# 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

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| DD |  | MM |  | YYYY |
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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).

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| 50-591 |  |
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| 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).

|  |  |
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| 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

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[ ] 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

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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 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

[x] 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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1.
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

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| 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;
* 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

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)

|  |
| --- |
|   |

1. Please state your professional role/job title

|  |
| --- |
|   |

1. Please state your establishment

|  |
| --- |
|   |

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

|  |
| --- |
|  |

[ ]  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

|  |
| --- |
|  |

[ ] 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

|  |
| --- |
|   |

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

|  |
| --- |
|  |

[ ] 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.

|  |
| --- |
|   |

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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|   |