spontaneous comments and reflect back information given by the older person. This not only aids in clarification of issues but also enhances the individual's sense of being listened to and understood. For example: 'You mentioned you've not been sleeping, can you tell me more about that?' This creates more of an open dialogue, where the person is more likely to give honest responses and elaborate on difficulties.

Sensitive issues - When asking about sensitive or potentially embarrassing areas like suicide risk, a direct approach is favoured by most people. If you identify that someone is at risk of self-harm or suicide please follow the procedures within your establishment.

Note taking - In long interviews when gathering information it is good practice to make notes on key issues as you go along. Always explain to the

older person that is what you are doing. This avoids note taking becoming overtly intrusive. Recall following long interviews can be subject to much bias and important information can be lost or distorted if note taking is left until the interview is finished.

Listening and non-verbal skills - Position yourself in the interview so you are turned towards the older person, conveying the message that you are engaged and interested in what they are saying. Avoid sitting directly face to face, as this can be perceived as confrontational.

Training and support

A one day training workshop for potential OHSCAP assessors will be provided. It will comprise both theoretical and experiential sessions. Participants will learn about generic health and social care needs of older prisoners. Common health concerns will be discussed and the impact of imprisonment on older people considered. A significant proportion of the workshop will provide participants with the opportunity to undertake role play and experiential learning to develop their interview and assessment skills. *Ad hoc* support and advice will also be available through the OHSCAP delivery period.

Useful reading

Nacro and The Department of Health (2009). *A resource pack for working with older prisoners*. Available from <http://socialwelfare.bl.uk/subject-areas/services-client-groups/adult-offenders/nacro/138053older-prisoners-resource-pack-09-939.pdf>

Department of Health (2007). *A pathway to care for older offenders: A toolkit for good practice*. Available from http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079928

Her Majesty's Inspectorate of Prisons (2008). *Older prisoners in England and Wales:*

a follow-up to the 2004 thematic review by HM Chief Inspector of Prisons

Available from http://www.justice.gov.uk/downloads/publications/inspectorate-reports/hmipris/thematic-reports-and-research-publications/older_prisoners_thematic-rps.pdf

Offender Health Research Network

Jean McFarlane Building (2nd Floor)

University of Manchester

Oxford Road

Manchester

M20 6TZ