# Dementia and Mild Cognitive Impairment in Prison - Questionnaire for Prison Healthcare Managers

Thank you for participating in our survey. Your feedback is important.

We are currently conducting a research project, funded by the **National Institute for Health Research**, investigating **Dementia and Mild Cognitive Impairment in the prison** population of England and Wales. The study will examine:

* What is the size of the problem - how many prisoners have some form of dementia and/or Mild Cognitive Impairment and what services do they need;
* What services are currently being provided and how services can be improved, including what kinds of training are needed to better equip staff to provide high quality care.

**This questionnaire is designed to identify how services are currently being provided and we would be very grateful for your time and input**. Please take care to answer all questions as accurately as possible, to the best of your knowledge and feel free to expand your answers using the text boxes where provided. **The questionnaire should take around 40 minutes to complete** and asks for some information about the number and age breakdown of prisoners aged 50+ in your prison, so it may help to have this information to hand before you start.

In addition, if you would be willing to share any local service documents relating to Mild Cognitive Impairment or dementia, such as copies of current assessment forms or tool; standard operating procedures; referral or care pathways, we would be very pleased to receive copies of these, either electronically or by post. Contact details are given below.

Please answer the questions honestly; it is important for us to obtain an accurate picture of what is currently being delivered in order to best inform future developments.

If you encounter any problems in completing the survey, please do not hesitate to contact us using the details below.

Many Thanks,

The research team

**Definitions**

**Mild Cognitive Impairment**

*Mild Cognitive Impairment (MCI) is a condition in which someone has minor problems with cognition - their mental abilities such as memory or thinking. In MCI these difficulties are worse than would normally be expected for a healthy person of their age. However, the symptoms are not severe enough to interfere significantly with daily life, and so are not defined as dementia.*

**Dementia**

*The word ‘dementia’ describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. These changes are often small to start with, but for someone with dementia they have become severe enough to affect daily life. A person with dementia may also experience changes in their mood or behaviour.*

# Personal and Service Details

Date of survey completion

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DD |  | MM |  | YYYY |
|  |  |  |  |  |

1. Name of individual completing survey (optional, this is requested to be able to contact you if we require any follow up information)

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1. Please state your professional role/job title

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1. Please state your establishment

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1. Please provide your contact details (e-mail/telephone number)

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About your establishment

1. How does your service define an older prisoner?

Aged 65 and over 4

Other (please specify) 5

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Aged 50 and over 1

Aged 55 and over 2

Aged 60 and over 3

1. How many prisoners aged 50+ are resident in your establishment (at the time of completion)?

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1. Please specify the number of older prisoners resident at your establishment by age band (at the time of completion).

|  |  |
| --- | --- |
| 50-591 |  |
|  |  |
| 60-692 |  |
|  |  |
| 70-793 |  |
|  |  |
| 80+4 |  |

1. Does your **health** service have an identified older prisoner lead? (If no/don’t know, go to question 11).

Yes1

No2

Don’t know3

1. If yes, please indicate the job role of the individual who acts as the older prisoner lead (if more than one individual fulfills this role, please tick all that apply).

Other (please specify)2

|  |
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Healthcare assistant/worker1

Nurse3

Nurse practitioner4

Allied health professional5

1. If yes, which, if any, of the following activities does the older prisoner health lead have responsibility for? (please tick all that apply).

Conducting cognitive assessments1

Producing individual care plans for prisoners with identified Mild Cognitive

Impairment or dementia2

Disseminating good working practices in relation to Mild Cognitive Impairment or dementia3

Liaising with community providers in relation to Mild Cognitive Impairment or dementia4

Other (please specify)5

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1. Are you aware of any older prisoners (aged 50+) currently resident at your establishment, who have a known or diagnosed dementia? (see definitions on page 3, if no/don’t know go to question 12)

Yes1

No2

Don’t know3

1. If yes, how many older prisoners (aged 50+), resident in your establishment, have known or diagnosis of dementia?

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|  |

1. Are there any prisoners aged 50+, resident in your establishment, who are currently waiting for, or undergoing assessment for dementia?

Yes1

No2

Don’t know3

1. If yes, how many prisoners aged 50+, resident in your establishment are currently waiting for, or undergoing assessment for dementia?

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1. Are you aware of any older prisoners (aged 50+), resident in your establishment, who have known or diagnosed Mild Cognitive Impairment (MCI) (see definitions on page 3, if no/don’t know, go to question 17)

Yes1

No2

Don’t know3

1. If yes, how many older prisoners (aged 50+), resident in your establishment, have a known or diagnosed Mild Cognitive Impairment (MCI)?

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1. Are you aware of any older prisoners (aged 50+), resident in your establishment, who have cognitive impairment from a known or diagnosed condition such as learning disability, stroke, brain injury or other neurological issue? (if no go to question 19)

Yes1

No2

Don’t know3

1. If yes, how many older prisoners (aged 50+), resident in your establishment, have a cognitive impairment from each of the following known or diagnosed conditions

|  |  |
| --- | --- |
| Brain Injury1 |  |
| Learning Disability2 |  |
| Stroke3 |  |
| Other neurological Condition4 |  |

1. Are you aware of any additional support/ modifications to the prison environment, which has been provided or have been made in your establishment specifically for prisoners with Mild Cognitive Impairment or dementia? (if no/don’t know, go to question 21)

Yes1

No2

Don’t know3

20. If yes, what kind of additional support/ environmental modifications have been provided or made? (tick all that apply)

Improved lighting1

Exercise/activity/canteen3

Handrails5

Signposting/Highlighting of key areas or items7

Removal of mirrors9

Provision of a prisoner-carer11

Provision of incontinence materials2

Provision of easy to remove clothing4

Regular sight/hearing tests6

Bigger/more accessible prison cells8

Regular health screening

Other (Please specify)10

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21.This question is about support groups in your establishment.

* 1. Is there a support group or similar specifically for individuals with Mild Cognitive Impairment or dementia in your establishment? (Any such groups do not need to be healthcare led) (if no/don’t know, go to question 22)

Yes1

No2

Don’t know3

* 1. If yes, please detail below the staff involved, aims/impact of the group and how often the group/s meet. (if more than one group, please describe the staff involved, aims/impact of the group and how often the group meets separately for each group in the space provided below).

|  |  |
| --- | --- |
| Group 1:  Staff involved (e.g. Prison Chaplain, Healthcare, third sector):  Aims/Impact:  How often the group meets:   * Once a month * 2 or 3 times per month * Other, please specify  |  | | --- | |  |   Daily1  Weekly2  2 or 3 times per week3  Once a month4  2 or 3 times per month5  Other, Please specify6 |
| Group 2:  Staff involved (e.g. Prison Chaplain, Healthcare, third sector):  Aims/Impact:  How often the group meets:  Daily 1  Weekly 2  2 or 3 times per week3  Once a month4  2 or 3 times per month5  Other, Please specify6 |
| Group 3:  Staff involved (e.g. Prison Chaplain, Healthcare, third sector):  Aims/Impact:  How often the group meets:  Daily1  Weekly2  2 or 3 times per week3  Once a month4  2 or 3 times a month5  Other, Please specify6 |
| Group 4:  Staff involved (e.g. Prison Chaplain, Healthcare, third sector):  Aims/Impact:  How often the group meets:  Daily1  Weekly2  2 or 3 times per week3  Once a month4  2 or 4 times a month5  Other, Please specify6 |

**Current service provision**

22. How are prisoners with Mild Cognitive Impairment (including dementia) identified in your prison?

Screening on admission1

Regular routine screening2

Screening on discharge3

Identified during health consultation for another issue4

Don’t know5

Other (please specify)6

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23. Does your service conduct routine dementia screening for all older prisoners who arrive at your establishment? (if no/don’t know, go to question 25)

Yes1

No 2

Don’t know3

24. If yes, which tool or measure does your service use in screening? (tick all that apply)

Mini Mental State Examination (MMSE)1

Six-Item Cognitive Impairment Test (6-CIT)3

Montreal Cognitive Assessment (MoCA)5

Addenbrooke's Cognitive Evaluation (ACE - any version/revision)7

DemTect9

Clock Drawing Test11

General Practitioner Assessment of Cognition (GPCOG)12

Abbreviated Mental Test (AMT)2

Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE)4

Cambridge Cognition Examination (CAMCOG)6

Another locally developed tool8

Other (please specify)10

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1. Does your service **routinely** assess all older prisoners (not just new arrivals) for Mild Cognitive Impairment or for dementia? (if no/don’t know, go to question 27)

Yes1

No2

Don’t know3

1. If yes, how often does your service re-assess older prisoners for Mild Cognitive Impairment or for dementia?

Every 0-6 months1

Every 7-12 months2

Every 13-18 months3

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Other (please specify)4

1. Does your service routinely screen older prisoners for Mild Cognitive Impairment or dementia in the three months prior to their release (as part of resettlement planning)?

Yes1

No2

Don’t know3

1. Does your service have a clear referral process for older prisoners with a suspected Mild Cognitive Impairment or dementia?

Yes1

No2

Don’t know3

1. Do external older adult services provide assessment or treatment for older prisoners resident in your establishment with known or suspected Mild Cognitive Impairment or dementia?

Yes1

No2

Don’t know3

1. Does your service have a defined care pathway for prisoners with Mild Cognitive Impairment or dementia? (If possible, please provide copy/copies by post or by email to the research team).

Yes - we have a joint care pathway for MCI and dementia1

Yes - we have separate care pathways for MCI and dementia2

Yes we have a care pathway for MCI but not for dementia3

Yes we have a care pathway for dementia but not MCI4

No - we do not have a defined care pathway for either MCI or dementia5

No – we do not have a care pathway for dementia or MCI but we are in the process of developing one6

Don't know7

1. Does care planning for prisoners with dementia or Mild Cognitive Impairment routinely involve non-healthcare staff? (If no/don’t know, go to question 33)

Yes1

No2

Don’t know3

1. If yes, in what ways are non-health care staff involved (tick all that apply)?

Attending individual care planning meetings1

Designing referral processes/care pathways2

Joint training3

Employing prisoner-carers4

Sharing guidelines/resources5

Other (please specify)6

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1. i. Does your establishment employ prisoner-carers to support those with Mild Cognitive Impairment and/or dementia? (If no, go to question 34).

Yes1

No2

Don’t know3

1. How are carers identified? E.g. self-referral, recommended by staff etc.

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1. Do you have any formal selection criteria?

Yes1

No2

1. If yes, what are the criteria?

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1. Is training provided for prisoner-carers?

Yes1

No2

Don’t know3

1. What is covered in the training of prisoner carers?

Remit of the role (including what is appropriate and what is not)1

Safe lifting2

Use of wheel chairs3

Mental health awareness4

Communication5

Other (Please specify)6

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1. Who delivers this training?

Prisoner1

Prison staff2

Healthcare staff3

Social worker4

Third sector worker (If so please state which one)5

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Other (please specify)6

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1. Which of the following are the responsibilities of prisoner carers?

Carrying plates/trays1

Pushing wheel chairs2

Cleaning cells3

Assistance with getting dressed4

Assistance with washing5

Assistance with using the toilet6

Assistance with getting in/out of bed/chair7

Writing letters8

Completing applications9

Using the telephone10

Keeping company11

Other (please specify)12

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1. Are prisoner carers paid for this role?(if no go to q43)

Yes1

No2

Don’t know3

1. If yes, how much are they paid per week? (please state)

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## Social care

1. Please describe how the **social care needs** of prisoners with Mild Cognitive Impairment or dementia are assessed in your prison, including:
2. Who identifies these needs

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1. What standardised assessment tools are used (if any)

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1. Please detail the arrangements in place to develop care and support plans for prisoners with Mild Cognitive Impairment or dementia who have **social care needs**:
2. Who undertakes this activity

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1. Do you have advocacy arrangements for people with these needs

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1. Please describe the arrangements made to meet the **social care needs** of prisoners with Mild Cognitive Impairment or dementia in your prison.

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1. Who is responsible for meeting the needs as defined by the social care act?

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1. What are the main challenges your prison faces in identifying and addressing the **social care needs** of prisoners with Mild Cognitive Impairment and dementia?

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1. The Care Act 2014 made it clear that local authorities are responsible for assessing and meeting the eligible social care and support needs of adult prisoners. This includes the needs of prisoners with Mild Cognitive Impairment or dementia. In your opinion, how well is your local authority meeting this responsibility?

Very well1

Fairly well2

Not very well3

Not at all well4

1. Please describe any problems you have experienced in working with the Local Authority and/or complying with the Care Act 2014 to meet the social care needs of prisoners with Mild Cognitive Impairment or dementia.

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1. What model of social care does you prison currently have in place?

Local Authority provides a capped fund allocated to social care needs1

Local Authority funds prison on an individual social care needs basis2

Local authority provides staff to support social care needs3

Don’t know4

Other5

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1. Are care plans for individuals with Mild Cognitive Impairment and dementia shared with prison staff?

Yes1

No2

Don’t know3

## Current training provision

1. Does your service provide training (either internally or externally) in the identification of Mild Cognitive Impairment and/or dementia for prison staff? (if no/don’t know, go to question 50)

Yes1

No2

Don’t know3

1. If yes, how is the training delivered - (in what format)? (tick all that apply)

Face-to-face meeting/lecture1

Distribution of a manual/ associated documents2

Online training3

Self-study4

Audio or video conference5

Computer-based (offline) training - e.g. from a CD/DVD6

Face-to-face seminar/workshop (interactive)7

Other (please specify)8

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1. If yes, what teaching methods does the training utilise? (tick all that apply)

Use of case studies2

Use of media - sound/video input workbooks4

Other (please specify)6

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Lecturing by facilitator(s)1

Group discussion/debate3

Role-play5

Small-group tasks7

1. If yes, please indicate which of the following groups receive training in Mild Cognitive Impairment and/or dementia (tick all that apply).

Healthcare assistants/workers1

Nurses2

Nurse Practitioners3

Specialist/General practitioners4

Pharmacists5

Pharmacy technicians6

Allied health professionals7

Prison staff8

1. If yes, please indicate which of the following areas are covered by your service's current staff training in relation to Mild Cognitive Impairment and/or dementia?

Local referral processes2

Local care pathway4

Detecting and treating anxiety/depression6

Managing challenging behaviours8

Other (please specify)10

|  |
| --- |
|  |

General awareness1

Early warning signs3

Impact on functioning5

Communication techniques7

How to offer support/make low-cost

adaptations to the living environment9

1. If yes, are service users, carers or experts by experience involved in the provision of training in relation to Mild Cognitive Impairment and/or dementia in your establishment?

Yes1

No2

Don’t know3

1. If yes, are specialised external agencies involved in the provision of training in relation to Mild Cognitive Impairment and/or dementia in your establishment? (if no go to q52)
2. If yes please indicate which specialist external agencies are involved in the provision of training in relation to Mild Cognitive Impairment and/or dementia in your establishment.

Local hospitals1

Voluntary sector/charities2

If yes, please specify which ones

|  |
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Local community healthcare providers3

Local Authority4

Other (please specify)5

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1. If yes, please indicate how specialist external agencies are involved (tick all that apply)

Facilitating staff training1

Designing staff training2

Reviewing/editing training materials3

Assessing staff training4

Delivering alternative activities for prisoners5

Designing referral processes6

Information-sharing7

Other (please specify)8

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## Training needs

The next questions are about what training needs in relation to dementia and Mild Cognitive Impairment you think would be most effectively delivered and received by staff in your establishment, regardless of current arrangements.

1. Please rank what format you think training in relation to Mild Cognitive Impairment and dementia for healthcare staff should take? (please rank options below from 1 = most preferable to 7 = least preferable)

|  |  |
| --- | --- |
| Face to Face meeting /lecture1 |  |
| Distribution of manual/associated documents2 |  |
| Online training3 |  |
| Self study4 |  |
| Audio video conference5 |  |
| Computer based (offline) training e.g. from CD/DVD6 |  |
| Face to face seminar/workshop(interactive)7 |  |

1. What would be the preferred length of time for training, in relation to Mild Cognitive Impairment and dementia?

Less than half a day1

Half day2

Full day3

2+ days4

1. Which teaching methods do you think training in relation to Mild Cognitive Impairment and dementia for healthcare staff should utilise? (please rank options below from 1 = most preferable to 10 = least preferable)

|  |  |
| --- | --- |
| Group discussion/debate1 |  |
| Problem-solving2 |  |
| Role-play3 |  |
| Use of media4 |  |
| Small-group tasks5 |  |
| Workbooks6 |  |
| Reading7 |  |
| Skills practice sessions8 |  |
| Use of case studies9 |  |
| Pre-session exercises or activities10 |  |

1. Who do you think should receive training in relation to Mild Cognitive Impairment and dementia in prison? (tick all that apply)

Prison Managers/Governors2

Offender Managers4

Local Authority staff6

Community healthcare provider staff8

Local hospital staff10

Voluntary sector/charity workers12

Prisoner-carers14

All prisoners16

OlderPrisoners18

Healthcare Assistants/Workers1

Nurses3

Nurse Practitioners5

Specialist/General Practitioners7

Pharmacists9

Pharmacy Technicians11

Allied Health Professionals13

Prison officers15

Operational Support Grades (OSGs)17

Other (please specify)19

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1. Which, if any, of the following groups should attend the same training session(s) as prison healthcare staff? (please tick all that apply).

Prison officers/OSGs1

Prison managers/governors2

Local authority staff3

Local healthcare provider staff4

Local hospital staff5

Voluntary sector/charity workers6

None of the above - separate training just for prison healthcare staff7

None of the above and prison healthcare staff should have separate training

according to specialism and/or band8

Other (please specify)9

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1. Where do you think such training should be held? (please rank the following options from 1 = most preferable to 7 = least preferable).

|  |  |
| --- | --- |
| At the prison1 |  |
| At a Local Authority site2 |  |
| At the prison training unit or similar (outside the prison)3 |  |
| At a local hospital4 |  |
| At a different healthcare trust location5 |  |
| At a local charity/voluntary sector site6 |  |
| At a local hotel/conference venue7 |  |

Please explain the reasons for your answers to the last question.

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2. What do you think should be covered by training on Mild Cognitive Impairment and dementia in prison for **healthcare** staff? (please rank the following options where 1 = most important/useful and 12 = least important/useful for health care staff and prison staff)

|  |  |
| --- | --- |
| Early warning signs1 |  |
| Impact on functioning2 |  |
| Causes3 |  |
| Local assessment process4 |  |
| Local referral process5 |  |
| Local care pathway6 |  |
| Available support/modifications to the environment7 |  |
| Links to other services/charities who can help8 |  |
| Identify key individuals within the prison 9 |  |
| Communicating with individuals with Mild Cognitive Impairment or dementia10 |  |
| National Dementia Strategy11 |  |
| Impact on ability to conform with prison regime12 |  |

1. What do you think should be covered by training on Mild Cognitive Impairment and dementia in prison for **prison staff**? (please rank the following options where 1 = most important/useful and 12 = least important/useful for health care staff and prison staff

|  |  |
| --- | --- |
| Early warning signs1 |  |
| Impact on functioning2 |  |
| Causes3 |  |
| Local assessment process4 |  |
| Local referral process5 |  |
| Local care pathway6 |  |
| Available support/modifications to the environment7 |  |
| Links to other services/charities who can help8 |  |
| Identify key individuals within the prison 9 |  |
| Communicating with individuals with Mild Cognitive Impairment or dementia10 |  |
| National Dementia Strategy11 |  |
| Impact on ability to conform with prison regime12 |  |

1. What do you think should be covered by training on Mild Cognitive Impairment and dementia in prison for **other staff (e.g. third sector)**? (please rank the following options where 1 = most important/useful and 12 = least important/useful for health care staff and prison staff

|  |  |
| --- | --- |
| Early warning signs1 |  |
| Impact on functioning2 |  |
| Causes3 |  |
| Local assessment process4 |  |
| Local referral process5 |  |
| Local care pathway6 |  |
| Available support/modifications to the environment7 |  |
| Links to other services/charities who can help8 |  |
| Identify key individuals within the prison 9 |  |
| Communicating with individuals with Mild Cognitive Impairment or dementia10 |  |
| National Dementia Strategy11 |  |
| Impact on ability to conform with prison regime12 |  |

1. Please rank who you feel should deliver/facilitate training on Mild Cognitive Impairment and dementia in prison to **healthcare staff**? (please add numbers in the boxes below to rank options from 1 = most preferable to 6 = least preferable)

|  |  |
| --- | --- |
| Prison Healthcare Manager1 |  |
| Local Authority Representative (with relevant knowledge)2 |  |
| Voluntary sector/Charity Representative (with relevant knowledge)3 |  |
| External Clinician - e.g. Old Age Psychiatrist/Psychologist/Nurse Practitioner4 |  |
| Academic - with relevant knowledge (e.g. Research in CI/dementia)5 |  |
| Experts by Experience (service users, carers)6 |  |
| Other, please specify7 |  |

1. Please rank what you feel would be the most important qualities in a facilitator for training on Mild Cognitive Impairment and dementia in prison? (please rank options below from 1 = most important to 10= least important)

|  |  |
| --- | --- |
| General subject knowledge1 |  |
| Good presentation skills2 |  |
| Relevant clinical experience3 |  |
| Approachable4 |  |
| Prison experience5 |  |
| Holds a position of authority6 |  |
| Knowledge of the establishment/local client  group7 |  |
| Has lived experience of MCI and/or dementia8 |  |
| Relevant professional and/or academic  qualifications9 |  |
| Knowledge of local processes for assessment/referral/care10 |  |

1. Are there any other qualities you feel are important?

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1. What would be the optimum group size for training on Mild Cognitive Impairment/ dementia in prison?

16-206

21-257

25+78

Other (please specify)9

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|  |

No preference1

One-to-one2

2-53

6-104

11-155

1. How often should training in Mild Cognitive Impairment or dementia in prison take place?

Every 0-6 months1

Every 7-12 months2

Every 13-18 months3

Every 19-24 months4

Every 25 months or less frequently5

No refresher training should take place6

Other (please specify)7

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1. Please state any areas where you feel there are training gaps or a lack of staff confidence in relation to the identification and management of Mild Cognitive Impairment and dementia in prison within your service.

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**Care pathways**

1. Which of the following services/resources should prisoners with MCI/Dementia be able to access?

Memory clinics1

Modified accommodation2

Improved lighting3

Appropriate signage4

Carers (Local Authority, healthcare or private sector)5

Prisoner-carers6

Support groups7

Easy to remove clothing8

Old age Psychiatrists9

Lunch time support10

Other11

1. What have been the barriers/facilitators to providing access to each of the services below to older prisoners with MCI/dementia? (Please comment next to each relevant services/resource)

|  |  |  |
| --- | --- | --- |
|  | **Barriers** | **Facilitators** |
| Memory clinics1 |  |  |
| Modified accommodation2 |  |  |
| Improved lighting3 |  |  |
| Appropriate signage4 |  |  |
| Carers (Local Authority, private sector or healthcare) |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Barriers** | **Facilitators** |
| Prisoner-carers5 |  |  |
| Support groups6 |  |  |
| Easy to remove clothing7 |  |  |
| Old age Psychiatrists8 |  |  |
| Lunch time support9 |  |  |
| Other (please state)10 |  |  |

1. Please use the space below and the blank page which follows to add any further comments in relation to Mild Cognitive Impairment and/or dementia in prison.

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Thank you for taking the time to complete this.

**Appendix 2 Part 2:**

# Dementia and Mild Cognitive Impairment in Prison - Questionnaire for Prison Governors

Thank you for participating in our survey. Your feedback is important.

We are currently conducting a research project, funded by the National Institute for Health Research, investigating **dementia and Mild Cognitive Impairment in the prison population** of England and Wales. The study will examine:

* What is the size of the problem - how many prisoners have some form of dementia and/or Mild Cognitive Impairment and what services do they need;
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This questionnaire is designed to identify how services are currently being provided and we would be very grateful for your time and input. Please take care to answer all questions as accurately as possible, to the best of your knowledge and feel free to expand your answers using the text boxes where provided. The questionnaire should take around 40 minutes to complete and asks for some information about the number and age breakdown of prisoners aged 50+ in your prison, so it may help to have this information to hand before you start.

In addition, if you would be willing to share any local service documents relating to Mild Cognitive Impairment or dementia, such as copies of current assessment forms or tool; standard operating procedures; referral or care pathways, we would be very pleased to receive copies of these, either electronically or by post. Contact details are given below.

Please answer the questions honestly; it is important for us to obtain an accurate picture of what is currently being delivered in order to best inform future developments.

If you encounter any problems in completing the survey, please do not hesitate to contact us using the details below.

Many Thanks,

The research team

Principal Investigator: Professor Jenny Shaw

Research Team Contacts: Florian Walter, Katrina Forsyth, Baber Malik or Leanne Heathcote

**Definitions**

**Mild Cognitive Impairment**

*Mild Cognitive Impairment (MCI) is a condition in which someone has minor problems with cognition - their mental abilities such as memory or thinking. In MCI these difficulties are worse than would normally be expected for a healthy person of their age. However, the symptoms are not severe enough to interfere significantly with daily life, and so are not defined as dementia.*

**Dementia**

*The word ‘dementia’ describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. These changes are often small to start with, but for someone with dementia they have become severe enough to affect daily life. A person with dementia may also experience changes in their mood or behaviour.*

Personal and Service Details

Date of survey completion

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DD |  | MM |  | YYYY |
|  |  |  |  |  |

1. Name of individual completing survey (optional, this is requested to be able to contact you if we require any follow up information)

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1. Please state your professional role/job title

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1. Please state your establishment

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1. Please provide your contact details (e-mail/telephone number)

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**About your establishment**

1. How does your service define an older prisoner?

Aged 65 and over 4

Other (please specify) 5

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Aged 50 and over 1

Aged 55 and over 2

Aged 60 and over 3

1. Are you aware of any older prisoners (aged 50+) currently resident at your establishment, who have a known or diagnosed dementia?

Yes1

No2

Don’t know3

1. Are you aware of any older prisoners (aged 50+), resident in your establishment, who have known or diagnosed Mild Cognitive Impairment (MCI) (see definitions on page 2)

Yes1

No2

Don’t know3

1. Does your establishment have an identified older prisoner lead within the prison service (rather than the NHS)? (if no go to question 10)

Yes1

No2

Don’t know3

1. If yes, please indicate the job roles of the individual who acts as the older prisoner lead (if more than one individual fulfils this role please tick all that apply).

Prison Officer 1

Custodial Manager2

Governor3

## Current service provision

1. Are you aware of any additional support/modifications to the prison environment which has been provided or have been made in your establishment specifically for prisoners with Mild Cognitive Impairment or dementia? (if no/don’t know, go to question 12)

Yes1

No2

Don’t know3

1. If yes, what kind of additional support/modifications have been provided or made? (tick all that apply)

Provision of incontinence materials2

Provision of easy to remove clothing4

Regular sight/hearing tests6

Bigger/more accessible prison cells8

Regular health screening

Other (Please specify)10

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Improved lighting1

Exercise/activity/canteen3

Handrails5

Signposting/Highlighting of key areas or items7

Removal of mirrors9

Provision of a prisoner-carer11

Current training provision

1. Does your service provide training (either internally or externally) in the identification of Mild Cognitive Impairment and/or dementia for **prison** staff? (if no/don’t know, go to question 22)

Yes1

No2

Don’t know3

1. If yes, how is the training delivered - (in what format)? (tick all that apply)

Face-to-face meeting/lecture1

Distribution of a manual/ associated documents2

Online training3

Self-study4

Audio or video conference5

Computer-based (offline) training - e.g. from a CD/DVD6

Face-to-face seminar/workshop (interactive)7

Other (please specify)8

1. If yes, what teaching methods does the training utilise? (tick all that apply)

Use of case studies2

Use of media - sound/video input workbooks4

Other (please specify)6

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Lecturing by facilitator(s)1

Group discussion/debate3

Role-play5

Small-group tasks7

1. If yes, please indicate which of the following groups receive training in Mild Cognitive Impairment and/or dementia (tick all that apply).

Prisoners 1

Prison Officers 2

Prison Managers/Governors 3

Education staff 4

Chaplaincy 5

Other 6

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1. If yes, please indicate which of the following areas are covered by your service's current staff training in relation to Mild Cognitive Impairment and/or dementia.

Local referral processes2

Local care pathway4

Detecting and treating anxiety/depression6

Managing challenging behaviours8

Other (please specify)10

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General awareness1

Early warning signs3

Impact on functioning5

Communication techniques7

How to offer support/make low-cost

adaptations to the living environment9

1. If yes, are specialist external agencies involved in the provision of training or care in relation to Mild Cognitive Impairment and/or dementia in your establishment? (if no/don’t know, go to question 20)

Yes1

No2

Don’t know3

1. If yes, please indicate which specialist external agencies are involved?

Local hospitals1

Voluntary sector/charities2

If yes, please specify which ones

|  |
| --- |
|  |

Local community healthcare providers3

Local Authority4

Other (please specify)5

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1. If yes, please indicate how specialist external agencies are involved (tick all that apply)

Facilitating staff training1

Designing staff training2

Reviewing/editing training materials3

Assessing staff training4

Delivering alternative activities for prisoners5

Designing referral processes6

Information-sharing7

Other (please specify)8

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1. If yes, are service users, carers or experts by experience involved in the provision of training or care in relation to Mild Cognitive Impairment and/or dementia in your establishment? (if no/don’t know, go to question 17)

Yes1

No2

Don’t know3

1. If yes, how are service users, carers or experts by experience involved? (tick all that apply)

Facilitating staff training1

Designing staff training2

Reviewing/editing training materials3

Assessing staff training4

Delivering alternative activities for prisoners5

Designing referral processes6

Information-sharing7

Other (please specify)8

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## Training needs

The next questions are about what training needs, in relation to dementia and Mild Cognitive Impairment, you think would be most effectively delivered and received by staff in your establishment, regardless of current arrangements.

1. Please rank what format you think training in relation to Mild Cognitive Impairment and dementia for prison staff should take? (please rank options below from 1 = most preferable to 7 = least preferable)

|  |  |
| --- | --- |
| Face to Face meeting /lecture1 |  |
| Distribution of manual/associated documents2 |  |
| Online training3 |  |
| Self study4 |  |
| Audio video conference5 |  |
| Computer based (offline) training e.g. from CD/DVD6 |  |
| Face to face seminar/workshop(interactive)7 |  |

1. What would be the preferred length of time for training in relation to Mild Cognitive Impairment and dementia?

Less than half a day1

Half day2

Full day3

2+ days4

1. Which teaching methods you think training in relation to Mild Cognitive Impairment and dementia for **prison** staff should utilise? (please rank options below from 1 = most preferable to 10 = least preferable)?

|  |  |
| --- | --- |
| Group discussion/debate1 |  |
| Problem-solving2 |  |
| Role-play3 |  |
| Use of media4 |  |
| Small-group tasks5 |  |
| Workbooks6 |  |
| Reading7 |  |
| Skills practice sessions8 |  |
| Use of case studies9 |  |
| Pre-session exercises or activities10 |  |

1. Who do you think should receive training in relation to Mild Cognitive Impairment and dementia in prison? (tick all that apply)

Prison Managers/Governors2

Offender Managers4

Local Authority staff6

Community healthcare provider staff8

Local hospital staff10

Voluntary sector/charity workers12

Prisoner-carers14

All prisoners16

OlderPrisoners18

Healthcare Assistants/Workers1

Nurses3

Nurse Practitioners5

Specialist/General Practitioners7

Pharmacists9

Pharmacy Technicians11

Allied Health Professionals13

Prison officers15

Operational Support Grades (OSGs)17

Other (please specify)19

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1. Which, if any, of the following groups should attend the same training session(s) as prison staff?

Prison officers/OSGs1

Prison managers/governors2

Local authority staff3

Local healthcare provider staff4

Local hospital staff5

Voluntary sector/charity workers6

None of the above - separate training just for prison healthcare staff7

None of the above and prison healthcare staff should have separate training

according to specialism and/or band8

Other (please specify)9

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1. Where do you think, such training should be held? (please rank the following options from 1 = most preferable to 7 = least preferable).

|  |  |
| --- | --- |
| At the prison1 |  |
| At a Local Authority site2 |  |
| At the prison training unit or similar (outside the prison)3 |  |
| At a local hospital4 |  |
| At a different healthcare trust location5 |  |
| At a local charity/voluntary sector site6 |  |
| At a local hotel/conference venue7 |  |

1. Please explain the reasons for your answers to the last question.

|  |
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1. What do you think should be covered by training on Mild Cognitive Impairment and dementia in prison for **prison** staff? (please rank the following options where 1 = most important/useful and 12 = least important/useful)

|  |  |
| --- | --- |
| Early warning signs1 |  |
| Impact on functioning2 |  |
| Causes3 |  |
| Local assessment process4 |  |
| Local referral process5 |  |
| Local care pathway6 |  |
| Available support/modifications to the environment7 |  |
| Links to other services/charities who can help8 |  |
| Identify key individuals within the prison 9 |  |
| Communicating with individuals with Mild Cognitive Impairment or dementia10 |  |
| National Dementia Strategy11 |  |
| Impact on ability to conform with prison regime12 |  |

1. What do you think should be covered by training on Mild Cognitive Impairment and dementia in prison for **healthcare staff**? (please rank the following options where 1 = most important/useful and 12 = least important/useful)

|  |  |
| --- | --- |
| Early warning signs1 |  |
| Impact on functioning2 |  |
| Causes3 |  |
| Local assessment process4 |  |
| Local referral process5 |  |
| Local care pathway6 |  |
| Available support/modifications to the environment7 |  |
| Links to other services/charities who can help8 |  |
| Identify key individuals within the prison 9 |  |
| Communicating with individuals with Mild Cognitive Impairment or dementia10 |  |
| National Dementia Strategy11 |  |
| Impact on ability to conform with prison regime12 |  |

1. What do you think should be covered by training on Mild Cognitive Impairment and dementia in prison for **other staff (e.g. third sector)**? (please rank the following options where 1 = most important/useful and 12 = least important/useful)

|  |  |
| --- | --- |
| Early warning signs1 |  |
| Impact on functioning2 |  |
| Causes3 |  |
| Local assessment process4 |  |
| Local referral process5 |  |
| Local care pathway6 |  |
| Available support/modifications to the environment7 |  |
| Links to other services/charities who can help8 |  |
| Identify key individuals within the prison 9 |  |
| Communicating with individuals with Mild Cognitive Impairment or dementia10 |  |
| National Dementia Strategy11 |  |
| Impact on ability to conform with prison regime12 |  |

1. Please rank who you feel should deliver/facilitate training on Mild Cognitive Impairment and dementia in prison to **prison staff**? (please add numbers in the boxes below to rank options from 1 = most preferable to 6 = least preferable)

|  |  |
| --- | --- |
| Prison Healthcare Manager1 |  |
| Local Authority Representative (with relevant knowledge)2 |  |
| Voluntary sector/Charity Representative (with relevant knowledge)3 |  |
| External Clinician - e.g. Old Age Psychiatrist/Psychologist/Nurse Practitioner4 |  |
| Academic - with relevant knowledge (e.g. Research in CI/dementia)5 |  |
| Experts by Experience (service users, carers)6 |  |
| Prison Officer7 |  |
| Prison Governor8 |  |
| Other, please specify9 |  |

1. Please rank what you feel would be the most important qualities in a facilitator for training on Mild Cognitive Impairment and dementia in prison? (please rank options below from 1 = most important to 10 = least important)

|  |  |
| --- | --- |
| General subject knowledge1 |  |
| Good presentation skills2 |  |
| Relevant clinical experience3 |  |
| Approachable4 |  |
| Prison experience5 |  |
| Holds a position of authority6 |  |
| Knowledge of the establishment/local client  group7 |  |
| Has lived experience of MCI and/or dementia8 |  |
| Relevant professional and/or academic  qualifications9 |  |
| Knowledge of local processes for assessment/referral/care10 |  |

1. Are there any other qualities you feel are important?

|  |
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|  |

1. What would be the optimum group size for training on Mild Cognitive Impairment/ dementia in prison?

No preference1

16-206

21-257

25+78

Other (please specify)9

|  |
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|  |

One-to-one2

2-53

6-104

11-155

1. How often should training in Mild Cognitive Impairment or dementia in prison take place?

Every 0-6 months1

Every 7-12 months2

Every 13-18 months3

Every 19-24 months4

Every 25 months or less frequently5

No refresher training should take place6

Other (please specify)7

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1. Please state any areas where you feel there are training gaps or a lack of staff confidence in relation to the identification and management of Mild Cognitive Impairment and dementia in prison within your service.

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1. How often does your establishment hold training days (on any topic) for the majority of staff members?

Never1

Weekly2

Fortnightly3

Monthly4

Quarterly5

Yearly6

Other (please specify)7

|  |
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**Social care**

1. The Care Act 2014 made it clear that local authorities are responsible for assessing and meeting the eligible social care and support needs of adult prisoners. This includes the needs of prisoners with Mild Cognitive Impairment or dementia. In your opinion, how well is your local authority meeting this responsibility?

Very well1

Fairly well2

Not very well3

Not at all well4

1. What model of social care does you prison currently have in place?

Local Authority provides a capped fund allocated to social care needs1

Local Authority funds prison on an individual social care needs basis2

Local authority provides staff to support social care needs3

Don’t know4

Other5

|  |
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1. Please describe any problems you have experienced in working with the Local Authority and/or complying with the Care Act 2014 to meet the social care needs of prisoners with Mild Cognitive Impairment or dementia.

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1. Please use the space below and the blank page which follows to add any further comments in relation to Mild Cognitive Impairment and/or dementia in prison.

|  |
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