



Sunday Choices



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1. Summary Abstract.

Sunday Choices is a project funded by QNIS in their Catalysts for Change Programme for 2015/6. The key points are that people detained in police custody in Edinburgh have complex health care needs that are largely unmet by mainstream medical and nursing services due to the difficulties men and women involved in the Criminal Justice system face trying to express themselves and engage with services. This can be due to personal psychological difficulties regarding dignity and self-esteem whilst in the throes of addiction and poverty, leading to behaviour out-with the norm expected in healthcare settings. Being in Police custody in Edinburgh gives people access to nursing care 24/7 and after two or three days receiving that care and treatment whilst being detained highlighted that there was a significant minority of people who, on a Sunday, wanted to engage with treatment programmes. Onward referral has been an obstacle for the nursing staff in this setting, so a bespoke outreach service called Sunday Choices was created in partnership with Sacro, a dedicated CJS service in order to facilitate low threshold engagement and support into the help and care that patients in custody require.

2. Why are we doing this?

The aim of the project was for Sacro to provide outreach to persons within Police Scotland custody at the main custody suite within the City of Edinburgh, St Leonards. It was identified that after being in custody for a period of time, this counted as a “teachable moment” and the detainee was more receptive to help and assistance. By engaging with these people, guiding them into health and well-being services it is anticipated that it would be a diversion from the Criminal Justice System.

If somebody is detained in Police custody on a Friday, they will be in cell accommodation until Monday morning when the Courts are open for business once again, called the next lawful day. (Bond et al 2007)

During this time, people will have received treatment from the nursing team for prevention of withdrawals from alcohol, opiates and benzodiazepines in particular, and management and exploration of other chronic and acute presentations will have been attended to. (Elvins et al 2012)

On arrival, a majority of people are heavily under the influence of substances, this can lead to all sorts of extremes of behaviour. However, it has been noted by nursing staff that over the course of the weekend, as a person effectively 'detoxes' they have an opportunity to feel a bit better, or a bit less toxic, and could be ready to engage meaningfully with a service like Sacro. (de Viggiani et al 2010)

Sacro was identified by the project lead as the agency of choice to co-work with on this project. She felt that the patients were not motivated or confident enough to engage directly with statutory health services, as often, the conditions of engagement were too difficult for this clientele to manage and be successful with due to the social difficulties that they have experienced and the behaviours that it causes when trying to communicate with people that they see as authority figures. Rather than setting people up to fail, or feeling let down by agencies, working with SACRO could bridge that gap, work on the self-esteem and dignity of the person and empower them to make the changes that they needed to achieve a safer and happier life. (Condon et al 2007, Davidson 2015)

The problem was that agencies tend not to work 'out of hours' at weekends, and this is a missed opportunity for the helping agencies and the individual who is ready to start to change their life.

The Sunday Choices project gave people the opportunity for men and women in custody to talk to a worker from Sacro on a Sunday afternoon and to on-going support in the community.

This can help address health inequalities by helping people with some of their problems which are not 'medical', such as housing or reoffending for example- which DOES lead to poor health outcomes. (Graham 2007, Harris 2007).

Background

The South East Scotland Custody Healthcare and Forensic Examination Service (NHS Lothian) and Sacro are going to offer men and women in police custody in Edinburgh a structured, fit for purpose referral to services designed for men and women involved in the Criminal Justice System.

3. Where are we going to do it?

We organised a working timetable on Sunday afternoons in St Leonard's Police Station in the custody suite, where workers from Sacro would be placed alongside Clinical Forensic Nurses (CFNs).

St Leonard's is the capital city's custody area and has capacity for up to 48 men and women at one time. It holds the distinction of being the busiest processing centre for detainees in Scotland. In 2015, there were over 26,000 men and women coming into this custody area alone.

There is a dedicated nursing team who run a nurse led service on site who respond to the healthcare needs of all the detainees in custody. (Edinburgh Evening News 2015)

People who are detained in police custody often have multiple health and social needs such as drug and alcohol problems, mental health problems, poor dentition, early onset respiratory disorders,

blood borne viruses and are often presenting in crisis. (Payne James et al 2010; NHS Education for Scotland 2014)

Added to this, a lot of these care needs are unmet due to being disenfranchised and marginalized in society. Many detainees have a poor perception of authority and a history of poor engagement with services such as GPs, hospitals, social services and other supporting agencies. (Scottish Government 2012a)

Who are you doing it with?

NHS Lothian's Custody Healthcare and Forensic Examination team in conjunction with Sacro, with support from the Police Service of Scotland.

How are you going to do this?

Four existing members of Sacro staff volunteered to staff the Sunday Choices pilot. They visited the custody suite in pairs every Sunday afternoon for the duration of twelve weeks. NHS Custody staff identified individuals who may be appropriate for the intervention. These individuals were then asked if they wanted to speak with Sunday Choices staff and if they were agreeable the meeting took place within the medical room. A member of the custody team supervised the meeting as part of risk management. As this was a brief intervention meeting were kept to about 15 minutes per person

Rationale for carrying out the project?

The rationale for carrying out this project was to continue the work that we have started as a nursing led service to tackle the health inequalities of this disenfranchised group. Our patients had often been seen as difficult, unpopular, undeserving of healthcare. People coming to Police custody arrive into an environmentally punitive setting. They may well have committed a crime, and this is for the courts to decide. Meanwhile, there is an opportunity to identify healthcare needs of detainees and perform interventions. (Scottish Government 2012b)

During the last four years, custody health care in South East of Scotland has been transformed from a reactive medical model to a proactive, on site nursing led model. During this time, nurses have been educated in forensic examination, nurse prescribing and instigated local treatment policies based on the governance of NHS Lothian and best possible evidence to change to focus of care from a paternalistic to a person centred model. (Baksheev et al 2010)

It has been full of challenges to educate other services that people who come into custody are now NHS patients as well, and have the same rights to access of healthcare as any other person. In a service user study of people with mental health problems in custody- who have not committed a crime- it became apparent that detainees received a different response and service to other members of the public. This affected the patient in such a way as to perceive a lack of kindness and care from healthcare professionals that fed into their pre-existing self-belief that they are not worthy and are not deserving of health. This has been a deeply demoralising experience for these patients. (Support in Mind Scotland, 2014; Bradley 2009)

Recognising that patients within custody require low threshold services so that they can have some success at attending was key to the rationale of this project. If we could build up the self-worth and esteem of patients in the community, a place to let off steam, join programmes, find out about services in the community to help them- then it would be feasible to suggest that the bottom layer of Maslow's Hierarchy Needs (Maslow 1954) would be better met and any healthcare problems could be addressed accordingly to manage any existing pathology rather than the patient looking to the GP/Nurse/A&E doctor as someone who could fix all. It would allow the patient to become self-directed and exercise more informed choices regarding their health and well-being. (Weiskopf, 2000)

3. Aims & Objectives

What did the project set out to achieve as stated in your proposal?

Sunday Choices set out to achieve proof that a referral from NHS nurses working within the police custody area could successfully refer patients to SACRO for support and that these patients would engage with their services. This project also shows that statutory and third sector agencies can work successfully together in a common aim for the good of the people each agency is in contact with, even though the reasons for engagement could be thought of as contradictory. This project also sets out to prove that flexibility in working hours, such as working on a Sunday afternoon improves the quality of engagement as it is person centred, not service needs centred. (Prins, 2005)

4. Method & approaches

A team of identified SACRO project workers attended St Leonard's Police Station, the custody area on a Sunday. They called ahead to make sure, as a courtesy, that the nursing staff were able to host them. This was because all contracted workers in Police premises require to have level 2 vetting in order to work alone. In this case, the nursing staff could vouch for the SACRO staff similarly to how they would a visiting doctor or social worker as long as a healthcare referral had been made and a need identified.

5. Findings

The following table provides a summary of the work carried out

Number of service users seen	15
Number of ABI's Carried out	10
Number of Assessment's completed	15
Number of onward referrals	3

Number of service users signposted to over services	15
Number of service users agreeing to follow up with current workers	9
Number of unmet health needs	13

Overall Challenges and how these were overcome:

- One challenge faced was issues with police staffing. As a police officer is required to stand outside the consultation room during a meeting for risk assessment purposed, this takes a resource away from the Police. This was overcome by Sunday Choices staff phoning in the morning before the shift was due to start to ensure that there was enough staff for Sunday Choices staff to attend. Sunday Choices staff also adapted their start time to coincide with an increase in Police staff.
- Another challenge was timing of the appointments. This was overcome by informing service users, at the start of the meeting that we would spend around 15/20 minutes. This worked well as it allowed workers to focus the conversation.

Work done well:

- Nursing staff well briefed and receptive to project.
- Positive partnership working between Sacro staff and NHS Lothian Clinical Forensic Nurses and custody staff of Police Scotland. This involved briefing the staff as to the aims and objectives of the pilot. Raising the profile of Sacro amongst Police and NHS staff.
- All service users were receptive to the support that Sunday Choices was offering.
- Due to existing knowledge and established network, Sacro staff we were able to sign post people that we engaged with to other agencies.
- Sunday Choices Staff were flexible in accommodating the demands that our partners experienced, for example, changing the start time to later on to avoid the shift change over.
- Nursing staff were able to identify those patients who needed support in the community and were receptive to engaging and then make that referral at that time.
- The immediate response and appointment time suited the needs of the patient.

Successes of the pilot:

- As relationships started to build, police officers began to directly refer service users that they felt could benefit from Sunday Choices involvement.
- Some service users also began asking to speak to Sunday Choices staff as they had heard this was available within the cells on a Sunday.
- Remote briefing of custody staff on services available.
- Nursing staff had an immediate helping agency on hand to refer to, with no barriers as to criteria of acceptance, waiting list or contact details having to be sent.
- 100% take up rate of appointments.

Staff feedback

CFN: (Clinical Forensic Nurse)

Excellent service, only complaint is that using the treatment room was a bit awkward but that would be easily resolved!

CFN:

I found the pilot to be very beneficial and the staff were well informed and accommodating. It was helpful that it was on a Sunday afternoon as more clients available and appropriate.

CFN:

I thought it was useful. They managed to see some individuals who they were unable to track down on the street. The patients appeared to find it helpful.

CFN:

Sometimes we were too busy to accommodate them to visit the cells, but I think this only happened on one occasion. They were really nice people and patients seemed to like them and they caught up with people that they had been looking for ages.

Sergeant:

This was a really good service. The people were approachable and really easy to talk to. You could see the detainees were really interested in engaging with the service. There was a resource implication for us - it was sometimes hard to chaperone the workers for the amount of time they needed, once it was for an hour. It also meant that the nurses could not use the treatment room. That is such a small negative though; I would really support this service coming in every day.

Health Promotion Worker to charge nurse at a meeting:

I heard that SACRO were going into custody to see patients; that sounds like a really good service.

Chief Inspector for Custody Division:

Thank you for bringing this to my attention. It really does seem to be an excellent piece of work and I'm glad my officers have been fully supportive of it.

This is something that I would like to see continue and possibly roll out to other custody suites. Once I've had sight of the paper, it would be good to catch up with you to discuss how to take this forward.

Case Studies

Case study 1

I received a telephone call from a worker from another organisation whom I work closely with in my New Routes role. I had spoken with this worker, previously, about Sunday Choices and the work Sacro is doing in the cells.

The worker phoned me on Friday, 9th October to advise that one of her clients had been arrested and may still be in the cells at St Leonard's on Sunday, 11th October. The worker asked that if her client was there, would I speak with him and offer him some reassurance.

Case Study 2

I met one of my clients in the Police cells at St Leonard's. Prior to meeting my client in St Leonard's on the Sunday, I was aware there was a warrant out for his arrest and due to this my client had gone AWOL.

Mel, one of the Nurses at St Leonard's, offered my client to meet with Sunday Choices, a service provided by Sacro. My client advised that he would like to meet with us, as he knew Sacro. When I was told my client was one of the people in the cells who wanted to see us, I was relieved to know that he was there.

I was able to meet with my client, offer him some reassurance and support and advise him that I would let his other workers know where he was. Meeting my client in the cells also gave the opportunity to refer him onto other services which could benefit him.

Case Study 3

During one shift, Sunday Choices staff met a woman who had current Women's Aid accommodation and support. However due to an increase in alcohol use she was close to losing this tenancy. After carrying out a brief intervention and discussing what was happening at the moment in time for the woman a positive rapport was built up. The woman asked us to phone her woman's aid worker to let her know that she thought that she may be remanded after appearing in court on Monday.

A few weeks later one of the Sunday Choices staff, who works for Shine Women's Mentoring service, received a referral for the same woman. Based on the fact that the worker had met with the woman in the cells previously this had a significant impact creating and building on a positive relationship. This also meant that the woman was more likely to engage with the service as she has already met the mentor and built up a rapport.

Case Study 4

I met with a woman in St. Leonards who had chronic alcohol problems. She was currently attending one of the recovery hubs for support with this; however she reported that she felt she was not moving forward. After spending a significant amount of time with her, listening, offering support and signposting her to other useful services, she reported that she had found the intervention helpful. The time spent with this woman at a particularly vulnerable period of her life allowed us to build positive relationships.

The following week the same woman phoned Sacro looking to speak with myself. Unfortunately I was not in the office at the time of the initial phone call, however she phoned back a second time.

During the phone call I was able to signpost her to other services and offer some support. She reported that she would have found it useful if Sunday Choices were able to follow up in the community as she had found the service particularly useful on Sunday. This demonstrates the valuable work that the project has carried out and also the need for this service to continue and expand to meet the needs of the service user.

Case study 5

Staff met with a man in St. Leonard's who had previously had a very positive relationship with a Sacro service several years ago. Based on this he was very receptive to meeting with us. After a discussion we were able to identify an appropriate service that would be able to offer him support, which he reported he was keen to engage with.

On the Monday morning, we were able to phone the service which offer support in the Court custody suite. Staff were able to contact the workers at this service due to an existing professional relationship and ask them to meet with the individual in the courts custody suite before he presented, in order for him to self-refer for support from this service.

Recommendations

- The project was worthwhile and should be continued.
- Folder to be created for custody staff with information on services.
- Permanent member of staff for Sunday Choices.
- One of the challenges was that all Sacro staff were in permanent posts and often found it difficult to do the follow up work as well at their existing roles.

Conclusion

Sunday Choices pilot was a success at providing contact, ABI's, consultation and signposting service users to services and working in partnership with statutory agencies. It has provided a simple way of cross agency working. Sacro have access to their 'hard to reach' clients, NHS nursing staff have an agency on hand to refer people with social problems that affect their health rather than referring to an agency with a long waiting list, that the patient may not attend, and the Police have been able to facilitate the safety of the workers concerned and allow access to the custody setting based on the shared working and person centred principles that have been built up by NHS and Police staff over many years of joint working.

We believe that this demonstrates the practicalities of interagency working and how with access and choosing opportune times to engage with people when they are ready rather than at the times agencies are ready, makes the quality of consultation high and the veracity of information shared more genuine.

Sunday Choices has implications for future nursing practice, that to be truly person centred, which means giving power to your patients to make informed choices based on best evidence regarding their own health, services may need to find ways to respond and restructure in order to work with other helping agencies. This may be even more vital for third sector and local authority funded

agencies to work out of hours to meet the demands of the community at the most opportune times. In terms of research, there remains a paucity of research and publications in this area of practice. In particular, service user involvement or lived experience material to help guide clinicians and nurse leaders to plan their services is almost entirely missing from the body of knowledge in police custody healthcare and forensic examination. In conclusion, the opportunity to respond to what was a 'hunch' from the Project Lead by QNIS, NHS Lothian, SACRO and Police Scotland demonstrates joint working at its most responsive and should serve as an encouragement to any other nurses to improve patient experience and care.

Dissemination

The dissemination plan is to write up an article for publication in a suitable journal. The plan is to highlight the experiences learned at suitable conferences in Scotland and the UK. Publications can be contacted such as in house communication journals such as NHS Connections. There will be a write up of the project on the QNIS website and an opportunity to present at The QNIS conference in March 2016. A proposal to present this work to Edinburgh City Council's 'Inclusive Edinburgh' group is to be considered. This project will be presented to the Royal College of Nursing Bulletin and Criminal Justice Forum web page for publication.

Next steps

How will you spread and sustain the intervention and/ or build on the project generated knowledge and insights?

SE Scotland Police Custody Healthcare and Forensic Examination Service from NHS Lothian and SACRO have sent a note of interest to the lead of the National Suicide Prevention Strategy to be frontline agencies that deliver Distress Brief Interventions in the police custody setting. This is wholly supported by NHS Lothian and SACRO. This is a new Scottish Governmental strategy that this service has been an interested and active stakeholder in the identification of this clinical and personal need. The Women's Project to see female detainees in police custody in East Lothian and the Scottish Borders has been funded and permissions given by NHS, Police Scotland and SACRO to commence as soon as practicable.

The Chief Inspector of Custody for Police Scotland is interested in rolling out this service to the rest of S.E. Scotland. This is a significant move forward as it means that workers can have access to hitherto difficult to reach areas.

The success of the project has highlighted the need for funded community workers to take up the referrals gathered on a Sunday. The inclusion of this as a key strategy for the year plan for SACRO can only help move this agenda forward.

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11. Financial report

The funding received was allocated to sessional hours for Sacro staff, who worked above their own role to deliver the service on Sunday afternoons. In addition, funding was used to provide travel expenses to workers who made additional journeys to/ from the Custody suite. Some funding was used to print promotional materials and information regarding the service/ onward referrals.