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**POP QUIZ!** Who can name the fourth high level outcome of the Offender Personality Disorder (OPD) programme? We suspect only OPD aficionados will know that the answer is: "Increase the efficiency, cost effectiveness and quality of OPD pathway services." While this fourth outcome may be less well known than our other three (reducing reoffending, improving psychological health and wellbeing, and developing the workforce), it's a critical part of our work, not least because it helps to ensure the sustainability of the pathway in the future.

This 18<sup>th</sup> edition of the *Pathway Press* is themed around that fourth outcome, and more specifically, **monitoring and improving quality in OPD services**. We're pleased to feature stories from across the pathway highlighting how services are driving up quality. We hope it gives readers some innovative ideas you can mirror in your own services. In addition to articles on this theme, we have our regular programme update (pp.1-2) and good news stories (pp.7-10).



We're also pleased to announce that the next edition of *Pathway Press* will be co-edited by Laura from the OPD programme team and Ken from the LPP Service User Forum in London. So keep your eyes peeled for our next edition in summer 2018.

If you would like to contribute to the *Pathway Press*, we'd love to hear from you at [pd@noms.gsi.gov.uk](mailto:pd@noms.gsi.gov.uk). Previous editions are available on Kahootz [here](#), on the HMPPS intranet [here](#) and on the internet [here](#).

## Latest programme news

- Engagement with the **Offender Management in Custody (OMiC)** project team continues throughout the ongoing design and resourcing work. A summary of what OMiC means for the OPD pathway has been published [on Kahootz](#). Key points to note are:
  - The 'health' element of the Core OPD service (case identification, consultation, formulation etc.) will continue to be delivered by existing health providers in the community, but responsibility for this within prisons will be assumed by HMPPS Psychology Services
  - Responsibility for OPD delivery mirrors the responsibility of the Offender Manager (OM). So when the prison OM is responsible, HMPPS Psychology Services are responsible for the OPD service; when the responsibility moves to the community OM, the responsibility for the OPD service moves to the community health provider
- Colleagues in the OPD programme contributed to a recent [Consensus statement](#), developed to prompt further discussions about the needs of people who may have been given a diagnosis of 'personality disorder.' It identifies changes that could be initiated in the short-, medium- and long-term; and is a call for action: to intervene early, help people at all stages of their lives, and use limited resources to best effect. Please also see the [BBC coverage](#) of the launch of the statement, which helpfully links to the online OPD strategy
- The **Canning Street supported housing** project in Merseyside is now 'live' and the service is full; the initial cohort of admissions has bedded in smoothly

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HM Prison & Probation Service

- The **British and Irish Group for the Study of Personality Disorder (BIGSPD)** conference took place in Cardiff on 20<sup>th</sup>-22<sup>nd</sup> March 2018. The OPD programme team presented a plenary session with OPD service users, as well as a workshop to discuss the future of the pathway. Numerous other presentations were also given by OPD pathway colleagues. It was a motivating and inspiring event, and the organisers showcased Cardiff with a gala meal at the National Museum of Wales. Two things in particular stood out: the first was a real sense that we are at a watershed moment with regard to the conceptualisation of 'personality disorder,' as expressed in significant contributions made by service users, and two plenary sessions on Adverse Childhood Experiences and the neuropsychological impact of acquired brain injury. The second was a recognition that it's time to make room for a new profession: that of 'lived experience practitioner'
- Procurement is complete for a **Sex Offender service** working across HMP Whatton, HMP North Sea Camp and out into the community; Nottinghamshire Mental Health Care Trust won the contract and the service opened on 1<sup>st</sup> April 2018
- **Approved Premises PIPEs** continue to respond to current staffing challenges. Many AP PIPEs have brand new staff teams, necessitating high levels of training and development
- The OPD Programme Board has approved a third and final phase of the **OPD Enabling Environment (EE)** project, which will run until March 2021. The Royal College of Psychiatrists will support the remaining 62 OPD services to achieve the EE award, continue the ongoing evaluation of the impact of EE, and train EE 'champions' to sustain EE once the central funding ends
- The **PIPEs longitudinal evaluation** has delivered its first draft and while we are a little way off final completion, there are some positive findings emerging for prison PIPEs, which the team presented on at BIGSPD
- We are working on **three new OPD training products**: firstly, for newly qualified and existing probation officers (due to be available in late 2018); secondly, for new prison officers, which will focus on skills they need on a day to day basis; and thirdly, for OMiC keyworkers.



## Your feedback on the next phase of OPD pathway development

In November 2017, the OPD programme team launched a consultation exercise to gather views on our proposal to produce a single, high-level specification and model to sit across all OPD services in the community and prisons. *If agreed:*

- All **community OPD services** would deliver the current core service (identification, consultation, formulation, joint casework and workforce development) *as well as* providing interventions directly to some service users (e.g. offence-specific, skills-based, or treatment-focused individual or group work)
- All **prison-based OPD services** would deliver a residential or non-residential intervention *as well as* the equivalent of the core service (as above). This would include outreach to complex cases in the prison, through joint casework, consultation and/or treatment.

We received 37 responses, and everyone either fully (81%) or partially (19%) supported the proposal. **Aspects of the proposal that respondents welcomed included:**

- Standardisation of the 'offer' of OPD services, to help ensure consistency and equality of service, access and availability
- Increased focus on women and specific groups, e.g. sex offenders, as well as supporting the move-on of 'stuck' cases
- More inclusive model for prison-based OPD services, which should integrate them more effectively into their host prisons, have a beneficial effect on the wider environment, and support offenders who may not be suitable for a residential service
- Extension of services in the community, which should positively impact staff retention and job satisfaction, and is more responsive to the needs of service users and NPS staff.

**Aspects of the proposal where respondents made suggestions for change included:**

- Address the risks of crossover of roles and responsibilities, and potential duplication
- Explicitly address the needs of BAME groups
- Offer training to a much broader group, e.g. court staff, probation service officers
- Expand housing and vocational support.

**Thank you** to everyone who responded to the consultation, which is one of a number of OPD consultations either underway or planned. The results will be brought together to produce the strategy for the next five years.

[Click here](#) for full details of the consultation and feedback.

## New quality standards for the OPD programme

**Laura d’Cruz, OPD programme team**

The current Quality Requirements (QRs) in use across the OPD pathway were designed back in 2013/14, and while services have now become familiar with these, and adept at reporting against them, the OPD programme team felt it was time for a refresh, to reflect latest research and learning from the first five years of the pathway. We’re also using this opportunity to increase the focus on *service quality* – as one provider recently told us, “There’s more to life than KPIs!”

We kicked off a Quality Standards Working Group last year, and have since agreed a new structure, re-visited the original OPD principles and outcomes, re-drafted a number of the QRs (deleting and adding some others) and developed a reporting template that all services can use. An example of one of the new draft standards, and the structure it sits within, is provided below.

To devise our new framework, we’ve looked at existing good practice examples, including NICE guidelines, Enabling Environment standards, and the HMPPS Interventions Integrity Framework. We’ve also ensured that each standard is linked to the current evidence base. It’s been a time-consuming and demanding process, as the standards will apply to a wide range of service types, and we want to create a framework that is meaningful and effective, but also crystal clear and not too onerous.

The aim is to circulate the new draft quality standards for consultation in May 2018. Phone-in sessions will provide you with opportunities to learn more about the new standards and provide comments. The new framework will come into use in April 2019.



## An example of quality monitoring and improvement from Millfields: Reducing referral assessment times

**Dr Celia Taylor, Lead Clinician and Head of Service, Millfields Medium Secure Unit**

Like many other services, in recent times we’ve seen our referral numbers rise considerably – especially self-referrals – which is good news for the OPD pathway. However, the downside has been long waits for referrers and service users alike, before we carry out an assessment and reach a conclusion. We then receive anxious letters asking about our progress, which makes us acutely aware that someone’s future is at stake. At the same time, we know the adverse consequences of admitting someone who is either not ready or not suitable. Research shows that starting treatment and then dropping out can lead to worse outcomes than if the person had never begun, so it’s an important decision to get right.

**This is an area where reporting requirements really did highlight a need for improvement! After a tactful discussion with our friendly co-commissioners, we analysed the delays and came up with an action plan for reducing assessment times.** First, we carried out the initial catchment area check on the day the necessary paperwork landed. Next, we constructed a multidisciplinary rota of clinical staff to complete the paper-based screening checklist. This ‘weeds out’ any obviously inappropriate cases – for example, those suffering from acute psychosis (you’d be surprised how many there are!). The author of the checklist was then invited to the referrals meeting to present and discuss the case, which provided an opportunity both to learn and to feel really involved, right from the beginning. Next we expanded the pool of clinicians carrying out face-to-face assessments, for example allocating cases to suitably supervised Band 7 psychologists where the diagnosis wasn’t in question. If at that stage the consensus was positive for admission, we arranged for a final, nursing assessment without waiting until the next referrals meeting.

The majority of individuals referred are not admitted, in keeping with the OPD strategy’s advice that the much more expensive NHS resources should be reserved for those unable to benefit from interventions available in the prison system. Each referrer – and each prisoner who refers himself – receives a letter explaining our decision, with recommendations as to which other OPD service might be more suitable.

We’ll need to keep monitoring our assessment times going forward, but we feel already there have been several, tangible benefits to streamlining it.

Theme	Workforce, training and supervision
<b>Standard</b> (what’s expected at a higher level)	Staff are trained to deliver their role with a clear understanding of the service and wider pathway ( <i>note: this is one of two standards linked to this theme</i> )
<b>Criteria</b> (required elements)	Staff share good practice and support each other, within and between OPD services ( <i>note: this is one of five criteria linked to this standard</i> )
<b>Measurement</b> (Evidence we’re looking for and what shape we expect it in)	Evidence of intra- and inter-service staff engagement activity. Examples may include sharing data, writing a paper, network events, co-delivering training
<b>Reporting method</b> (format for reporting on the measurement)	Annual report ( <i>note: the reporting method will be one of four options: annual report, quarterly report, annual commissioner review or peer review</i> )
<b>Information requirement</b>	Provide three examples

## Keeping the heart beating: Quality standards at HMP Gartree's therapeutic community (TC)

**Emma Allcock (Trainee Psychologist) and TC residents Sean and Amato. With special thanks to Paul Marriott (TC Officer Specialist) and TC residents Aiden, Ben and Mick**

Someone once described prison therapeutic communities as a heart in a body that wants to reject it. Whilst this might seem a dour description, the Community of Communities outlines core values and standards that TCs should adhere to, which allows the heart to keep beating.

The service standards are organised into five sections – core standards, staff joining and leaving, therapeutic framework, external relations and performance.

**Here at HMP Gartree, we use the standards as a reference for self-review, peer review and to assist in the development of our service.**

Our TC is currently facing the challenges that come with being in a mainstream prison, such as staff cross deployment and restrictions to the core day. One of the most valuable standards that allows us to manage these challenges is our ability to **“treat everything that happens as a learning opportunity.”** As one of our residents describes, the frustrations and problems we face are discussed within the community during therapy groups and community meetings and we pull together to develop solutions.

The standards also outline that a TC is committed to **“an active and open approach to all external relationships.”** In order to help overcome our recent challenges, we have welcomed the Governing Governor and our Residential Governor to community meetings to discuss how cross deployment of staff and reduced social therapy time has impacted upon our environment. Whilst this helps to solve problems, we are also proactive in our approach to reach out and build better relationships with others. We have hosted an open afternoon for the Offender Management Unit to explain the work we do and help them with referrals for future residents. As another resident explains, effective communication should not be underestimated as it helps us to lay the foundations to overcome the hurdles we have yet to face.

At Gartree, communication helps us to build better links with each other and our external partnerships. We have learnt to **use the service standards to perform a health check of the TC and move to a place where the body can learn to accept us as the heart.**

## Quality assuring MBT group therapy in action using video

**Nicky Howard, Implementation Project Manager, Tavistock & Portman NHS Foundation Trust**

Mentalization is the capacity to think about and reflect upon the workings of one's own mind and other people's minds. Mentalization Based Treatment (MBT) offers men with violent offending backgrounds and antisocial personality disorder weekly group and monthly individual sessions. The aim of MBT is to decrease the severity of violent and aggressive behaviours, improve the ability to manage stress and improve interpersonal relationships.

The MBT therapy sessions are video-recorded to ensure that therapists are adhering to the MBT model, and are rated by Professor Anthony Bateman and Dr Jessica Yakeley, who then discuss the videos with MBT team members in order to offer clinical supervision. **Jessica says:**

“Video supervision is much more meaningful than telephone supervision, which we also provide. **It's not just about what's said, but also non-verbal communication.** You can follow what the whole group are doing, whereas when you're one of the therapists, you're restricted to what is in your view at the time, or what you're paying attention to.

“In an account after the event, things can get forgotten or mis-remembered. There's also the chance that a therapist doesn't tell the whole story as they worry about not being seen doing the right thing. Having your videos viewed **can be anxiety-provoking and exposing for the therapist: but it's an incredibly powerful way of learning.**

“Our group members consent to being video recorded and some don't feel happy about it in the beginning but usually they forget about it pretty quickly. A small minority would drop out or insist on being behind the camera. But video recording is a fairly normal part of probation, and we see it as critical in enabling quality supervision, and to ensure that we are delivering an always-improving service.

“I have been delivering MBT for 10 years now, and I still find comments on my video-recorded sessions incredibly useful to improve my technique. It's difficult in the heat of the moment, dealing with group dynamics, to stick to the MBT model. Video supervision enhances what you're doing very quickly and continues doing so over time.”

*MBT is currently part of the MOAM randomised controlled trial, run by UCL, which is currently seeking referrals. Please contact Liz Simes, Trial Coordinator on 0208 938 2067 or [e.simes@ucl.ac.uk](mailto:e.simes@ucl.ac.uk) to find out more or discuss a referral.*



## Can Close Supervision Centres ever be Enabling Environments?

**Nina Preston, Chartered and Registered Forensic Psychologist, HMP Full Sutton CSC**

Can Close Supervision Centres (CSCs), that house the most dangerous, and some of the most complex prisoners within the prison system, ever be enabling for those residing or working there? Often criticised for their perceived focus on segregation and containment (risk management), as opposed to their endeavour for integration and progression (risk reduction), it was considered time to explore and challenge perceptions of the CSC system.

CSCs have been in existence since 1998. The purpose is to deal with highly disruptive and high-risk prisoners who have demonstrated, or shown a propensity to demonstrate violent behaviour. The relational environment within CSCs is fundamental to the safety and stability of the men, and staff working on the units. The Royal College of Psychiatrists (2010) Enabling Environment (EE) award process is embedded in the concept that good relationships promote well-being.

A research project completed within one of the CSC units explored what core environmental qualities CSC staff and prisoners considered to be necessary for the unit to be an EE. Findings showed the unit had core qualities considered enabling by the staff and prisoners. Both samples identified that **a stable and predictable environment, with consistent boundaries, supported general wellbeing**. Prisoners focused on the environment supporting the development of their identity. Staff focused on developing their knowledge and skills. Both link to intrinsic personal change. Both samples referred to relationships and communication as important, and identified the main area for improvement as being progression. An exciting finding was that the themes that emerged mapped onto existing literature on EE, specifically the ten EE standards.

Given the findings, developing EEs within the CSC system therefore seemed a progressive direction to take. Over the past two years, all five CSC units have been working through the EE award process, supporting each other in improving the quality of the CSC system as a service. **The significant efforts of both staff and prisoners throughout EE developments, against the backdrop of austerity within the Prison Service, is a process to be celebrated.** In the last HM Inspectorate of Prisons report of the CSC system in 2015, which took place shortly before the units began to work towards the EE

award, staff-prisoner relationships were commended, but work was required on supporting prisoners' day-to-day living conditions, opportunities for choice making and pathways for progression. The **EE development process has provided the structure to assist in enhancing all areas of service delivery**. Therefore, although hard work, consensus is the EE process has been recompensing.

**Three CSC units were awarded EE awards** outright following assessment in late 2017 and subsequent panel discussion. One unit is awaiting its assessment and the remaining site is working on a development plan, having been commended for developments and progress across several standards already.

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## Evaluating the Impact of the Royal College of Psychiatrists' Enabling Environments

**Dr Maria Kordowicz, Kings College London**

I'm an independent researcher commissioned to evaluate the impact of Enabling Environments (EE) in prison and probation settings. I'm taking a qualitative approach in my work, meaning that the evaluation aims to capture the thoughts and perceptions of staff and residents within member settings about whether they feel EE has made a difference to their day to day lives and why. Qualitative research methods help to explore how EE's focus on nurturing human relationships is enacted within member organisations. My background is as a psychologist, management consultant and organisational researcher.

I'm visiting a handful of sites for the evaluation and each one takes a unique approach to implementing EE's standards and values locally. However, interim findings suggest that in the face of financial cuts and an, at times, uncertain policy climate, **EE provides staff and residents with the tools needed to improve their environment and create enabling behaviours individually and within their settings**. Further, there is a sense of EE helping to create a culture of human values and compassion, which challenges the limited 'command and control' approach to criminal justice, giving staff and residents the space and resource to reflect and debrief. Participants see this as playing a key role in reducing the number of incidents within their setting and helping to improve the morale of staff and residents. **EE is not about an 'us and them' mentality, rather a sense of 'being in this together.'**

*A final report will be produced in spring 2018. For more information about the evaluation, please contact [maria.kordowicz@kcl.ac.uk](mailto:maria.kordowicz@kcl.ac.uk).*



## Auditing the quality of therapeutic communities

**Barney Weller, Jade Weedon & Becca Powell,  
HM Prison Service Specialist Reviewers**

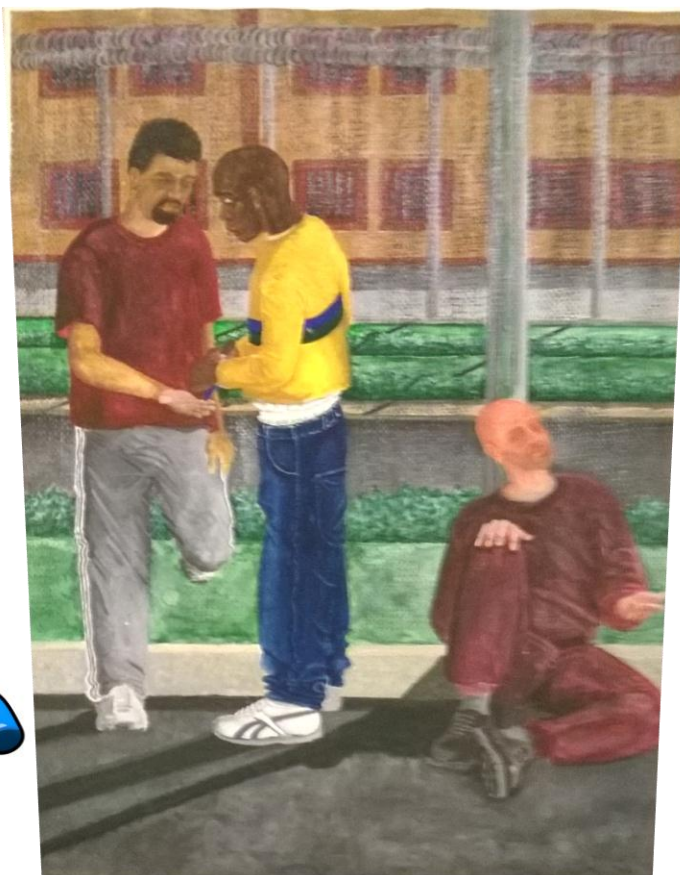
**We don't like the word audit.** An audit can be viewed as cold, clinical, someone telling you what you need to do and how you go about doing it. An audit provokes fear and trepidation. That is not how we see ourselves! We visit communities within prisons, talk about what it is like to live and work there. Our goal is to try and make sense of the dual burdens of trying to maintain a safe, decent and secure custodial environment, while enabling the permissive, inquisitive culture of therapy. **Although our title might be 'specialist,' we believe that the individuals within every community we visit are the experts.**

Our visits take place across two days. The first day is generally looking through files and paperwork of how the establishment delivers and supports therapy. There are a list of standards that are shared in advance and the preparation that sites do for a review is key for us. Some of the best practice we have seen included immaculately presented folders evidencing the excellent work the community does. This clearly showcases their fantastic work and the collaboration at the heart of their community between staff and residents. Examples following a resident's journey onto and throughout their time on the community show how the processes comes to life. We really value the physical evidence and logs of the hard work that goes into every day in therapy. We know that it is all going on, but only have two days to try and see it all. When information is not available, difficult to track down, missing or obscured it turns us into detectives!



We try to get a feel for the community while there, speaking to staff and residents, including senior staff within the establishment too. We also really value the perspectives of staff who do not see therapy every day; their presence shows support and acknowledgement for the communities within their establishment. **Hearing a community member's experiences of assessment, reviews, working on resettlement and thinking about moving on gives us a real insight into the work they do every day in therapy.** These conversations add a great deal of context to the paperwork we devour on the first day.

After we have left we submit a report to the Community of Communities. This will explain what we have seen, heard and read while on the visit, highlight the areas of excellence where the community is thriving, and also areas where they could be offering a better experience for community members. At the end of the day that is what it is all about. Therapy is hard enough, without the conflicts of maintaining a therapeutic environment within a custodial setting. **Our visits aim to help make sure that communities are working towards the best therapy they can and to help residents achieve their goals and work towards desistance.** We hope our recommendations can help communities continue to build on the hard work they carry out.



**Ken, "Belmarsh 2002"**

### ... Stop press ...

**Congratulations to Avon & Wiltshire Mental Health Partnership NHS Trust and the National Probation Service**, who won an Association of Psychological Therapies: RAID © Award for Excellence in Working with Challenging Behaviour in recognition of the work they have done together as part of the OPD Project, specifically the work in Brigstocke Road Approved Premises utilising a RAID © approach.

## Breaking Down Barriers: Involvement at Westgate Personality Disorder Treatment Service

**Tom & Milton (service users), Jackie Cothill (Prison Officer) and Naomi Walker (Registered Forensic Psychologist)**

You might assume that a personality disorder unit in a maximum security prison would be a highly volatile, over-controlled environment where the input from users is discouraged; an environment where things are done to users, not with them. However, this is not the case. On the Westgate Unit at HMP Frankland, **involvement and collaboration are encouraged in daily life for everyone.**

There are many ideas that are user-led and involve staff to bring the ideas to fruition. Users feel that their ideas are listened to. Although some are not always possible, several ideas have been implemented. Users are also involved in the development of the service, co-facilitating peer devised sessions and day to day creative activities, for example the pillar project (see photographs), album review club, discussion groups, drama and reader group. Users also share responsibility for allotments and chickens. Other activities include community meetings where views and issues can be shared and plans agreed upon. Currently in the pipeline is a peer mentor scheme designed to increase involvement and formalise peer to peer support.

User involvement instils a sense of empowerment in our community. There are opportunities to break up the monotony of daily prison life; each day there are unique experiences for everyone. **We use people's skills and strengths, enabling them to take responsibility for themselves and others.** To maintain user involvement requires sustained commitment and effort, but positive lasting changes result through increased self-esteem and positive reinforcement over time.

Of key importance is how all these collaborations tend to **break down barriers and build better relationships and understanding between users and staff.** Practising skills in our community means that consolidation can occur and users are then on the pathway to leading pro-social lives upon progression and in the future.



## Festive and award-winning baking at Douglass House Project

**Delrene Walker, Turning Point Manager, DHP**

The Douglass House supported housing project (DHP) in Brockley has run a Christmas stall in Coulgate Street for several years. This started as a modest stall selling second hand items and bric-a-brac and has now developed as a means of promoting and selling DHP's social enterprise baked goods. The stall now has a professionalism that matches the other artisan stalls in the street and the prices doubled this year as a result.

This year the team sold £550 worth of cake over five hours. We had ten current residents, community clients and ex-DHP clients come along to volunteer their time to help bake, package, wash up, make cups of tea and sell! All knew the recipes, ingredients, allergens and cooking methods and engaged with enthusiasm and politeness with the general public. Clients chose the items they wanted to make and a range of vegan recipes has now being developed, which has proved popular with new and existing customers.

In October 2017, DHP was recognised and celebrated when our partner, Friends House (the restaurant at the central offices of the Quakers in Britain), was named as the winner of the 'Support the Community' award at the prestigious 'Food Made Good' annual awards, which are the Sustainable Restaurant Association (SRA)'s annual industry-leading accolades.

Friends House won the award for the work they are doing with DHP and its social enterprise. The award was one of 17 presented by SRA President Raymond Blanc and Vice President, Prue Leigh. Later, representatives from the Quakers presented DHP clients with the award at the DHP service user led Open Day. Paul Grey, CEO of Friends House Hospitality said:

"Winning this award means a lot to us and the men from DHP. This has been an extraordinary journey and a life-changing experience on both sides."





### ... Stop press ...

**Congratulations to Laura Smillie and Karen Laws**, prison officers at the Primrose Service, HMP/YOI Low Newton, who have been named as 2017-18 Award Winners by the Butler Trust, and have also joined the Cross Government Women's Networks list of 100 Wonder Women.

Supporting their Butler Trust nomination, one Primrose Service resident wrote, "I have had some really tough times and both officers have seen me through them all. I have the greatest of respect for them because I could always rely on their positive support but I also knew they would be honest: if I was in the wrong, they would tell me, guiding me in the right direction... They have helped me to change my life and I will be forever grateful to them both."

Dr. Annette McKeown, Forensic Psychologist, notes that Karen and Laura together have dedicated over 15 years to the Primrose Service. Annette describes their array of therapeutic and psychological approaches as "both admirable and impressive. I have seen both Laura and Karen make such a difference to women prisoners when they were in extreme stages of crisis, including when women were feeling acutely suicidal or at extremely high-risk of violence." As well as their "kindness and sincerity," both Karen and Laura have helped spread understanding and confidence to colleagues – as well as making the holistic therapies they have developed at Primrose available to staff in the prison at large.

Low Newton's Governor Gabrielle Lee describes Laura and Karen as "pioneers", and notes their "empathy, resilience, discipline, and imagination." Laura and Karen say, "Over the years we have developed in ways we did not think possible [and] have become experienced facilitators." They are keen to see "a trauma-informed approach rolled out and adopted throughout the female prison estate", and to develop their leadership skills to take forward new initiatives in the hope of creating "a more psychologically informed environment across the female prisons as a whole."

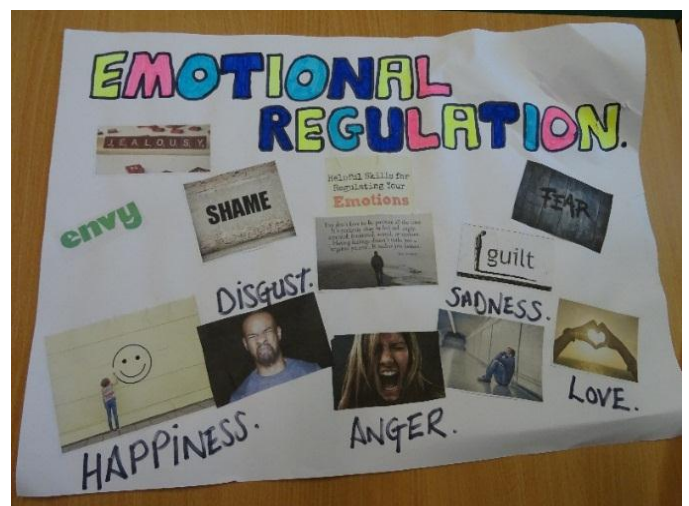
## 'Me and my Wellbeing' at HMP/YOI Low Newton's PIPE

**Jessica Moules (Higher Assistant Psychologist)**

The 'Me and My Wellbeing' course was developed from the Dialectical Behaviour Therapy (DBT) Skills Training Manual (Linehan, 2015) and subsequently delivered to residents on Progression PIPE at HMP/YOI Low Newton.

As PIPE is not a treatment service, the sessions were not delivered as a formal therapy but instead, within structured sessions. The overall aim of DBT skills training is to "help individuals change behavioural, emotional, thinking and interpersonal patterns associated with problems in living" (Linehan, 2015). The structured sessions addressed the core modules within DBT skills training, mindfulness, interpersonal effectiveness, emotion regulation and distress tolerance. The course aimed to **increase understanding and ultimately empower women with skills to help manage difficulties effectively in relation to each domain**, with many of the residents on PIPE typically experiencing difficulties within these areas.

The residents attended weekly sessions over several months which were co-facilitated by clinical and operational members of staff on PIPE. In-cell workbooks related to content from each module were developed to help enhance understanding and promote engagement with session material. One-to-one support with clinical staff was offered on a weekly basis to review any in-cell work completed. Many of the women completed the work voluntarily in their own time and utilised the extra support to review work, and reported finding this extremely beneficial. Upon completion of the course, posters were created by the residents to help consolidate knowledge acquired over the modules.







## Somebody's got the Nex Factor...

**Frances Key, music therapist**

Pass through the corridors of Res 10, HMP/YOI Eastwood Park, on a Wednesday morning, and you might just hear the tuneful notes of the Nex Factor Singers. Gathering staff and PIPE (Psychologically Informed Planned Environment) residents together, the Nex-Factor is an open group for both shy and confident vocalists, with the simple aim of spending half an hour every week together in song; this activity serving as a vehicle for helping residents come together as a community. We started in May 2017 and residents quickly voted among themselves for the name they wished to use for the group, combining the identifying name of the 'Nexus' OPD service with one of their favourite music T.V. shows!

I lead this community activity and assist with song selection, along with the support of the unit's occupational therapists and psychology assistants, who have been central in inviting people to come and have a try. Our repertoire has included Rag n' Bone Man, Clean Bandit and songs from world cultures such as African choruses.



Singing groups are becoming more visible as we've grown more aware of their wide-reaching benefits to our overall wellbeing. As such, we're seeing lots of popular uptake across prison and probation settings. In Nexus, these benefits are particularly aimed at:

- Increasing trust among peers
- Increasing individual confidence through positive group shared experience
- Providing a different way of relating between staff and prisoners
- Having fun and reflecting on songs together

Some of the residents have summarised these aims nicely in their following feedback...

'It's like a morning tonic.'  
'It sets me up for the day.'  
'It makes me feel lighter, coming to sing in the morning.'

Bridget, Occupational Therapist, adds:

'Singing together brings a strong sense of communality and leaves me feeling energised. Like several others who join the singing, I don't have a great singing voice, but when we sing together it sounds just great. And as an occupational therapist I encourage the women to join as it just ticks so many of the boxes as an inclusive and meaningful activity'.

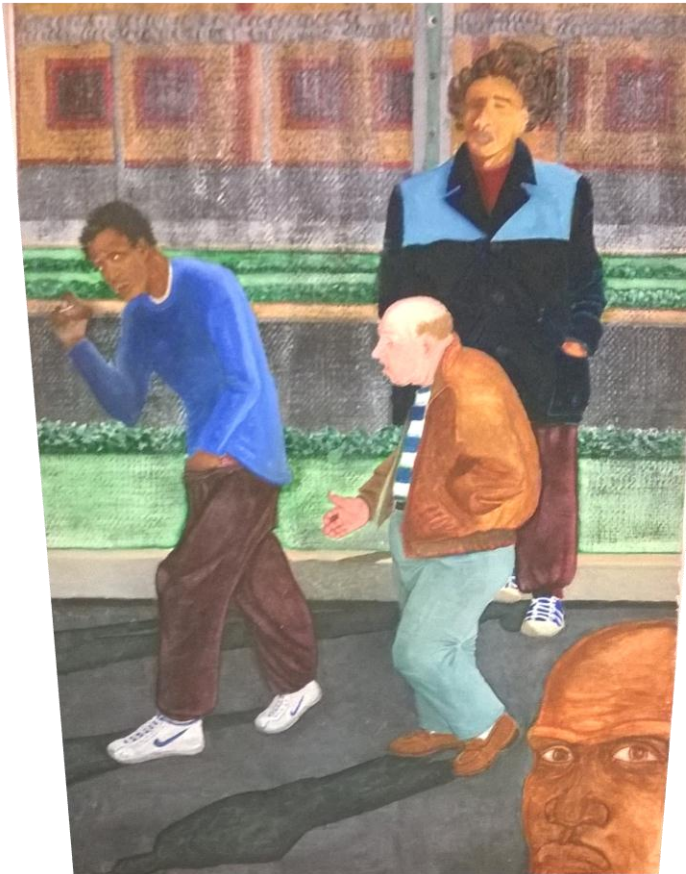
The group is now looking forward to putting on small performances on the unit and seeing which other staff members they can rope in!

## Options modified DBT programme at HMP Downview: a poem

**Amellia, Options graduate, HMP Downview**

The strength I never knew, I never had,  
The chance to prove I'm not all bad,  
We have so many options but you helped  
me choose the right one,  
Not all games and fun,  
But look what a wonderful woman can  
do for another one,  
A group of people all feeling equal,  
Helping each other for the next sequel,  
I'm grateful for this chance, this great  
opportunity,  
Options team, thank you for re-tuning  
me.





**Ken, "Belmarsh 2002"**

## Being a Man (Inside)

**Barbara Parker, Assistant Psychologist, the Fens Service, HMP Whitemoor, with contributions from Fens service users**

On 22<sup>nd</sup> January 2018, the Fens OPD Service at HMP Whitemoor hosted a learning event about 'maleness,' inventively called, 'Being a Man (Inside).' Guests and speakers included: Dr Naomi Murphy (Clinical Director), Des McVey (Deputy Clinical Director), John Donnelly (playwright), Mikey Krzyzanowski (social entrepreneur), Jo Hersey & Paul Guest (Invictus athletes), Yomi Sode (spoken word artist) and Martin Daubney (journalist).

**Rarely do you bear witness to such emotional honesty and the willingness to connect with strangers.** Des McVey's opening and very moving personal account, "really pulled at my heart strings," said Fens service user Paul, "it made me realise that I'm not alone with my emotions."

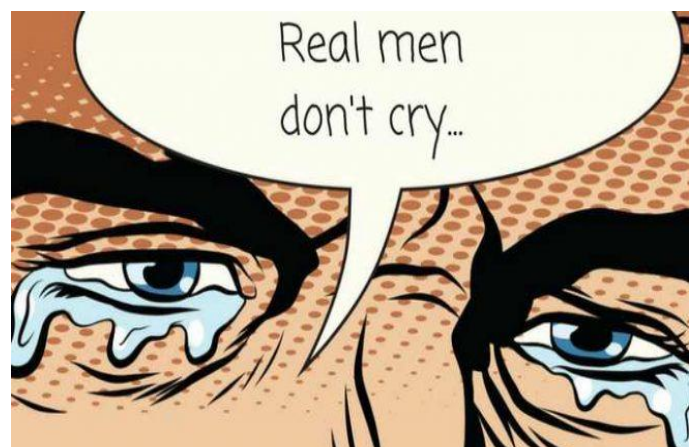
To describe the guests as "buzzing" was an understatement as writers, journalists and Invictus heroes mixed with the men like old friends. The men welcomed our visitors with confidence and pride and it was difficult to gauge who was more excited by the event. Ricky described being

"inspired by such positive role models." The speakers commented on how welcome they were made to feel and humbled by the people they met. "People from the outside world didn't treat us like criminals and that made me feel valued," said Riyadh. At times the speakers looked overwhelmed as so many rose to their challenges of spontaneous poetry writing and made other heartfelt and warming contributions to the day.

Our men usually give so much of themselves in treatment, but this day was different. **They got to hear, relate to and connect with equally humbling stories of hardship and heroism which left them feeling like they were not that different to these men and women of inspiration.** "Listening to Jo and Paul talk about their PTSD really helped me put my life into perspective," said David. Their candid account, "brought tears to my eyes," said Aaron.

For a whole day, service users were able to mix and eat lunch with their new found comrades. Even our most senior operational staff took part in the lunchtime music experience alongside Aaron and Martin Daubney, who was happily coerced into stepping in on the drums. For half an hour, we were all just human beings where uniforms became invisible. "It made me see people in a very different light," said Chico; and Ilyas described feeling like he had "spent the day with friends and family."

This was a day where men and their achievements were celebrated in all their forms. By creating an **awareness as to what the toxicity of masculinity means, it has allowed us to question what are the new equality issues of today.** For those not lucky enough to attend, the entire event was captured on film and will be shown on Whitemoor TV.



*The Being a Man (Inside) event enabled participants to think about the meaning of masculinity*