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As summer draws to a close and the first signs of autumn appear, it seems appropriate that this tenth edition of the *Pathway Press* is themed around **transitions**. Change in our surroundings and the people around us, and facing the unknown, can be difficult and unsettling for everyone, but we know that people with personality disorder can experience this particularly acutely. Often their experiences of transition in the past have been associated with trauma and loss; and feelings of distrust, suspicion and hostility can be aroused by the prospect of change.

The nature of the Offender Personality Disorder (OPD) pathway approach means that service users will inevitably experience transitions as they progress into, through and out of services. It is the responsibility of those managing and delivering the pathway to help ensure those transitions are as smooth and untraumatising as possible.

In this edition, we consider the theme of transitions at various stages of the pathway, and from a range of perspectives. On pages 7-8, we feature good news stories from around the pathway. We always welcome contributions for future editions, so if you have a story to share, please contact pd@noms.qsi.gov.uk.

Transition

noun

Movement, passage, or change from one position, state, stage, subject, concept, etc., to another

Latest programme news

- The OPD programme is about to commission the provision of medication to manage sexual arousal for appropriate sex offenders at seven prisons: HMPs Frankland, Isle of Wight, Whatton (the clinic there is already in place), Leyhill, North Sea Camp, Usk and Hull. We are supporting continued provision of medication during transition to the community, and are currently working with key stakeholders to design a case by case method of initiating prescribing for offenders who serve their sentence wholly in the community
- We continue to use the online collaboration tool, Kahootz, to communicate with pathway services, share key resources and invite feedback and reflection (e.g. through discussion forums). There are currently over 700 users. Access can be requested via your regional co-commissioners
- The latest meeting of the Support Network for prison-based OPD services took place on 1st September. The group produced a list of Top Ten things to do, and not do, when setting up a service, available on Kahootz [here](#)
- A project to establish an OPD service at HMP Styal has been initiated, with recruitment and service design well underway. The service will direct women to appropriate services across the pathway, develop treatment readiness and undertake some 1:1 work as appropriate
- Following positive feedback about personality disorder awareness training for peer supporters at HMPs Drake Hall and New Hall, the pilot is being extended to two male sites, HMPs Wayland and Whatton
- The service user involvement strategy for the OPD pathway is being reviewed and updated to include a new process for the self- and/or peer-review of service user involvement practices within OPD pathway services. If you'd like to get involved, please email pd@noms.qsi.gov.uk.

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National Offender Management Service

Transitions into and through therapy at HMP Send's Therapeutic Community

HMP Send delivers Europe's only Democratic Therapeutic Community (TC) for women prisoners. Now into its 12th year of operation at HMP Send, the TC offers 24 women a daily programme of group therapy and other activities such as art, drama and cookery. Here, two community members share their reflections on the inevitable difficulties and more inspirational and positive experiences they have encountered in their therapeutic journey.

Tracy, TC resident for four months

"I moved to Send and was placed straight onto the TC wing. Initially I found everyone pleasant and helpful and was excited to actually get started, however after a few days I started to question myself as to whether or not I'd made the right decision. When I attended the first community meeting, everyone was very negative towards each other. At that point I really did wonder if I actually wanted to continue with the TC therapy.



"However two weeks later at a group feedback, two girls spoke very honestly and with complete trust to everyone, going into detail. I could see the emotion in the girls; this completely turned my thoughts and emotions/feelings around when I realised that TC does work and I was ready to fully engage with it.

"It made me realise that **just as it was difficult for me coming into the community and trying to find my way around, it is equally difficult for others who have been in the community longer** to accept and adjust to the change in dynamics.

"I am now settled and excited to be starting in the group I have been allocated."

Chloe, TC resident for 2½ years

"I first joined the TC in April 2013. I decided to join as I had struggled to find an intervention for my individual needs. My risk factors and struggles were with interpersonal relationships and out-moded defences I had used as a way to protect myself and survive within situations outside of prison. I came to prison when I was 15 years old, so growing up in prison only cemented these defences.

"TC is unique in the way its main focus is to help with interpersonal skills and relationships and really who you are, how you became the way you are, and helping you change this person life has made you, into a person you want to be.

"Rather than courses based on a text book, TC is based on life experience, with all the women

sharing their life, things they may have done and ways they behaved. The whole community help each other achieve a joint goal of changing your behaviour for a life you can be fully proud of.

"When I first joined TC, I had no idea what to expect and I don't think anything could have prepared me for the level of openness and honesty the women spoke with. The thought of it scared me and I couldn't ever see myself getting there. **For me, change came slowly, with me taking time to trust my group, trust in the process and open up.** As I sat there, group after group, listening to the women share stories of the things they had been through, I felt a closeness to them. **I felt they would say the things I had felt inside, they felt the pain that I had once felt but tried so desperately to hide from the world.**

"The biggest change came for me when I tried to drop my defences and open up to the group about the things I had been through and talk about the crime I had committed. I felt so much shame about what I had done and the shame I felt had kept me guarded but also gave off the wrong impression. With the help of my group, I was able to understand the person I was back then and the issues I had, in turn helping others to understand that person and show my true feelings about it.

"TC also helped me improve my relationships within my family. Before I joined the community I wasn't talking to my Dad, and hadn't been for a few years. Whilst on TC my Dad wrote to me asking if he could come and see me. At first I was against the idea. I brought it to my group and my group helped me to see things from his point of view. They helped me give him the chance to make up for the past and see that, **although in life people let you down and hurt you, things can be different if you allow them to be.** While we were rebuilding our relationship, I had my group, a space in which I could work through feelings the visits were bringing up for me.

"I'm grateful for that as now me and my Dad have a good relationship in which we are able to talk through our feelings rather than allow things to build up, allowing resentment to grow. I don't think that would have happened without me being on TC and learning new ways to deal with feelings and situations.

"I am now coming to the end of my time on TC and believe I've gained as much as I can from it. I'll always hold onto the things TC has taught me, as I know I will carry on learning and growing long after TC. I know my triggers and how to work through them. **I believe I can now make my life a life I'm happy with and can be proud of.**

"TC has been one of the hardest things I've had to do, but the most worthwhile."

‘Wearing two hats’: transitioning to the role of TC+ officer

The TC+ is an adapted Therapeutic Community for offenders with learning difficulties. The OPD programme has commissioned three TC+ services – at Dovegate, Gartree and Grendon. Here, **Neil Spencer, one of the TC+ officers at HMP Gartree**, reflects on his experience of adapting to a role that requires combining both a disciplinary and therapeutic approach.

“Many prisoners have a history littered with rejection, failure and being let down, and one of our roles on TC+ is to try to give them a different environment and a corrective experience. So when they act out and project their own issues onto staff we need to allow this and support them to work through it, not reinforce their core beliefs of being rejected by everyone and mistrust of authority.

“That does not mean we allow this behaviour to go without consequences. I find this incredibly hard. I am unsure whether it is part of my nature or whether it is due to my experience, but I feel behaviour which is dangerous, threatening, anti-social or violent should be punished. I don’t think I am a particularly punitive person but I do believe there should be consequences to behaviour. In our short life on TC+ we have had a fight, threats, bullying and intimidation, and my initial reaction is to deal with all of this anti-social behaviour with prison policy and punishment. **Yet we are working with extremely complex adult males who have been handed punishment for their negative behaviour all their lives, but it has not deterred them from continuing to act in this way.** This suggests there is a strong case to argue they need an alternative response to their failings as traditional punishment methods do not affect their future behaviour.

“I think there is also something significant about how we refer to the men in our service. While uniformed staff are used to working with prisoners and refer to them as such, some clinical staff refer to the men as ‘patients.’ The words ‘prisoner’ and ‘patient’ conjure up two different notions and this, in turn, has a bearing on how we react to and perceive their issues and behaviour.

“This does not mean that one approach, ‘prisoner’ or ‘patient,’ is more valid than the other, but rather highlights the different ways we perceive the men as a team. I feel this is important as one of the possible impacts of working with people with personality disorders is that they can split teams and cause divisions among staff, something which we have encountered at times. In my

opinion we have a strong staff team and have dealt well with these issues when they have arisen, but the different approach we have to the residents can be highlighted and exacerbated by their personality disorder.”

Transition from prison to hospital: a reflection on ‘two-way therapy’

Waddon Ward is a 15-bed medium secure service, based at the Bethlem Royal Hospital in Beckenham, South East London. Originally commissioned as part of the DSPD programme, the service will celebrate its eleventh anniversary this year. Here, **Terry, a current Waddon Ward patient**, reflects on his many years of prison and NHS therapy.

“As a life-sentence prisoner, now into my 38th year, I have undertaken many therapy courses to reduce my risk of reoffending.

“In prison, therapy lifted a lid forcing me to look at and confront my offending behaviour. Prison therapy gave me the opportunity to look at myself, my past, giving me an understanding and the psychological tools which would help prevent me from re-offending in the future.

“Eventually it was decided that the only way forward for me was to enter the Mental Health Secure Units run by the NHS.

“My transition from prison to hospital has not been an easy one, but I have now been on Waddon

Ward for 18 months and in that time I have taken the opportunity to involve myself in all of their offered programmes. Progress has been made since my arrival, but I am fully aware that had it not been for all the hard work conducted with me, via prison psychologists beforehand, my stay here would have been short-lived.

“I have now experienced a ‘two-way therapy’ delivery system, which I feel has helped me to become a better person. Here, staff deliver their service humanely, giving each patient the time to think between each session as well as giving 1-1 support when needed to ensure a successful result.

“For now, my interest lays solely with the question: has all this therapy actually worked with me?

“As a prisoner/patient, one would have to say it has, but the real proof of the pudding is in the eating, and so it is with therapy. We can only see how good it really is when it’s fully tested in the community without my re-offending and, when that happens, only then, can we say that true progress, via therapy, has truly been made.”



The Journey

By Asad, The Fens, HMP Whitemoor

Moved from prison to prison
Around the high security estate
Wings, segregation units, CSC assessments
Anti-authority, anti-psychology, living off hate
Hate of losing my liberty
Ashamed of the things I've done
Loss of my daughters, loss of my assets
Months, years no contact with my son
Deterioration to my mental health over time
Brutality to anyone who crossed the line
All was dark, distorted, all became bleak
Thoughts crept into my head of ending my life
I spoke to no-one as though this was weak
An image to keep up, macho, headstrong, tough
How could I become vulnerable and seek help?
Discuss suicide stating I have had enough
Woodhill CSC onto Whitemoor DSPD
Psychology, psychiatry, psychotherapy
After five years of intense therapy
Changing the anti-social mentality, criminality
I still get angry but appropriately
Mindful and in tune to other people's feelings
Psychology opened up many old wounds
Day by day they are healing
It was hard to address the things I have done
At first change felt strange
To accept having Bi-Polar, personality disorders
Having to take prescribed medication
Knowing I had a troubled mind
Yet the hard work and dedication
Now means that all will be down to me
Once the parole board decides to set me free....

Enabling emotional transitions through the exploration and acceptance of anger

By Shaun Wassall, Clinical Lead Art Psychotherapist, and Sarah Johnson, Trainee Forensic Psychologist, Tees Esk and Wear Valleys NHS Foundation Trust

Transition is moving from one state to another and this has been particularly evident in a recent piece of work where a prisoner participating in the Primrose service at HMP Low Newton was involved within both the Women and Anger Programme (McDonnell & Alldis, 2004) and Art Psychotherapy in order to move along her care pathway. Tempest's story¹ demonstrates the value and effectiveness of joint working, and how the two interventions informed and enhanced the therapeutic relationship and personal transition for the prisoner.

The Women and Anger programme is a gender specific intervention designed to explore the

¹ The prisoner chose Tempest as her pseudonym for this article.

personal origins for anger and its contributing factors. The programme explores trauma, emotions, acceptance, appropriate expression and self management. Alongside engaging in the Women and Anger programme, Tempest was also involved in individual Art Psychotherapy. Art Psychotherapy uses the art work as the main tool of communication, and it is particularly effective for people who find it difficult verbalise their emotions.

Tempest explored anger in both interventions and was able to access feelings of aggression safely within the art work. She began to learn and accept that anger is an emotion and not wrong if addressed correctly. The image below, produced in March 2014 prior to the Women and Anger programme, demonstrates Tempest's thoughts around how she saw herself when thinking about anger: **"I feel like a volcano."**



Tools to measure anger, trauma and self-esteem were administered before and after the programme, and these demonstrated that Tempest made changes in all three areas.

In her Art Psychotherapy sessions, Tempest explored many emotions through the creation of mask work. Below are some examples.



Having completed the Women and Anger Programme in October 2014 and having recently achieved the goal set in Art Psychotherapy around the expression of emotion; Tempest is now engaged in offence focused work. In Tempest's words:

"The Women and Anger group was beneficial as it helped me to acknowledge that I have anger issues. Then Art therapy helped me explore my emotions further."

Transitions from hospital to prison: NHS Case Manager's perspective

One of the key principles of the OPD pathway is that offenders with personality disorder should be managed within the criminal justice pathway wherever possible, and that hospital placements should be reserved for offenders who can *only* be managed in a hospital setting and who are detainable under the Mental Health Act. The OPD strategy also aims to encourage secure hospitals to work more closely with the criminal justice system, in terms of shared understanding of the client group, greater mutual support, and better sharing of information and good practice.

In the North of England, a dedicated post holder has been appointed to help put these principles into practice. In this article, **Rada Mrkić-Smith, Mental Health Case Manager, North of England Specialised Commissioning Team (Yorkshire & Humber Hub), NHS England**, describes her role, and the challenges and successes she has experienced to date in navigating these two complex systems for the benefit of OPD pathway service users.

"My day-to-day role involves enabling and creating awareness of the OPD pathway, and signposting individuals and services. The direction to the pathway of appropriate referrals is an essential element of my case management role. I hope to ensure that **consideration of services on the pathway is at the forefront of everyone's decision making** when involved with this service user group.

"The most challenging aspect of this role to date is the pathway for what we sometimes describe as the 'complex' cases. That is, individuals who may present with a co-morbid mental illness or mild learning disability, who may lack motivation and/or insight, though are established as very high risk. Services often have differing opinions in relation to these individuals' pathways. Referrals often 'bounce' from hospital to OPD pathway service, and back, or on occasion to different health services and back.

"We recognise that **breaking this cycle is vital in order to bring some semblance of stability for the individual, and to end the succession of 'rejections,'** what is often how the service user perceives it. In these cases, we have found that bringing all the relevant individuals and services together for dialogue is valuable. Resolution is achieved through agreeing present and future actions in order for the individual to progress onto and through the pathway.

"Remission to prison from a health placement has also brought challenges: a prison placement is an alternative often not considered by health colleagues, often due to lack of knowledge, awareness and understanding. Perceptions of

what a prison treatment service can offer are often inaccurate and viewed in a negative light. **What's helped is providing information and an experience of the pathway to clinical teams, service users and mental health case managers.** Further queries are followed up by an appropriate professional within the pathway. Gaining awareness has brought reassurance to health staff. We've gained assurance through feedback from those who have been remitted to prison and have expressed this as being a positive transfer.



The Brochures of OPD services can help increase awareness of the OPD pathway options. Available on Kahootz [here](#) or on request from pd@noms.gsi.gov.uk

"One example is a man who was detained for many years within a high secure hospital DSPD service. He was transferred to a PIPE and when approached about his experience, said he was now **able to see a future beyond institutional living**, something he hadn't felt while in hospital. He didn't find the prison environment any less supportive than that encountered in hospital.

"I still consider myself new to the pathway, and I'm increasing my familiarity with the OPD pathway services that we commission. I have been encouraged and motivated by the enthusiasm, energy and commitment brought to the pathway by the staff involved from the different disciplines / professions. The more established and recognised the OPD pathway becomes, surely more positive stories will be received from service users."

... Stop Press ...

Congratulations to Edith Rigby House and Adelaide House, two women's approved premises in Preston and Liverpool, which recently achieved the Enabling Environments (EE) Award.

Drew Agnew, the Royal College of Psychiatrists' National Women's Lead for EE in Prison and Probation settings, commented:

"This is fantastic news for the management, staff and residents of both services, and demonstrates their commitment to providing a supportive environment and creating a culture where everyone can thrive. Well done to all involved and thanks for your engagement in working through the EE process. Keep up the good work for the future!"

Transitioning to an approved premises PIPE: staff and resident experiences of Southview

By Kyle, a former resident at Southview

I came to be at Southview approved premises in York after serving a 3½ sentence. I only knew six days before my release that I was coming here and, to tell you the truth, it really was a scary and daunting experience. I honestly didn't know what to expect. My first few months were a blur as I was still in the mentality that I was alone and no-one could help me as I was a lost cause. The same old Kyle, only thinking of himself.

Then a breath of fresh air came to the approved premises in the form of the PIPE. Over the last few months, things have happened here at Southview that can, in my opinion, change residents' lives for the better. The manager and the staff have now implemented structure into my life and hopefully other residents' lives, by having proper one-to-one key worker sessions, in which I can talk about what is going on in my life and what I have been doing throughout the week. I also take part in at least two of the activities which are run by various different staff, tutors or residents. These activities include gardening, art, music, reading, yoga, walking and cooking. Hopefully a few different groups are going to be run or proposed by future residents. These groups have got me interested in things that I didn't think I would be.

We understand what is expected of us as residents to contribute to each other and to staff; in fact we are responsible for our future lives. I am now working alongside staff and other residents as an unofficial buddy/mentor so that I can welcome and hopefully help new residents with their transition of coming out of prison.

We also have a Residents Meeting every week in which everyone is expected to attend as the meeting is to benefit us all in the way of dealing with our own gripes or problems and what we hope to get help with or accomplish in our future here at the PIPE. We have a Chairman who runs the meeting alongside the manager, and then I take the minutes which are typed out and given to each resident, so those who can't make it to the meeting know exactly what has happened at the meeting.

This has given me some of my self-esteem and confidence back, which in turn has given me the capability to do things like writing this article, hoping that it will help you understand more of how much I have personally benefited from the support network I have in and around this PIPE. This is also something that I can hopefully pass on to other residents and hopefully it will transcend all the way down to future residents.

By Lorraine, a staff member at Southview

The transition to the PIPE model was a slow process in the initial phases but has picked up pace in recent months, influenced by the work that has taken place towards the Enabling Environment award. Putting together the portfolio created lots of opportunities for staff and residents to analyse the hostel environment and reflectively consider which practices work, which don't and what needs to be improved. **The welcoming of feedback from residents has created a more open approach to discussions and improved staff-resident working relationships.**

Examples of how these discussions have created a more positive environment are the improvements made to the activities calendar. Residents were asked what activities/groups they would like to participate in and their suggestions were implemented with the introduction of new groups such as yoga, read and relax, and art. We changed the way in which we spread the word about groups by using a large and highly visual section of the notice board to advertise today's and tomorrow's activities; giving people the opportunity to sign up to the groups they wanted to attend. The first week of the more structured approach to activities was



the most positive of my time at Southview yet – I really enjoyed participating in the better quality activities which proved popular with both staff and residents who enjoyed the groups as different platforms to communicate with each other while exploring new skills and experiences.

In addition, the opportunity to study for the stand-alone BSc Module, 'Developing a Shared Understanding of Personality Disorder,' has enhanced my knowledge of personality disorder and how the related behaviours can present themselves through actions and communication.

The training has been particularly useful when rolling out and attending the new activities, as **I was able to identify, understand and contain problematic behaviours in order to support residents to get the most out of the activities and achieve their goals** as identified in their Good Lives Models as part of the wider psychologically-informed approach adopted by the hostel.



Click and learn: new OPD website www.lpp-pd.co.uk

By **Ketan Sonigra, LPP psychologist**

The London Pathways Partnership has developed a new website, designed to offer easy-access information about personality disorder and offending. The site is aimed at any practitioner working within criminal justice, health and third sector services.



The website includes information relevant for all services nationally, including:

- An online version of the Practitioners' Guide to Working with Offenders with Personality Disorder
- A 'Managing difficult behaviours' page, which provides top tips and practical information about behaviours such as self harm, suspiciousness and lack of engagement
- A 'Downloads' page which provides downloadable policy documents, research and worksheets.

There are sections of the website focusing on local service needs for London. This includes:

- A Service User Forum which offers a platform to share experiences and ideas
- An Interactive Services Map which allows users in London to identify pathway services in the community and custody
- A Competency Framework Tool – an interactive appraisal tool allowing practitioners working in OPD services in London to assess their own knowledge and skills. Practitioners can also invite their peers and managers to rate their skill.

LPP is currently looking for other services to pilot the competency framework. If you are interested in using this tool to develop staff in your region please email hello@lpp-pd.co.uk.

As part of the website there is an associated **LPP App**. The app includes content from the 'managing difficult behaviours' and 'top tips' sections, downloads page and a services map for the London area. The app is free to download and available at [Google Play](#) and the [Apple store](#).



And finally, a **Twitter feed** has been developed, providing information about services and general news around offender rehabilitation and personality disorder. Follow us [@LPPPD](#).

... Stop Press ...

The June 2015 edition of Pathway Press featured the Mentalization Based Treatment (MBT) team in South West Wales. The exceptional work of this team has recently been formally recognised by the Hywel Dda University Health Board. The team received an 'Outstanding Excellence' award at the Health Board's annual Mental Health and Learning Disability 'Celebrating Excellence' Event. **Congratulations to Nicola Thomas, Beth Mathias, Ross Watson, Georgina Jenkins and Heather Evans who make up the team.**

The South Wales MBT pilot forms part of the wider OPD Pathway in Wales, delivered as a partnership between NOMS in Wales and the Welsh Health Boards. The pathway includes the provision of a pan-Wales screening and consultation service, the delivery of KUF and bespoke training, and the piloting of an innovative network of Enabling Environments across custodial, approved premise, forensic mental health and accommodation sites.

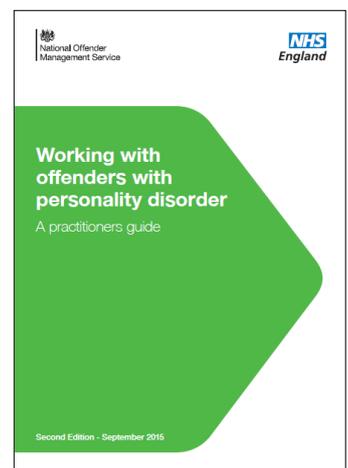


Updated Practitioner Guide

We have recently updated the *Practitioner Guide to Working with Offenders with Personality Disorder*. As well as updates throughout and additional guidance, there are new chapters on working with women, working with young adults and developing case formulations.

The new edition is **available now** on the [gov.uk website](http://gov.uk), and on [Kahootz](#).

Printed copies will be distributed in November or December.



Experts by Experience helping deliver violence programme

By Nicky Howard, Implementation Project Manager from the Portman Clinic, Tavistock and Portman NHS Foundation Trust

Mentalization Based Treatment (MBT) treatment groups are running in 14 community-based locations across England and Wales. MBT comprises a 12 month programme of weekly group and monthly individual sessions. It offers offenders a chance to better understand their own and other people's thoughts and feelings, particularly in relation to violence and aggression.

Service users, or 'Experts by Experience,' are part of local MBT teams, and play a critical role in each area. They have been recruited as they typically have lived experience of personality disorder, offending behaviour and group treatment. **Their personal histories and backgrounds can mean they develop a rapport with group members quickly and effectively.**

In July, the Tavistock & Portman and the Anna Freud Centre hosted a training and networking event for Experts by Experience. Eleven attended. Kevin Booth, the Expert by Experience working with the Lancashire team, said:

"It was good to share ideas and experiences of delivering the role and get positive feedback about the work I'm doing. I'm looking forward to the next meeting."

Jessica Yakeley, the project director from the Tavistock & Portman, who ran the event alongside Professor Anthony Bateman, agreed:

"It was a great day: an opportunity for Experts by Experience to meet each other, talk about their role, and learn more about MBT. I left feeling inspired and I think it was a positive experience for all who attended."

Jo Hearne, site lead for Lancashire explains that Kevin feels able to challenge group members about their violent behaviour in a productive way:

"[Kevin] has been highly effective in engaging participants, and helped the team to consider different ways to improve the way the service is delivered."

Referrals to the programme are welcome. If you would like to find out more about MBT or make a referral to any of the groups, based in Burton, Exeter, Gloucester, Leeds, Lincoln, Liverpool, Llanelli, Nottingham, Preston, Torbay and four locations in London (Baker Street, Lewisham, Stratford and London Bridge), please contact Nicky Howard on 0208 938 2067 or nhoward@tavi-port.nhs.uk.

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

Learning together: First Aid training at Resettle IIRMS

By Karen Young, Deputy Service Director, Merseyside NPS

Staff and service users from the Resettle Intensive Intervention and Risk Management Service (IIRMS) recently completed a St. John Ambulance 'Emergency at Work' training day. The need for first aid training was raised by a participant during a Community Meeting. This is a weekly forum where participants and staff share thoughts and feelings for the week ahead, celebrate achievements, and share a collaborative approach in dealing with issues.

Training was organised and delivered by St. John Ambulance. Whilst having a serious agenda, it was made to be a fun and exciting day for all. We gained essential skills in accident reporting, treating burns, communication with the casualty, wounds and bleeding, shock and CPR.

The training was delivered to an excellent standard and provided a good balance of practical activity and theory based learning. All

attendees received an Emergency First Aid at Work certificate that is valid for three years. Overall the training provided was worthwhile and provided the Resettle community **an opportunity to work together in a different setting.** Feedback included:

"I have learnt some techniques I could put into practice. I found it informative and interesting" (service user)

"I would feel safe if I fell off the perch knowing staff have been trained to such a high quality" (service user)

"I really enjoyed the collaborative approach we took to this training and think we should do more joint training in the future" (staff member)

Resettle IIRMS is a community-based project for men meeting the OPD criteria. Based in Liverpool, Resettle provides a comprehensive service from prison in-reach to post-licence support. Interventions include psychological input, risk management, housing support, substance misuse services, life skills, employment/education and training support, welfare rights and support to develop pro-social networks. Referrals are accepted from probation teams across the NPS North West. To find out more, please contact Karen Young (NPS) or Dr Sue Ryan (Clinical and Forensic Psychologist) on 0151 494 4390.

