



Nursing in secure environments

Summary and action plan from a scoping study

United Kingdom Central Council
for Nursing, Midwifery and Health Visiting

Protecting the public through professional standards

Nursing in secure environments – summary

Introduction

- 1 In its business plan for 1998–1999, the UKCC identified the need to examine issues related to registered nurses working in secure environments. This arose from a number of concerns. These included the increasing number of calls and correspondence on these issues to our professional advice service, concerns deriving from various national inquiries into mental health and prison services, together with issues identified by senior nurses working within secure environments. All of this highlighted the need for the UKCC to develop an agenda for action which would assist registered nurses working in secure environments throughout the United Kingdom to improve standards of care for their clients.

Objectives

- 2 Before an action plan could be developed, we needed to establish a comprehensive picture of the educational, occupational and professional practice expectations placed on nurses working in secure environments. In 1998, a contract to undertake this scoping study was awarded under competitive tender to the University of Central Lancashire. The UKCC defined the objectives of the study as to:
 - n describe the competencies required of nurses working in secure environments
 - n assess the extent to which nursing interventions in secure environments are evidence-based
 - n review practice standards in secure environments, particularly with reference to specific client groups
 - n review the effectiveness of the preparation currently given to nurses working in secure environments
 - n identify practice issues relevant to the physical health needs of clients in secure environments, including the care of women and the care of people from different cultural backgrounds
 - n identify factors which may compromise the therapeutic practitioner-client relationship, particularly with reference to personality-disordered clients
 - n identify the extent to which existing UKCC standards and guidance are utilised to inform nursing practice within secure environments.

Methodology

- 3 In order to meet these objectives, the University of Central Lancashire team undertook:
 - n a comprehensive review of the literature, identifying 630 references from 147 periodicals, journals and books spanning 18 years and the work of 425 authors
 - n 22 focus groups with over 250 practitioners from over 80 organisations
 - n a series of 34 interviews with experts in the field, including consumers
 - n an education survey (with a 58% response rate) of all universities across the United Kingdom which offer mental health and learning disabilities programmes at either pre-registration or post-registration level
 - n an organisational survey (with a 39% response rate) of all prisons and all hospitals providing secure care
 - n a staff survey (yielding 715 responses) of all nurses working in prisons and of a sample of nurses working in high, medium and low security units
 - n the development of an audit tool which was used on 18 audit visits to hospitals and prisons.

Conclusions

- 4 Nursing in secure environments requires staff with specific expertise who have considerable continuing professional development and supervision requirements. Nurses are responsible not only for providing care but also for maintaining much of the security framework and processes within which this care can be delivered. Key issues relate to the preparation of nurses to work in secure environments, occupational and professional competence, the difficulty of developing professional practice in 'closed' institutions and the complexities of personal and professional relationships with clients. The conclusions specific to each identified area of the study are as follows.

Nursing in secure hospitals

- 5 Evidence from a wide range of sources on professional policy and practice in secure hospitals was reviewed to provide a comprehensive overview of the historical context of secure mental health care, contemporary arrangements for care, demands imposed by the current epidemiology of relevant disorders, and a range of service development questions. The following issues were identified:
 - n the problem of caring for those deemed dangerously mentally ill is, and is likely to remain, a long standing public policy problem
 - n the number of secure beds for mentally disordered offenders has increased significantly in England over the last 10 years; consequently, nursing in secure environments is likely to be a significant and enduring feature of provision for these groups
 - n problems in secure mental health care are exacerbated by a lack of access to, and from, general psychiatric services
 - n in-patients have higher levels of disadvantage, social exclusion and homelessness, together with much broader and more complex needs, than in the past

- n the number of clients who have problems both with substance abuse and mental illness has risen sharply; they place great demands on the clinical skills of nurses, who are often not trained to provide the complexity of care required
- n the lack of understanding of race and cultural issues, the eurocentric assumptions and racist attitudes of some practitioners involved in the various services is a common theme from the literature
- n professional education and research should take account of race and culture, whilst employers and managers should identify staff training needs and establish programmes to address these issues
- n fewer people with learning disabilities require higher levels of secure care than require other levels of security
- n amongst current admissions, the largest single group is those with a history of violence against the person
- n the number of clients convicted or prosecuted for sexual offences has increased by 300% in the last 10 years
- n it is difficult for registered nurses to distinguish between the range of clinical problems and the treatment needs of individuals with different diagnoses and different levels of security
- n although they are developing at a different pace, the nature of strategic developments in secure care is similar across the United Kingdom
- n registered mental health nurses working in general mental health services appear to be poorly equipped to deal with the rehabilitation and treatment of clients from secure settings
- n there is a need further to develop the theoretical and practical base of nursing in the psychopathologies of forensic clients
- n nurses working in secure hospitals face significant and enduring role conflict in attempting to reconcile their responsibilities for therapeutic care with those for maintaining security
- n clients in secure hospitals have extremely complex health, social, psychological and forensic backgrounds, all of which continue to impose challenging demands upon those who provide their nursing care.

Nursing in prisons

- 6 Evidence from a wide range of sources on professional policy and practice in prison health care settings was reviewed in order to provide a comprehensive overview of the historical context of prison health care, contemporary arrangements, demands imposed by the current epidemiology of relevant disorders, and a range of service development questions. The following issues were identified:
 - n it is deliberate and specific policy in each of the three prison services (England/Wales, Scotland and Northern Ireland) to use registered nurses as a key component of providing health care to prisoners

- n in all three prison services there has been a move to recognise the rights of prisoners to appropriate health care and to accept its importance from a humane and rehabilitative perspective
- n the recruitment and retention of registered nurses needs to be addressed in order to maintain an effective and efficient workforce
- n prison health care has developed within the services rather than as part of the NHS
- n differences in local management arrangements and priorities within the prison services have, on occasions, made the implementation of services-wide standards of health care extremely difficult
- n rights and access to health care have been influenced by prisoners' legal action, rather than being based on health need
- n the health needs of prisoners are diverse and encompass severe mental illness, personality disorder, poor physical health, drug and alcohol dependency, trauma, primary care and health promotion
- n personnel and occupational arrangements within the prison services, especially in England, have meant that the role and contribution of nurses has been unclear and often confused with the custodial role of prison officers.

The competencies required of nurses working in secure environments

- 7 The research team developed a competency framework which was modified in the light of the focus group work and tested through the practitioner questionnaire. As a result, the following issues were identified:
- n competency-based approaches offer a good model for developing practice in all secure environments
 - n the competencies tested have received support through the scoping study and provide a framework upon which to base future work
 - n there are significant similarities between the competencies required of nurses working in the prison services and those working within the health services
 - n the role responsibilities and competency expectations of nurses working in secure environments need to be more closely defined and this should be reflected in competency-based job descriptions
 - n competencies could be utilised to develop modular, multidisciplinary and cross-sectoral qualifications between the prison services and the health services
 - n the differences which were identified between the prison and health services in discharge planning, meeting physical health needs, escorting, therapeutic approaches (both individual and group), teamwork and support, maintaining relationships and client-family care, all need to be addressed.

The evidence base for nursing interventions in secure environments

- 8 The literature review revealed that:
- n whilst there is significant literature on nursing in secure environments, it has not been used to inform the development of an evidence base which could improve standards of professional practice
 - n published research is generally derived from clinical anecdotes and concentrates on discussion rather than the presentation of empirical data
 - n there is clear evidence that nurses in secure environments, both in the health and prison services, have reasonable access to sources of evidence through libraries and professional journals
 - n even though nurses working in secure environments appear to believe that the standards which they are expected to implement are evidence-based, there is little evidence from the literature, survey questionnaires and audits to support this belief
 - n closed environments in particular are motivated, at least in part, by a reliance upon routines, rituals and regimes; evidence-based practice appears to have difficulty in penetrating this culture
 - n employers need to develop and maintain a culture in which nurses are enabled to review and adjust their professional practice
 - n much nursing practice is 'incident and inquiry' based and derives from a risk management perspective; the limitations of this approach mean that professional practice may become focused upon containment rather than therapy
 - n political sensitivities relating to secure environments, and the media attention which they attract, result in defensive reactions to incidents rather than a considered, research-based approach to the solution of problems.

Practice standards in secure environments

- 9 The development of practice standards (both clinical and organisational) in secure environments was reviewed by the team. Examples were collected through the practitioner questionnaire, whilst the focus groups provided evidence of the development and application of practice standards. It was concluded that:
- n there would be clear advantages in targeting sensitive and problematic areas for staff and working towards the setting and implementation of standards, using external expertise and guidance where necessary
 - n standards must be systematically monitored through regular audit, training and education, and job descriptions should reflect expectations of staff
 - n there is a need to determine national minimum criteria for security issues, seclusion, leave of absence and physical health monitoring
 - n a wide range of practice standards has been developed in some aspects of secure care but there is little co-ordination across and between services and there is a poor dissemination and application of standards

- n neither the practice standards themselves nor their audit are supported by research evidence
- n auditing of standards across the services is haphazard and minimal
- n practitioners feel excluded from the development of organisational standards
- n there is confusion among nurses and their employers about what practice standards are, particularly in relation to protocols and guidelines
- n practice standards are not made known to clients and they have little input to the development of standards
- n the development and implementation of practice standards needs to be incorporated into the overall performance indicators for an organisation and subjected to regular audit and review.

Preparation of nurses working in secure environments

10 Educationalists, representatives of key organisations and practitioners themselves were asked to provide both qualitative and quantitative information about their preparation, induction and continuing professional development for working in secure environments. The conclusions are as follows.

Pre-registration preparation

- 11** The evidence demonstrates that:
- n there are considerable time constraints and conflicting demands on pre-registration programmes, both within the common foundation programme and within the mental health and learning disabilities branch programmes, in relation to secure environments
 - n there is a low availability of, and access to, clinical placements in secure environments
 - n there is a lack of specific learning outcomes for clinical placements in secure environments
 - n there is a lack of knowledge and understanding amongst education staff about services for clients in secure environments
 - n there is limited research activity by educational establishments in relation to nursing practice in secure environments
 - n there is a disparity of views as to whether this topic should be included in pre-registration or post-registration education programmes
 - n students emerge from pre-registration programmes with limited competence to undertake the roles of registered practitioners in secure environments
 - n service needs and cost constraints preclude effective preceptorship for newly-qualified nurses.

Post-registration preparation

12 The evidence demonstrates that:

- n a strategic approach to the development of the workforce in order to meet client and organisational need is lacking in some areas
- n the ways in which individuals are supported in their continuing professional development is inconsistent; some receive significant investment in their development, whilst others receive little or none
- n a wide range of validated courses are already available to those working in secure environments and the prison services
- n there is limited evidence to suggest whether or not any post-registration courses improve competence for working in secure environments.

Clinical supervision

13 The evidence demonstrates that:

- n there is a low level of provision of clinical supervision, possibly because practical problems and a lack of management support create difficulties in its implementation
- n this lack of provision compounds the sense of isolation felt by many practitioners
- n neither formal nor informal mentorship and preceptorship are widely used.

Induction

14 The evidence demonstrates that:

- n there appears to be a good understanding of what is necessary to induct nurses to work in secure environments
- n induction is nevertheless poorly implemented, does not follow a common pattern, and is not always available when new practitioners need it most
- n effective induction could prevent some of the problems experienced by practitioners and could improve the tone and culture of the organisation.

Preparation for the management of aggression and the use of physical interventions

15 The evidence demonstrates that:

- n the level of training for the use of physical and other nursing interventions in the management of challenging behaviours is inconsistent
- n there are no national standards in relation to physical interventions and therefore professional practice in physical interventions is inconsistent
- n the providers of educational programmes on physical interventions are not accredited and the content and modes of delivery vary considerably
- n concerns have been expressed about the availability of training in physical interventions which potentially put clients and nurses at risk.

Gender and cultural issues

- 16** Interviews and focus groups provided information about the physical health care needs of women, pregnant women and people from different cultural backgrounds. The following issues were identified:
- n clients in secure settings have particular physical health care needs which are related to their pre-existing vulnerabilities, levels of competence and co-existing disorders
 - n identification of these needs by practitioners is complicated by the behavioural and personality characteristics of the clients, which either exacerbate expressed symptoms and demands or prevent their identification
 - n clients from ethnic minority groups have relatively poor levels of health and their needs often go unrecognised; the services provided to these groups should be the subject of further evaluation and development
 - n environment, lifestyle, health demands, and managerial and educational issues are major concerns in the provision of physical health care in all secure settings
 - n the care of pregnant women and mothers in prisons pose particular ethical and practical difficulties for nurses and midwives
 - n infection control is a major issue, particularly within prisons, and registered nurses need to be aware of developments in this area.

Practitioner-client relationships, challenging behaviour and the personality-disordered client

- 17** The focus groups and focus interviews provided considerable evidence of the difficulties faced by practitioners when working with specific client groups. Those with a personality disorder, those prone to substance abuse and self-harm, together with women's issues, present particular challenges. The following issues were identified:
- n the nursing of clients with personality disorders transcends both prison and secure mental health care and presents major challenges for nurses in both settings
 - n nurses in secure environments are charged with providing care for clients with particularly challenging behaviours but whose disorders are ill-defined, whose treatment is often haphazard and the clinical outcomes for whom are poorly understood and difficult to evaluate
 - n the nature of, and the professional boundaries to, the practitioner-client relationship in respect of clients with a personality disorder are poorly understood
 - n particular clarity is needed in respect of confidentiality and autonomy when nursing clients with personality disorders
 - n the nature of institutional life, particularly in long term forensic settings, means that nurses are often placed in situations which test the boundaries of the professional therapeutic relationship
 - n training and support for risk management strategies in self-harm are inadequate, as is the use of evidence-based practice

- n all nursing staff working in secure environments should receive regular clinical support and supervision
- n nursing staff should be supported by robust and widely understood operational policies and procedures which are regularly monitored, updated, supported and reinforced by managers
- n a relatively small number of clients are persistent and vexatious complainants who make disproportionate demands upon the service and devalue the complaints process
- n the tendency towards defensive and reactive professional practice can lead to uncoordinated action, rather than focused and considered thought and debate.

Application of UKCC standards and guidance within secure environments

18 Questionnaires, audits and focus groups provided useful information about the extent to which UKCC standards and guidelines are applied to professional practice within secure environments. The following issues were identified:

- n registered nurses need to be more readily appraised of UKCC standards and guidelines instead of relying upon accepted organisational precedents
- n the UKCC should work with employers to ensure that practitioners understand UKCC standards and guidelines and apply them to their professional practice
- n nurses working in secure environments tend to question the usefulness and applicability of some UKCC publications such as the *Code of professional conduct* and *Standards for the administration of medicines*
- n the ability of registered nurses to maintain high standards in the administration of medicines is complicated by security considerations and regimes within the prison services
- n there is a perception that the standards and guidelines set by the UKCC may not adequately address the needs of nurses working with clients at behavioural extremes or who challenge the boundaries to the professional practitioner-client relationship
- n nurses require additional support when applying security measures and when initiating investigative or disciplinary action against prisoners
- n organisational requirements within the prison services appear to constrain the ability of nurses to utilise some UKCC standards and guidelines to inform their professional practice.

Recommendations

- 19** The UKCC should ensure that the findings of this project are widely disseminated to all key stakeholders and that issues are identified upon which all parties can cooperate in order to promote higher standards of care for clients.
- 20** The UKCC should take a proactive approach to ensure that key stakeholders are aware of the importance of professional self-regulation in the maintenance of professional standards and high quality care in secure settings.

- 21 The UKCC should encourage and support the development of nursing leadership and clinical supervision within secure environments.
- 22 The UKCC should ensure that the National Boards, education providers, education commissioners and other stakeholders are aware of the implications of this project for both pre-registration and post-registration education programmes.
- 23 Appropriate induction should always be provided for nurses working in secure environments as an integral part of a continuing professional development process which includes mentorship and clinical supervision.
- 24 There should be due recognition and evaluation of current service provision for clients from all minority groups, particularly those from ethnic minorities and women, to ensure that their health and other needs are identified and met in secure environments.
- 25 The UKCC should collaborate with other agencies to improve standards of education and practice in risk assessment, de-escalation and the physical restraint of clients within secure environments. Collaborative work should also be undertaken to clarify practice issues and the maintenance of professional relationship boundaries with clients in secure environments.
- 26 The UKCC should explore with key stakeholders how good practice can be shared and the possibility of whether a United Kingdom-wide resource and dissemination centre might be established. The UKCC should determine how research priorities and programmes might be affected by the outcomes of this project.
- 27 The secure services should develop security policies to ensure that where there is an assessed health care need, clients have access to appropriate health care services and that practitioners have access to clients in order to meet this need.
- 28 Practitioners should continue to develop their knowledge and skills in order to monitor and meet the physical, psychological and security needs of clients on the basis of appropriate and comprehensive assessment.
- 29 The competency framework tested in this project should be validated by further work and the competencies should be used to inform the design of nursing and midwifery roles, induction for these roles and continuing professional development.

Conclusions

- 30 The maintenance and monitoring of professional standards in secure settings relies upon a collaborative approach by practitioners, managers of prison and health services, and policy makers in the prison services and within the NHS and statutory agencies.
- 31 All registered nurses working in secure environments remain accountable to the UKCC for their professional practice in exactly the same way as registered practitioners working in any other care setting. The principles of clinical governance should underpin the development of health care provision in secure environments, whilst employers and managers have a responsibility to ensure that standards of care for clients are maintained and improved. Employers and managers should support registered nurses in developing the necessary skills and approaches to prioritise, develop, monitor and audit professional standards.

Nursing in secure environments – the UKCC's action plan

- 1 The UKCC's Council accepted and endorsed the recommendations of the *Nursing in secure environments* report at its meeting in September 1999. The Council also approved the following action plan in order to address the issues identified in the report.
- 2 The objective of the action plan is to improve standards of care for clients in secure environments. The UKCC will address this both through its own future policy agenda and by influencing practitioners, service providers and other key stakeholders in respect of the issues highlighted in the report.
- 3 The work on secure environments will be used to inform the continuing work on implementing the recommendations of the UKCC's Commission for Education in order to achieve fitness for practice at the point of registration.
- 4 The work on secure environments will be used to inform the forthcoming review of the *Code of professional conduct*, *The scope of professional practice* and *Guidelines for professional practice*. It will also inform the development of the PREP (CPD) project and work on clarifying a higher level of practice (HLP).
- 5 Key UKCC staff will be fully briefed on the findings of the project and the development and implementation of the action plan.
- 6 The UKCC will work collaboratively with key stakeholders across the United Kingdom to disseminate the findings of the project and to ensure that its recommendations are implemented. The key issues to be addressed will include leadership development, clinical supervision, the development of local policies and procedures, education issues, gender and ethnic issues, induction, the research agenda, competencies, security and access issues, the development and sharing of good practice, and ethical issues.
- 7 The UKCC will work with education providers and commissioners to establish how the findings from the report can best be applied.
- 8 The UKCC will work with other key stakeholders to develop national standards in the management of aggression and physical interventions and will seek to clarify professional practice issues in working with clients with a personality disorder.
- 9 The UKCC will ensure the widest and most appropriate dissemination of both the full report and this separate summary and action plan.
- 10 The UKCC will monitor progress on the implementation of the action plan and will report on this by November 2000.

Further copies of this summary and action plan, and copies of the full report (ISBN 1 901922 14 6) commissioned by the UKCC from the University of Central Lancashire, are available by writing to the UKCC's Distribution Department at 23 Portland Place, London W1N 4JT, by e-mail at publications@ukcc.org.uk or by fax on 020 7436 2924. Both publications can also be accessed on the UKCC's website at www.ukcc.org.uk. Enquiries in respect of this work should be addressed in writing to Richard Bradshaw, Professional Officer, Mental Health and Learning Disabilities Nursing, at the UKCC.

November 1999

Selected UKCC publications at November 1999

Code of professional conduct** June 1992

The scope of professional practice** June 1992

Standards for the administration of medicines* October 1992

Position statement on clinical supervision for nursing and health visiting April 1996

Guidelines for professional practice June 1996

Reporting misconduct – information for employers and managers August 1996

Reporting unfitness to practise – information for employers and managers August 1996

Issues arising from professional conduct complaints November 1996

Scope in practice February 1997

PREP and you October 1997

Complaints about professional conduct March 1998

Guidelines for mental health and learning disabilities nursing April 1998

Guidelines for records and record keeping** October 1998

Protecting the public – an employer's guide to the UKCC registration confirmation service for nurses, midwives and health visitors March 1999

How the UKCC works for you April 1999

The continuing professional development standard July 1999

Fitness for practice – the report of the UKCC Commission for Nursing and Midwifery Education September 1999

Fitness for practice: Summary September 1999

Practitioner-client relationships and the prevention of abuse September 1999

Nursing in secure environments November 1999

Nursing in secure environments – summary and action plan from a scoping study November 1999

*currently under review

**also available in Welsh

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