

Networking events

Latest programme news

What is the national plan for community-based personality disorder services?

A personal view of the London community pilots

Pathway Development Service: Yorkshire & Humberside

Forensic Intensive Psychological Treatment Services

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Early 2013 has been a time of great activity for the Offender PD Programme – so busy in fact that the news has overwhelmed our normal two-page newsletter and we're bringing you four pages of updates and stories! Importantly, we have undertaken our first piece of national co-commissioning, which is likely to result in more than 30 contracts being awarded to Probation Trusts and health service providers working in partnership to deliver community-based PD services across England & Wales. With these services due to go live on 1 April 2013, it's timely to theme this third edition of the *Pathway Press* on PD services for offenders in the community.

Alongside a summary of our national plans, we're pleased to include contributions from three existing services: a personal view from a Probation Officer who has been involved in a pilot project in Croydon; insight into a service that seeks to improve pathways for offenders with PD in Yorkshire & Humberside; and a description of the work of a community team that offers treatment and management for high risk of harm offenders with PD in south London.

Networking events

As if procuring, assessing and awarding the community contracts wasn't a big enough task, the team has also organised and participated in **three major networking events** this year.

The first was a **national PIPEs (Psychologically Informed Planned Environments) workforce development event**, which took place in Leeds on 23-24 January. Staff from the seven PIPE sites and other stakeholders gathered to:

- Share and capture experiences of the PIPE pilot
- Develop shared understanding of the model as it is implemented in practice
- Develop understanding and experience of working with PD in a PIPE setting.

For more information about PIPEs, please see the [first edition of the Pathway Press](#) and/or the [PIPEs information leaflet](#).

The second was the **national offender PD programme conference**, which took place in Nottingham on 11-12 February and was attended by over 170 delegates. Keynote speeches were delivered by Kate Caston, Head of Specialised Services for the NHS Commissioning Board, and Michael Spurr, Chief Executive of NOMS. Kate described the new NHS commissioning structures that would be in place from 1 April, and how these would have a clear focus, one vision, one strategy, and delivery through a single operating model. Michael's speech focused on the need to work differently to make a bigger impact and get more from the resources we have. Both Kate and Michael stressed the importance of partnership working and their ongoing commitment to the Programme.



Kirk Turner, national PIPEs lead, addresses delegates at the PIPEs workforce development event, 23-24 January 2013

One of the highlights of the conference was a thought-provoking play by three female performers from the organisation [Clean Break](#). The play, 'Sounds like an insult,' was inspired by focus groups with women with lived experience of PD, and was a series of short scenes encapsulating how women can be affected by the condition, how a diagnosis can make them feel (memorably, "like an ice-cream") and how seemingly small things, such as a shared pot of hand cream, can help to make a difference.

For a full write-up of the conference, including links to each of the presentations, please see the [news story](#) on the PD website.

And the third conference was the annual [BIGSPD \(British & Irish Group for the Study of Personality Disorder\) Conference](#), which took place in Belfast on 20-22 February. Our DH Head of Team, Nick Benefield, gave a plenary address on the Offender PD Programme, after being awarded the BIGSPD Practitioner Award. Conference papers are due to be published on the [BIGSPD website](#) shortly.

... Latest programme news ...

In addition to the activity described above, in recent months, we have:

- Co-commissioned an Enhanced Progression Unit at HMP Belmarsh for prisoners in the last 12-24 months of their sentence. Contracts have been awarded to London Probation Trust, the Prison Service and a consortium of health service providers;
- Tendered for the PD treatment service to be offered to women at Foston Hall prison;
- Launched the Therapeutic Community Plus (TC+) pilot projects for offenders with PD and learning difficulties at HMPs Dovegate and Gartree;
- Completed a report on user participation 'listening' events that took place in 2012;
- Developed plans to incorporate the formerly NOMS-commissioned Dangerous & Severe Personality Disorder (DSPD) units at HMPs Frankland, Whitemoor and Low Newton into the Offender PD Programme. The DSPD terminology will be removed as these PD treatment services become part of our new pathways.

Our next steps are:

- Tendering for the treatment services at HMP Garth and the Sheppey prisons;
- Piloting a new modular training programme specifically designed for prison officers;
- Completing the evaluation of the PIPE pilots;
- Piloting community based treatment;
- Advertising places on the next cohort on the Masters degree programme in PD.

What is the national plan for community-based PD services?

The Offender PD Strategy places a heavy emphasis on designing services along a pathway model that starts and ends in the community. This is because:

- Crimes are mostly committed in the community and it's here that offenders' contact with the criminal justice system starts;
- Some offenders meeting our criteria may not receive a custodial sentence, and their entire PD pathway will be in the community;
- Where a custodial sentence is given, the vast majority of offenders will, at some point, return to the community;
- By basing services in the community, needs will be identified and planned for earlier and the offender is more likely to be motivated and to have sufficient time to complete longer interventions.

It follows that community-based services are the first elements of the PD pathway we have co-commissioned nationally. The [national specification for offender PD community-based services](#) sets out that these services should be a joint operation between probation and health service staff, and consist of:

Case identification – identifying men and women who meet the PD pathway criteria near the beginning of sentence to ensure they have an appropriate plan in place with the maximum amount of time available for it to be delivered

Case consultation – this can be responsive to a request for assistance or planned through organised individual or group meetings

Case formulation – developing a theory about the onset, motivation and maintenance factors about an offender's behaviour and functioning

Joint casework – time-limited joint casework may be beneficial in a small number of cases, most likely community-based offenders with the most complex needs at critical points in time

Workforce development – both general training on PD awareness, as well as tailored provision to match local need.

Our national tendering exercise invited all Probation Trusts to select a health service provider to partner them in bidding for provision of the above services. Virtually all Trusts submitted bids and contracts will start from April 2013 with a commitment to run for two years. The total value for the contracts in 2013-14 is estimated at £8m.

For further information please contact the project lead: Nick.Joseph@noms.gsi.gov.uk.

A personal view of the London community pilots

The national specification described above was informed by a pilot that started in 2009 involving six London boroughs.

The pilot aimed to deliver a non-specialist approach to managing offenders with PD. It embedded forensic/clinical psychologists within probation teams, and focused on three main areas of intervention: **case identification**; **case formulation** (which involved probation staff developing and practising skills in the presentation of cases); and **training and development**.

Martin Wagner, a Probation Officer based in Croydon, gives us his personal perspective of working within the pilot service...

"So, I was a jaded and cynical probation officer looking for a change from what felt like an endless supply of 'difficult' cases, when I was approached by my manager to work on the new project. This was the first time I had heard the term 'Personality Disorder.' I met a psychologist who was coming to work with us to support the project and provide training. The whole approach and insights to people's behaviour was a revelation; at the time I began to think 'this explains everything.' I was a convert.

"I worked alongside the psychologist in the rough and tumble of a busy probation office, and particularly appreciated the pragmatic advice I received (suggested actions that are useful in practice, not just theory). The advice was often dished out quite informally, e.g. on the stairway on the way to see a service user. I came to understand terms such as 'acting out' – i.e. when people simply 'react' when things become too difficult to think about, and express feelings through action; it happens to staff as well as service users when emotions become strong. Now when 'acting out' happens to me, or in front of me, I recognise it and I name it. This has aided me in untangling and understanding what is going on – the beginnings of what might be termed a 'psychologically informed' approach. Now I often think more about *my* behaviour ('what I am bringing into the room?') than my service users' behaviour.

"There is much to tell about the project, but perhaps most importantly for me, **the project connected with the original reason I came to be a probation officer**: I was looking to be more helpful, to stop the revolving door; I didn't want to be a reforming hero, but if my job was to be working with offenders I wanted to make them less likely to rob my mum on the bus. Having been involved with this project I feel I am better equipped to do that now."

Pathway Development Service, Yorkshire & Humberside

Another influential project in the development of the national community services specification was the Pathway Development Service (PDS).

The PDS is part of Leeds and York Partnership Foundation NHS Trust, and seeks to develop pathways for service users with PD. The service is based in Leeds, but works across four Probation Trust areas: West, North and South Yorkshire, and Humberside, providing: **training** for multi-agency groups of staff; **care reviews** for service users in or likely to require secure hospital treatment; and **consultation and advice** to criminal justice staff.

The PDS was recently identified as the health service provider for the four Probation Trusts in delivering the PD community specification. The PDS has recruited a team of psychologists to work alongside semi-specialist probation officers; led by a clinical psychologist and senior probation officer. This new team is the PD Offender Pathway Partnership (PDOPP).

Dr Jo Ramsden, clinical psychologist at PDS tells us more...

"Staff at the PDS began working with probation staff around two years ago offering case and team consultations for complex cases. Our hope is that, through the support of our new team of psychologists, we can develop the expertise of identified probation staff within specific teams who can then work in partnership with the psychologist to offer consultation to those teams.

"Specifically, we hope to be able to help probation staff to understand the importance of relationships in offending behaviour with PD and feel better equipped to use their own supervisory relationship with an offender to help them understand complex and often baffling presentations. We hope to help probation staff to feel more confident in understanding and discussing the psychological aspects of risk with their PD clients and to feel as if they have more meaningful conversations with them.

"In this way we hope to develop sustainable skills, improve services and responsiveness to offenders with PD. **We also hope to help service users to feel safer, more contained and better understood.** We're looking forward to working with the four Probation Trusts in the Yorkshire/Humber region on implementing the community PD specification after being identified as their health partner."



Forensic Intensive Psychological Treatment Services (FIPTS), South London

While the London pilots and Yorkshire & Humberside PDS project focus on case identification, case consultation and training, the Forensic Intensive Psychological Treatment Services (FIPTS) Community Team, part of the South London and Maudsley NHS Foundation Trust, provides an example of a **treatment service** in the community. It offers treatment for high-risk male offenders with PD living in Southwark and Lambeth and also includes residential provision, delivered in partnership with a non-statutory organisation.

Here, Roz Kerr, Team Leader at FIPTS, tells us more about the range of services provided.

“Our aim is to work collaboratively with our service users and other agencies to promote self management and change. Our work is underpinned by a philosophy to reduce and manage risk, reduce distress associated with personality difficulties, increase pro-social behaviours and promote resettlement within the community.



Collaborative working: the FIPTS team

“FIPTS has close relationships with the Lambeth and Southwark MAPPA, police, approved premises, probation, social services, housing and third sector agencies which aid our work with both referrers and patients.

“FIPTS takes a psychosocial approach to treatment that is tailored to the individual’s needs. Psychological interventions are offered as group or individual therapy or a combination of the two. Therapies include psycho-education on PD, Dialectical Behaviour Therapy, Schema informed therapy, EMDR (eye movement desensitization and reprocessing) and the Violence Reduction Programme.

“The social component of treatment involves assisting with education, vocational or employment opportunities, general social support regarding housing, benefits and managing their physical health.

“For nearly a decade we have successfully worked in collaboration with [Penrose](#) who provide the residential arm to the service. We have two residential services in Brixton: a 24-staffed hostel providing six individual rooms; and a step-down facility of two self contained flats, staffed 12 hours per day.

“Our target group is notoriously difficult to treat and engage. Having identified that lack of motivation significantly contributes to treatment drop out, we introduced a PD awareness group, Moving Forward group and Maintaining Change group addressing both motivation and education.

“We also provide consultation and liaison to agencies regarding complex and challenging forensic patients. We work together to develop a shared formulation and joint understanding of the patient’s presenting problem and identify suggestions for treatment and positive risk management.

“Finally, FIPTS delivers a number of training packages to services looking to enhance their skills in working with forensic patients with complex and challenging behaviour.

“In the words of one of our clients at the hostel:”

“Since my release into the community some ten and a half months ago, [the project has] been extremely helpful towards my resettlement. I would sincerely like to thank both professional services for their care and concern shown to me by way of putting me on my feet, thereafter securing my way forward within society”.

For more information please contact Roz on 020 3228 6516 or alternatively you can access the FIPTS handbook, various leaflets and an online referral form [here](#).



Over to you: Pathway Press brings you the latest offender PD programme updates, alongside stories from our pilot sites, news from our existing treatment units and wider personality disorder developments. Previous editions are available here: <http://www.personalitydisorder.org.uk/criminal-justice/publications/>. Our next edition (June/July 2013) will provide a forward look to strategic developments in 2013-15. If you have a story to share, please email pd@noms.gsi.gov.uk.