

# Pathway Press

NHS/HMPPS Offender Personality Disorder Programme

Issue 16 - July 2017



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'Transition into the community' is the theme of this 16<sup>th</sup> edition of the *Pathway Press*, and we are pleased to feature contributions looking at this theme from a number of different perspectives: from prison treatment services, a prison PIPE, Approved Premises, open prison, and of course the community! We're also including a longer programme update in this edition (pages 1-2) to keep readers fully up-to-date about national and regional developments. Pages 6-7 contain details of two recent OPD research projects, and don't miss page 8, which introduces you to the OPD programme team – by name and face!

Our 17<sup>th</sup> edition will be a special edition focusing on individual pathway stories, with anonymised accounts of men and women's progression through and between OPD services. If you would like to contribute, we'd love to hear from you at [pd@noms.gsi.gov.uk](mailto:pd@noms.gsi.gov.uk).

## Latest programme news

- We're working on a new set of **Quality Standards** for the programme, and will produce a draft for consultation in the autumn. There'll be renewed principles, standards, criteria and methods of measurement. The long term aim is to embed peer review as the main method of quality assurance
- We have been working closely with the **Offender Management in Custody** project team on the potential impact of the changes to offender management on the OPD programme. Further detail will be shared once available
- We've finalised and distributed a detailed [guidance document](#) for the '**core**' **OPD community service** (case identification, consultation, and formulation), as well as a **guide for prison governors** and directors in prisons with OPD services. A similar guide for NPS senior leaders is in development
- The new **two-day KUF** awareness package for the OPD pathway has now been developed, piloted and distributed for delivery across the country. The two-day course is more tailored to the needs of the OPD pathway, and more accessible given its reduced length (previously three days)
- The National Evaluation of the OPD pathway (known as **NEON**) remains on track, and some emerging findings from the first round of qualitative interviews are now available. Meanwhile, **W-NEON**, the women's pathway national evaluation, is now underway following the appointment of the project manager, Rachel Cohen ([Rachel.Cohen@bristol.ac.uk](mailto:Rachel.Cohen@bristol.ac.uk))
- There continues to be positive engagement from around the estate in relation to **Enabling Environments**, with an increasing number of awards and a handful of developmental reports. A new methodology for assessing portfolios is being piloted by the Royal College of Psychiatrists, to address concerns about the timeliness of the award process. The revised process involves increased peer involvement, and a more dialogue-based approach with sites
- The Public Sector Prisons benchmark for the provision of clinical staff to **Therapeutic Communities** has now been agreed and next steps are being worked through with Business Development Group before beginning the process of recruitment into current vacancies

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HM Prison &  
Probation Service

- **Complex Case Review Boards** are now operational for the North, Midlands and London regions. The Boards have been set up to review 'stuck' cases, aiming to provide expert advice and identify alternative options to support progression. To find out more about making a referral, please contact [Nadia.Grey@probation.gsi.gov.uk](mailto:Nadia.Grey@probation.gsi.gov.uk) (North) or [Heather.Kingaby@hmps.gsi.gov.uk](mailto:Heather.Kingaby@hmps.gsi.gov.uk) (Midlands and London)
- New services that have gone live since our last edition are: a new **IIRMS service in Kent**, linking with the PERS service at Standford Hill open prison; and a new Progression PIPE at HMP **Whitemoor**
- Central & North West London NHS Foundation Trust has been selected as the provider of OPD services for women at HMPs **Downview and Send**. And Imagine Independence has been selected as the provider for the **Canning Street supported housing** service in Liverpool, which goes live this winter
- Procurement is underway for a new service for sex offenders with personality disorder, based at HMP **Whatton** with an outreach service to HMP **North Sea Camp** and into the community. The service will include consultations, formulations, focused individual or group work, and medication, as appropriate
- The OPD service at HMP **Eastwood Park** is currently being re-designed to consist of a Provision PIPE, day centre treatment, outreach and workforce development, case screening and consultation service. There will also be links with the new Offender Management model, of which HMP Eastwood Park is in the first wave, and the only women's prison included so far
- The first two **Preparation PIPEs** are due to open this year; one for men at HMP Long Lartin and one for women at HMP Send. This application is new and is testing the approach with prisoners who are stuck in their pathway or are unable to engage elsewhere. The services will test whether structured and relational wing experience over a longer period better supports both their access into treatment, but also their capacity to engage with treatment, or other pathway interventions, more successfully
- In June, we delivered a workshop for clinical and operational colleagues delivering **MMSA** (Medication for the Management of Sexual Arousal) services – the slides from the day are available [here](#)

- And in July, the London and South OPD co-commissioners hosted the **London, South and Wales Network Day**, which brought together over 100 colleagues from our regions. Each service prepared and displayed a poster about their service – Changing Lanes IIRMS's poster can be seen below. The posters were then viewed and discussed at an enjoyable and informative 'marketplace' event, where colleagues also had the chance to make connections with others across the regions. To see all the posters submitted, and other photos from the day, please [click here](#).



... Stop press ...

28<sup>th</sup> June 2017 saw colleagues from across probation gather to celebrate the exceptional work being done throughout the service at the **Probation Awards 2017**.

One of the finalists in the Changing Lives category was **Jo Fowler, Probation Officer within the therapeutic community at HMP Gartree**. Jo's work involves facilitating groups, community meetings, attending assessments and encouraging better relationships with families. A big part of her role is to strengthen the link between the men and their Offender Managers in the community. Those who nominated her have credited her with changing their outlook, reuniting them with their families, and supporting them through difficult times.



*The winner of the category was Gareth Key from North East NPS, who went on to take home the title of Probation Champion of the Year.*

## Bridging the Gap: instilling hope

**Ann-Marie Ripley, Senior Probation Officer & Service Manager at Bridging the Gap**



Bridging the Gap is a male IIRMS (Intensive Integrated Risk Management Service) in North Yorkshire and

Humberside, under the umbrella of Community Links, a Mental Health Charity based in Leeds. The staff team is committed to establishing supportive and therapeutic relationships with our service users, both in the prison environment and following the difficult transition to the community. Interventions include psychological education, Dialectical Behavioural Therapy (which includes mindfulness, distress tolerance, emotional regulation and interpersonal effectiveness) and compassion focussed therapy.

Here, **Barry (not his real name) tells us how Bridging the Gap has helped him** with the difficult transition from an Approved Premises into independent living in the community.

“Up to starting with Bridging the Gap I was on the verge of being recalled at any point – that was because nothing had changed in my mind regarding my emotional problems and my alcohol issues. I was referred to Bridging the Gap while I was in the hostel but didn’t hear from them for a few months which reinforced my view of services being a waste of time. I went back to being my defensive me, thinking ‘these people aren’t going to help.’

“As soon as the work started it was horrendous as it was so difficult to accept help I had needed all my life. At times it was horrible and a complete nightmare but it has completely changed my life. I am doing things I have never been able to do, **I’m thinking more rationally and I understand myself a lot better** because of all the hard work from Bridging the Gap. These changes have been through learning from scratch about emotions, what I’ve been feeling every day of my 57 years but never understanding. **I’ve been able to have a safe space where I can reflect and think wisely about my decisions.** I have learnt new ways of managing my anger which I can use forever and I have been able to learn about relationships and how to maintain them.

“It has been a Godsend and I cannot thank anyone enough – I can now be a human being.”

## Cross-country transitions: the women’s OPD pathway in Wales

**Louise Morgan, Transitional Mental Health Liaison Nurse for the Women’s OPD pathway in Wales**

The transition from prison to the community can be a challenging time. For women from Wales this is compounded by geographical distance as there are no prisons or approved premises for women in Wales. Their journeys within the criminal justice system can take them far from home, isolated from friends, family and local communities.

When consulted, female service users wanted better pathway planning, with earlier identification and possible involvement of community services.

However, OPD services in England had challenges in identifying and accessing relevant services in Wales prior to release.

To address this gap, my role was created in October 2016 as part of a pilot.

As the first registered mental health nurse on the pathway, I am responsible for developing a service for women on the OPD pathway in prisons, approved premises and hospitals. The aim is to improve offenders’ access and progression through services by **supporting transitions between clinical services in secure OPD sites in England and clinical services in Wales**, as well as

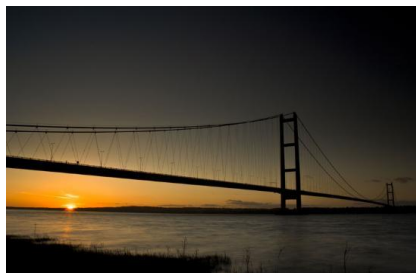
improving contact between community services and individuals if they are recalled to custody.

Positive aspects of the role to date are:

- Supports the community to community approach for service users
- Facilitates communication between health and HMPPS
- Provides a point of contact for women moving between services in England and Wales
- Provides information about services through the creation of a directory
- Assists with pathway and sentence planning
- Supports women in mental health units
- Provides specialist input to review meetings and for discharge/release planning.

But there have been challenges too:

- Women who serve short sentences are harder to engage with services as referrals and assessments take time



*Bridging transitions in Yorkshire and England/Wales: the Humber and Severn Bridges*



- Some women continue to be released with no accommodation which also makes it difficult to source appropriate services in the community
- Community based treatment is patchy and can have long waiting lists.

An evaluation of the impact of this role is being undertaken which will report in the future.

Contact: [louise.morgan@wales.nhs.uk](mailto:louise.morgan@wales.nhs.uk).

## My transition into the community from the London Pathways Unit at HMP Brixton

The London Pathways Unit (LPU) at HMP Brixton became fully operational in April 2016, following relocation from HMP Belmarsh. The service prepares prisoners for progression to a Category D open prison or release into the community. LPU residents are regularly visited by their community Offender Managers who take an active role in their resettlement and release plan. This is achieved by the keywork team (consisting of a psychologist and a prison officer) working jointly with the Offender Manager and service user on identifying treatment needs and developing a shared formulation. Residents attend various groups identified within their treatment plan, as well as individual psychology sessions, depending on individual needs. The ethos underpinning the LPU is to prepare service users for a life in the community that is in line with service users' non-offending identities.

### Here, former LPU service user, Andrew, describes his experience of how the LPU supported his transition back to the community:

"Whilst on the LPU I looked at my behaviours, addressed the things I was feeling, I listened to what people had to say and had to make a decision about how I was gonna live when released to the community – 'Was I gonna do what I know or try something different?'"

"I was very scared about getting out, because I didn't know how it would be out there. I was confused. On the LPU my psychologist made me look at my behaviours. I explored my childhood, my life and it scared me. Then I had to think about who I wanted to be in the community. I worked on a release plan which included being referred for supported housing and First Step Trust [employment support]. I was assessed for housing whilst still in prison and I got information about a housing project before being released. I worked towards that goal by working hard on my behaviour and my attitude in prison.

"My Offender Manager also visited me on the LPU a few times and I tried to lower my guard. It worked out because our relationship ended up being much better in the end and she now has a different perspective of me. She knows I am trying my hardest to do the right thing and she started working with me differently.

"I have been in the community for nine months and **this time around the difference was that I was open to the support offered to me and I was motivated to try something different.** In the past I saw people as trying to get close to me, to watch me and see me making mistakes. On the LPU I knew the help was there and I accepted it. It felt that people wanted to help me and I've learnt to trust people to a certain extent.

"When I was released from prison I was offered outreach support from my LPU psychologist. It was one of the best things for me because it made me see the other side of life. **Not being in prison and being able to talk things through with someone that knew me well and would take no foolishness helped to keep me in check.** My psychologist also referred me for long term psychotherapy and I'm open to see where that takes me in the future.

"So far I feel I have managed to achieve all my goals. I have done voluntary work, I got my bike license, my accommodation is still secure, I have been involved in service user forums, I have been part of a lecture, I have been involved in talks about the LPU and I am not offending. All I can hope for is that this continues and gets better."

The LPU currently has some vacancies. To discuss a referral please contact [oxl-tr.lpureferrals@nhs.net](mailto:oxl-tr.lpureferrals@nhs.net).

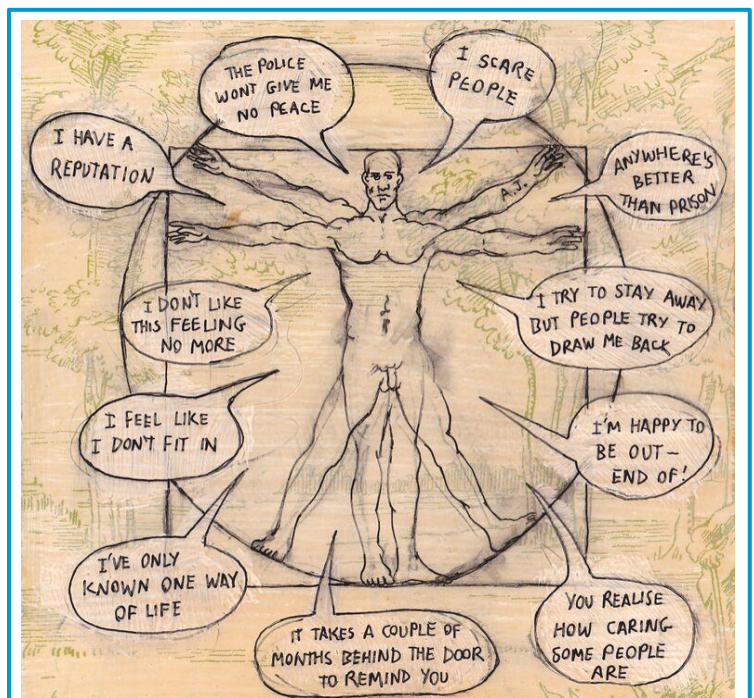


Image by Paul Gent, developed in collaboration with the men at Resettle IIRMS, Merseyside

## Mentalizing between prison and the community: MBT group attendance from open conditions

**By Chia-Chi Chow, MBT Project Officer, Tavistock & Portman NHS Foundation Trust**

The Mentalization for Offending Adult Males (MOAM) research project is aimed at violent offenders with antisocial personality. Half of research participants attend Mentalization Based Treatment (MBT) groups; the other half are offered services and interventions that would typically be available through probation.

The majority of participants are in the community, but cases can also be referred from Category D prisons. If offered MBT, service users can attend for the first six months on Release on Temporary Licence (ROTL) and the second six months once released into the community. **Here, Adrian McCreesh, MBT Therapist from the London Bridge site, explains how it has worked at their site.**

“Callum [*not his real name*] has successfully completed one year of MBT. He travelled almost two hours each way to attend the group. In his initial discussions about MBT, Callum was clear he only wanted to do it if it was his choice, and he didn’t want to be forced into anything. He was quiet at first, but soon started opening up and was able to express himself. Other group members empathised with his situation as they knew how difficult it was to be in prison.

“It’s probably been helpful for him to hear about the problems other group members bring to the group, to see for himself that the transition into the community can be difficult. He continued to attend the group while he was still in prison. During the past 12 months, he has missed only two sessions due to problems with being released from custody. The **weekly group sessions not only provided him some consistency in life, but also offered him continued connection with group members who have shared experiences and are supportive of each other.**

“Callum has a parole hearing soon. He has said he found the group incredibly valuable, and had been promoting it within the prison, encouraging some self-referrals from his peers. He demonstrated the development of his ability to understand his and other people’s thoughts and emotions. He now has a greater awareness of his presentation toward others and is more capable of managing conflicts. Callum believes that his communication skills are also improved through MBT, though he still finds it difficult to recognize

his internal emotional states. It’s an area he will need to continue to develop his mentalizing skills.

“A clear protocol was in place with the prison so we knew what to do if, for example, Callum didn’t show up. Overall, while it’s a slightly different way of working, our experience is that recruiting from a Category D prison can really work.”

*Referrals into MOAM can come from Category D prisons in or near Liverpool and St Helens, Preston, Leeds, Lincoln, Tamworth, Nottingham, Exeter, Torquay, Llanelli, Bristol and London. Offenders should be male, over 21 and have a history of violent offences. They should have been in custody for 10 years or less (or had a violent incident within their last 10 years in custody), be already undertaking ROTL for other activities, and be highly likely to be released. For more information, please email [project-MOAM@ucl.ac.uk](mailto:project-MOAM@ucl.ac.uk) or 0203 108 3254.*

### ... Stop press ...

The prestigious **Prison Officer of the Year Awards 2017** were announced on 22<sup>nd</sup> June 2017.

One of the finalists in the Change and Innovation category was **John Storm, a prison officer on the Fens OPD service at HMP Whitemoor**. John has used his musical skills to engage with a hard to reach part of the high security population. This has included running music workshops, which enabled the Fens to take huge strides in integrating with the rest of the population which has always been difficult. John includes music to reduce stress on the unit and, as a result, a number of men were able to perform at the end of treatment graduation ceremony. John was also the first person to run Fathers Inside at Whitemoor, a project which builds parenting skills and helps men bond with their families.



*The winner of the Change and Innovation category was Kissie Goodwin, HMP/YOI Isis, and the overall winner of Prison Officer of the Year was Iain Foskett, a Discipline Officer from HMP High Down.*

## PIPE to PIPE: Transition into an AP PIPE from HMP Wymott PIPE

**Tony, PIPE resident**

When I was released previously I got out with no people/communication skills. I had that 'prison mentality' and 12 weeks later I was recalled for being aggressive. Now, I am about to be released again, but this time to an Approved Premises PIPE. I am feeling anxious, however I have tried to prepare myself and get support in place, especially with the areas I will struggle with.

**Being on the PIPE has helped me to prepare as it's given me the chance to live in a positive environment** with no violence and aggression so I am getting out with a totally different mind-set than last time. **I also have a lot more life skills**, i.e. communication and cooking skills.

My Offender Manager wanted me to do my own release plan to get things in place for myself to show that I'm capable of doing it. I am planning on going to Narcotics Anonymous with a friend of mine. This will be good support for me and being in the Approved Premises PIPE will fill my time positively and help me to apply for housing. **My main preparation for release has been 'me' and my attitudes.** I won't be rushing into things, I'll be taking it day by day and making use of any support I can, my probation, hostel staff etc.

**Lucy Merrick, Clinical Lead, HMP Wymott PIPE**

The PIPE has helped support Tony's preparation for release, as he has attended structured group sessions and creative sessions. Attendance at such groups has enabled Tony to develop new skills (such as cookery) and revisit and practise skills he has gained to manage his risk factors on a day to day basis. Tony has also worked with his keyworker who was involved in going to visit him at the referral stage, so they have worked together for some time. Through having the opportunity to develop relationships with staff and other residents, Tony has been able to practise skills, such as asking for help, communication and assertiveness skills. Tony has been able to maintain his relationship with his Offender Manager, and his keyworker also has regular contact with her. They have **all worked together to make realistic and hopefully achievable plans for the future.**

## Hot off the research press...

### Evaluating the impact of formulation-focused consultations with staff in Approved Premises

**Research carried out by Olivia Matheson (Assistant Psychologist), supervised by Karen Bailey (Forensic Psychologist) and Eleanor Haddock (Clinical and Forensic Psychologist)**

An evaluation was completed on the impact of formulation-focused consultations for probation staff at Approved Premises (APs) within the AFFIRM (Advice and Forensic Formulation to Improve Risk Management) community OPD pathway in the West Midlands, a partnership between NPS and Birmingham and Solihull Mental Health Trust.

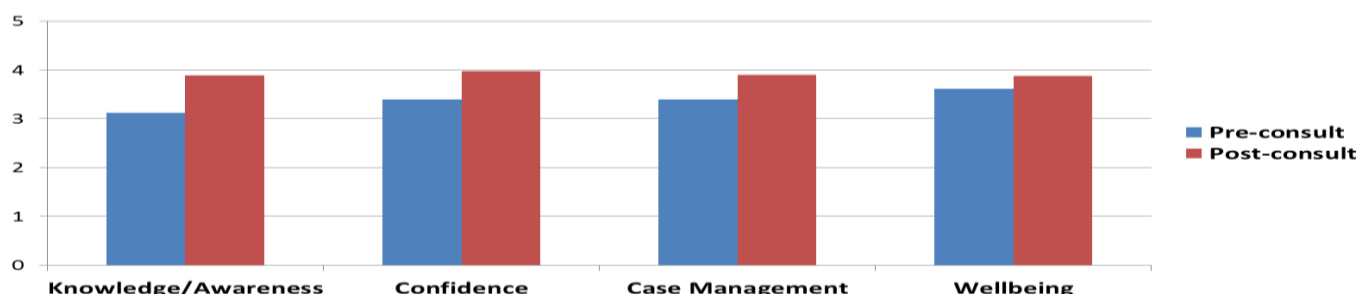
AP staff from three sites were asked to complete a Consultation Impact Questionnaire (CIQ) before and after attending a consultation with the team psychologist. A total of 27 CIQs were completed. The CIQ was designed to assess four key factors: knowledge/awareness, confidence, case management and staff wellbeing.



There was an improvement in scores on all subscales (see graph below), three of which were significant (knowledge, confidence and case management). This suggests that **consultations positively impacted a number of areas for staff in APs.** Written feedback also supported the positive effects of consultations, for example:

"Gain confidence and knowledge of why he reacts when his anxiety surfaces"  
"More understanding of what questions need to be asked and hopefully gain a better working relationship with him"  
"Understanding that dealing with the offender... is a team effort"

These findings are consistent with national research on the positive effects of consultation (Ramsden et al, 2014; Clark & Chuan, 2016) and



previous evaluations within the service (Bettles, Rich & Bourne, 2015).

This evaluation indicates that **consultations equip staff in APs with skills and knowledge useful for working with offenders likely to have personality disorder**. This will help the AFFIRM service to achieve its aims of providing a service to offenders that is psychologically informed.

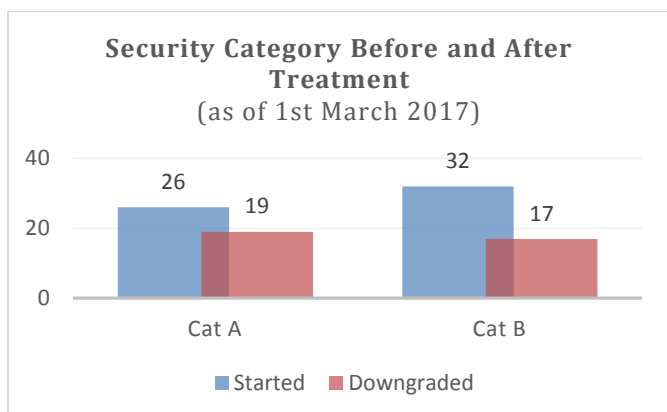
## Progression of treatment completers from the Fens

**Sarah Hicks, Specialist Forensic Psychologist, the Fens Service, HMP Whitemoor**

The Fens Service at HMP Whitemoor has been providing treatment to offenders with personality disorders since 2003. The treatment programme is five years long and includes both individual and group therapy. Our treatment covers trauma work, personality disorder awareness, human relationships, affect regulation, schema therapy, offence focused therapy, excessive appetites/addictive behaviours, interpersonal relationships, and a cognitive interpersonal unstructured group.

We wanted to look at how Fens participants have progressed since leaving our service and one way of doing this was to look at their security categorisation, to see if they were progressing down through the prison system. **Overall it shows a really positive picture of how well our treatment completers have done in progressing on after leaving us**, which we are really proud of.

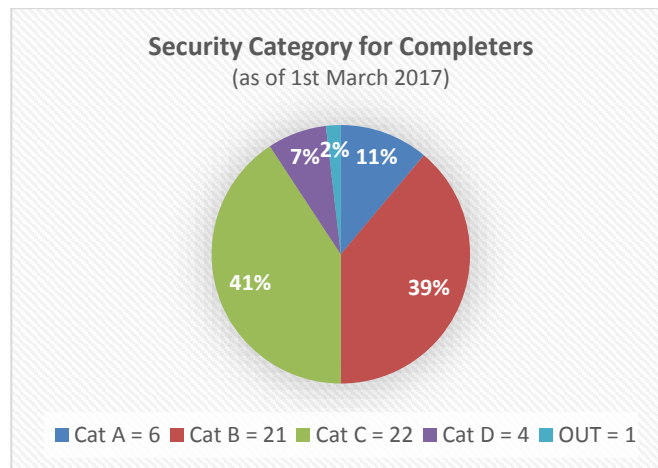
Since we began treatment we have had 16 groups finish with 58 men completing treatment. 26 of our completers came to us as Cat A and 19 of those men have been downgraded (62%). The other 32 men came to us as Cat B and 17 of those men have been downgraded (53%).



Of the 36 men who have been downgraded, the majority have had one downgrade (40%). But 10 men have been downgraded twice (17%) and

three men have even received three downgrades, which is fantastic news!

We also looked at where people currently are in the prison estate in terms of security category. The brilliant news is that we have one man who has been released into the community, as well as four men in Cat D establishments. The majority of our men are in Cat C and Cat B prisons, and only six men remain in Cat A establishments, of whom four are in hospital due to their mental health needs.



Starting a five-year treatment programme can be a scary prospect, particularly for men who are close to or over tariff. But this research will hopefully instil hope and dispel myths there might be about being “stuck in the system” by demonstrating that our graduates do progress and work towards their release into the community.

## Updating the OPD research strategy

**Carine Lewis, OPD Research Manager**

The new research strategy for the OPD programme is now available in draft format, with consultation to take place with key stakeholders over the next quarter. The new strategy provides an update of where we are now and sets out the key priority areas for research and evaluation going forward. It also includes a commitment to supporting high quality research and evaluation across the pathway.

The new research strategy will be discussed in the first research network meeting, due to take place on Tuesday 17<sup>th</sup> October 2017. The aim is to bring academics and service leads together, exploring new ways of working and providing a forum to look at how we can best achieve high quality research and evaluation in such a complex environment. If you would like to be involved in the research network and haven't received an invitation to date, please email [carine.lewis@noms.qsi.gov.uk](mailto:carine.lewis@noms.qsi.gov.uk).

## And finally...

### Meet the OPD programme team

It was a rare occurrence in April, when every member of the core OPD Programme Team joined a meeting in London, providing a unique opportunity for a team photo! Small, but perfectly formed, our team demonstrates the principles of the pathway, being made up of both NHS and HMPPS staff with a range of professional backgrounds, following psychologically informed ways of working, and hopefully all demonstrating shared understanding and clarity of approach!

Most of you will have met your regional co-commissioners, but you may not have met team members in other regions, and/or those with thematic responsibilities and a national remit, so here we provide a chance to put names to faces!

Not pictured are our two NHS case managers for the OPD pathway, Rada Mrkic-Smith (North) and Jacqui Teeroovengadum (Midlands & East), nor Kim Thersby, currently on secondment to the OPD team as data quality analyst, nor Dagmara Blaszczyk, OPD data analyst at the Commissioning Support Unit, NHS England North of England.

#### **Back row, from left to right:**

**Zoe Thornton** – NHS co-commissioner, South

**Mary O'Donnell** – NHS co-commissioner, London

**Kathryn Harney** – Research Advisor, NHS

**Lucinda Bolger** – PIPE clinical lead

**Rachel Wilson** – HMPPS co-commissioner, Midlands & East

**Jennie Slater** – Therapeutic Communities Development Manager

**Peter Howe** – NHS co-commissioner, Midlands & East

**Neil Piggin** – HMPPS co-commissioner, North

**Ian Goode** – Joint Head of Team, HMPPS

**Debra Jeffrey** – Thematic lead for Workforce Development and Involvement

**Nick Joseph** – HMPPS co-commissioner, South, and thematic lead for Wales

#### **Front row, from left to right:**

**Kirk Turner** – Thematic lead for Therapeutic Environments

**Carine Lewis** – Research manager, HMPPS

**Laura d'Cruz** – HMPPS co-commissioner, London, and thematic lead for women

**Sarah Skett**, Joint Head of Team, NHS

**Mick Burns** – NHS co-commissioner, North



**Note:** *The ministerial Prison Safety & Reform agenda led to NOMS being replaced by Her Majesty's Prison & Probation Service (HMPPS) on 1<sup>st</sup> April 2017. While most NOMS commissioners transferred into MoJ, it was decided that the OPD co-commissioners would remain in HMPPS, reflecting the weighting of our team towards operational implementation and delivery, and our continuing programme status.]*

**Over to you:** *Pathway Press* brings you the latest offender personality disorder programme updates, stories from our pathway services and wider personality disorder developments. Previous editions are available on Kahootz [here](#), on the HMPPS intranet [here](#) and on the internet [here](#). If you have a story to share, please email [pd@noms.gsi.gov.uk](mailto:pd@noms.gsi.gov.uk).