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ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Developing a Learning Environment in Prison Health Care

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Abstract

This paper reports on a two year project, undertaken between 2008 and 2010 across three male prisons, two of which were adult and one young offender institution. Principles of action research and appreciative inquiry were adopted to work with action learning groups across all three prisons to support the implementation of clinical supervision, undertake a training needs analysis, develop research capacity, and support practice development initiatives identified by staff. We focus on two of these activities with the overarching aim of discussing the development of prison health care as a learning environment. We identify a framework for developing practice in prison health care which has reflection on practice at its core. We note that key to developing prison health care settings as environments for learning is the provision of time, effective leadership at all levels in the team, and effective reflection on practice that is supported through formal structures such as clinical supervision, action learning groups and informal activity amongst peers. Key importance from this work is the understanding that developing practice in the prison setting, where custodial cultures and practices can overshadow care, is a long term endeavour and requires patience and understanding of both context and culture.

Keywords: Prison, reflective practice, learning environment

Introduction

This paper reports on a practice development project undertaken with health care staff in three prisons between 2008 and 2010. This was a collaborative project between a University and National Health Service (NHS) Trust. It was funded solely by the NHS Trust. The project aimed to develop a reflective learning environment to support staff to implement and develop new approaches to practice. Four objectives of the project were discussed and agreed in collaboration with the senior management team in the three prisons and the NHS Trust. The use of principles from action research and appreciative inquiry were suggested by the project team, given their experience of utilising these approaches in previous prison based development projects.

The four key objectives of the project were:

1. To support the development and implementation of clinical supervision across three prisons, for all health care staff
2. To support specific practice development initiatives, determined by health care staff, through action learning
3. To undertake a training needs analysis to inform the development of educational opportunities

4. To develop and support research across all three prisons

For the purposes of this paper, we focus on the way in which the work to meet objectives 1 and 2 above, fostered a broader culture of learning across all three prisons and enabled the identification of a framework for practice development in prison health care settings.

The prison context

Since 2003, health care services for prisoners have been commissioned by the National Health Service (NHS). Services are provided by Primary Care Trusts and private companies. Prior to 2003, prison health care was provided by staff who were employed by HM Prison Service; however, since the changes to commissioning, many have moved to work for the NHS and various private providers. Therefore, many working practices and cultural perspectives that were inherent in pre 2003 prison health care provision, have been transferred directly from the Prison Service into the NHS and private companies through relocation of staff.

In supporting and promoting practice development within prisons, it is vital to consider the impact of the organisational culture, where the competing priorities of caring and custody inherent in the system, provide significant challenges for nurses and nursing practice (Walsh and Freshwater, 2006; Walsh, 2009a; Perry et al. 2010; Powell et al. 2010).

In her qualitative exploration of the working lives of prison officers, Crawley (2004, p 8) defines organisational culture as 'the commonly shared beliefs, values and characteristic patterns of behaviour that exist within an organisation'. It has been well documented in the literature that the culture within which prison nurses work has a significant impact on their practice (Norman and Parrish, 2002; Walsh and Freshwater, 2009; Willcox, 2002; Schafer, 1997). In an anecdotal article, Stevens (1993) highlights the collision of cultures that nurses experience when practising in a secure environment, highlighting what is commonly known as the care custody conflict. The analysis of this collision is illustrated by Stevens (1993) through the discussion of values, beliefs and norms. The values of health care and prison services differ significantly in that goodness and non-judgmental care underpin health care delivery, whereas evil, criminal traits and behaviour are present in the prison population. In discussing beliefs and norms, Stevens notes the way in which patients who say they are ill, should receive attention. In contrast, the prison setting often views prisoners' motives with suspicion. It is usual in health care settings to trust the patient and expect co-operation and adherence to treatment. However, in prisons, mistrust and non-compliance are commonplace, Stevens (1993).

In delivering her analysis of female American prisoners' complaints regarding access to health care services in prison, Stoller (2003) uses the notions of time, place and space. Over 1200 prisoners' complaints from three prisons were analysed qualitatively and quantitatively and provide a useful perspective from which to view the impact of the environment on care. She states, 'The architectural and regulatory construction of prison naturalises the prisoner as a depersonalised unit, teaching both the staff and the prisoner that this hyper-management and loss of agency is normal within the walls of this total institution.' (Stoller, 2003, p 2264) This is consistent with the work of Goffman (1968) in his seminal work 'Asylums' in which he speaks of the concept of the total institution where there are two worlds, that of the inmate and that of the staff.

Stoller (2003) also discusses the concept of 'nested' places and describes the clinic within the prison setting as a nested place to which access can only be gained by passing through the culture of the prison within which it is nested. She suggests that the culture of the prison will inevitably have an effect on the nature of the clinic through the feelings, attitudes and beliefs that those travelling through the prison bring to the clinic.

Although the study reported by Stoller is based on the views and perceptions of women prisoners in California, USA, it is of use here in highlighting the way in which prison health care services are physically and often culturally embedded within a complex, secure environment. We do not seek to draw parallels with Stoller's findings with regard to complaints about health care; however, we utilise her work to illustrate the integral nature of health care and prison cultures through their co-location in the same space.

In an ethnographic study to explore the views and experiences of 80 health care staff working across twelve prisons in England, Powell et al. (2010) discuss the nature of prison nursing by including the views and experiences of nurses and other health care workers about their roles and the care they provide. Twelve individual interviews with prison health care managers and twelve key informant focus group discussions were undertaken using a semi-structured interview schedule. Participants' thoughts and experiences of nursing roles and the delivery of primary care services were explored. Data were analysed using a qualitative thematic analysis.

Nurses in the Powell et al. (2010) study saw their work as identifying health needs, such as in the reception area of the prison, through nurse-led triage and administering medications, managing minor ailments and injuries, and facilitating nurse-led clinics. In addition, nurses also identified barriers to their practice, such as the prison regime and a conflict between the aims of health care and those of the prison in terms of the competing custody and caring philosophies. However, they also identified the positive changes taking place in prison health care and the practice developments they were implementing. The study also notes the impact of policy and organisational changes on health care, where for some, increased NHS input and managerial responsibility since the changes to commissioning responsibility in 2003, was seen as reducing professional isolation. According to Powell et al. (2010) not all changes were positively perceived and recruitment and retention was a major concern across all prisons in the study. Nurses also commented on the impact of the prison regime on their ability to provide health care services, and reported overwhelming demands of prisoners, staff shortages, and a perceived lack of time as factors that inhibited their nursing practice.

The complexity of prison health care and the issues highlighted by Powell et al. (2010) are not dissimilar to those found in other studies, both post and prior to the reorganisation of prison health care; see Gulotta (1986), Droes (1994), Doyle (1999), Dale and Woods (2001), Walsh (2005), Weiskopf (2005), Perry et al. (2010).

The learning environment

Organisations need to be places which are open to learning in order that specific developments can take place (Cowley, 1999), and in order for those developments to be sustainable, acknowledging the context and culture of the environment is key to success (Manley et al., 2008). To develop an environment where learning is valued depends on trust, protected time and a culture of enquiry where learning is not viewed as an admission of ignorance, however, without the opportunity to question and interrogate practice, practitioners can become stifled and practice becomes ritualised and repetitive (Spouse, 2001).

To promote a more reflective culture that values development and transformation, active learning is espoused as particularly useful. Active learning is defined as 'an approach or methodology for learning that draws on, integrates and creatively synthesis numerous learning methods' (Dewing, 2008, p 274). It draws on critical reflection, learning from self, sharing experiences with others and can be utilised in practice development activity to 'maximise learning from complex everyday practice and workplace contexts' (Dewing, 2010, p 23).

Time and space for reflecting on practice and engaging in learning activity are significant challenges in prison, both environmentally, due to the restrictions of the prison regime and its impact on care provision (Powell et al., 2010), and psychologically through perceived unwillingness to engage with internal dissonance experienced as a result of emotional labour (Walsh, 2009a).

To create a culture of learning upon which to develop sustainable changes and improvements to practice, it is important not only to understand the context and culture of the environment (Manley et al., 2008), but also to appreciate and understand the various ways in which nurses learn and develop, both intentionally and unintentionally. The social setting where nursing practice is undertaken and the social group within which nurses are part have been demonstrated to be significant factors in shaping professional identity (Lewis, 1998). Nursing identity is developed on two levels; firstly on a social level, between colleagues; and secondly on an internal level, within the individual. This is likened to a shift from social regulation to self regulation. Lewis suggests 'at the same time, self evaluations of competency are most likely to arise through comparisons with others, and this can have an important bearing on nurses' learning', (Lewis, 1998, p 222). If we consider this within the prison context, nurses will be learning from one another and internalising the experiences to make sense of them. However, in addition to fellow health care colleagues, many of which may have been working in prison health care settings for many years, nurses will also be working with prison officers and their accompanying culture. If we examine the impact of the 'self evaluations of competency' as suggested by Lewis (1998), it is possible for health care staff to become entrenched in workplace values and norms from both health care and prison perspectives.

Moll (1990) cited by Lewis (1996) suggests that others (in this case, both health and non health colleagues) do not 'contaminate the natural mind, but rather continue to provide the tools through which the social mind develops, according to particular cultural codes' (Lewis 1996, p 223). The context within which prison nurses work impacts on nursing practice as the prison culture is dominant in the workplace. Therefore, any practice development activity in prison health care must be underpinned by empowering nurses to question and examine the impact of the secure, prison environment on their practice.

Davis (1990) offers discussion around the learning environment in terms of exploring how nurses learn. He refers to the work of Kolb (1976) who proposes particular learning styles adopted by learners: Assimilators, Accommodators, Convergers and Divergers. Assimilators prefer didactic learning and value empirical information; Accommodators engage with activities to learn and prefer an experiential approach to learning; Convergers prefer technical tasks and enjoy applying ideas in practice whilst having a deductive approach to problem solving, and Divergers, are noted to be imaginative, sensitive and people orientated. They enjoy reflection and viewing experience from alternative perspectives. Theory around thinking and learning has influenced this project through the way in which educational opportunities have been delivered and developed, for example, clinical supervisor training, alongside a more experiential approach to learning through action learning and reflection on practice.

Method

In acknowledging the way in which the environment and social context of practice occurs in the prison setting, principles from critical action research were adopted to guide the work. Critical action research 'expresses a commitment to bring together broad social analysis – the self reflective collective study of practice, the way in which language is used, organisation and power in a local situation, and action to improve things' (Kemmis and Mc Taggart, 2005, p 560). Therefore, the project was based on principles from critical action research in which phases of activity are informed by previous work, and in which the social context of the work is central in analysis and evaluation.

Practice development is defined by Garbett and McCormack (2002, p 88) as 'a continuous process of improvement towards increased effectiveness in patient centred care. This is brought about by helping health care teams to develop their knowledge and skills and to transform the culture and context of care'. It is felt that this definition of practice development is most suited to prison health care settings given the way in which it focuses on transforming the culture and context of care. From experience (Walsh, 2009a; Walsh and Freshwater, 2009; Walsh and Dilworth, 2010) and reflection on other practice development work in the prison setting (Bennett et al., 2010), one of the most effective ways of developing practice and supporting learning in prison health care settings is through the use of action learning and reflection, set within a context of appreciative inquiry (Walsh, 2009a).

The use of appreciative inquiry has been utilised effectively in work with prison officers in evaluating the moral dimensions and practices of prisons (Liebling, 2004). Appreciative inquiry can be defined as a particular way of looking at practice which places strengths and achievements at the fore, concentrating on best practices and identifying what works well. Appreciative inquiry 'articulates a vision of what is best rather than an analysis of what is not' (Liebling, 2004, p 133). The use of appreciative inquiry was embedded in the action learning methodology of this study.

McGill and Brockbank (2004, p 11) define action learning as 'a continuous process of learning and reflection that happens with the support of a group or 'set' of colleagues, working on real issues, with the intention of getting things done'. Within this complex organisation, we recognise that reflection on action through action learning has the potential for staff to learn from experience and identify areas for development based around perceived patient need, thus enabling practice to develop that is seen as useful and valid. We suggest that the promotion of reflection which is at the heart of transformation. As Fry et al. (2008, p 499)note, action learning is 'An approach to learning involving individuals working on real projects with the support of a group (set) which meets regularly to help members reflect on their experience and to plan next actions'.

The approach taken in this project therefore, focussed on developing a culture of learning through reflection in action learning groups as a foundation to developing practice and fostering an environment where learning is valued. In facilitating action learning groups, the facilitator adopted principles of appreciative inquiry underpinned by a philosophy of whole person learning (Taylor, 2007) in which the individual, their relationship to others, and the context within which they work were central to formulating and agreeing activity. This is in keeping with emancipatory practice development as discussed by Manley and McCormack (2003, p 26) in which facilitators are encouraged to 'foster a climate of critical intent through reflective discussion'.

The project commenced with regular weekly field visits, over the first two months, to all three prisons to enable relationship building and to enable the project leader to establish a good understanding of the roles, responsibilities and perspectives of all health care staff regarding health care provision and practice development opportunities. During these field visits, reflective notes were made and potential ideas for development activity noted. In addition, all HM Chief Inspector of Prisons reports, which outlined areas of excellence and improvement for all prisons, and local health needs analyses and training plans, were obtained to assist in identifying development needs from a strategic perspective.

Following regular field visits over the first two months of the project, a monthly management action learning group, comprising all middle managers was planned. All seven managers across all three prisons were invited; however, difficulties with attendance due to operational issues quickly became apparent, and an agreement amongst the management to hold a quarterly, two hour action learning group meeting was approved. These two hour meetings were held at a location away from all three

prisons to provide distance from the distractions of the workplace, and a psychologically secure environment where exploration and reflection on practice could take place. Ground rules and a group contract were agreed. To ensure that momentum was not lost between action learning group meetings and regular contact between the project leader and managers maintained, monthly meetings with the project leader and managers in each prison were held. This approach, although resource intensive for the project, enabled managers from all three prisons to meet together in action learning, whilst receiving regular input and support from the project leader. This approach continued for the first year of the project; however, organisational restructuring took place, where these managers were required to move around the prisons and support new ways of working. Work with the project required an alternative approach as restructuring impacted significantly on action learning group members' ability to attend and focus on group meetings. The original meeting schedule that was planned for the rest of the project was revised, and more individual development support was offered by the project leader to the managers directly in their prisons. It was felt that once the restructuring was complete, a renewed commitment to action learning would surface. Post restructuring, and during the second year of the project, a monthly manager meeting was introduced by the organisation, across all practice areas. It was felt that holding a monthly action learning group in addition would be unnecessary and as individual relationships and supportive networks had grown, these would continue to be nurtured through the project.

In addition to close working with the health care managers across all three prisons, all the nursing staff working in the prisons also required some input from the project to support their development. Initially, various approaches to engaging nursing and health care staff in all three prisons were utilised. Appropriate timing, venue and duration of any regular meeting through which staff could engage in action learning activity were of paramount importance. Lunchtime meetings were offered, but poorly attended; utilising already established weekly team meetings which could be given over to action learning were also trialled during the first year of the project, however, attendance was poor. Following the organisational restructure however, a monthly forum was introduced across all three prisons, at which a one hour slot was dedicated to learning and development. This was then utilised as a key opportunity to engage with front line nurses working as team leaders. When this hour was supported by the project leader, an average of 12 nurses attended, which enabled some key developments to be supported and sustained.

Following the restructuring half way through this project, at one prison in particular, it was felt that the project could support the growing number of health care assistants working with prisoners with the development of their role. Therefore, a monthly action learning group to which health care assistants were invited was convened and held at the prison. Three health care assistants regularly attended.

Overall, these groups identified six key development opportunities across all three prisons:

1. The development and implementation of clinical supervision
2. The development of practice placement areas for student nurses and growing links with the University
3. The revision and development of existing programmes of induction for new staff
4. The promotion of closer working with prison officer colleagues
5. Regular on-going support for team leaders
6. Increased awareness and understanding of the role of the health care assistant

Through discussion with senior managers in the Trust, it was felt that developing and implementing clinical supervision, increased contact with the University through developing and supporting student placements, providing regular on-going support for team leaders, closer working with prison officer colleagues, increasing awareness of the role of the health care assistant, and developing an

induction programme for new staff, would contribute appropriately to the overall aim of the project, as all activities would promote the development of a learning environment.

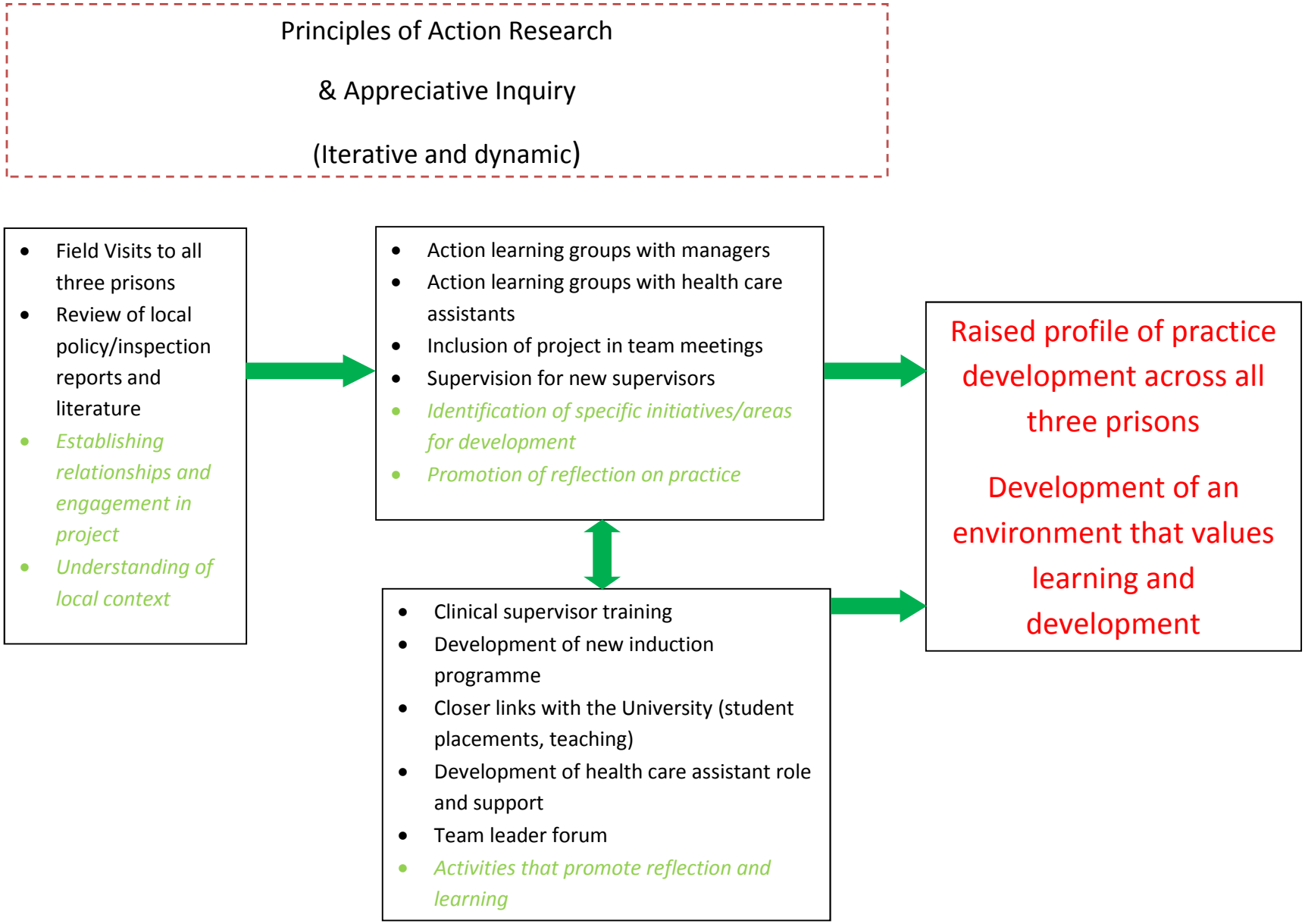
Given the complexity of this project, and the dynamic, iterative approach to it, Figure 1 illustrates our overall method.

In evaluating the project, the following methods of data collection were adopted:

- Project leader reflective diary
- Action learning group data, including meeting notes
- Emails sent and received during the project that documented specific developments and achievements
- Meeting notes made by the project leader from update meetings with the senior managers and the project funder
- Documentary data including policy documents and HM Chief Inspectorate of Prisons reports
- Reflective facilitator notes from informal discussion with action learning group members after action learning group meetings, via telephone and email, regarding their thoughts and feelings about both the initiatives they engaged in, and the process of action learning as an approach to developing practice

Content and thematic analysis was undertaken with all qualitative data. In exploring and analysing the experiences of staff and the project leader through content and thematic analysis of reflective meeting notes and facilitator diaries, common issues were identified as significant in understanding and supporting practice development in prison with respect to developing a learning environment. Documentary data e.g. inspectorate reports and Trust policies were used to supplement understanding of context during analysis.

Figure 1. Illustration of method and activity



Findings and discussion

A significant amount of work was undertaken throughout the life of this project, thanks to a core group of health care staff who fully engaged with it. Key developments are summarised in Table 1.

Table 1. Key developments

Area of development	**Actual impact on practice**
Induction for new staff	Development of a new nine week induction programme in collaboration with prison officer colleagues
Clinical supervision	Development of prison specific clinical supervisor and supervisee training Maintenance of an up to date register of prison based clinical supervisors
Closer working with the University	Delivery of lectures by nursing staff to undergraduate and postgraduate students Regular student nurse placement provision Involvement in funded research activity
Health care assistants	Improved understanding of the role of the health care assistant across all prisons Engagement in NVQ training Increased clinical duties/expanding role
Team leader support	Regular monthly forum established at which learning activity is designated for one hour of the three hour meeting

Thematic analysis of qualitative data generated in each area of development activity i.e. clinical supervision, development of induction, support for team leaders etc., resulted in the identification of recurrent themes pertaining to both the challenges of implementing practice development initiatives in prison, and ways of meeting them. For the purposes of this paper, we discuss these themes as they pertain to the broader aim of the project to develop a learning environment. Themes included; trust, resistance, time, support, and leadership.

Trust was deemed to be of paramount importance in engaging staff to both reflect on their practice and support developments in practice. The importance of trust was noted through reflection on facilitating action learning groups, and the experience of the project leader in the initial phases of the project. Spending time in each prison getting to know staff and practice areas demonstrated a keen interest in the working lives of the staff. It was felt that having a good understanding of the practice area and challenges facing staff working in this setting would be key to engaging them in the project. We understand from earlier work how important it can be to have an 'insider' perspective in order to establish good working relationships with staff.

Establishing ground rules in the action learning groups was felt by members and the facilitator to be a useful way of developing a trusting relationship where exploration and reflection on practice could be undertaken safely. The clear expectations set out in the ground rules, which were developed by each group at their inception, placed confidentiality and equality of members in high regard. It was felt that the confidentiality agreement in each group was pivotal in providing a safe space for reflection and consideration of practice which then led to exploration of potential areas for development.

The importance of trust was especially clear in the development of the health care assistant action learning group, through the identification of the need to have a separate group in order to create a feeling of safety for exploring practice.

Resistance to engage with the project and the developments it was supporting was commonplace with some members of staff. From not attending meetings without explanation, to not prioritising work which arose from meetings, demonstrated a deep reluctance to explore practice. It is important to note that not all staff were resistance or reluctant to engage with the project. This is borne out by the achievements reported above. However, various strategies were employed throughout the project to engage those staff who were resistant. These included meetings with key individuals to promote the work and the importance of sharing experience with others to support learning; provision of traditional training sessions, such as clinical supervision training; reviewing the timing and location of action learning group meetings and generally maintaining a very flexible approach to the work.

The need for on-going support was a common theme in this work. This was noted as especially crucial in the success of developing and implementing clinical supervision across all three prisons. The supervision groups that were set up for newly trained clinical supervisors were well attended by a consistent core of staff. Indeed, by the end of the project, 16 supervisors had been trained and were supervising 22 supervisees. Staff involved in the project who considered the development of the new induction process, identified the importance of support for new staff through the way in which they acknowledged the need for regular opportunities for reflection on practice and close working with experienced colleagues in both health care and the wider prison.

The need for clear leadership emerged very early on in this project. In order to support practitioners to attend opportunities for developing practice, be it action learning groups or more traditional training, managerial support was vital. Not only did this support ensure that staff were freed to attend, but the importance of learning activity and development was demonstrated. In addition, some staff noted how for some of the managers, learning/development was clearly a priority which resulted in a feeling of organisational support and investment in them. However, although managerial support was present, in some of the groups, natural leaders or champions emerged who embraced the work and enthused their colleagues both in the groups and back in the workplace. In those areas where leaders/champions emerged, developments were more successful, for example, in the development of clinical supervision.

Throughout this project, staff in the action learning groups referred to a perceived lack of time and competing priorities as reasons for any lack of engagement in action learning group activity and subsequent developments in practice. Despite repeated attempts by managers and leaders to facilitate time and resources, some staff consistently refused to engage. However, we suggest that there is a difference between facilitating staff to attend training and development opportunities as they arise, and *protecting* time for on-going practice development activity. By regularly protecting time, managers demonstrated the value they place on workforce development and give learning and development credibility. There are links here to the way in which the prison environment works with a highly structured regime. This is often cited as a barrier to patient care as it restricts access to prisoners; however, we suggest that it could actually be viewed as an enabler in identifying periods of time when development activity and reflection on practice can be facilitated. Earlier work which utilised action learning and appreciative inquiry with prison officers (see Walsh., 2009c), saw officers identifying time for reflection on practice during staff handovers and quieter times necessitated through the daily routine of the prison.

Although we have highlighted those practice developments that were successful, either wholly or in part, it is difficult to categorically state that there is now a learning environment across all three prisons. We feel that the continued interest and support for some of these developments indicates a greater willingness by staff to engage, than was previously experienced.

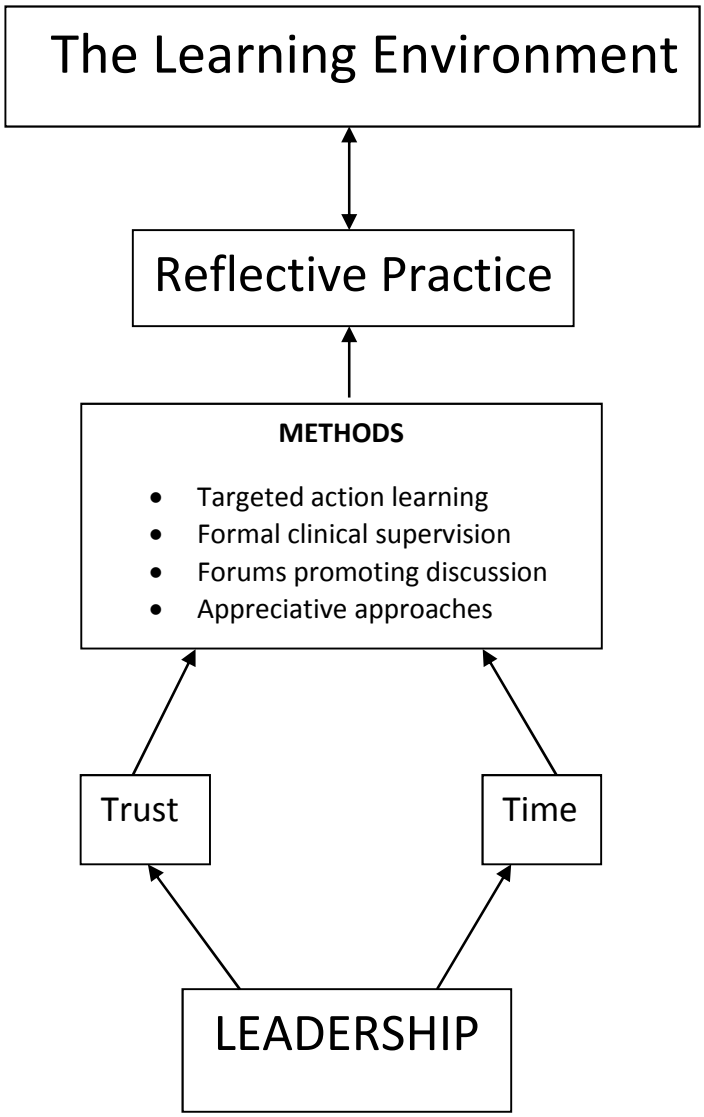
The themes that were generated from this work, and reflection on the experience of the project leader and sponsors of the work resonates very clearly with the work of Spouse (2001) where we are reminded of the requirements of creating an organisational environment where learning is valued. What emerged from our work was the identification of the requirements needed for a learning environment in the prison setting, and perhaps more importantly, recognition of the challenges associated with meeting them in this setting. Therefore, we have used the work of Spouse (2001) to enable reflection on some of our findings and our experience of working with staff in this setting. Spouse (2001) provides us with a useful way of understanding the challenges and enablers in developing a learning environment in prison health care:

> '…creating an organisational environment where learning is prized depends on a climate of trust; a climate where investigation and speculation are fostered and where time is protected for engaging in discussion about practice…in workplace situations where learning is viewed as an admission of 'un-knowingness', the learner-worker risks loss of status as an authority amongst colleagues. Without opportunities to question practice, the learner worker becomes stifled and work becomes repetitive and ritualised' (Spouse, 2001, p 13).

To develop practice, there needs to be a culture where discussing and questioning practice is valued as a way of exploring and improving practice, rather than being an admission and demonstration of lack of knowledge. If reflecting on practice is viewed as highlighting deficits in knowledge, any attempt to encourage it will be resisted. Prison culture, by its very nature, is steeped in terminology and discourse that reinforces a negative perspective of investigation, inspection and supervision. In a climate where litigation is commonplace, attempts to expose or uncover practice with the sole aim of developing it, can easily be misunderstood and resisted. However, a healthy culture of exploration and questioning practice through reflection will enable the development of practice to meet patient need; therefore the way in which the practice of reflection can be developed is central to developing an environment that values learning.

In trying to make sense of the way in which a learning environment can be developed in prison, a framework for practice development was created that takes into account the key requirements to address the challenges for this work in prison (see Figure 2).

Figure 2. A framework for developing a learning environment in prison health care settings



This framework for working with practice development in prisons appears to be very simple; however operationalising it is complex as it is impacted upon at all levels by organisational culture and its associated practices. We suggest that it highlights that reflection both on and in practice is central to the development of an environment that embraces and values learning. The promotion of that culture rests not only with managers, but with all staff working in prison health care. The concept of leadership does not rest solely with those who have managerial responsibility. Although operational practicalities can often be addressed by managers, all health care staff must take responsibility for their own development and learning, and be proactive in developing themselves and supporting their colleagues.

Conclusion and final reflections

The overall aim of the project was to develop a learning environment in three prisons. The objectives by which we planned to meet this aim included the development and implementation of clinical supervision; the support of specific practice developments determined by staff through action learning; a training needs analysis and the development and support of research activity. In this paper we have considered only two of these objectives (development and implementation of clinical

supervision and the support of specific practice developments) and reflected on how our work in these areas has led to the development of a framework to support practice development in prison health care settings.

Specific practice developments identified by staff through action learning included support for clinical supervision; the introduction of student nurse placements and growing links with the University; the revision and development of existing programmes of induction for new staff; the promotion of closer working with prison officer colleagues; regular on-going support for team leaders; and an increased awareness of the role of the health care assistant. In evaluating the project and reflecting on its progress, various data were collected, and once analysed, produced key themes that illustrated the challenges of implementing developments and indeed, ways of meeting them. Trust, resistance, time, support and leadership were the five key themes to emerge. We have reflected on them in our discussion of how they manifest themselves throughout the project, and illustrated through the development of a framework how trust, leadership and time are linked to supporting reflection on practice which in turn, enables the development of a learning environment.

This project has led to on-going development in this environment, where we view practice development as complex and evolutionary. As a result of this project, formal collaboration between the University and Trust by way of honorary/visiting contracts and further funding has been established which in turn, has led to additional development work and research activity. Further funding has been made available by the Trust for a twelve month project to work with one of these prisons to support the development of a positive organisational culture through working on specific practice developments. Again, action learning and an appreciative approach to our work has been employed, which places reflection on practice and achievements at its core.

Outside of funded project work, activity continues in these three prisons in supporting the team leaders forum, which is held for one afternoon per month and incorporates an operational business meeting, structured focussed learning where need is identified by the group itself, and group supervision. Further development and support for the implementation of the induction package is also on-going as is the promotion of clinical supervision and training of supervisors. Relationships between the prisons and the University have strengthened. Student placements and practitioner involvement in teaching is now regular, and well received by both students and staff alike. Clinical supervision continues to have a high profile across all three prisons and is being championed by a core of enthusiastic staff. A prison specific clinical supervisor training package is now available and more experienced supervisors trained to deliver it. A register of clinical supervisors working within the prisons is now widely available to staff and although uptake has been slow, it is still being promoted.

Upon reflection this project was an excellent opportunity to develop collaboration between the University and a NHS provider. This relationship gave a wealth of opportunities to implement evidence into practice but also to develop practice based evidence. There were successes and frustrations. There were times when engagement with staff was difficult due to the workload pressures and operational constraints. Throughout the life of the project, we reflected on a number of occasions that we were in a paradoxical situation, recognising that in order to gain greater involvement in the project there was a need for the learning environment to be in place to fully appreciate what the project was trying to achieve. We acknowledged that our understanding of this paradox was important in managing our expectations and anxieties. It also led to creative discussions about ways to make the project accessible to staff, for example, by providing protected time for staff to get involved in development activity. Mutual support and encouragement of those managing and leading the project was vital. Creative reflecting was essential in sustaining momentum in the project.

Overall, from the perspective of the project team, there are three key points that we feel are of importance to highlight for anyone supporting practice development in prison health care settings. Firstly there must be recognition that developing practice in prison health care is a slow and challenging process where what may be considered to be small achievements must be celebrated. Secondly, a very creative, flexible and pragmatic methodological approach must be adopted for momentum to be maintained. Finally we promote the recognition of valuing the prior experience and opinions of staff who have been practising in the setting for many years. The valuing of this type of knowledge generated from intuition and experience is vital to success in developing a positive culture of learning in prison health care settings.

In conclusion, we suggest that reflection on practice must be recognised as central to the development and sustainability of a culture of development. Clinical supervision can be viewed as one way of formalising reflection on practice, however, this must be seen to be valued by clinical leaders and role modelled by them. Given the centrality of reflection on practice to the promotion and development of a culture of reflection, it must be prioritised by all staff. The nature of the prison environment can sometimes mean that attempts at practice development are viewed with suspicion as a blame culture can prevail. We suggest that appreciative approaches, where the focus is placed on building on 'what works well' rather than identifying deficits, is the most effective way to work on building sustainable development that values the contribution of practitioners.

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