CS13: HMP BLAKENHURST HEALTHCARE DIALOGUES

by Peter Garrett and Jane Ball

Context

Prison Dialogue (PD) had been working in HMP Blakenhurst running Dialogue groups with prisoners, staff and managers since 1998 when a contract was agreed with the private company UKDS, who were managing the prison. This contract helped UKDS to meet their targets for purposeful activity and non-accredited group work for prisoners. In 2001 the UKDS contract to run the prison expired, the public sector won the competitive tendering process and took over the management of the prison. Budgets and contract requirements changed and this had a knock-on impact for PD as there was no longer a requirement for non-accredited group work. The public sector managers did, however, want Dialogue to be used to address specific operational needs in the prison and PD was asked to change the structure of their work to do that. Management was concerned about the in-patient Healthcare Unit because three deaths had occurred there recently. This had impacted both staff and prisoners, and the Deputy Governor asked PD to propose how Dialogue could address these issues. The Healthcare Unit was run within the prison by a Primary Care Trust (PCT). It was staffed solely by healthcare managers and nursing staff, and it was isolated from the rest of the prison. This model, where Healthcare Units would be run by a PCT, was an innovation that was going to be introduced to all public sector prisons. PD had a new member of staff who had previously been a nurse and she was interested in the issues and opportunities in this situation.

Aims and Objectives

This was a busy Healthcare Unit. Most of the prisoners had mental health problems and were at risk of committing suicide, or they exhibited behaviour that the rest of the prison found hard to manage. Staff were stretched and found little time to build relationships with prisoners. The proposal was that Dialogue would support the well-being of all involved (both prisoners and staff) and help to develop better rapport and relationships between them.

The relationship between Healthcare staff and staff in the main prison was also poor as they held negative assumptions about each other. Healthcare felt that

they were being excluded and the main prison staff thought they 'kept themselves to themselves'. Operational challenges resulted, for example, in poor multi-disciplinary work to prevent self harm and suicide, and poor management of prisoner re-location between Healthcare and main housing units.

PD had experience of working with many different categories of prisoners and welcomed the opportunity to show how effectively Dialogue could work with those with extreme mental health needs. Secondly, work on improving the interface between Healthcare and the rest of the prison was an opportunity to show how Dialogue could integrate the needs and interests of both, and help to create a more healthy prison.

Method: Activity, Participants and Duration

At the outset there was a detailed consultation process with the four main subgroups, the Operational and Healthcare managers, the staff from the main prison, the Healthcare nurses and the prisoners. This was to engage with all of them and establish their participation, and also to better understand their situation. Then from November 2002, weekly Dialogues ran for the agreed four months, which were then extended to a full ten months. PD facilitated the Dialogue sessions, funded by the prison. The Dialogues lasted for 2½ hours, including a break for refreshments and informal conversation. On average, the weekly attendance was ten prisoners (which was 70 to 80% of those on the unit at the time), two nursing staff and two staff/managers from other areas of the prison. Most of the prisoners had mental health problems. The Dialogic Practices were crucial to the effectiveness of the Dialogues.

Outcomes

The relationships on the Healthcare Unit improved significantly, leading to a more respectful and caring environment. Contrary to the expectations of many, prisoners who had severe mental health and behavioural issues joined in and enjoyed talking in the Dialogue sessions. One patient/prisoner said: *"I was feeling really bad in my cell but I joined the dialogue and I'm glad I came out. I'd almost given up but I feel different now, thanks to you"*. They learned to listen, and they found that listening and respect that had most impact on their well-being and behaviour. The prisoner orderly said: *"People are listening a bit more, partly because it's been so interesting sharing stories which give us things to reflect on, to get feedback. I'm glad the sessions are weekly, you*

can't wait until the next time". Staff interaction with prisoners increased. Education opportunities were introduced for prisoners on the unit, and then Industries started to look at what they could offer as well. The Dialogue itself provided much needed activity for the bored prisoners. The understanding that Senior Managers had for Healthcare and the relationships between Healthcare and some areas of the prison improved – in Education, Drug Treatment and Activities in particular. Although the majority of staff were unaffected because they were not available to attend the Dialogues, those Discipline staff placed on Healthcare for constant suicide watch were able to participate and benefit from joining the Dialogues.

PD published an article in the Prison Service Journal written jointly with the Blakenhurst Healthcare Manager entitled ***We've all come together as one – inmates, staff and managers*** *: Dialogue as a means of facilitating patient/public involvement and implementing new standards in prison healthcare.*

Learning

Nursing staff and prisoners together gained a better appreciation of their dilemmas, and could be more sensitive to the challenges as a result. In their role the nurses needed to provide both care and discipline, whilst the prisoners were treated as both patient and prisoner. They all learned better engagement and communication skills, and Healthcare staff learned the 'jail craft' skills needed to work effectively in a prison. *"(We're) learning something as staff too, things we don't normally think about, like the thing about keys and how the way you open the cells can set the tone for the day on the unit"* Nurse.

PD facilitators developed the capacity and skills to work with participants with significant mental health problems, by focussing on the Dialogic Practices.

PD learned that Dialogue can be a powerful intervention in a healthcare environment, as well as in a custodial environment, and how Dialogue could contribute to the Healthy Prison agenda.