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Paper:

O'Meara, A., Morgan, L., Godden, S. & Davies, J. (2019). A model of a specialist transitional support and liaison service within the Offender Personality Disorder Pathway in Wales: Learning from a regional pilot service. *Probation Journal*, 026455051985906

<http://dx.doi.org/10.1177/0264550519859067>

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Title: A model of a specialist transitional support and liaison service within the Offender Personality Disorder Pathway in Wales: learning from a regional pilot service.

Running head: Transitional support within the Offender Personality Disorder Pathway.

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Key words: Offender Personality Disorder Pathway, Transition, Liaison, Approved Premises, Mental Health

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Word count: 2098 excluding abstract, tables, figures and references; 2456 including abstract, figures and references.

Author Accepted Manuscript

To cite this article: O'Meara, A., Morgan, L. Godden, S. & Davies, J. (in press): A model of a specialist transitional support and liaison service within the Offender Personality Disorder Pathway in Wales: learning from a regional pilot service. *Probation Journal*.

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Abstract

The process of transitioning from custody to the community can be a time of increased risk of reoffending and heightened anxiety brought on by uncertainty of future plans and unfamiliarity of new surroundings. This period can be particularly problematic for those experiencing complex needs or suffering with mental health difficulties. To address this concern, the Offender Personality Disorder Pathway (OPDP) in Wales established a Transitional Support Liaison service. This pilot service began with a focus on women's criminal justice journeys and evident benefits led to service expansion to additionally address men's transitions to the community through Approved premises. This practice note outlines the learning from these services, presenting a model of service delivery that can be adopted and expanded more widely. The paper concludes with recommendations and plans for service expansion.

Transition points, such as those from custody to the community, can be a time of increased risk for anyone leaving a prison setting. This period requires adjustment to new freedoms and pressures as well as the establishment of new routines and possibly new support mechanisms. In their systematic review, Hopkin et al., (2018) noted several key factors as important for successful transitions. Interventions and input need to 1) begin prior to release; 2) provide support post-release in the form of direct involvement to ensure understanding and attendance at appointments; 3) involve follow-up with community services to ensure referrals are processed; and 4) be aligned and linked with local probation services. In common with many individuals who have offended, those meeting the inclusion criteria for the OPD Pathway (Skett, Goode, & Barton, 2017) experience many difficulties when moving to the community, including difficulty accessing appropriate accommodation, mental health services, benefits, the professional support they may need (e.g., GP, dentist, drug and alcohol services), and establishing social relationships supportive of desistance from further offending.

To enhance the likelihood of successful transition, the Wales OPDP developed a transition and liaison service with a focus on women moving from prison to the community and men moving through Approved premises (AP - probation hostels) to the community. Often, women have had multiple short prison sentences (as brief as two weeks) and struggle to remain out of prison for long, while many men have served lengthy sentences with little or no home leave during this time. The transition service is conceptualised as being a specific form of the standard Intensive Intervention and Risk Management Service (IIRMS) model which has developed as an overarching framework for community service delivery for high-risk individuals (NOMS, 2013; OPDP, 2018). While IIRMS tend to provide high intensity, psycho-social support (including specific psychological therapies) to a finite number of individuals often over 12 months or longer, this paper provides an outline of a transitional support model which could represent another approach to delivering standard IIRMS. The transition service described is typically delivered over a few months to assist individuals to

access available services and supports delivered by statutory and voluntary organisations during and beyond their transition to the community.

Developing a transitional support model

The transitional support service is delivered by two full-time mental health nurses (transitional support nurses – TSN), both of whom have extensive experience working with offenders with mental health needs. Although the pilot service was developed with ‘high level outcomes’ specified (e.g., provision of advice and signposting to inform discharge planning; supporting referrals to local NHS services), a key aspect of the services has been to establish a testable service delivery model. It is important to stress that eligibility for the service is only that the individual has been ‘screened into’ the OPD Pathway. The TS model that has emerged comprises of six key elements (see figure 1): the ‘**frameworks**’ which guide the service (i.e., knowledge and skill; risk and lapses), the service ‘**functions**’ undertaken (i.e., transitional continuity, networks and liaison), and the ‘**focus**’ of the staff providing the service (i.e., relational approach; individual needs-led). This model provides the structure guiding individual journeys through the service.

Figure 1 about here

Frameworks

The frameworks on which the TSN staff draw can be classified into two broad areas – the knowledge and skills they bring and the approach adopted to risk and setbacks.

Specialist knowledge and skill

The specialist knowledge and skills relied upon by the TSN are derived from the professional background of the staff and from working in various services and settings with individuals who have offended and who have a wide variety of complex needs. The process of information gathering and formulation involves drawing on skills and a broad range of resources to educate and support staff to manage common difficulties associated with mental health issues. This expertise allows TSNs to recognise where mental health difficulties may affect normal processes, such that funding for the use of Through the Gate¹ services upon release may need to be advocated for by the TSNs when there is an identified risk of self-harm or related mental health concerns.

Risk and lapses

Proactive risk input can be channelled through MAPPA² and MARAC³ processes whereby the TSN may provide direct input or meet with staff to develop plans in anticipation of such meetings. TSNs routinely feedback to Offender Managers (OM) about one-to-one sessions and referrals to services, checking that it is safe to proceed and ensuring all parties are fully informed of processes in place. Risk to the worker must also be considered with a focus on staff maintaining effective boundaries in order to meet the highly varied requirements of the role.

The TSNs support individuals and systems when setbacks occur or risky behaviour is evidenced. This is achieved through staff adopting a lapse model of behaviour change, viewing setbacks as

¹ While TTG is a mandated service paid for by MoJ to CRCs at a Fee for Service rate, this only applies to offenders housed in resettlement prisons. Provision to those in non-resettlement prisons requires a Fee for Use payment.

² Multi Agency Public Protection Arrangements

³ Multi Agency Risk Assessment Conference

opportunities for learning. This requires recognition that, for many individuals, setbacks will be associated with shame and disappointment and that a non-judgemental and enquiring stance is most beneficial. This may also include helping to contain anxiety by modelling calming and proportionate responses to self-harm behaviours including encouraging the use of ACCT (Assessment, Care in Custody and Teamwork) processes within APs.

Functions

The overall functions of the service are to support individuals eligible for the OPDP service during transition by directly working with the individual and liaising with other agencies, services and potential support networks.

Transitional continuity

The work provided directly to the individual is centred upon 'transitional continuity' i.e., providing a constant and accessible point of contact to ensure continuity of care and input from custody to community. The TSN's guide and support individuals during the early weeks of community living while they (re)establish their routine and links with other professionals (e.g., OM, GP, outpatient appointments). During this phase, the TNS does not take on care co-ordination or any other mandatory or formal supervisory function; instead they help connect and supplement other inputs. Joint meetings with OMs and service users may take place prior to release to aid integration of this service; similarly, where there is a change of probation office or officer, the TSNs can function as a constant for service users and advise new OMs of their involvement, sharing assessments and formulations to support this transfer. TSNs engage in a wide range of client-centred meetings, including pathway planning, pre-release, professionals' meetings, and discussions with Offender

supervisors and managers. TSNs may take an advocating or informing stance (e.g., MAPPA, s117⁴ meetings) providing insight into systems and processes to facilitate shared understanding about resources required for the individual (e.g., to maintain community living and minimise risk).

Networks and liaison

A key function of the transition work is to support individuals to access existing services and networks, helping them establish and sustain 'good lives' (Ward, 2002) within the community. Another major function is to be an interface between services, for example in helping professionals from different settings to navigate often complex and disparate statutory and third sector organisations. This includes signposting professionals or service users to community-based provision; providing information about how to access services; providing specialist advice regarding mental health and the OPD pathway; and 'translating' care, support and specialist inputs from the 'language' of one professional group to another. Such liaisons span a wide range of health-related services including substance misuse, learning disability, Community Mental Health Teams, GP, housing contacts, general psychiatry and other non-OPDP personality disorder services.

Focus

Focus refers to the two cornerstones on which the service is built.

Relational approach

Critical to the TS model is the development and maintenance of appropriate and supportive relationships between the service user, the TSN and other services and professionals. The

⁴ Mental Health Act section on aftercare provision

establishment of a supportive and non-judgemental relationship between the TSN and the client is used to foster the development of other relationships within community settings. The non-statutory (and non-custodial) nature of the TSN role (not directly responsible for overseeing or enforcing licence conditions), enables them to use their independence to forge client-centred relationships. This allows the TSNs to share information with OMs when service users themselves find it difficult to communicate concerns and OMs can also get a greater insight into their client's mental health needs through discussions with TSNs.

Individual needs-led

The focus of the activity undertaken by the TSN is dictated by individual needs and individual pathway planning. This is initially fostered through one-to-one meetings during which TSNs develop a broad understanding of what the individual's mental health needs are; what interventions have already been received and what might be helpful during and after transition. Being needs-led means that the transitions service must be responsive to individual variation and situations as these will guide the specific journey each individual takes through transitional services.

Issues

Since the TS service started, several issues and challenges have been faced, many of which are ongoing with no clear or short-term solution. Almost all of these relate to systems and processes which often require change and compromise by more than one agency.

Access to information: data are stored on multiple service-specific systems with few protocols for sharing data or secure methods to enable this.

Differences in service provision: Prison mental health in-reach systems are often significantly different to their community counterparts, making transition from one to the other difficult. Compounding this, service pressures can have negative effects on the timeliness of care and treatment delivered.

Continuity of contact: High workloads and the distances between the community service and prison frequently result in OM's and (where applicable) mental health care co-ordinators having scarce contact with individuals in custody. This can result in individuals feeling disconnected from their community keyworkers and misunderstandings developing between staff and individuals. For example, many women report not knowing their OM which can increase anxiety, disengagement and isolation during transition.

Catch 22 situations: Differences in service protocols lead to significant gaps during transition which can unintentionally increase risk and the difficulties faced by individuals. Housing policies, in particular, often result in offenders being homeless upon release and, without an address, incapable of accessing benefits or health services, due to lack of a permanent address. Similarly, whilst specialist NHS PD services are available, most require referral from secondary mental health services and thus individuals need to meet these criteria first.

Lack of basic assistance and proactive communication: many returning to the community have no access to resources and find application processes stressful, degrading and too complex to complete. For example, benefit applications can be difficult to complete and receipt of benefits can take up to 6 weeks (by which time some individuals will have engaged in criminal activity to 'make ends meet'). Breakdowns in communication can lead to significant delays in accessing appropriate medication (for mental and physical health) and substance misuse treatment or medication within the community. This leads to avoidable situations such as illegal drug use, mental health difficulties and risky behaviours.

Lack of provision: difficulties in maintaining family, social and service contact whilst in prison are compounded for women by the absence of prison or approved premises places within Wales. In addition, those meeting the OPDP criteria can experience significant difficulties in accessing mental health services. Additionally, most primary care services do not support self-referral (relying instead on referral via GP) and this can preclude access of those who might be most in need.

Changing landscape of services: Ongoing changes to the delivery of probation and prison services means establishing a consistent TS service is difficult. The Transforming Rehabilitation process (Ministry of Justice, 2013) resulted in Through the Gate services being inadequately delivered by private Community Rehabilitation Companies (CRC) providers (Inspection, 2016), further necessitating TS involvement during release. Additionally, the recently launched Offender Management in Custody initiative will see another change of OM for offenders just prior to leaving custody, which may be disruptive and difficult for those who are already vulnerable on release.

Conclusions

This Transitional Support service demonstrates the ways in which transitional support can be delivered to individuals meeting the criteria for OPDP services using an IIRMS framework. Further development of this service is planned to enable this operationalization of a standard IIRMS framework to be extended. Formal evaluation of the service is underway to determine the impact of this service in relation to the future risk and wellbeing of clients accessing support. This includes mapping TSN activity, client engagement, services accessed and outcomes ranging from recall and reconviction through to maintenance of a tenancy, reduction in alcohol use or proactive engagement with health related services.

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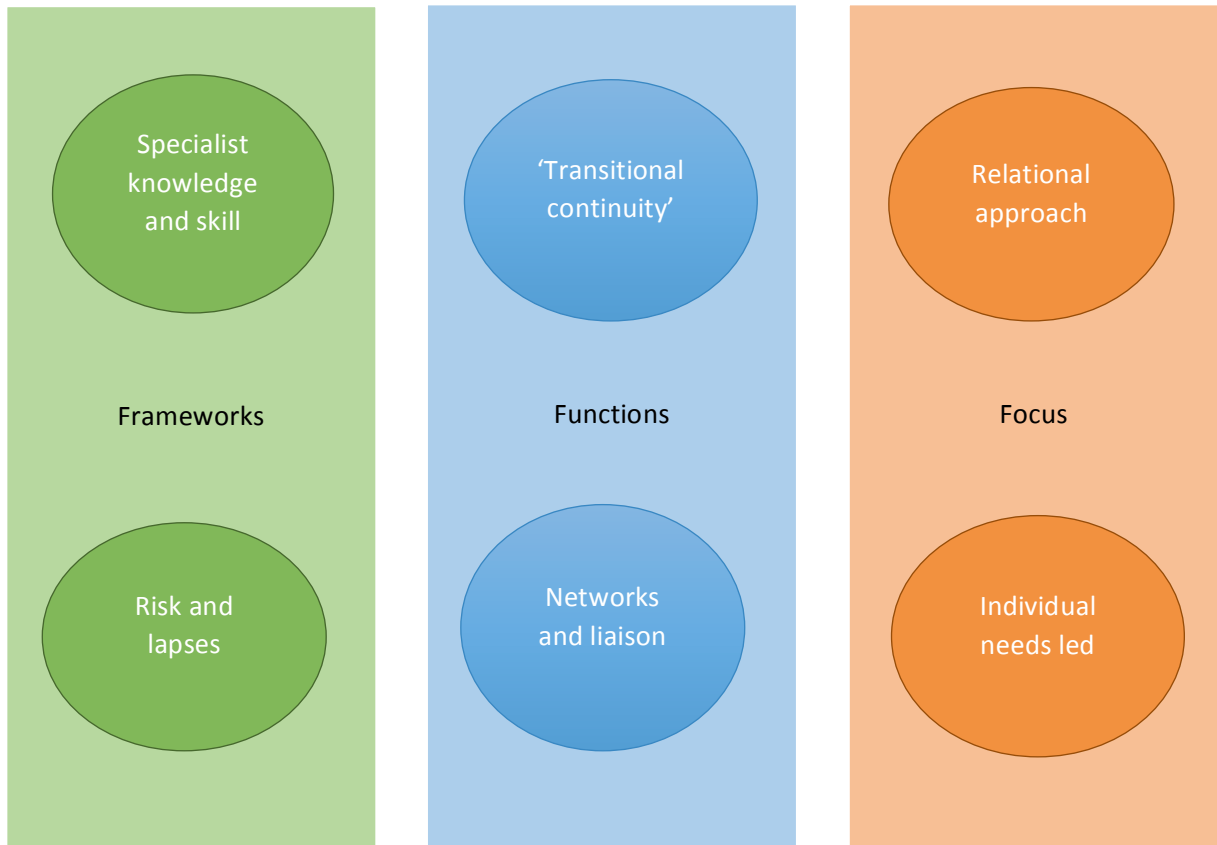


Figure 1: The Model of Transitional Support