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Happy New Year to all *Pathway Press* readers!

Our 17th edition of the *Pathway Press* is a special edition, where the bulk of the newsletter is given over to '**Pathway Stories**' – accounts from service users and staff members who have kindly agreed to share their experiences of being in the OPD pathway. We hope this provides a unique insight into life within the pathway from a range of perspectives. Don't miss the Snakes & Ladders representation of women's pathway journeys on page 4, drawn together from women's stories as told to the Together Women Project. In addition to the pathway stories, we have our regular programme update (pp.1-2) and good news stories (pp.9-10).



Our 18th edition will be focussed on developing, demonstrating and maintaining **quality standards**. If you would like to contribute, we'd love to hear from you at pd@noms.gsi.gov.uk. Previous editions of the *Pathway Press* are available on Kahootz [here](#), on the HMPPS intranet [here](#) and on the internet [here](#).

Latest programme news

- The OPD team is sad to say **goodbye to Ian Goode**, our HMPPS lead for the pathway, who is retiring in February; we would like to wish him all the very best in his new ventures, and to thank him for all his work and support to the pathway over the last few years. It has been a pleasure working with him. Ian says, "The last eight years have been the most fulfilling of my career in the Civil Service. The opportunity to commission and develop new services within prisons and probation that are needed and well respected has been fantastic. I have also worked with some of the most brilliant and dedicated colleagues to make this happen. It's been a great journey that has been really worthwhile and rewarding"
- We continue to work closely with the **Offender Management in Custody (OMiC)** project team, and the OMiC Board has accepted our proposal for how the core community OPD specification will be delivered in custody when the OM activity transfers into prisons. When the OM remains in the community, or when they take over on release from prison, our OPD work will stay the same. HMPS Psychology, who already perform a similar role now in custody, are working with us to deliver the case consultation and formulation work, once the new OMs are in place in prisons. We are also working with the National Probation Service and HMPS to look at how to develop our basic training activity to support new staff and the new OMiC model
- A pilot has commenced of a revised **Remission & Recategorisation Framework** for the OPD pathway, involving Broadmoor high secure hospital and three medium secure hospital wards: Waddon and Millfields in London, and the Oswin Unit near Durham. The pilot is testing a process whereby the offender's remission and recategorisation is administered by the nearest local/reception prison, but his actual prison of return will be determined based on need, and will, most likely, be one that hosts an OPD service
- The OPD [workforce](#) and [research](#) strategies have been updated and both are available on Kahootz

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HM Prison & Probation Service

- The OPD team continues to explore how the programme will address the challenges and opportunities created by the NHS England **New Models of Care** programme. Over the next three years, NHS England will be reforming the way medium and low secure beds are used and commissioned. There is a strong emphasis on reducing out of area placements, reducing lengths of stay and developing a stronger and wider coherence of community forensic teams. We feel there is significant learning from our programme that could be shared, particularly the practical aspects of partnership working and the application of some of the OPD service specifications
- The next **British and Irish Group for the Study of Personality Disorder (BIGSPD)** conference is being held in Cardiff on 20th-22nd March 2018. OPD pathway colleagues will be presenting three symposia. To find out more, visit the [BIGSPD website](#)
- **Three new PIPEs** have opened since our last newsletter: a Progression PIPE at HMP Whitemoor, and two Preparation PIPEs at HMPs Long Lartin and Send. All three services have a small number of prisoners now participating, and will build up to full capacity in the coming months
- There's still time to respond to the **consultation on the next stage of development of the OPD pathway, which is open until 19th January [here](#)**. Our proposal is that there be one high level specification and model that sits across all OPD services in the community and prisons. We'll report back on the outcome of the consultation in our next edition
- The national evaluations (male and female) of the OPD pathway, known as **NEON**, continue to run to schedule. The pilot run of data analysis for the male evaluation suggests that it will be possible to look at initial outcomes in the final round of data collection, and fieldwork commenced for the women's evaluation in mid-September
- The **evaluation of Shared Reading** groups has been awarded to Professor Alison Liebling at the University of Cambridge, and work has now started to plan the evaluation
- The OPD programme team continues to bring pathway colleagues together to network, consult and share good practice, and recent months have seen a number of well-attended and thought-provoking events, including:
 - The first national [OPD Research Network meeting](#) in October, where a large and enthusiastic group shared their research interests and priorities for pathway research, and heard from a range of researchers about their current work. The programme team will look at how some of these ideas might best be taken forward and will share progress soon
 - The national [Women's OPD Network meeting](#) in October, where we held a lively debate about the pros and cons of operating in all-female environments with all-female staff teams, and also considered issues around managing self-harm in women's OPD services
 - A series of [regional administrative support meetings](#), which will now take place six-monthly to support colleagues who are responsible for recording data and producing performance reports for pathway services
 - Jointly with HMP Grendon, a [workshop on working with transgender offenders](#)
- Following the dissemination of guidance for prison governors and directors in prisons with OPD services, a similar **guide for NPS senior leaders** has been developed. Both guides are available [on Kahootz](#).

... Stop press ...

Congratulations to the Options Modified Dialectical Behaviour Therapy (DBT) team at HMP Downview, which won awards at the Central & North West London NHS Foundation Trust divisional awards in November 2017.

Mallika Verma, assistant psychologist, was awarded the prize for student of the year. During her earlier student placement, she "demonstrated an eagerness to learn, great enthusiasm and has demonstrated a high standard of work in a very complex and demanding environment. She has grown personally and professionally throughout the placement."

Judith Knight, psychotherapist, was highly commended for volunteer of the year. Her nomination spoke of her "exceptional dedication to the role and the women."

And the **Options team** overall was highly commended for Excellence in Innovation, recognising their "flexible and innovative approaches."



Jake's story: a diverse and rewarding pathway career

Dr Jake Shaw, Consultant Forensic Psychologist, Oxleas NHS Foundation Trust: Service Clinical Lead, Pathways Service HMP Swaleside and PERS Stanford Hill

In 2009 I was recruited to help develop the pilots for the community pathways model in London, which formed the foundation for the future OPD pathway. Before this, I had experience of working alongside London probation colleagues and had worked therapeutically with offenders with personality difficulties at HMP Wandsworth.

Developing and evaluating the community model of working alongside some very experienced probation and health colleagues was a fantastic learning opportunity and one which helped me appreciate the complexity of supporting high risk individuals in the community. **I valued the psychologically informed but pragmatic approach, the focus on supporting staff and the explicitly systemic focus** of the community work.

Since then I have worked in the subsequent roll out of the community pathways model across London, working as the Case Identification lead for the London Pathways Partnership (LPP). At the same time I was also involved with the initial phase of development of the HMP Swaleside Pathways Service as the Clinical Lead for the Provision PIPE.

In 2014 I was recruited as Clinical Lead for the recently commissioned Pathways Service at HMYOI Aylesbury, a non-residential treatment service for high risk young men with emerging personality disorders. Working at Aylesbury has been one of the most rewarding parts of my career and I have learned a great deal from very experienced and competent colleagues and from working with the young men who access the service. This work has also illustrated the **importance of an assertive approach to engagement and the potential benefits (and also limitations) of a non-residential model** with this younger and sometimes behaviourally challenging group. It has also underscored the fundamental importance of wider institutional support in delivering effective services.

On writing this, I have just returned to HMPs Swaleside and Stanford Hill as the Strategic Clinical Lead for the Pathways Services and am looking forward to working with colleagues there.

Overall, my experience of working across various pathways services has **provided diverse and rewarding opportunities for me career wise and also given me a good understanding of**

the pathway as a whole. For me, some of the most valuable elements of the work have been the **opportunities for innovation and evaluation as well as the commitment to a relational approach** to all elements of service delivery.

Angela's story: personality disorder and me – it gets better

Angela, Compass IIRMS Project

This article is about my experiences of receiving a personality disorder diagnosis and working with the OPD pathway. It has been written as part of my work with the Compass Project in Yorkshire. I wrote the article with the support of my Compass worker.

I received my PD diagnosis towards the end of my prison sentence. Just before release I was given the results [psychology report], told to read them and left on my own. Oh my God! I read it and was totally confused. I didn't understand a word of it. How was I supposed to make sense of this? Why did no-one explain it to me?

When I was released I decided to look PD up on the internet. This was the worst thing I could do! It was horrendous; I thought they were going to take me away. I chatted with the women in the hostel. They had the same diagnosis but everyone was so different. I asked the hostel staff but they suggested I wait until I got back to my home area.

When I moved to my home area, my first offender manager (OM) was not helpful; she had no mental health awareness. With my second OM, we had a different relationship; she was consistent and tried hard to get me mental health support. I learnt that not everyone is judgemental; they do need to do their jobs by the book but some people can see beyond the crime. I also learnt about trusting and that some people can help me with what's going on in my head.

My OM referred me to the Compass Project, not that I expected anything to happen. **I felt something was different this time; we had a plan of what we were doing and how it could help.** I work better with diagrams so we did them for most of my work. It took months; I've looked at my past, my life choices and my moods. Compass have been great support, even when I've just wanted to vent they push me, give me insight and give me confidence.

Moving on is hard and terrifying, but for the first time in my life I feel I can do it, and now, most of all I think I'm getting to grip with my PD. **My future is possible and I can be happy. Even though I have my PD, my life doesn't have to end.**

A Journey through the pathway

Finish!

Living my preferred story in the community with the support of MAS

14

I've just presented at a Pathway conference with my mentor!

13

The housing referral has fallen through so I'm going to have to present as homeless

12

When I am with my mentor I don't need a mask. She knows me well

8

I feel stuck in the system

9

Hardwork is paying off, I'm getting recommended for release!

10

MAS can continue to support me into the community! If I struggle, I know there's support there

11

I've been released to a PIPE AP. My mentor met me there. It helped my anxiety a lot

7

I've been assessed for the Rivendell Programme

6

My mentor has supported me to access alcohol detox

5

Is Personality Disorder how people see me. It's the first thing they talk about or judge me on

4

Completed the CARE programme! So many new skills learnt and I want to live my preferred story

Start:

Either in custody, an IPP sentence, 30 previous convictions or community sentence

1

I've been screened into the Personality Disorder Pathway, not entirely sure what this means

2

Starting to work with MAS. I feel I've got a voice and like this could be good support

3

I have been adjudicated again!

Together Women is a third sector provider within the women's OPD pathway delivering a Mentoring and Advocacy Service (MAS) across the North of England and North Wales, in custody and the community. MAS is a gender-specific, vibrant, responsive and dynamic provision which supports women offender's journey through their pathway of care and management. Since our conception in April 2014, we have received over 500 referrals.

The team consists of committed and passionate mentors who engage with women to develop long-term trusting one to one therapeutic relationships. We promote the achievement of positive change by providing women with practical and emotional support alongside advocacy.

The Journey above is a combination of service user's stories

The relational approach sits at the heart of the OPD pathway. On this page, we hear from a service user in London, Michael, about how his relationship with his offender manager has helped him adjust to life in the community and look towards a more positive future.

And we also hear from Lee, an offender manager in Hull, about how taking a relational approach, with the support of the community pathway service, helped him to support a prolific offender away from the roundabout of further offending

Michael's story: Mr Richard

Michael, a resident at the Douglass House supported housing project, London

Talked with Mr Richard today about how the week has gone. It helps to get his view on everything you have done. Advice is always constructive and encouragement to keep pushing on makes knowing him a good thing as I move towards the door with the positivity he engenders; this reinforces your positivity even more.

Life won't always be easy – sometimes things can go wrong but if you're prepared to talk about it, you will keep yourself safe and strong, if you listen to the advice he gives and take it all on board, you will know that what he is saying will help to keep me safe and reassured.

I find it becomes easier for me to talk to Mr Richard because you know that he is truly listening to the conversation and that any advice he gives you is well reasoned and thought out, some people that I know can't see this though, I am glad that I can.

I always come away from my meetings knowing that I have been listened to and any advice can only be of help to me.

Lee's story: a formulation-based approach to 'stepping off the roundabout' of prolific reoffending

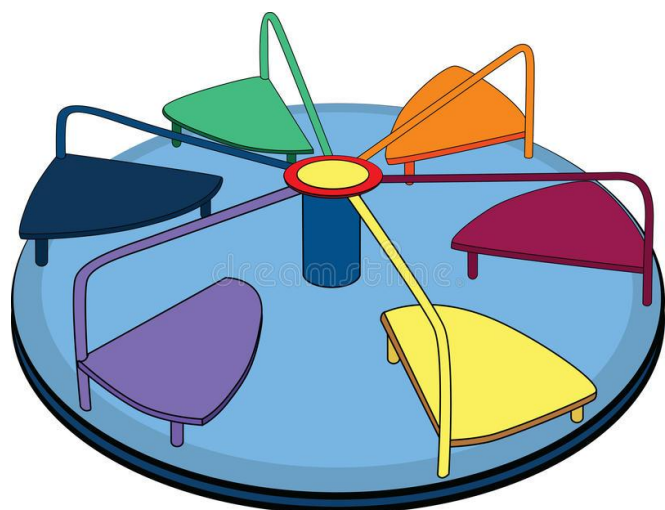
Lee Wilson, Offender Manager, Hull

Lesley and I began working together ten years ago through the Prolific and Priority Offender (PPO) team. I became his offender manager again after his risk escalated when he struggled to remain drug-free, or engage beyond a superficial level. This pattern continued for four years until formulating his case with Lisa, our pathway psychologist. We explored potential reasons behind previous 'failures,' and identified a cycle whereby before each release I created a 'grand plan' which Lesley seemingly endorsed, before acting in ways which led back to prison.

Guided by the formulation, I avoided pre-defined plans that I 'owned' and instead supported Lesley to define the plan. That involved recreating elements of prison life which offered stability and safety, including routine and personal space. Additionally, I stopped using Lesley's long-standing nickname and encouraged professionals to do likewise to promote emotional maturity. He too adopted his real name noticing that this enabled him to resist his 'old me' identity associated with drugs and crime.

Lesley has remained safely in the community for five months now, something achieved only once in over twenty years. He is engaging meaningfully with agencies instead of simply conforming to my expectations. Such openness enabled him to disclose occasional heroin use promptly, avoiding a fuller relapse. He even generates his own solutions to problems, rather than relying upon me. Lesley contributed to this article commenting that he has "not been bombarded with appointments and contact, and this freedom" is working for him. He added that **"preferring his own company" balanced with "more support" has made a difference.**

I recognise now how my own personality traits influenced Lesley's former patterns. Both myself and his keyworker acknowledge that the formulation discouraged us from trying to 'save him.' Feeling less 'in control' without a 'set-in-stone' plan was anxiety-raising, and I still get drawn into making 'helpful' suggestions but can notice this now. I also observe rescuing patterns within other agencies and have shared the formulation to highlight this. It's early days but things feel hopeful. Without the partnership support we would probably still be stuck upon the same roundabout.



An anonymous story: the yellow brick road or black brick road?

Anonymous

The black brick road is the road I've been on since I was 15. This is when I started my criminal apprenticeship and continued until I went to Belmarsh in 2013 and first discovered Pathways. I had served more than 25 years at that point. I went on the Pathways unit as I was too used to doing prison the way I wanted to do it. I didn't care about being locked up – I was used to it. This was my comfort zone and it was daunting to leave. I never asked for anything and did my time in the knowledge that the wheels keep spinning until I am off again – and within a few weeks I am committing offences again. I regarded this as normality.

It took me some time to find anything useful at Pathways – my thought process was 'us and them.' Everyone there was suffering from similar problems psychologically and emotionally. **It was my first opportunity where we all supported and challenged each other's thinking and behaviour.** We had Pathways listeners... This was good because people had a face they could talk to who knew and understood... The fear about the power of authority figures can stop you talking... But that trust does grow. Pathways taught me who I had been all my life, from the psychological work and with the men. I realised why I was dangerous and how I had got there. **I recognised that when I isolated, I was getting worse.** Pathways helped me recognise those links. I had never known it before. I was in everyone's faces like I was 'king of the ring' - I was wearing the stripes and I didn't care... I wanted to be a gangster... But then I saw my patterns, which made me want to try and do things differently. We become selfish, selfish, selfish people. But this unit helps you start to see things from other people's point of view, who you are hurting and to stop blaming anyone else for our situation.

Steven's story: from Westgate to the community

Steven, with Amanda Luke, OPD Progression Pathway Strategy Lead, HMP Frankland

Steven arrived on Westgate in August 2004 when it was then part of the Dangerous & Severe Personality Disorder (DSPD) pilot programme and started treatment to meet his needs. Steven

would often use self-destruction as a way of problem solving throughout his stay. At the end of his Westgate journey he felt the need to return back to where he felt secure, which was a medium secure unit. However, back in 2010, OPD progression pathways were not yet defined and established. Therefore progression staff developed a pathway via a Cat B prison and its mental health in reach team.

Upon arrival at the Cat B prison, with the remit of demonstrating skills consolidation, Steven set to work building upon his employment and educational skills as a foundation for his future. His self-destructive behaviour drastically reduced, although on one occasion, he used this to deal with parole feedback.

Steven very quickly gained his Cat C status and through his ability to showcase his learning from treatment day to day, he managed to secure Cat D status and transfer to an open prison in July 2013. Steven had been imprisoned since 1993 so experienced some hurdles and barriers in relation to adapting to community life, but overcame these using town visits, successful releases on temporary licence and living independently in the satellite housing within the establishment.

Steven was eventually released in February 2015. He has lived independently in the community since and has always welcomed the support and guidance of his offender manager, in addition to his openness to tracking from Westgate progression service. This has very recently led to the opportunity for Steven to speak as an expert by experience at the National Directors conference at HMP Berwyn and also the joint 'Empowerment in the OPD Pathway' event hosted by Westgate together with the Fens Unit at HMP Whitemoor.

Annie's story: the walls came down

Annie, HMP Send

I started on PIPE for the first time in 2011, and I ended up staying for nearly two years. While on PIPE my behaviour wasn't good in any way – I was always angry and I had authority issues mainly with women.

While I was on PIPE I decided to go and do TC [therapeutic community], which was hard for me to do as I didn't like talking about my life as I find it hard to trust people. I started TC in 2013. Moving down there was hard as I don't like change. As I hadn't talked about my life and also found it hard to open up due to my trust issues, I put up all my

walls and wouldn't get involved. If people tried asking questions, I would just be angry, push and [tell them to] stop asking me anything. How I treated people was bang out of order – I wasn't a nice person at all. So that went on for a while but one year and six months into it I turned things round and started being open and working on myself. **My walls started coming down.**

So I decided to come and do PIPE again to show and see how much I had changed. So I came on in 2016. This time round I've been open and honest with everyone and **I ask for help when I need it and I'm using the skills I have learnt and I'm still learning more skills** as I want to be here and better myself even more.

Doing PIPE second time round has made a difference as I've changed into a better person and people see that, as I'm not angry or disrespectful towards anyone and I'm open and honest with my feelings. **I'm more liked as a person.**

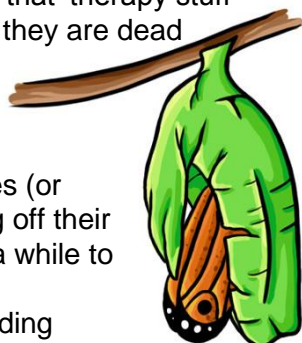
Callum's story: life after Westgate

Callum, now in Cat B conditions, writes to staff and service users at Westgate OPD treatment service at HMP Frankland to update them on his progress since leaving the service

...Everything is going really well this end. After an initial steep learning curve which included sharing cells, the loss of much of my IP prop allowed in Frankland and various other irritating but minor adjustments (which 'old me' could well have catastrophized) I have now settled down to embedding my new(ish) skills. NEWSFLASH they really do work when you commit to their implementation. So having got over the shock that I was wrong, and the even bigger shock that you guys were really right, my life is a hell of a lot easier and more fruitful. Who'd have thunk it?...

I tell ya people, **I have not come across a person or situation yet that does not respond to a little perspective taking here or a sprinkle of consequential thinking there, or a quick reframe of a trigger situation if the pushing comes to a-shoving!** So please communicate to the guys engaged in therapy that although they conjure up imaginings that all that 'therapy stuff' doesn't cut it in everyday life, they are dead wrong. Dead wrong.

When they emerge from the protective environment of the Westgate like fragile butterflies (or moths in some cases) casting off their chrysalises it certainly takes a while to get with the programme – the programme that is NOT offending



behaviour based. Vulnerability, anxiety, resentment, frustration, depression, rejection – these are all feelings and emotions which await the unprepared. They certainly rained down upon me. Jeez, for the first month I felt like Chicken Little. Then you have to start making decisions. Go backwards to 'old me,' which is the easiest, quickest descent, or grow a pair, sit with your feelings and start practising what, until that point, has been primarily theoretical knowledge only. For it is only in the proving ground outside of the oasis of safety which is the Westgate that you can only really determine if sitting in all those group and two-to-ones has made any meaningful difference...

One thing for sure is this. As difficult as it is to readjust, proactively practise alien skills, suppress unhelpful thoughts and resist peer pressure in this hostile and volatile environment, if the fellas do succeed and stand firm it will be recognised and documented. My offender supervisor is recommending my Cat C in a few months' time... So please let the fellas know that there is a pot of gold at the end of this therapy rainbow, but they should be in no doubt as to the commitment and motivation required to get there. Moreover, the gold does not only come in the form of timely progression but also a healthy dose of inner peace and pride.

It feels good to be doing the 'right thing.' My family and friends have responded wonderfully to my graduation from the unit and my initial successes. They claim to see and hear changes in me which convince them that I am on the right track... a way to go but on the right track nevertheless. In addition, my daughter has decided that she wants to begin visiting and building a relationship with her dad!!! Wow! I cannot describe how good that feels. I feel strangely complete. I also feel capable of managing that kind of connection now.

I am still attending the gym, although it has lost some of its importance now. I do not feel the urgency to be competitive or oversized. I am back studying my degree and have completed a couple of Level 3 courses in the meantime. I facilitate SMART meetings with the staff from the Substance Misuse Team as well... Overall it was worth waiting and working with the progression department in order to identify the most suitable progressive move. I suppose that is my parting advice to the guys in treatment and thereafter. Be patient. There were numerous times when I felt pissed at having to wait for something on the Westgate. **I now appreciate that it just takes time to put meaningful change and progression in place.**

Using case studies to evidence the OPD pathway

Dr Carine Lewis, Research Manager, OPD Programme Team

Findings on the effectiveness for mental health treatments with offenders, including personality disorder, is limited. There are many challenges that we face when attempting to carry out high quality research and evaluation in this field, particularly when trying to evidence outcomes.

Case studies within health settings are not widely used and while they are limited in evidencing impact, they can be particularly beneficial for more in depth exploration. Although criticised for lacking scientific rigour, some of the pitfalls can be overcome if designed appropriately. In the case of the OPD pathway, this could be to explore offenders' journeys, service implementation and potential mechanisms of change. What many people do not realise is that **case studies should be designed and treated as research studies in their own right**. There are various case study designs which can be utilised, depending on the nature of your research question. Crowe *et al.* (2011) cover these various methodologies using examples from case studies within health research and discuss the various steps in conducting research via the case study approach.

By considering how we carry out our case studies across the OPD pathway, we can ensure that the case studies we produce are as robust as possible, striving to present case studies as part of a robust evidence base for the pathway. More details on the specifics of the methodology can be found in the [Crowe *et al.*](#) paper in the research workspace on Kahootz, and an additional paper by [Davies *et al.*](#) (2007) discussing the use of case studies is also available here.

Peter's story: sharing lessons learned on the pathway

Peter, a serving prisoner at North Sea Camp, attends Bradshaw House approved premises PIPE on ROTL (Release on Temporary Licence). He was asked if he would write a short piece, reflecting on his experiences. He has written this in the form of an open letter of advice to other residents.

My eventual release is a 'new beginning.' I pretty much lost everything during my life sentence and I sometimes feel a little lost and overwhelmed by everything. I'd learned a lot of skills in prison – like patience, not assuming anything, investigating everything, challenging myself and being responsible for my actions. I've had around 30 home leaves now and I can say what has been helpful for me.

I hear some people talk about distrust towards staff, I can hear their anger and frustration. Let all that go! Utilising staff's knowledge and experience that they've accumulated between them during their careers can be very helpful. **Choosing to trust them with my difficulties has allowed me to see that they are not there to trip me up and they are not waiting for me to make a mistake.**

I see some lads raving about being told off for coming back late, or over the limit, or producing a positive drugs test – as if it's the staff's fault that we don't like the rules we have chosen to ignore. Staff give us choices a few people waste. If I want to get out and stay out, I have to show I can be trusted to follow the rules, to stop fighting the system; instead – to turn to staff and allow them to help and support me, most importantly to LISTEN to what they have to say.

You're not the first to experience the things you are going through! You're not unique or alone in this. Staff know this through experience and how best to help and support us. Our hardest challenge is letting them, so, **my advice is 'challenge yourself,' 'be patient,' 'listen' and 'trust' a bit.**

Let's face it, it's easier having staff on your side, rather than fighting against them. Your time at the hostel will be relatively short, so enjoy the experience, live in the moment and let tomorrow take care of itself.



Telling our stories: Open Day at Southview Approved Premises PIPE

**Petra Chapman Gibbs & Karyn Mannix,
Operational and Clinical leads**

Staff and residents of Southview approved premises (AP) PIPE hosted an Open Day in July 2017 to celebrate the opening of our new therapeutic space and having recently achieved the Enabling Environment Award from the Royal College of Psychiatrists. Residents also felt this was an important opportunity to increase others' insight into Southview AP as they did not want the hostel to continue 'having a bad name.'

The Open Day was collaboratively planned and delivered by staff and residents. Commissioners, PIPE advisors, NHS and Probation colleagues, drug and alcohol agencies, police colleagues and the local vicar were invited to the event which was seen as an opportunity to improve and enhance working relationships and others' understanding of what a PIPE is and how it works.

The Open Day was structured around the five key components of the PIPE model – structured sessions, socially creative sessions, staff supervision, key worker session. A session was dedicated to each of these components and undertaken in a different room in Southview House, thus taking guests on a tour of the House, both physically and psychologically. Residents and staff took up the role of a 'Tour Guide' who brought each group to the different sessions.

Each of the five sessions was co-produced and co-delivered by staff and residents. For example, socially creative sessions were illustrated through a session focusing on mindfulness and the Reader Group, and through residents providing guests with a variety of cakes and sandwiches which they had prepared and baked themselves.

Feedback from residents, staff and guests was extremely positive:

"I was completely out of my comfort zone, but I got loads more confident as the sessions went on and thought it was great. It made me feel brilliant."

"Co-produced and co-delivered! The residents were amazing hosts and clearly very proud of what they had achieved."

"...It felt brilliant to be able to explain and have a voice in front of important people that came to our open day. It made me feel excellent to have my voice heard."



Since the Open Day, Southview PIPE team has been awarded an NPS North East Division Reward and Recognition Award for achieving a successful Open Day, gaining Enabling Environment status, and for being a great PIPE!

Participatory Action Research at the Beacon, HMP Garth

Maria Haarmans, University of Liverpool & The Beacon OPD Service, Mersey Care NHS Trust and HMP Garth, together with Darren, Steven, Lee, Iain and Aaron

Interest in Participatory Action Research (PAR) in prison is steadily growing. UK National Forensic Mental Health Research and Development has been promoting forensic mental health service-user involvement in research for over a decade. (Spiers *et al.*, 2005). But what is PAR? Characterised by a commitment to enhancing participants' lives and tackling inequalities, PAR is conducted 'with' and 'for' rather than 'about' participants (Chesnay, 2016).

The Research Design Group (RDG) is a new and innovative group at the Beacon OPD service at HMP Garth, facilitated by a researcher from the University of Liverpool. Group members, as co-researchers, are involved and trained in every step. Currently, we are investigating the referral process and prisoner engagement, and are hoping to publish and circulate our research widely. In addition to developing a research

proposal, other achievements include: developing an interview guide for resident exit interviews, consulting on a trainee psychologist's research on Pathway meetings, and interviewing the Clinical Lead.

One participant was even inspired by his experience of the RDG to write a poem:

Maria talks well, so we understand,
some big words, some small.
We take it all
in so we can learn.
Ethics—now that's a word.
what a pain in the head.
We research, we talk, we agree and disagree.
All with one aim-
to find the evidence we need to make a difference.
And we believe we can.
From an interview to a questionnaire,
all from us prisoners.
Now that seems fair.

We do the research.
 it makes you feel good to achieve and learn,
 makes you feel important to be involved.
 We take it seriously and we all want to do good.
 We don't feel like prisoners,
 we can be anywhere, in university, anywhere.
 Research and Design has done so much for me.
 So to all prisoners: get involved if you would like to
 achieve.
 So to Maria, thanks a lot.
 It will always stay with me,
 I've took a lot.
 I hope now and wait and see,
 I think it's university for me.

Spreading the word internationally about EOS

Dr Sarah Allen, Consultant Clinical Psychologist and EOS lead, Central & North West London (CNWL) NHS Foundation Trust

Clinicians working on the OPD pathway in CNWL's Offender Care Services recently presented their work at the International Society for the Study of Personality Disorders (ISSPD) conference in the lovely city of Heidelberg. The team presented a group of talks and spoke about links between a diagnosis of personality disorder and offending behaviour and the services available for those with both. We described the OPD pathway in the UK, in particular the EOS project at HMP Bronzefield.

EOS was designed to work with five female prisoners with highly complex needs. The service is based on working across the workforce to develop skills and understanding, and working directly with the women to develop motivation and work towards specific goals. EOS has now been running for 18 months and staff report increased understanding of risk and of the women themselves. They have been trained to "mentalize" the women – to really try and understand their thinking and why they might behave in certain ways. Staff have valued this approach and asked for "an EOS office on every landing."

Within our presentation we spoke about the difficulties in language with a diagnosis of 'personality disorder,' which can be seen (and used) in negative ways. We described the value of mentalizing and thinking about the person's individual difficulties and distress and the things that cause problems in their lives and keep them stuck. We spoke about the importance of understanding strengths and protective factors within the formulation and how these can be used within both treatment and risk management.

The symposium was really well received with fascinating discussion from a range of international attendees representing prisons and clinical services from as far afield as Singapore and Australia. It provided an opportunity to make useful links with colleagues doing similar work.



(from L to R): Alan Larney, Former Clinical Lead for EOS, Dr Rebecca Lockwood, Clinical Psychologist with in-reach team, Dr Anna Williams, Clinical Psychologist and MBT Trainer for EOS, Dr Gwen Adshead, Consultant Forensic Psychiatrist and EOS supervisor and Dr Sarah Allen, Consultant Clinical Psychologist and EOS Lead

Counselling in Prisons Network: working therapeutically in the criminal justice system

Peter Jones, Chair, CIPN

The Counselling in Prisons Network (CIPN) is the professional body for all therapists working in the criminal justice system (CJS). As a partner organisation in the [WHO Partnership for Health in the CJS](#), the Network also has a platform for sharing publications, good practice guidelines, and other prison health related information.

The Network aims to:

- Identify and produce research agendas in relation to the engagement, management and treatment of offenders
- Develop effective interventions
- Grow an effective evidence base in working therapeutically in the CJS.

This is achieved through:

- The pooling of expertise and sharing knowledge through networking
- Providing support to members/practitioners and academics in the field of working therapeutically in the CJS
- Conducting and publishing relevant research in order to inform, practice and develop evidence based practice.

To find out more about the Network, please visit www.cipn.org.uk.