PALS in Prison

A toolkit and good practice guidance for implementing Patient Advice and Liaison Services in a secure setting
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<td>Fiona Pearson</td>
</tr>
<tr>
<td></td>
<td>Department of Health (Offender Health)</td>
</tr>
<tr>
<td></td>
<td>Quarry House, Rm 8E10</td>
</tr>
<tr>
<td></td>
<td>Quarry Hill</td>
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For Recipient's Use
PALs in Prison

A toolkit and good practice guidance for implementing Patient Advice and Liaison Services in a secure setting

Prepared by Offender Health, Department of Health
Acknowledgements

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Thanks are extended to Susannah Nisbett and PALS in Prisons Steering Group Members, Primary Care Trust (PCT) Chief Executives, Prison Governors, Healthcare Managers, PCT PALS Managers and colleagues, Independent Complaints and Advocacy Service (ICAS) providers, the Independent Monitoring Board (IMB), and the National PALS Network.

Many thanks also to all those colleagues working in health and social care in the criminal justice system who were kind enough to share their experiences of developing PALS in prisons from around the country; and to the prisoners and service users who shared their experiences of healthcare.
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About this toolkit

This toolkit is primarily aimed at the implementation of the Patient Advice and Liaison Service (PALS) in a prison setting, but is equally applicable to Young Offender Institutions (YOI), Secure Children’s Homes (SCH) and Secure Training Centres (STC). It is designed to be read by commissioners and providers of healthcare in the criminal or youth justice sectors.

In the interests of brevity and unless otherwise stated, where this toolkit states ‘prison’, please read ‘prison, YOI, SCH or STC’. Likewise, where this toolkit states ‘prisoner’ or ‘offender’, please read ‘prisoner or child or young person in touch with the youth justice system’.
Introduction

What is PALS?

PALS was first announced in the NHS Plan 2000:

“PALS is the provision of on the spot help in every NHS Trust with the power to negotiate immediate solutions or speedy resolutions of problems. PALS will listen and provide the relevant information and support to help resolve service users’ concerns quickly and efficiently. They will liaise with staff and managers and, where appropriate, with other PALS services, health and related organisations, to facilitate a resolution”.

It aims to ensure that the NHS listens to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible. PALS also helps the NHS to improve services by listening to what matters to patients and their loved ones and making changes, when appropriate. In particular, PALS will assist users by:

- Providing information about the NHS and helping with any other health-related enquiry
- Helping to resolve concerns or problems when using the NHS
- Providing information about the NHS complaints procedure and how to get independent help if users decide to make a complaint
- Providing information and aiding introductions to agencies and support groups outside the NHS
- Informing them how to get more involved in their own healthcare and the NHS locally
- Improving the NHS by listening to their concerns, suggestions and experiences and ensuring that people who design and manage services are aware of the issues raised
- Providing an early warning system for NHS Trusts and monitoring bodies by identifying problems or gaps in services and reporting them.

Making a Complaint

From April 2009, a new complaints procedure was introduced covering both the NHS and social care organisations\. In summary, there are now two stages to the procedure: “local resolution” and the Parliamentary and Health Service Ombudsman. PALS and other complaints resolution staff should give users information about making a complaint and will

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assist them in contacting the Independent Complaints Advocacy Service (ICAS), if they would like help from outside the NHS to do so.

Some facts and statistics about prisoners

The population in custody on 30 June 2009 was 83,900, a rise of 220 from a year earlier. Of these, 260 were held in STCs and 180 in SCHs. Most prisoners have sentences of less than six months.\(^2\)

In general, prisoners have poorer health than the population at large, and many have unhealthy lifestyles. Many prisoners have had little or no regular contact with health services before entering prison, and prison populations reveal strong evidence of health inequalities and social exclusion. Prison offers a unique opportunity to identify and tackle wider health needs in this vulnerable excluded population.

Mental illness, drug dependency and communicable diseases are the dominant health problems among prisoners. For example:

- 90 per cent of all prisoners have a diagnosable mental health problem (including personality disorder), substance misuse problem or both.
- 23 per cent of young offenders have an IQ below 70 (normal range: 85 to 115) meeting the criteria for learning difficulties, while a third have borderline learning difficulties\(^3\).
- 24 per cent of prisoners have injected drugs – of these, 20 per cent are infected with hepatitis B and 30 per cent with hepatitis C.
- 80 per cent of prisoners smoke.
- 20 per cent of women in prison ask to see a doctor or nurse each day.

The benefits of PALS in prison

"PALS can help to reduce formal complaints and free up healthcare time to help patients in other ways."  
Public Engagement Manager

There are numerous benefits to providing a PALS service in a secure setting. Above all else, it can provide invaluable access to seldom-heard individuals and communities which is vital for effective commissioning. It can also provide opportunities for meaningful dialogue with those who have often experienced health inequalities. Implementing PALS should trigger further engagement with the prisoner population as part of mainstream patient and public involvement strategies, including information gathering, consultation and participation. Other benefits from the service user perspective given by PALS include:


\(^3\) Professor Richard Harrington and Professor Sue Bailey (2005) Mental Health Needs and Effectiveness of Provision for Young Offenders in Custody and in the Community, London: Youth Justice Board for England and Wales.
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• Helping NHS Primary Care Trusts (PCTs) work towards public health and health promotion targets, as well as the Prison Health Performance and Quality Indicators\(^4\), by providing support and access for harder to reach groups;
• Providing evidence to support commissioners, patient-centred service planning and the equality impact assessment of health and social care services in prison;
• Informing the complaints process, helping to improve services from what is learned, and help to create good working relationships between prisons and PCTs;
• Exploring, understanding, and addressing healthcare concerns raised by Her Majesty’s Chief Inspector of Prisons, Independent Monitoring Boards (IMB), or Measuring the Quality of Prison Life (MQPL)\(^5\) audits, working with individuals or groups of prisoners; and
• Playing a pivotal role in promoting health and social care rights and responsibilities, resulting in longer-term access and engagement with services for offenders throughout the criminal justice system. It is hoped that PALS can therefore contribute to reducing re-offending.

How national PALS guidance applies in prisons

PCTs have been responsible for the commissioning and funding of health care services in public sector prisons since April 2006, with the aim of ensuring prisoners have access to the same range and quality of services as available to the general public. PCTs should therefore see PALS in prison as a natural extension of the service provided in their local community. The overall aim should be to normalise use of the service for those in prison and draw on existing systems and processes to make the PALS service as similar to that in the community as possible, taking safety and security considerations into account. The table overleaf shows how current national PALS guidance may be interpreted for the prison estate. This should form the basis of local discussion, with PALS service developments being subject to local agreement in order to meet local needs.


\(^5\) MQPL is a model and a set of measures of prisoners’ perceptions of the quality of what they see as being the key ingredients that add up to life in jail. The Prison Service’s Standards Audit Unit (SAU) administers MQPL in each adult and young offender establishment in England and Wales once every two years, closely following formal Standards Audit visits.
Table A: Guidance on how PALS National Core Standards applied in prisons

<table>
<thead>
<tr>
<th>PALS National Core Standards</th>
<th>PALS in Prison</th>
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| 1 PALS is identifiable and accessible to the community served by the PCT. | a. PALS, the prison and healthcare complaints teams ensure all staff and prisoners understand the options for raising and dealing with concerns about health and social care.  
   b. Good quality, accessible information about PALS is available in the prison, including visitor areas.  
   c. Training is provided by PCT staff for healthcare staff, prisoner wing representatives and vice versa. |
| 2 PALS is seamless across health and social care. | a. Information-sharing and liaison throughout the health, social care and criminal justice systems meets the health and social care needs of offenders during custody and upon release.  
   b. There are clear information-sharing protocols between organisations. |
| 3 PALS is sensitive and provides a confidential service that meets individual needs. | At the first point of contact, service users are provided with information that clearly describes the services they can expect. |
| 4 PALS aspires to deliver a confidential service with respect to security and risk. | Governors (or equivalent), healthcare and PALS staff balance the rights of prisoners to access the confidential PALS service with their duty of care and security responsibilities. |
| 5 PALS ensures its data contribute to service improvement. | Governors (or equivalent), healthcare and PALS staff agree additional reporting requirements to ensure learning from PALS is shared within and beyond the prison, as well as in clinical governance forums. |
| 6 PALS enables people to access information about health trust services and health and social care issues. | A network of internal and external contacts is developed with clear referral pathways and written protocols. |
| 7 PALS plays a key role in bringing cultural change into the NHS placing patients at the heart of service planning and delivery. | PALS has direct contact with key individuals in the prison, with agreed communication pathways to deal with actions arising from enquiries, including concerns about risk. |
| 8 PALS actively seeks the views of service users, carers, and the public to ensure effective services. | Prisoners are routinely engaged in PALS developments and in wider patient and public involvement activities. |

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Getting started

Key relationships

There are a variety of roles, groups and organisations related to health and social care operating within prisons, which can help improve access to service users and raise the profile of your service. The following table gives a brief introduction to those you are likely to encounter in prisons.

Table B: Some of the key staff and groups in a prison environment

<table>
<thead>
<tr>
<th>Who?</th>
<th>What is their role?</th>
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<tbody>
<tr>
<td>Offender health regional lead</td>
<td>Each region has a dedicated offender health regional lead who works with the Department of Health to support the development and implementation of offender health policy in their region, working closely with prisons and PCTs in their area. They sit on the local PCT/Prison Partnership Board.</td>
</tr>
<tr>
<td>PCT offender health lead</td>
<td>The PCT offender health lead is responsible for the commissioning of appropriate health services for a prison and sits on the relevant PCT / Prison Partnership Board. Their remit includes issues around clinical governance and quality. The SHA is in turn responsible for performance managing the PCT and ensuring that NHS policy is implemented, including in prisons.</td>
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<tr>
<td>Prison healthcare manager and their team</td>
<td>The prison healthcare manager is responsible for the delivery of healthcare services within a particular prison, and manages a dedicated healthcare team. They work closely with the PCT offender health lead and also sit on the PCT/Prison Partnership Board.</td>
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<tr>
<td>Prison Governor (or equivalent)</td>
<td>Prison governors are responsible for managing the safe and effective operation of prisons in both the public and private sectors. As well as ensuring that prisons operate within the requirements of HM Prison Service, they also oversee the development and rehabilitation of prisoners - before and after trials, and following conviction. Prison governors also have overall responsibility for the management of a team that includes prison officers, duty governors and other staff.</td>
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### Who?

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<th>What is their role?</th>
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<tr>
<td><strong>Prison Chaplaincy</strong></td>
<td>Prison chaplaincy provides spiritual and often broader care for all those in prison and is normally headed up by an Anglican Chaplain who works with a team, which can include Buddhist, Free Church, Hindu, Jewish, Muslim, Roman Catholic, and Sikh Chaplains.</td>
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<tr>
<td><strong>Service user forums</strong></td>
<td>Forums and roles can have different names in different prisons but the following are common:</td>
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<td>- Prisoner support groups</td>
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<td>- Prisoner consultative groups</td>
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<td>- Listeners (volunteer prisoners selected, trained and supported by the Samaritans)</td>
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<td></td>
<td>- Wing representatives</td>
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<td><strong>Mental health and substance misuse services</strong></td>
<td>These include:</td>
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<tr>
<td></td>
<td>- Counselling, Assessment, Referral, Advice and Throughcare services (CARATs)</td>
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<td></td>
<td>- Young Persons' Substance Misuse Service (YPSMS) Teams</td>
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<td></td>
<td>- Mental Health In-Reach</td>
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<td></td>
<td>- Health Trainers</td>
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<td><strong>Independent and voluntary groups</strong></td>
<td>These can include:</td>
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<tr>
<td></td>
<td>- Samaritans</td>
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<td>- ICAS</td>
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<td>- Citizens Advice Bureau</td>
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<td>- Faith and diversity groups</td>
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<td>- Therapy group</td>
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<td>Who?</td>
<td>What is their role?</td>
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<tr>
<td>Independent Monitoring Board (IMB)</td>
<td>A group of unpaid members of the public who monitor day-to-day life in the prison. If a prisoner has an issue that he or she has been unable to resolve, they can put in a confidential request to see a member of the IMB. Previously known as the ‘Board of Visitors’. Her Majesty’s Chief Inspector of Prisons also has a responsibility for monitoring prison standards. Details can be found on Page 26.</td>
</tr>
<tr>
<td>Youth Offending Teams</td>
<td>Every local authority in England and Wales has a Youth Offending Team (YOT) made up of representatives from the police, probation service, social services, health, education, drugs and alcohol misuse and housing officers. The YOT assesses each young offender to identify suitable programmes to address their needs with the intention of preventing further offending.</td>
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**TIPS!**

- Building a good relationship with the healthcare manager will be essential if you are to get to the root of some of the issues raised. Common causes for complaint in prison are delays in accessing primary and secondary care, staff attitude, and issues relating to mental health and medication. The local balance of complaints should influence the PALS service provided, taking prison type and population into account.

- Get to know the prison Chaplaincy and the IMB. You may be able to alleviate some of their workload as you develop your service.

- Medical complaints are a key issue in a secure setting and can be very serious, sometimes involving life threatening lapses of care. PALS may need to act as advocates in any such cases so rigor and pace of action are essential.

**Going into the prison**

The PCT offender health lead should organise access to the prison for PALS workers in agreement with the Governor (or equivalent). This will allow you to visit the establishment and meet the key contacts introduced overleaf. You should raise any concerns with the healthcare manager before you arrive and be aware that:

- All visits must be pre-arranged and you will require photographic identification.

- You will be subject to all relevant safety and security procedures (e.g. searches).
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- Mobile phones are banned, but you can take in notebooks and pens. Some prisons provide the use of lockers that may require refundable pound coins to lock them.
- Allow extra time for parking, searches etc.

Enhanced security checks

Regular visitors to prisons will need enhanced security clearance. As this can take up to six months, it is important to apply for this as soon as possible if it is appropriate for you. Different categories of prisoners require different levels of security. You may also require an enhanced Criminal Record Bureau check if intending to work with children or young people. It may be possible to visit prisons via a temporary arrangement whilst you wait for clearance and the relevant healthcare team will be able to advise.

Development and training opportunities

Prison awareness training

It would be useful for all PALS staff engaging with the prison to undertake this training (or equivalent) as it provides a basic understanding of safety and security issues when working in a secure setting. This knowledge will give you added confidence, as well as a broad understanding of any limitations in the provision of your service.

It should be possible to attend the prison’s own training and the healthcare manager can arrange this for you. Training can take place whilst you wait for security clearance, and can provide good networking opportunities.

Additional opportunities

You should consider ways to further your own awareness of health and social care for prisoners and the wider offender community. This will help to ensure that user experiences of healthcare and PALS inform your staff training. For example, you could invite prison healthcare staff to attend your PALS Network, or talk to voluntary and community organisations working with offenders.

☀ NHS Surrey PALS developed their knowledge and awareness by shadowing the healthcare team at HMP Send.

Engaging service users

Involving service users as soon as you can will ensure that they value, understand and feel ownership of what is available. Services in a prison setting are most likely to be successful if they have had direct input from prisoners. Many forums already exist within prison for consultation – as identified on page 7 - and informal contact with prisoners can additionally
PALs in Prison

provide different views and ideas. Remember that patient forums are a requirement for community GPs so should also be the norm in prison.

Designing your service without consulting service users goes against statutory duties and legislation and is not recommended. Balance what prisoners need to know with what they can teach you. Staff who really know how the system works will also be able to help you create a practicable service.

Service users can help you decide which approach or approaches will work best in a specific prison. Explain what the PALS service is and what you want to do; they will then be able to tell what you need to take into account and how it could work best for them. As well as initial focus groups, you can develop an ongoing service user forum so that residents have an opportunity to influence developments across health and social care.

☀️ The Head of Healthcare at HMP Kennet attends the monthly Offender Consultation Group.
Deciding your PALS in Prison approach

The following suggestions for implementing and delivering PALS in prisons draw on the experiences of PCTs and prisons already providing a PALS service. There is no right or wrong way and what works well in one prison in your area will not necessarily be best for another.

Resources

It is likely that services will need to be provided within current staffing and resources. PCTs and prisons should work closely together, involving users, to determine realistic goals for providing an equivalent of service to prisoners.

Staffing approaches

Integrated

In this approach, the prison healthcare team deliver the PALS service as part of their wider duties as employees of the PCT. Alternatively, staff directly employed by the prison may also be trained and supported to provide PALS in this way although the link worker model below may be more suitable.

Link workers

A dedicated person from within the prison, who is not already part of the existing PALS team, acts as a first point of contact for PALS. This ensures a physical presence and a person who has both relevant knowledge of the issues and access to clinical and prison staff. You could work with neighbouring PCTs to provide cover for staff absences.

☀️ HMP Birmingham redesigned the job description of an existing administrator to incorporate the role of PALS link worker.

Prisoners can ask to see the link worker, or reach them by completing the prison ‘request complaints’ form and marking it for ‘informal resolution’.

☀️ At HMYOI Aylesbury, a key member of the healthcare team, who was already resolving issues for young people with skill and care, was made the PALS link worker, liaising with the PCT when necessary. Parents and carers access the service regularly.
Issues identified through this process, together with resolutions, should be recorded and reported back to PALS within the PCT. If issues escalate, the PCT PALS Officer can provide advice and support to the link worker over the telephone or by other means.

Involving service users

If you have a pro-active group of prisoner wing representatives, health trainers, or listeners operating in the prison, you could consider involving them in the delivery of the service or write to all those with enhanced prisoner status and invite them to apply for this role as a volunteer. You will need a role description, a clear recruitment process, a robust training package, clear boundaries, support and supervision. You could work with your local Council for Voluntary Services (CVS), the PCT and prison volunteer managers. Remember that you will need to implement monitoring and review systems and that continuity may prove an issue as prisoners move through the system.

It may also be possible to work with the education and training department to create salaried employment for suitable prisoners as PALS liaison or link workers.

Employing prisoners in liaison roles in HMP Send resulted in a salary being assigned from the prison’s training and education budget. The prisoners proved successful facilitators of the service, but people moving on once trained can be an issue.

A recruitment campaign was targeted at women with enhanced prisoner status to appoint two PALS orderlies. The Learning and Skills team negotiated a weekly wage of £15 and the new recruits received a thorough briefing of their role, responsibilities and boundaries. Their training included communication skills and confidentiality, as well as mental health awareness training provided by the mental health in-reach team.

The PALS orderlies are located within healthcare and can ask the nursing assistant to access websites and download information on issues important to the women (e.g. diabetes).

Whatever approach you choose, make PALS available in writing as well, so that prisoners can access PALS directly.

Ways in which prisoners can make contact

Literacy levels and communication skills are very low in prison and there is a real need for accessible information about PALS. As well as needing help to write letters, the cost of phone calls, paper and envelopes is relatively high due to the low wages. One PCT provides free envelopes that have been rubber stamped with ‘PALS’ to lower the cost to prisoners, whilst also discouraging misuse. Another provides freepost envelopes, making it equivalent to the community PALS service. You will also need to consider the needs of prisoners for whom
English is not the first language, and those with a disability (e.g. learning disability or speech, language and communication needs).

Special skills, time and techniques may be required to make services accessible for children and young people in particular, and enable them to develop the trust to talk about any concerns that they have. Building on your approach in the community, you may wish to consider how your approach in a secure setting dovetails with the Every Child Matters ‘Participation Works’ agenda in your area. See www.participationworks.org.uk for further information.

In writing

Prisoners tend to be familiar with the prison written complaints policy (i.e. the process of finding the standard ‘request complaints’ form, posting it and receiving a response). The benefits of this approach are accessibility and immediacy and the following methods have proved useful:

- Replace the standard form and mirror it with a similar PALS form, with clear NHS branding.
- Use the standard complaints form and add a further space for a PALS option. If possible, incorporate NHS and PALS logos.

Concerns can then be submitted to the PCT via the prison healthcare team, or sent directly to PCT staff and returned in confidence. There are many different ways of doing this: someone can collect forms daily, or email/phone the PCT to say whenever PALS request forms are waiting to be collected from the prison gatehouse. A safe haven fax is another solution.

- HMP Kennet asks people to fill in the standard prison complaints form and meet with a nurse in healthcare to discuss the matter before the prisoner decides whether it is necessary to take the issue further.
- NHS Surrey has four bright purple post boxes branded with ‘PALS’ which are located outside healthcare and on wings, where lots of people pass by each day.
- The safety and security committee of HMP Leeds agreed to allow PALS requests to leave and enter the prison in privacy, mirroring the privilege allowed to legal letters. To maintain confidentiality, the Safer Custody Officer liaises between service users and the PCT, hand-delivering the reply to the prisoner without knowing the content.
- NHS Suffolk has a link person / named individual within each prison’s healthcare team who helps with investigations and sends out forms singly or in batches.

Remember that many prisoners will require advocacy support in writing complaints.
**PALs in Prison**

**Intranet**

If you have access to an intranet system that links the prison healthcare team to the PCT, you could consider a dedicated PALS email address that can be accessed by prisoners from within the prison healthcare setting under supervision. Responses could be provided in writing, by pre-arranged appointment or by email.

**Telephone**

In this option, service users access your mainstream PALS service as they would in the general community. However, you need to be able to identify which users are prisoners in order to capture valuable data for service improvement. Routinely asking for a service user’s postcode should allow you to identify those users who are accessing the service from prison.

If prisoners ring your PALS community helpline, you cannot call them back directly and will need to write to them. Any literature with PALS phone numbers should therefore give the service’s opening hours and prompt callers to leave their name and address - and preferably prison ID number and location - for return contact if they reach an answer machine out-of-hours.

Each prison provides prisoners with access to a range of free phone numbers for the PIN phone system. You may wish to have your PALS number added to this list, and should seek agreement from the Governor via the prison healthcare manager. Note that prisoners held in Category D open prisons or in Immigration Removal Centres may have their own mobile phone, so access to the PIN phone system will not be required.

☀ HMPs Durham and Low Newton have introduced a free internal PALS line so prisoners can call the number via their PIN phone system and speak directly from their own wing with healthcare staff to discuss their concern and seek quick resolution. This works particularly well with minor concerns that can be readily addressed.

If you use Language Line or similar, you should ensure everyone is aware of this and how it can be accessed.

**Face-to-face**

You should establish where and how you will meet service users, taking individual preference and security into account. Find out who in the prison can arrange meetings for you. The Offender Management Unit (OMU) may be able to do the booking. Options are:

- By appointment.
- Surgeries – these can be on set days or as part of other co-ordinated activities (e.g. for resettlement). You may be able to provide surgeries on wings with the agreement of the Governor, or in visitor centres. This is useful in larger prisons as you can offering
surgeries in a variety of locations ensures you are accessible to all (e.g. reaching those in segregation).

Be prepared for low take up of your service on the day even if you were fully booked beforehand. This may be due to the movement of prisoners to other establishments or because an alternative solution was achieved.

NHS Suffolk decided against a surgery as they felt it was open to abuse. They now go into the prison as and when they are needed.

Many prisons provide PALS surgeries on both a scheduled and an ad-hoc basis. To operate efficiently, these often require a form to be completed beforehand or a telephone call made via PIN phones.

Note that it may not always be possible to meet with service users alone due to security considerations. Prisoners will understand the limitations of your service if this is clearly defined and communicated. Also see Telehealth and video conferencing below.

Telehealth and video conferencing

Telehealth and video conferencing could be considered as an option, particularly in the High Secure estate. This often involves having online surgeries available on set days, so you would need to consider how to meet the needs of service users between the planned sessions.

Advertising PALS

You should work with both PCT and prison communication teams to clarify the best ways for you to promote your service as they will have information on the formats and languages most commonly used within particular establishments. Remember that PALS should be clearly branded as an NHS service.

There is helpful guidance on writing plain English on the internet (e.g. www.askoxford.com/betterwriting/plainenglish/).

Awareness Sessions

You may wish to educate your service users on the full benefits (and potential limitations) of your service through awareness-raising sessions.

HMP Leeds launched its PALS service by inviting prisoners and staff to the multi-faith room where they shared a buffet lunch and received presentations from all agencies involved in designing and providing PALS, ICAS and complaints.
**PALs in Prison**

**Prisoner Induction**

A prisoner’s induction into prison is a key opportunity to make them aware of the PALS service. You could distribute information on the PALS service alongside other healthcare information, and provide training and support for prison staff to do this. Some prisoners may prefer to receive information again after a period of settling into the prison, as there may be too much to take in at one time.

Induction is also a good opportunity to pick up issues at an early stage. For example, concerns about medication or appointments that have been made in the community or in another geographical area by another prison.

**Posters, leaflets, stickers and video**

Communicate clearly what prisoners can expect when they access your service, taking the low literacy levels into account. You may be able to use standard PALS posters, as used in the community, in addition to more tailored material.

☀️**HMP Leeds** developed a leaflet to promote their service as widely as possible. Information was placed at the Independent Monitoring Board information desk and PALS leaflets were also placed on both the individual wings and in healthcare settings.

☀️**South Staffordshire PCT** produced stickers that are placed inside every cell door in HMP Featherstone, as well as posters.

☀️**NHS Surrey** is making a video to be shown on existing information screens around the prison. This will explain the PALS process and show the faces of the people involved. It is being made at HMP Downview video centre.

**Staff, listeners and prisoner consultative committees**

Listeners are volunteer prisoners selected, trained and supported by the Samaritans. They provide confidential emotional support to other prisoners and, if informed about the scheme, they may be able to act as champions for PALS and advocates for prisoners.

☀️**South Staffordshire PCT** wrote to every prison employee in HMP Featherstone about the services and also to prison ‘insiders’ (certain prisoners who have a liaison type role).

You could also promote the PALS service via representatives on the health sub-group of consultative committees, who can help to spread the word, cascade promotional material, and advise where improvements could be made.
Policy and procedure: things to consider…

“In three years we’ve never had one breach of security or a misuse of the PALS system.”
PALS Co-ordinator

PALs will use their existing polices and procedures to deliver the service. Are your existing governance arrangements fit for purpose within the prison setting?

Consent and third party issues

You must ensure you apply the same policies and procedures in relation to consent when working with adults and young people in custody as in the community.

Consider your approach to PALS issues received from third parties such as relatives, advocates or solicitors. These concerns should be relayed to the prisoner and consent should be obtained prior to any feedback being given to the person who raised the concern. Consider any legal action that could occur and work with the relevant people to reduce the risks associated with them. When working with children and young people, including those ‘looked after’ by local authorities, you will also need to consider the involvement of the parent / carer and how to obtain their consent.

Further information is outlined in Seeking Consent: Working with People in Prison7.

Confidentiality and information sharing

Prisoners should be made aware that information regarding their concerns may need to be shared in order to resolve their PALS issue. They should be told verbally as well as in writing. Existing PCT policies and procedures should apply but in the prison environment there may be occasions when it is necessary to breach confidentiality for the safety and security of others (as can occasionally be necessary in the community).

Data protection

The Data Protection Act 1998 provides individuals with the right of access to personal data held about them. This applies equally to prisoners and offenders in the community and the usual PCT policies should apply. Information can be withheld but only under clearly prescribed circumstances as outlined in the legislation. Further information can be found on the website of the Information Commissioner’s Office at http://www.ico.gov.uk/.

Monitoring equality and diversity

Under the Race Relations Act (2000), Disability Discrimination Act (2005) and Equality Act (2006), all public sector organisations need to undertake race, disability and gender impact assessments on new and existing policies and procedures. The assessments should be done when an organisation is planning to change or introduce new services. The Government is committed to extending this duty to sexual orientation, religion or belief and age and organisations should consider all the diversity strands as part of their Equality Impact Assessment (EIA).

If not already completed, you should undertake an EIA of your PALS service to ensure there is no adverse impact on prisoners across the six strands of equality and diversity. You will also need to consider how you will monitor your service to ensure it continues to meet the needs of all prisoners, making sure you can demonstrate how your service has been promoted to all potential service users regardless of their diversity and access requirements. You may also be able to bring communities together as part of your work, for example in PALS surgeries or focus groups.

Applying the same equality and diversity monitoring procedures to your work in prisons as in your general service will make it easier for PCTs and prisons to share and analyse data. Working closely with the prison’s equality and diversity officer will also assist you in identifying any particular trends that relate to specific groups.

Clinical governance

As the overall purpose of PALS is to inform service redesign and delivery, it is vital that the PCT / Prison Partnership and PCT Clinical Governance Board consider how PALS data may inform service developments. You could incorporate your findings into your PCT mainstream data and it may also be useful to produce reports for commissioners to illustrate experiences within particular establishments.

Responding to PALS issues

Timescales

Although there are no legislative requirements for dealing with PALS issues within set timescales, you may need to adjust the timescales you have set for a response from your regular service depending on the methods of access you have implemented, always striving for equivalence with the community. Acknowledging issues within three working days can complement the prison request complaints system and will provide some familiarity for service users and HMP staff.
When someone submits an issue, either the prison can give them an acknowledgement and further information, or PALS can post this to them stating what will now happen. This should make clear that the prisoner needs to inform PALS if they move, as otherwise they may be difficult to track.

At HMP Send, initial meetings with the women revealed that the most important aspect of accessing PALS was acknowledgement that a concern had reached the PCT, rather than the time it took to get a satisfactory outcome. This meant that the timescales for the community service were changed to meet the prison’s needs.

Prisoners who move between prisons

Prisoners can move to another establishment and be released into the community at very short notice so ensure your service user is clear what they can expect if this occurs. If this does happen, you should continue with your efforts to resolve their issue until it has been made clear what your service user wants to happen once they have relocated. Consider protocols between PALS and the following associated services should a service user move between prisons:

- prison and PCT complaints staff
- wider PCT
- ICAS
- the IMB, who may receive complaints about prison health.

PALS and other complaints systems

Consider what you will do if prisoners are not satisfied with PALS outcomes or what new or additional reporting structures may be required. As in the community, prisoners have the same options in respect of their right of redress. Although policies and procedures should be the same as that of the local PCT, you may wish to develop new protocols (e.g. referral from the IMB to PALS).

By working closely with prison and PCT complaints staff, and with ICAS, you can ensure service users understand their options and the service is as seamless as possible. Consider how prisoners move from one system to another if they are dissatisfied and ensure that all the systems talk to one another and link up well.

Monitoring, evaluation and service development

Encourage prisoners to complete monitoring data using the same system you use for the general population. This will provide a consistent data set and may raise issues pertinent to individuals and groups. Make clear to service users that not completing this information will not
affect the quality of the service they will receive and explain how providing the data will help to improve services.

Likewise, all approaches to PALS from the prison should be recorded as far as possible so that it can be determined if they are resulting in actual PALS contacts and resolutions. This should, in turn, be fed back to the relevant governance committee. So that PALS in prisons can influence the design and delivery of healthcare services, you should collect data about the issues raised within the prison in a way that is consistent with what you collect in the general community. Methods include:

• the prison collects the data manually to be incorporated into the PCT database.
• access to the PCT database is given to the prison healthcare staff or link worker.
• queries going directly to the PCT are entered alongside other queries.

The equivalent need for confidentiality is required in your reporting system. As it is also useful to be able to identify the issues associated with a particular prison, you may wish to use the prison’s postal address to identify them.

For evaluation, you should build in regular reviews for the services you are providing to the prison, including feedback from service users to the PCT / Prison Partnership.

HMP Leeds finds that sharing reports between the prison, PCT clinical governance teams and prisoner focus groups allows for continuous promotion of the service and feedback on issues. Most issues raised are resolved satisfactorily and the normal NHS or prison complaints and appeals processes are still available if required.

Working with offenders should be integral to your wider community engagement strategy and PALS in prisons should be performance managed alongside other PALS activities. Therefore, you should collate evidence to demonstrate that your service is accessible and effective in respect of the National PALS Standards (see page 5). It can be very useful for the external PCT complaints manager to meet with the prison healthcare manager and ICAS to discuss complaints, publicity and other issues relating to their services.

PALS and Patient and Public Involvement networks

It is advisable to have ‘Prisons’ as a regular agenda item at PALS network meetings, as colleagues not working directly with prisoners may work with offenders, their families or in other areas of the criminal justice system (e.g. probation). Alternatively, develop a sub-group to support PALS working in prisons. This can help you work through themes and similar challenges you may face, develop area protocols and meet any training and development needs.
**Action Planning**

“Work incrementally. Don’t go for a ‘big bang’ approach.”

Public Engagement Manager

This checklist should help you to develop clear actions to which you can add timescales and responsibilities. You can also use it to communicate regular progress and provide evidence on service developments for audits and inspections. The table indicates where you can find further information on a particular topic in this toolkit.

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<th>☑</th>
<th>What?</th>
<th>Who will lead?</th>
<th>By when?</th>
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<tr>
<td><strong>First steps</strong></td>
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<td>☐ 1</td>
<td>Make contact with the PCT offender health lead and the healthcare manager for the establishment</td>
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<td><em>For further information, see page 6.</em></td>
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<td>☐ 2</td>
<td>Start security check procedures</td>
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<td><em>For further information, see page 8.</em></td>
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<td>☐ 3</td>
<td>Arrange to attend Prison Awareness Training (or equivalent) as soon as possible</td>
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<td><em>For further information, see page 9.</em></td>
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<td><strong>Beginning your research</strong></td>
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<td>☐ 4</td>
<td>Visit the establishment and establish the situation, including:</td>
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<td>• how prisoners currently raise concerns or make complaints</td>
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<td>• existing protocols between the prison and local NHS services</td>
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<td>• issues in the MPQL Survey, for adult establishments</td>
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<td>• safety and security issues affecting service delivery</td>
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<td>• resources available within the prison and the PCT</td>
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<td><strong>Relationship building and learning</strong></td>
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<tr>
<td>☐ 5</td>
<td>Build strong relationships with the healthcare manager</td>
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<td>☐ 6</td>
<td>Continue informal learning and development with healthcare staff</td>
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| ☑ 7 Engage with PCT commissioners and others in and outside of the prison  
*For further information, see page 6.* |  |  |
| ☑ 8 Discuss and begin to engage with prisoners as service users  
*For further information, see page 9.* |  |  |

**Developing your approach**  
*For further information, see page 11.*

| 9 Decide the best PALS approach for the prison:  
- the main contact(s) i.e. which staff will actually take the requests  
- how the contact will take place  
- how information will reach the PCT  
- how to advertise the service  
|  |  |  |

| 10 Also address:  
- consent  
- confidentiality  
- data protection  
- referral protocols  
- complaints  
- prisoner movement between prisons |  |  |

**Making it work and ensuring learning**  
*For further information, see page 19.*

| 11 Set up monitoring and evaluation systems which address equality and diversity |  |  |
| 12 Ensure PALS in prison data contribute to the improve of health services in the prison |  |  |
| 13 Consider development of the PALS service itself |  |  |
Useful contacts and resources

National PALS Network (NPN)

The National PALS Network (NPN) is a registered charity that supports and develops the PALS Online website www.pals.nhs.uk. Working with the support of others, the NPN strives to:

- Empower and support colleagues throughout the service to deliver high quality, accessible and consistent services for patients, carers and the public.
- Raise the profile of PALS and promote the service effectively.
- Act as a focal point for stakeholder involvement and a national voice for PALS.
- Provide leadership and influence policy and public debate.

Go to www.pals.nhs.uk/CmsContentView.aspx?ItemId=1541 to access resources about PALS in prisons and sign up to receive email updates. You are also invited to send information, examples of effective working practices and any other resources to the site’s editorial committee, who will upload it for the benefit of colleagues across the country. If you have any examples you would like to be put on the PALS website (e.g. posters, leaflets, forms, acknowledgement letters, responses), please email them direct to johnlarkham@btinternet.com.

Independent Complaints and Advocacy Service (ICAS)

The Independent Complaints Advocacy Service (ICAS) supports patients and their carers wishing to pursue a complaint about their NHS treatment or care. Working with ICAS in the prison can be beneficial, for example by developing shared information for prisoners and promoting the availability of each other’s service. Consider if you need to develop a referral protocol. There are three providers of ICAS and they link with regions as follows:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Regions</th>
<th>Contact Details</th>
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<tr>
<td>The Carers Federation</td>
<td>East Midlands</td>
<td>Head Office, Unit 2.1, Clarendon Business Park, Clumber Avenue, Nottingham, NG5 1AH.</td>
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<tr>
<td></td>
<td>North East</td>
<td>Tel: 0115 985 6677</td>
</tr>
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<td>North West</td>
<td>Fax: 0115 960 4838</td>
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<tr>
<td></td>
<td>Yorkshire and the Humber</td>
<td><a href="mailto:info@carersfederation.co.uk">info@carersfederation.co.uk</a></td>
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<td><a href="http://www.carersfederation.co.uk/what-we-do/icas/">www.carersfederation.co.uk/what-we-do/icas/</a></td>
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<tr>
<td>Provider</td>
<td>Regions</td>
<td>Contact Details</td>
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<tr>
<td>Prison ICAS (POhWER)</td>
<td>East of England</td>
<td>Freepost RRLL-SYXJ-ZZYZ, ICAS PO Box 14043, Birmingham, B6 9BL. Tel: 0845 456 4214 Email: <a href="mailto:pohwericas@pohwericas.net">pohwericas@pohwericas.net</a> Web: <a href="http://www.pohwer.net/how_we_can_help/independent.html">www.pohwer.net/how_we_can_help/independent.html</a></td>
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<td>London</td>
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<td>West Midlands</td>
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<tr>
<td>South of England Advocacy Projects (SEAP)</td>
<td>South East</td>
<td>42 Robertson Street, Hastings, East Sussex, TN3 4HL. Tel: 01424 718 075 Fax: 01424 204687 Email: <a href="mailto:info@seap.org.uk">info@seap.org.uk</a> Web: <a href="http://www.seap.org.uk/icas/">www.seap.org.uk/icas/</a></td>
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Offender Health, Department of Health
www.dh.gov.uk/offenderhealth

Offender Health is a joint Department of Health and Ministry of Justice unit working to improve the health and well-being of people in contact with the criminal justice system. A range of publications and guidance are available on their website.

HM Prison Service
www.hmprisonservice.gov.uk

Her Majesty's Prison Service serves the public by keeping in custody those committed by the courts. Their duty is to look after them with humanity and help them lead law-abiding and useful lives in custody and after release.

An insider view on prisons and prison regimes can be found in The Prisoners Handbook at www.prisons.org.uk.
HM Chief Inspector of Prisons (HMCIP) for England and Wales
http://www.justice.gov.uk/inspectorates/hmi-prisons/

HMCIP is independent of HM Prison Service and reports directly to the government on the treatment of prisoners, the conditions of prisons in England and Wales and such other matters.

Independent Monitoring Board (IMB)
www.imb.gov.uk/

The IMB is a group of independent and unpaid members of the public who monitor the day-to-day life in their local prison and ensure that proper standards of care and decency are maintained. Members have unrestricted access and can talk to any prisoner they wish to, out of sight and hearing of a member of staff if necessary. Board members also play an important role in dealing with problems inside the establishment. If a prisoner or detainee has an issue that he or she has been unable to resolve through the usual internal channels, he or she can put in a confidential request to see a member of the IMB. Every Board meets regularly, usually once per month, and produces an annual report.

Parliamentary and Health Service Ombudsman
www.ombudsman.org.uk/

The Parliamentary and Health Service Ombudsman carries out independent investigations into complaints about UK government departments and their agencies, and the NHS in England – and helps improve public services as a result. If someone has made a complaint to the relevant NHS trust and has received their final response but remains dissatisfied, they can contact the Ombudsman via their website.

Good practice contacts

Many people have contributed to this work from across all regions. A good practice contact list for prisons work will be made available on the National PALs Network website.