National Offender
Management Service

NHS England

Psychologically Informed Planned Environments

Model Description Document
V1.0- May 2013

Developed by:

Lucinda Bolger and Kirk Turner
NHS England/NOMS Personality Disorder Team

A Note on the use of the document:

This document provides a model description for the delivery of the Psychologically Informed Planned Environments (PIPEs) in the Criminal Justice setting. All PIPEs delivered through DH/NOMS will be expected to meet the complete requirements of this model, whether in the community or prison setting. Specific operating guides for the following applications of the PIPE model support this document in the commissioning and delivery of PIPEs within the Criminal Justice context.

- Prison Preparation (Pre-Treatment)
- Prison Provision (In-Treatment) Wing
- Prison Progression (Post-Treatment)
- Approved Premises (Community)

This document has been prepared by the Joint NHS England/NOMS Personality Disorder Strategy Implementation team.

Acknowledgements:

The authors of this document would like to thank the following organisations and individuals for their contribution to the development of this model.

Nick Benefield, Marion Brown, Sarah Paget, Linda Gemmell, Margaret Wilson, Stuart John Chuan and Christine Bull.

Staff and Residents at HMP Low Newton
Staff and Residents at HMP Hull
Staff and Residents at HMP Gartree
Staff and Residents at HMP Frankland
Staff and Residents at HMP Send
Staff and Residents at Kirk Lodge, Leicester
Staff and Residents at Stafford House, Merseyside

And the wider professional field in both the NHS and NOMS who have contributed to the development discussions around PIPEs and their operation and purpose.

"If the environments through which offenders progress is considered holistically as a setting in which organisation, behaviour, decisions, actions and culture can be informed and planned on the basis of psychosocial thinking, it will create better social conditions for relating and will facilitate psychological, social and justice outcomes"

N BENEFIELD, SENIOR PERSONALITY DISORDER ADVISOR
NHS England and NOMS, 2012

PIPE Model Documentation - Version Control:

Date	Version	Nature of Change	Edited by	Sections Affected
06/08/12	0.1	Initial Draft – working	K Turner, L Bolger	All
20/12/12	0.2	For First Consultation – Joint Heads of PD Team	KT, LB, N Benefield	All
14/03/13	0.3	For Second Consultation – Clinical Leads	KT, LB	All
18/04/13	0.4	Final Draft (Third Consultation) – Project Leads and Commissioners – for development of NHS Specification	KT	All
22/05/13	*1.0*	*First Published Version*	*KT, LB, NB*	*All*

Table of Contents:

1. Psychologically Informed Planned Environments

1.1 Introduction

Psychologically Informed Planned Environments (PIPEs) are specifically designed environments where staff members have additional training to help them develop an increased psychosocial understanding of their work. This understanding enables them to create an enhanced safe and supportive environment, which can facilitate the development of those who live there. They are designed to have a particular focus on the environment in which they operate; actively recognising the importance and quality of relationships and interactions. They aim to maximise learning opportunities within 'ordinary' living experiences and to approach these in a psychosocially informed way, paying attention to interpersonal difficulties, for example those issues that might be linked to personality disorder.

PIPEs have been designed to operate in Prisons and in Probation Approved Premises settings, however the model can be applied in other settings. They aim to provide opportunities for improved relational experiences, supporting residents to make meaning of their environment and thrive through participation in a pro-social setting.

Development of the PIPEs concept originated, in part, as a response to a number of key Government policies relating to the management of offenders with Personality Disorder (PD), they have been designed as part of the national strategy for the management of Offenders with Personality Disorder (Department of Health, 2011). The developed strategy identifies PIPEs as having a central role in the development of pathways for offenders with PD. It is not, however, a requirement that participants have a diagnosis of personality disorder or that all offenders on the pathway must, at some point, reside in a PIPE.

1.2 The Applied Model

The PIPE model incorporates six core components which are designed to support and develop individuals living and working in a PIPE. Through **training** and clinical **supervision**, the staff group can begin to develop the quality of the psychological and social **environment** of the unit, paying attention to the core principles of an enabling environment. Planned **socially creative** and **structured** sessions are offered to provide opportunities for relating and addressing issues relevant to transition through the environment, whilst **key worker** sessions are developed to coordinate, reflect upon and process the participant's involvement on the PIPE, and their plans for the future.

The PIPE approach draws from a number of theoretical models, with a core focus throughout on relating and improvement in pro-social relationships. A considered and enriched psychosocial environment provides a foundation for the development and application of psychosocially informed practice within a PIPE. This is supported by the inclusion of planned, structured elements and approaches designed to respond to the forensic and institutional context of the host organisation.

The PIPE model has been designed to be applicable in a range of settings, responding to the needs of offenders at different stages of their pathway, for example, prison pre-treatment and post-treatment and Probation Approved Premises in the community, for both male and female offenders.

2. Key Service Outcomes for PIPEs

2.1 Primary Outcomes

PIPEs are designed to support effective movement through a clear pathway of psychosocially informed intervention. As part of this overall pathway, the implementation of the PIPE model aims to provide and support the following outcomes:

- Reduced likelihood of re-offending
- Improved psychological health of offenders
- A developed workforce, confident and capable of working with complex needs
- Improvements in offenders' quality of relationships and relationship skills
- Improved (or sustained improved) institutional behaviour

2.2 Intermediate Outcomes

PIPEs aim to support the following intermediate outcomes:

- Improved insight and understanding by staff or offenders into their own emotions and behaviour to support safe management of offenders
- Less disruptive, settled prison or AP environments with reduced incidents and adjudications.
- Increased ability of offenders to communicate their internal experiences to others
- Maintained, supported and evidenced improvements in risk of self-harm
- Improved range of local services for offenders
- Improved confidence and optimism in staff, offenders and management
- Improved career development opportunities for staff

2.3 Outcomes for Specific Applications of the PIPE Model

PIPE operating models applied at different points in the overall pathway will offer additional outcomes, specific to that model e.g. Prison Progression Unit or Approved Premises. Please refer to individual operating guides for further information.

- **Preparation –** Increased levels of motivation and readiness prior to treatment
- **Provision –** Increased engagement with treatment activity and reduced attrition
- **Progression –** Increased opportunities for consolidating and generalising treatment gains
- **Approved Premises -** Effective community re-integration including a reduction numbers of recall to prison from the community

2.4   Additional Benefits

In addition, a PIPE approach will provide an opportunity for organisations to support Inspectorate or quality expectations and promote a positive environment culture within the establishment.

3.   Strategic Context

3.1   Political Developments

Development of a 'Psychologically Informed Planned Environment' approach within the Criminal Justice System began in 2010, following more than a decade of clinical and political initiatives in the field of Personality Disorder. In 1999, a government publication entitled*' Managing Dangerous People with Severe Personality Disorder'* (Home Office/Department of Health) contained two significant elements. The first was to ensure that 'dangerous people with a diagnosis of severe personality disorder' were kept in detention for as long as they posed a risk to others. Secondly to provide high quality services for these people thus facilitating them to deal with the consequences of their way of being in the world; reduce their risk to others and so work towards successful re-integration into the community.

The 2003 Department of Health *'Personality Disorder: no longer a diagnosis of exclusion'* document explored the issue of personality disorder further and considered a broader context. The paper highlighted the need 'to ensure that offenders with a personality disorder receive appropriate care from forensic services and interventions designed to provide treatment and to address their offending behaviour'. In response to these policies, a number of specialised Personality Disorder treatment units for offenders were commissioned and developed.

In 2009, Lord Bradley's report on *'Mental Health and Learning Disabilities in the Criminal Justice System'* recommended the development of 'an interdepartmental strategy for the management of all levels of personality disorder…covering the management of individuals into and through custody and also their management in the community'.

3.2   The Offender Personality Disorder Strategy and PIPEs

In October 2011, a strategy for 'Managing the Offender PD pathway' was set out in the Government's response to a public consultation on how offenders with Personality Disorder (PD) should be managed within the Health and Criminal Justice systems.

The development of the PIPE approach arose from the need to provide progression options for those engaged with PD services within the Criminal Justice System. The Offender PD strategy reports that an estimated two thirds of the offender population are likely to have one or more Personality Disorders (DH, 2011). It was therefore considered impractical to require a formal diagnosis of PD for referral to a PIPE as this could exclude a number of offenders needing to access the service who had not had the opportunity to be formally assessed. Additionally, the requirement of a formal diagnosis

in each case would be significantly resource intensive and consequently counter-productive in providing progression options. It is proposed however that offenders without personality related needs could still benefit from engaging with a PIPE approach.

On the basis that a formal diagnosis is not required for acceptance to a PIPE unit, the PIPE model is required to respond to the probability of a high proportion of participants on the unit having a undiagnosed personality disorder, or personality related difficulties.

3.3   Developing a Pathway

The Offender Personality Disorder pathway is based on the following Key Principles:

- The personality disordered offender population is a shared responsibility of NOMS and the NHS;
- Planning and delivery is based on a whole systems pathway approach across the criminal justice system and the NHS recognising the various stages of an offender's journey, from conviction, sentence, and community based supervision and resettlement;
- Offenders with personality disorder who present a high risk of serious harm to others are primarily managed through the criminal justice system with the lead role held by offender managers;
- Their treatment and management is psychologically informed and led by psychologically trained staff; that it focuses on relationships and the social context in which people live;
- In developing services account is taken of the experiences and perceptions of offenders and staff at the different stages of the pathway;

PIPEs have been developed to promote the development of a pathway effect for the management of Offenders with Personality Disorder. The diagram below shows PIPEs as part of a pathway following treatment; however the PIPEs model can be applied to preparation units prior to treatment and other settings.

Figure 1: The Offender Personality Disorder Pathway (DH, 2011)
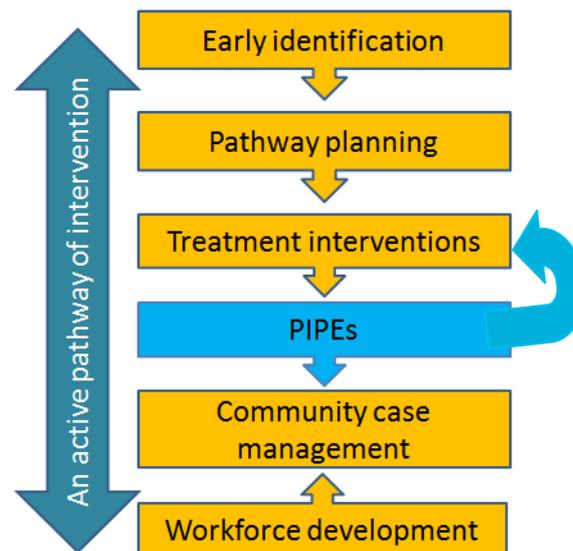
Offenders moving through this active pathway of intervention are not likely to progress in a linear approach as modelled above. Participation in a PIPE environment can occur pre, post or in between treatments, as well as on progression into the community. Specific applications of the PIPE model will provide a range of options across the pathway.

3.4   Transition

Guidelines for the effective care and management of Personality Disorder difficulties highlight the need for the development of effective pathways and specialist networks, in order to fully realise the effects of treatment services. They also highlight that for some people with a Personality Disorder, transition from one service to another, may evoke strong emotions and reactions (NICE, 2009).

For those offenders dealing with a Personality Disorder, transitional processes present a continued risk to the breakdown of relationships, ruptures in the application of new skills, or relapses in antisocial behaviour. It is essential that any transition through a pathway of intervention is therefore appropriately managed and supported.

In recent history, provision of services for Personality Disorder and other high-intensity services have operated largely in isolation. Under the current Offender PD strategy, consideration has been given to the needs of offenders and the risks associated with transferring from one type of environment or experience to another, for example moving from a treatment service to an ordinary prison wing, or on release into the community. For some individuals, the contrast of environments, support available and the levels of knowledge and understanding of receiving staff teams provide significant risk of destabilising them. This could undermine the efficacy of the treatment that has been undertaken, or the likelihood of resettling effectively into the community.

The provision of progression options within the Offender PD pathway begins to create a whole-systems approach, where offenders experience a planned and joined up pathway of services, rather than experiencing treatment programmes and other services in isolation. Structured and supported opportunities to generalise and consolidate previous experiences were essential criteria in the design of a new pathway for Offenders with Personality Disorder, and to protect those investments made in treatment provision.

The PIPE approach considers psychological, social and personality related needs at the point where offenders are experiencing changes to themselves, or changes to their environment, for example completing a period of treatment, or being released from prison into a community Approved Premises. In application, this occurs at transitional points in the offender pathway to best support effective movement and progression. PIPEs therefore aim to prepare offenders for a period of treatment, provide a supportive environment whilst in treatment, or provide an opportunity to practice new skills and reflect on learned experiences, thus maximising possible treatment effects. In an Approved Premises, residents are supported to explore a number of issues related to their offending and their way of connecting with the world. As with other PIPEs, the emphasis is on relating to each other and the staff. In summary PIPEs are the conditions in which individual offenders are prepared for, engaged with, and consolidate treatment interventions by providing continuity in environmental provision and coherent expectation of both the offender and staff.

In all cases, PIPEs aim to create environments that are less intensive than previous ones, but that have more structure, planned opportunities and psychosocially informed support than the next likely phase of the pathway. A focus within a PIPE unit should therefore be on the preparation for the next phase of the pathway, whether that is release, treatment, resettlement or 'ordinary' location on a prison wing. Offenders therefore do not need to have addressed all treatment needs prior to referral to a PIPE.

Equally, it is not intended that PIPE residents move from one enhanced environment to another. One feature of the PIPE is to prepare offenders for the next environment that they will encounter, whether this is a less intensive environment such as ordinary location, release to a non-PIPE AP, or moving to an environment with increased structure such as a treatment programme. This focus on transition remains the core work of each PIPE.

4.   Minimum Operating Requirements

4.1   Integrated Co-Leadership

It is an essential requirement that the PIPE is clinically led by an experienced Clinical Lead, usually a qualified and registered psychologist; however this could also be a qualified psychotherapist or sociotherapist with an allied Health or NOMS professional background who has training and experience in a psychosocial group modality and forensic experience.

Each unit must identify appropriate Operational Lead to work in partnership alongside the Clinical Lead in order to create and maintain a psychosocial environment, thus supporting the unit to adhere to the theoretical principles of the PIPE model. This creates the model of joint operations identified in the OPD Pathway Strategy. Host establishments need to be able to deliver appropriate conditions for clinical delivery.

These operational roles are specified as follows:

Figure 2: Operational Leadership Roles

	Approved Premises PIPE	Prison PIPE
Strategic Lead	e.g. Assistant Chief Officer or Regional SPO lead	e.g. Residential Governor, Deputy Governor, Functional Lead
Operational Lead	e.g. Senior Probation Officer (AP Manager)	Custodial Manager or equivalent
Regime Lead(s)	Probation Officer (Deputy AP Manager) or Supervising staff	Supervising Officers or equivalent

The above roles need to be assigned to existing roles and functions for the baseline operation of the wing or AP and are not additional or separately funded roles. Each of the staff identified to deliver these roles must have acquired an understanding and be supportive of the PIPE approach and its principles. Staff in these positions, who will operate in daily face to face work, will need to be supported by the host organisation to undertake these roles alongside their core tasks.

4.2   Operating Models

4.1.2   Identified Model

Application of the PIPE approach in a Criminal Justice setting requires the adoption of a particular PIPE operating model. This will be either Pre-Treatment, Post-Treatment, In-Treatment or Approved Premises models. All operating models have the essential core components of the overall PIPE model.

Each PIPE unit needs to have a clear and agreed primary task for the service, focussing on one particular phase of the pathway. Separate operating guidance documents for the above models

provide detailed information regarding referral criteria, direction for the content of planned sessions, and considerations for the development of the social environment. The entire unit identified as developing a PIPE will be required to work towards the identified PIPE model.

4.1.2   Concurrent Models

In some circumstances, the adoption of two concurrently running models within one PIPE service may be considered, for example Progression (Post-Treatment) and Provision (In-Treatment) however would need to be physically separated onto two separate landings, for example. This is not a tested configuration, and would require specific attention and development from operational and clinical staff.

This configuration is likely to present difficulty with regard to mixing populations and in delivering two functional tasks within one unit. In this situation, the PIPE unit will need to be considered as one entity, one environment. This approach should only be considered in exceptional circumstances, for example responding to local population flows, and it will require agreement with the national team and commissioners. It is important that there is a clear separation of populations, both in the physical living arrangements, but also in the delivery of the regime and planned sessions. There may be some circumstances where whole-unit (PIPE-wide) activities require a mix of the two co-located populations but this should be carefully managed.

4.1.2   Local Flexibility

The implementation of PIPEs continue to be a developmental process, and therefore, within the context of the PIPE approach described in this document, establishments in NHS, NOMS and Third Sector agencies continue to have the flexibility to implement a PIPE model and relevant operating guidance to respond to local need. To this end, an overarching framework is provided in this document and should be adopted by all sites operating a PIPE approach; however the application of the additional *operating guidance* is flexible and open to local innovation in discussion with the PIPE national leads. This is to ensure consistency in the PIPE approach undertaken, whilst providing Establishments and Trusts flexibility to respond to local populations and business needs.

4.3   Operating Conditions

Each PIPE unit will exist within an identified and dedicated physical space. It is a requirement that the whole unit (wing or premises) will adopt a PIPE approach, with all spaces for residents occupied by those engaged in the PIPE regime. A discreet and dedicated unit is therefore required. In all cases, units should not exceed a total capacity of 60 residents; however an optimum size, for prison units, would be a PIPE of 40 residents or less.
In this prison setting, those not engaged in the PIPE regime should not be housed on the wing. The prison should ensure that all places on the PIPE unit are occupied by those selected for participation in the PIPE regime.

In addition to the discreet wing/premises, the PIPE will require the use of a group room(s), preferably within the boundaries of the PIPE environment. Appropriate physical spaces for association and social interaction are also required, such as appropriate seating and the potential for shared dining opportunities amongst PIPE residents. Where this provision is not available, PIPEs should consider how social living experiences can be achieved through more creative means.

4.4   Identified Staff Team

The unit will need a dedicated, ring-fenced staff team to ensure a consistent approach. Additional frontline staff will be provided as part of the PIPE model. Staff working on the PIPE should not be cross deployed to other functions in the establishment or organisation except in exceptional circumstances.

All staff working in the PIPE will need to be identified and selected as suitable for this work. Clinical and Operational leads setting up a PIPE will provide an assessment or selection process looking at a range of competencies, with particular emphasis on the ability to work in a relational way. Staff training and development will be a core consideration of the PIPE approach, therefore staff suitability and selection will take development potential into account. The support, supervision and involvement of other staff, e.g. agency, cover or contracted staff, will need careful consideration within the PIPE setting. A clinical supervision process is a requirement for all staff working regularly within the PIPE environment. The PIPE unit should seek to establish a consistent, trained team working within the environment.

There should be equity in approach from all members of frontline staff, with additional staff resources functioning as part of the core team and not in specialist, separate roles. For logistical reasons, specific tasks or roles may be allocated within the team; however this will need to be carefully managed by the Clinical Lead.

4.5   Staff Roles

The **Clinical Lead** will be predominantly based on the unit or in the AP, and will provide clinical oversight and development of the PIPE model in practice. It is expected that the Clinical Lead will spend the majority of their time within the PIPE environment. Where this post does not form part of a wider psychological services team or organisation, it is important to ensure that appropriate clinical supervision opportunities are in place for the Clinical Lead. A supervision protocol is provided at Annex 1.

The **Strategic Lead** should represent the PIPE through a Senior Management function, and aim to promote, support and integrate the PIPE unit within the wider prison/probation system. The Strategic Lead will manage the contract for the PIPE on the organisation's behalf, and ensure appropriate local governance procedures are developed.

Operational Leads will be required to enable and facilitate the introduction and maintenance of the PIPE regime on a day to day basis; ensuring, for example that staff are freed up to attend training and supervision and that appropriate facilities and resources are available to the unit. The Operational Lead and the Clinical Lead will need to operate effectively with one voice, managing the unit collaboratively. The Operational Lead should have a regular presence on the unit.

Regime Leads' roles will vary, depending on the size and shape of the host organisation, however staff managing or supervising frontline staff will be required to support the Clinical Lead in driving forward the PIPE regime, supporting frontline staff to apply the requirements of the PIPE approach. Where supervising staff are not based directly on the unit, careful consideration should be given to the integration of such a role within the context of the PIPE.

The primary staff group on the PIPE will be the frontline staff group who will equally share a caseload of allocated residents for **Key Worker**, or enhanced Personal Officer, duties. These Key Worker roles provide a structured and relational opportunity for staff and residents to engage.

One member of the team will need to be identified as the **Evaluation Lead.** This member of staff, usually a trainee psychologist or group worker, will be responsible for ensuring the unit meets research requirements, and that appropriate data is collected and disseminated as required. This post will usually also provide a **Clinical Support** role.

4.6   Staffing Levels / Resource

The psychologically supportive nature of the environment, and the additional activities included in the approach requires additional staff and non-staff resources.

The PIPE model requires the appointment of a qualified Clinical Lead, as described above. This post will be 0.8WTE as a minimum, but may be extended to full time for those PIPEs bigger than 40, or for those in a higher security setting.

In addition to existing staff provision, the PIPE will require an additional frontline member of staff for every 15 residents on the unit. For example, a prison unit of 60 will require an additional 4 officers on top of the staffing requirement for running a basic wing. Where security requirements and restrictions on residents are at a lower level, such as an Approved Premises, units would usually only require one additional full time member of frontline staff.

In the provision of clinical support, a 0.5WTE trainee psychologist, group worker or Psychological Assistant should be appointed to facilitate the delivery of the PIPE regime and provide support for commissioning, performance, evaluation and research. This provision will usually lead on the local coordination of research and data management. A full time clinical support post may be required for units bigger than 50 residents.

As described in section 4 above, operational and strategic roles need to be identified within the organisation to support the delivery of the PIPE. This is a fundamental requirement of the PIPE model, with clear roles and responsibilities articulated and agreed by the Senior Management team. Grades of staff will depend on local structures. Operational Leads will usually be at first line management level, or be the named operational manager of the unit, such as a Senor Probation Officer or Custodial Manager.

Figure 3: Overview of staffing structure:
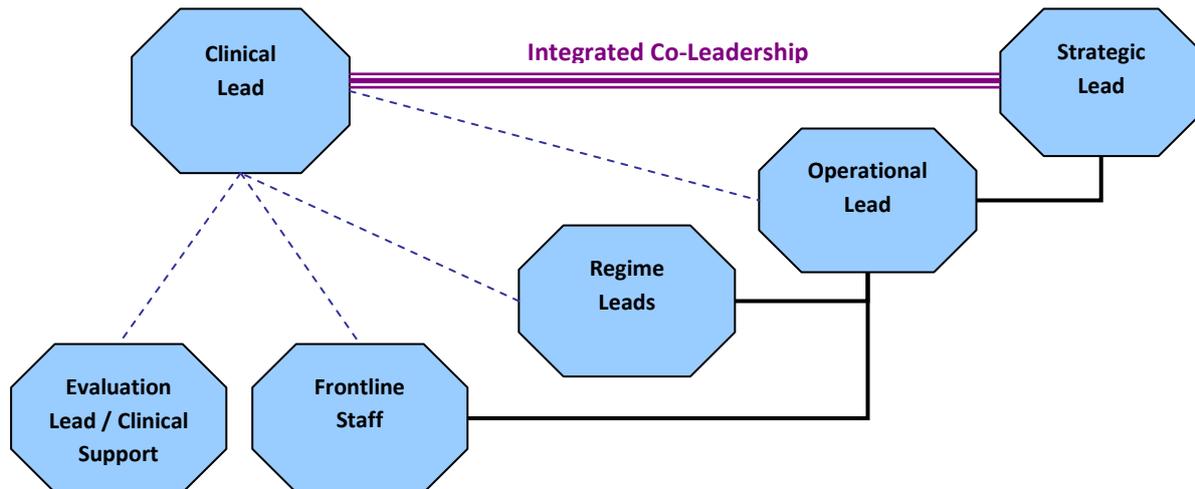
Additional funding will be provided to each PIPE to facilitate the delivery of the regime and support involvement in local and national developments to the PIPE approach, including travel and subsistence and training events. Additional costs in implementing the PIPE approach will be negotiated with commissioners at the contracting phase.

4.7   Staff Selection / Recruitment

It is essential that the Clinical and Operational leads for the PIPEs are identified and appointed **prior** to the commencement of the PIPE regime. These lead posts should then jointly ensure there is appropriate provision of the PIPE staff team, paying particular attention to those who show the potential for being able to work in a psychosocially informed way and ensuring there are sufficient numbers of staff to deliver the regime. Training and development is one of the core components of the PIPE, therefore it is not expected that all staff are fully competent in all areas of PIPE delivery prior to appointment.

To ensure consistency of staff within the PIPE, staff should be prepared to commit to a period of two years on the unit on application.

Where operationally possible, staff working on the PIPE unit should be selected for this role against specific PIPE competences provided (see Annex 6 for Job descriptions and competencies). Where

this selection is not appropriate, for example working with an existing AP staff team, procedures should be put into place to ensure any staff who become counterproductive to the ethos and development of the unit are provided with an opportunity to develop their competencies or provided with an alternative placement. In all cases, host organisations should consider formal assessment of staff competence or selection, such as an assessment centre process. All staff will be subject to local staff management and performance procedures in line with the organisations code of conduct. An understanding of the emotional demands and risk of working with complex populations within the PIPE setting should be identified and considered with applicants, for example working with sexual or violent offences. It should be understood within the organisation that not all staff will be suitable to undertake this work.

4.8   Organisational Commitment

Institutional support is of primary importance for the effective implementation of the PIPE approach. Strategic Leads will need to ensure that operational functions and requirements within the host organisation respond to the needs of the PIPE, and that its function is considered by the Senior Management Team. There needs to be a shared and agreed task for the PIPE unit, for example that of post-treatment progression, with particular support given to the provision of regular, structured and timetabled thinking spaces for staff teams, including spaces for clinical supervision.

Staff working on the PIPE unit should expect to support exceptional operational emergencies within the establishment; however staffing structures should be designed to provide a reliable and consistent staff team on the unit or in the AP. A local protocol should be developed to ensure consistent and reliable staffing levels on the PIPE. The host establishment or organisation will need to provide the essential conditions for the PIPE to operate.

Where staff members are shared between the PIPE and another function within the organisation, there will need to be clear roles and operating protocols to provide the consistency of staffing required on the unit for the delivery of the PIPE core components.

5. Conceptual Framework

5.1 The PIPE Concept

The development of the PIPE model was influenced by a growing awareness that offenders who had successfully completed some of the high intensity treatment programmes or returned from NHS commissioned secure settings, were subsequently moved on to ordinary location in mainstream prisons, only to find they were not psychologically equipped to deal with the change. A change of location generally meant prisoners lost their cell (home space), their pro-social friendships, staff who knew them, a familiar routine and the knowledge of whom to approach and whom to avoid. Leaving all this behind and starting up again at a time when change could be hugely destabilising was a challenge. Under stress, old ways of coping could come to the fore, and if they found themselves around people who were unfamiliar with the treatment ethos they had left, these men could feel alienated and misunderstood; a situation likely to be familiar and unwelcome, and liable to elicit a strong and negative response.

It was clear that further treatment was not what was required at this point, but help with integrating and reflecting on what they had learnt, and an opportunity to put new found skills and ways of relating into practice. Consideration was therefore given to the pathway of care required for both men and women in the Criminal Justice System (CJS) whose needs were complex and in part left unaddressed.

The ideas and theory that underpin the idea of a PIPE are not new however they are a restating and reconstruction of work that has developed from an improved understanding of our internal lives and of group process. This fundamentally considers the emotional, psychological, social and developmental nature of who we are, based on psychotherapeutic research into human development. In addition, the group relations approach that underpins PIPEs development forms part of a wider 'relational field', much of which started with experimental work on battle-shocked soldiers in the Second World War.

The model asserts the importance of a clearly understood and applied bio-psychosocial understanding of the relationship between the environment, the individuals within it, and between the individuals themselves: specifically how this can more effectively support the reduction in risk and improvement in pro-social behaviours. In this instance, the term environment is considered as physical relational and cultural, involving conscious and unconscious processes.

5.2 Application of the Concept

Whilst the PIPE model can be applied in a variety of settings across the CJS, it was originally conceived as a 'step-down' from high intensity treatment programmes. It was designed in order to give the offender the opportunity to test their relationships and behavioural management skills in preparation for an independent life outside of the prison or a Probation Approved Premises. This required that the environment of the PIPE created, as closely as possible, the relational conditions that are necessary for a return to life outside the CJS. Staff-offender interactions are the vehicle for

the 'outside' to be 'in.' To this end the PIPE model aims to strengthen the management and relational care provided, to achieve the best possible outcome so as to reduce risk behaviours, improve psychological well-being, and to instigate, maintain and encourage pro-social living.

The effectiveness of institutional treatment and care has a long and well documented history involving criminal justice, health and social care. Medical, psychological, social and criminological perspectives have each been applied in their own way to settings in which there is an expected amelioration or improvement in behavioural, psychological or social outcomes based on the assumption that change in individuals can be taught, modelled or otherwise 'produced'. The awareness of the negative impact of institutionalisation and the importance of a healthy developmental therapeutic milieu has influenced an on-going interest in how institutions should be designed and managed. Thought has been given to the degree to which their negatively institutionalising impact can be reduced and their capacity to provide a positive, socialising experience enhanced.

The work of creating environmental conditions has focused on the provision for individuals; both children and adults, who present as vulnerable or in crisis as a result of mental health difficulties or learning disabilities. In criminal justice services the attention has been on developing specific interventions for offending behaviours often inaccessible to those with significant personality disorders. These interventions have not always considered the environment as an important component in the primary task of the process. With the active establishment of a PIPE model the reverse is true; the quality and use of the relational environment is the vital component of the experience for those needing of treatment and/or rehabilitation.

The development of treatment models based on use of the environment include work from Homer Lane (1928), Makarenko (1936), George Lywood (Harvey, 2006), the Social Psychiatry of Maxwell Jones (1952) and Haigh's (1999) 'Quintessence' of a therapeutic environment. Their long history, spanning more than a century, and across a diversity of groups, has been extensively archived and researched by the Planned Environment Therapy Trust[1].

5.3   Theoretical Background

The development of a PIPE approach has been informed by a wide range of psychological and social theories. These have included group and individual psychoanalysis, social group work, systems theory, therapeutic communities, and the Dutch TBS system[2], however there are many other theorists and clinicians that can rightly claim connection and contribution to the developing 'movement' of work in this area.

---

[1] Planned Environment Therapy Trust (PETT) – information available at http://www.archive.pettrust.org.uk/

[2] In The Netherlands, offenders with severe personality disorders can be detained in special forensic psychiatric institutions known as 'TBS hospitals' after having served their prison sentence. TBS translates as 'detention on behalf of the state'.

At the centre of the concept of PIPEs is the very particular relationship between the capacity for thinking and reflective practice which requires, and is expressed through the nature of relationships in the setting. It is important to clarify how the idea of 'thinking being informed by psychological and social theory' and 'environments that can be planned' can create conditions most likely to support psychosocial development in both individuals and groups.

From Winnicott in the 1950s, through to current developments in 'enabling environments', emphasis has been placed on the environment as the vehicle for change. Winnicott (1956) argued that the psychological environment must be the change and the driving force in testing impulse control, offering stability and psychologically stable experiences.

PIPEs relate to Winnicott's conceptualisation of the 'good enough', and the hypothesis that underpins the concept of a PIPE is: 'If the environment through which offenders/patients progress is considered holistically as a setting in which organisation, behaviour, decisions, actions and culture can be informed and planned on the basis of psychological thinking, it will create better social conditions for relating and will improve psychological, social and justice outcomes. It will support 'intra-' and 'inter-' psychological stability, emotional and social development'. Whilst these environmental conditions described are comprehensive, only a 'good enough' situation is required to create the experience that the environment (relationship with staff and the setting) is facilitative and enabling, rather than lacking in emotional understanding, or actively destructive. In effect, what is sought is a sense of a good enough 'fit' between the person and their world that is appropriate to their level of learning, psychosocial capacity and development.

5.4   Relational Environments

In 2011, Johnson and Haigh introduced the concept of a Psychologically Informed Environment (PIE) using a basis of an Enabling Environment (EE) at its core. They suggest that a well-functioning enabling environment would be one where 'the nature and the quality of relationships between participants or members would be recognised and highly valued'. They argue that in the field of mental health there is a need for additional concepts and approaches which can promote and recognise effective social relationships.

In effect, how we relate to one another and the environment in which we do so is receiving increasing amounts of academic and clinical attention. Acknowledging the impact of problematic interpersonal functioning, Daffern et al (2010) concluded that assisting staff to operate in an informed and constructive way in response to a patient's problematic interpersonal style could offer a positive treatment effect for 'patients' when these problems presented, assisting patients to develop alternative, more positive ways of relating.

The importance placed on interpersonal relating in the PIPE model is in part derived from the knowledge that people with personality related needs are likely to have had disrupted early lives, and that this will have had an impact on how they connect with others. Attachment styles significantly influence how people build or fail to build relationships. PIPE staff need to take this on board if they are to work in a meaningful way with residents (those with or without personality disorder). Bowlby (1973, cited in Livesley, 2003) sates that; 'negative expectations about the

responsiveness and availability of attachment figures to meet one's needs develop into the "working models" of attachment relationships that adversely affect social relationships throughout life'. It is also suggested that 'Distrust also leads to difficulty in being cooperative, a quality basic to pro-social behaviour'.

The PIPE concept recognises that the way in which staff interact with residents can have a significant impact on resident's psychological and social progress, this is particularly true of residents with personality related needs. The NICE guidelines for Antisocial Personality Disorder (NIMHE, 2009) acknowledge the importance of relating and state that; 'staff working with people with antisocial personality disorder should recognise that a positive and rewarding approach is more likely to be successful than a punitive approach in engaging and retaining people in treatment'. And that 'staff should…build a trusting relationship, work in an open, engaging and non-judgemental manner, and be consistent and reliable.

In these NICE guidelines it is recommended that staff work in partnership with people who have a diagnosis of personality disorder to help them to develop their autonomy and promote choice. By linking in with the Enabling Environments (EE) Award[3] the PIPE model aims to address the issues of autonomy and choice, which are reflected in the standards focused on 'Involvement' and 'Development'. The eight other EE standards help PIPE residents and staff to reflect upon a pro-social, proactive way of harnessing the positive qualities of their environment, and naming and addressing the negative.

5.5   A Good Lives Approach

The Good Lives Model (GLM) is a strengths-based approach, which is an integral part of the PIPE way of working and encourages residents to develop autonomy and take responsibility for change in a pro-social way. The GLM is a model which promotes offender's goals alongside managing their risk (Ward & Stewart, 2003), with the GLM-Comprehensive (GLM-C) providing more detail regarding clinical implications. It is hypothesised within the GLM-C that an individual commits a criminal offence because they lack the capability to realise 'valued outcomes in personally and fulfilling and socially acceptable ways' (Ward, Mann & Gannon, 2007). The GLM-C is an approach which aims to equip offenders with the capabilities to achieve desired and beneficial outcomes with an appropriate plan.

Together the EE approach and the Good Lives Model give staff a framework for working in an empowering way with PIPE residents. The PIPE model asserts that Staff-Offender interactions are the vehicle for the 'outside' to be 'in.' To this end the PIPE aims to improve the quality of these relationships in order to achieve the best possible outcome with regards to reducing risk behaviours, improving psychological wellbeing and encouraging pro-social living.

---

[3] The Enabling Environments Award is a quality mark and improvement process delivered by the Royal College of Psychiatrists' Centre for Quality Improvement. Further information is available at http:// www.enablingenvironments.com

The PIPE concept is clear that staff should be supported in this through regular group and individual supervision where they too are encouraged to openly reflect on their interactions with PIPE residents, and to look deeper than the surface. The aim of this is to facilitate their understanding of residents' behaviour which at times can seem counterintuitive, as well as to support staff in what can be a challenging way of working.

5.6   PIPEs in the CJS

Whilst the concept for the PIPE came about as a way to address the unmet needs of men moving on from some of the high intensity treatment programmes, it is now considered as an overall concept to help offenders in transition. Whether that transition is pre-treatment to treatment or post-treatment to community, the PIPE way of working aims to encourages residents (and staff) to reflect and integrate their experiences in a way that holds their learning and the meaning they have derived from that. By making the most of a pro-social, interactive environment offenders are prepared for a more stable and satisfactory life along the pathway and beyond the criminal justice system.

6.   The PIPE Model

6.1   Core Components of the PIPE Design

The PIPE model is based around six core components.

- **An Enabling Environment** – recognising the quality of relationships
- **Staff Training and Development** – developing a skilled and confident workforce
- **Structured Sessions** – supporting transition through a planned pathway
- **Socially Creative Sessions** – providing planned opportunities for relationship activities and new psychosocial experiences
- **Key Worker Sessions** – individual sessions making meaning, supporting progression
- **Clinical Supervision** – supporting and developing staff through group process

Building on the principled foundation of an Enabling Environment, the workforce will be developed to improve their understanding of the resident group, as well as group process and resident behaviour. This will be managed primarily through specific training and staff clinical supervision that will be delivered both individually and in groups.

As described above, the development of a positive social environment in an institutional setting brings with it a complex set of challenges. Operational Units such as prison wings or APs are often not conducive to effective relating between those that live and work in them. The PIPE model therefore includes additional specifically designed components which provide opportunities for positive relating in this context. These are the 'planned' elements of the PIPE, with Structured, Socially Creative and Key Worker sessions forming the basis of timetabled PIPE related offender activity. These also support offenders to progress through their identified pathway.

Figure 4: PIPE Core Components
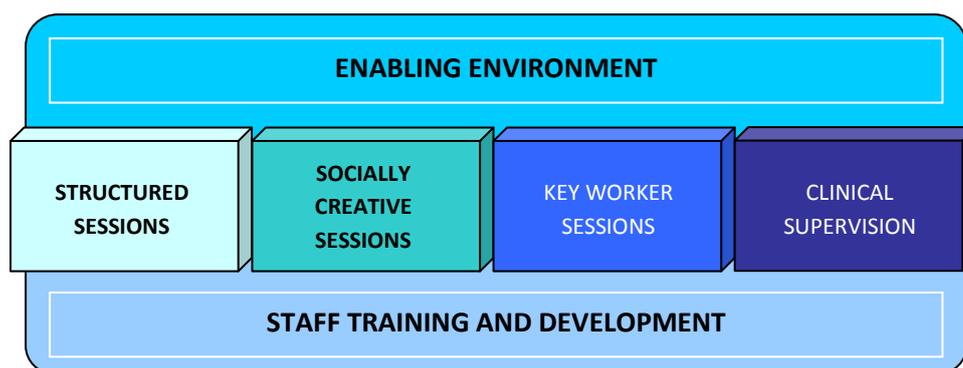
Activity within the PIPE is carefully planned to provide combination of formal and informal opportunities, ensuring that there are appropriate thinking spaces for both offenders and staff to make meaning of behaviour and relationships, in addition to the activities supporting specific areas relevant to the offender's sentence plan or movement through a pathway of intervention. The focus of any planned activity on the PIPE considers the specific content and outcomes, but also the

relational context within which that activity occurs, for example behaviour and interpersonal dynamics in an informal social activity. All activities, however formal or informal will have a clear rationale linked to risk and to the principal task of the PIPE, whether that be progression or resettlement etc.

6.2   An Enabling Environment

At the core of a PIPE is the concept of an 'Enabling Environment'. This is a structured approach to the development and maintenance of a quality pro-social environment which has been developed by the Royal College of Psychiatrists. Development of an 'Enabling Environment' is an essential component of each PIPE, and is included within the mandatory training requirements for staff.

Enabling Environments are defined as follows:

- A place where positive relationships promote well-being for all participants
- A place where people experience a sense of belonging
- A place where all people involved contribute to the growth and well-being of others
- A place where people can learn new ways of relating
- A place that recognises and respects the contributions of both parties in a helping relationship
- A place that recognises that carers also need to be cared for

The Enabling Environments project aims to bridge older distinctions between clinical and non-clinical settings, to develop a single common core vocabulary, applicable across a range of environments, for those factors are believed to be positive for health and well-being. It is considered that 'the places in which we live and work, the built environment and the social environment, have a profound impact on the ways we live our lives. In homes and workplaces, schools and colleges, neighbourhoods, hospitals and prisons, the nature and quality of the relationships can have a profound effect, not just on the efficient, smooth running of any enterprise, but also on how we feel; whether we thrive or struggle' (Benefield, 2011).

A core set of key principles and value statements have been identified that underpin attempts to establish and develop quality services which foster productive relationships and promote good mental health. From these values, a set of ten core standards have been developed. These core standards are supported with qualifying criteria and give specific guidance on how the "enabling" values may be practically achieved. Adherence to these standards form the basis for an Enabling Environment Award, which is a mark of quality allowing a service to demonstrate that it has achieved an outstanding level of best practice in creating and sustaining a positive and effective environment. All PIPEs are expected to work towards achievement of the Enabling Environment Award within the first two years of operation.

The Standards for Enabling Environments deal with essential human values and, taken as a whole, they outline a flexible framework which can be integrated into the practice of a wide range of environments in order to improve relationships and well-being for all involved. This approach

therefore underpins all activity within a PIPE and provides a robust relational framework for all other activity to operate within.

PIPEs will also need to take consideration of the physical environment and how this lends itself to positive social interaction. The provision and effective use of physical spaces, the 'ordinariness' of shared environments and the principles of 'involvement' and 'belonging' all need to be taken into account when developing a PIPE. Examples of this include social dining opportunities, comfortable seating areas that may promote social interaction, and consideration of the impact of equipment such as whiteboards, projectors and cameras, within the environment.

6.3   Staff Training and Development

The development of a workforce confident and capable of working with complex needs is a critical component of the Offender Personality Disorder strategy, and therefore underpins all activity and development within a PIPE.

Staff are required to participate in an ongoing programme of training, with initial training activities providing a foundation for the development of psychologically informed practice and improving understanding of psychosocial environments. Staff working in a PIPE are expected to actively participate in a culture of learning and development, which includes reflective practice and clinical supervision, described in more detail below. All staff working regularly within the PIPE environment should undertake the training modules as outlined below. All staff in leadership roles on the PIPE should work towards developing their competence of social group-work or equivalent.

The training for staff is designed around six modules, giving an introduction to the core elements of a PIPE approach and providing an opportunity for each member of staff to develop further learning opportunities through supervised practice. It is delivered through a combination of local, national, and externally delivered events, with staff having an opportunity to train together as a PIPE team as well as join others from different PIPE sites.

- PIPE Introductory Training (Mandatory)
- Personality and Behaviour
- Groups and Process
- Enhancing Key Working
- Understanding Psychosocial and Enabling Environments
- Developing Further Learning
- Additional training opportunities

Table 1: Training Modules

Training Module 1: PIPE Introductory Training (Required)			
Training Activity	Attended by	Delivered By	Approx length
Introduction to PIPEs & PD Pathways – *(Material provided by NHS/NOMS)*	All	Clinical Lead and Ops Lead	½ Day
Introduction to Enabling Environments	All	Royal College of Psychiatrists	½ Day

(Delivered to whole team)			
Knowledge Understanding Framework: Personality Disorder Awareness Level	All	Institute for Mental Health	3 Days (plus e-Learning)
Basic social group work Skills	All	Clinical Leads	½ Day
Introduction to Group Process	All	Clinical Lead	1 Day

Training Module 2: Personality and Behaviour			
Training Activity	Attended by	Delivered By	Approx length
OPD Practitioner Guide Document	N/A	NOMS / NHS	Ongoing
Offence Paralleling Behaviour	All	Clinical Lead or Local Staff	As Required
Pro-social Modelling	All	Clinical Lead or External Staff	As Required
Gender Specific KUF Modules	As required	Institute for Mental Health	4 Days
Ongoing Individual and Group Supervision	All	Clinical Lead	Ongoing
Further Personality Disorder Training	All	Clinical Lead	1 Day
Attendance at PD conferences and events	As available	Various	Ongoing

Training Module 3: Groups and Process			
Training Activity	Attended by	Delivered By	Approx length
Managing and Facilitating Groups	All	Clinical Lead or local staff	½ Day
Introductory course in Group Analysis	Selected	NOMS / External Partners	3 Days

Training Module 4: Enhancing Key Working			
Training Activity	Attended by	Delivered By	Approx length
Introduction to the Good Lives Model	All	Clinical Lead or local or external staff as available	1 Day
Understanding Risk			
Offending Behaviour Programmes Awareness			
Individual and Group Supervision	All	Clinical Lead	Ongoing

Training Module 5: Understanding Psychosocial and Enabling Environments			
Training Activity	Attended by	Delivered By	Approx length
Enabling Environments Support Visits	All	Royal College Assessor	1 Day
Peer visits – experience of Psychosocial environments	As available	Facilitated by host site	As required
Experiential experiences: Enrichment – e.g. Reader Group, Good Vibrations	As available	External Organisations	As required

Training Module 6: Developing Further Learning			
Training Activity	Attended by	Delivered By	Approx length
Training for Trainers, KUF	As required	Institute for Mental Health	3 Days
BSc Modules (standalone)	As required	Institute for Mental Health	6 months
MSc	As required	Institute for Mental Health	3 Years
National meetings and events	As required	NOMS / DH / NHS	As required

Additional/Optional Training opportunities (responding to local need)			
Activity	Attended by	Delivered By	Approx length
Behavioural Monitoring	All	Local staff or external partners as available	As required
Psychological Formulation			
Working with Psychopathy			
Working with Self-Harm			

The training opportunities above will support PIPE staff members to develop the requisite skills and understanding in order to create and maintain an enabling environment that pays attention to psychosocial conditions and requirements. The training will support staff in developing and maintaining supportive relationships with the offenders on the unit and work motivationally and pro-socially to support processes of transition and progression through a pathway of intervention. Staff members will also be able to develop their levels of knowledge and understanding for working with offenders with personality difficulties and personality disorders.

This training includes experiential components that better equip staff members to understand the experiences of those with personality difficulties or disorders.

All staff working directly in a PIPE, and those who have regular or frequent contact with a PIPE should undertake this training. As a minimum all staff should undertake the introductory module, including operational managers, functional leads, and ancillary staff working in and around the PIPE, for example catering staff in an Approved Premises.

A local package of awareness training should be developed by the PIPE, promoting and describing the work and principles of the PIPE to other staff working in the host organisation, particularly Senior Management Teams and Offender Management Units.

Module 1 Introductory training should be completed by all staff prior to opening a PIPE unit. Units should aim to undertake all subsequent modules within the first 2 years of operating a PIPE. The funding for all external training will need to be met from within PIPE budgets, and agreed in advance with co-commissioners. Sites should also look to develop links with other PIPE units, providing opportunities to share practice and experience.

KUF: Working with Personality Disorder: Raising Awareness

The awareness level of the Knowledge and Understanding Framework aims to explore different perspectives about personality disorder, dispel some myths about it and introduce relevant policies that relate to PD. It also aims to look at how someone's past experiences can affect the present and help participants to understand how to work effectively with personality disorder on a daily basis.

The programme has been developed by specialists in personality disorder who have a wealth of experience of working across different sectors and with people who have personality disorder. It is co-delivered by two trainers, one with experience of being a Service User and another experience of a professional role in the field of Personality Disorder.

The programme includes thought provoking examples and case studies from real life that put the learning into context. All the examples are based on real experiences and where possible have been performed by service users, however for some of the examples actors or others have been used to represent the experiences gained from service users with their expressed permission.

6.4   Structured Sessions

Each PIPE will need to provide on-going structured groups to its residents. The aim of these sessions is to provide a planned and structured opportunity to consider current needs and issues that relate to the offender's pathway and criminogenic needs, and their life experiences to date, for example disruption, loss and separation. The sessions are to promote talking and thinking together or with others and to develop emotional and psychosocial confidence and competence. Structured sessions provide opportunities to consider the role of the individual within the context of the psychosocial environment, paying attention to transition, for example joining and leaving the unit and collectively preparing for the next phase of their pathway. Additionally, they provide an opportunity to address thematic issues arising in the group, allowing residents to share their experiences with peers in a formal, structured and contained setting.

It is known that the type of offenders coming to the PIPE may have difficulty with change, in particular with transitions. In addition to this many will not have been in any kind of employment for some years, including prison industries in some cases. Structured sessions will include a focus on 'Transition' to enable offenders to cope with change, e.g. to their change in role from long term group participant to prisoner on ordinary location or from being in custody to living in the community.

Structured sessions provide an opportunity for reflection on the active experience of residents and how this relates to others' experience and to their own previous experiences. It is important that there are clear boundaries for those participating, ensuring that structured sessions are effectively facilitated and that this approach is clearly distinct from a treatment or group therapy process. Staff will need to ensure that where treatment-related issues begin to arise that these are effectively managed and directed to appropriate services.

The group also offers an opportunity to develop some identification with the purpose of the PIPE. This will be particularly important for those individuals who have chosen to opt out of other opportunities for social interaction in the PIPE. For those arriving from an environment where they have been accustomed to intensive group support, the group will aid transition by providing a consistent group setting, yet without the therapeutic dynamic they may be familiar with. PIPE residents will have a clear expectation of what is mandatory and what is optional within the sessions and opportunities provided.

Delivery of Structured Sessions

It is expected that all residents on the PIPE attend structured sessions; however in a community setting this will be more difficult to apply. Within the prison context structured sessions should be considered a mandatory requirement. In all PIPEs, residents should be actively encouraged and enabled to attend and participate in these sessions. Consideration of motivation and engagement within sessions, and flexibility in delivery style may support and encourage resident involvement.

Each structured session is delivered in a small group of approximately 8-10 residents. Groups should aim not to exceed 10 participants. The groups are delivered by a range of staff within the PIPE. They will be designed and overseen by the PIPE Clinical Lead.

Host organisations should ensure their local staffing structures support routine and consistent facilitation of these sessions. The frequency of the sessions may vary slightly depending on the size and configuration of the unit, or responding to population flows.

Content of Structured Sessions

The precise content of the above groups can be flexible but will require a clinical rationale, i.e. the content should reflect the individual development needs of group members. Staff should be able to articulate why they have chosen a particular activity or discussion item for that group, and have an understanding of how this relates to the psychosocial environment of the PIPE.

Planning for any structured session will involve reflection on themes relating to new and existing skills, relationships and the psychosocial environment. Consideration of the wider processes and relationships occurring within the PIPE will therefore feature in the development of session material. Structured sessions will be tailored to focus on progression, resettlement or pre-treatment needs and delivered in addition to existing activities, regimes, or licence requirements.

Content of structured sessions will have a direct link between the activity and offence related work, e.g. consideration of 'emotions' in structured sessions will be skills focussed (or psycho-educative), with these experiences 'tested' through other aspects of the PIPE regime. Structured sessions will be designed or overseen by the Clinical Lead, who will also ensure the quality of delivery for these sessions.

Examples of Structured Sessions

The content of the sessions will respond to the needs of the host site, and the current population. This will be designed and tailored by the Clinical Lead, using external agencies and organisations to support this activity where deemed appropriate. Examples of possible structured sessions are noted as follows:

Illustrative examples (Figure 5 below):
There will be core 'themes' in each PIPE such as managing emotions or living together. Other sessions may be pertinent to that particular PIPE or its position in the Offender Pathway.

Prison Progression Units	Approved Premises	Prison Preparation Units
Emotions	Resettlement	Motivation
Strengths	Living Together	Engagement
Attachment	Moving On	Treatment Readiness
Planning	Managing emotions	Strengths
Reflection	Practical Living	Living Together
Transition	Patterns and Traps	Support Structures
Living Together	Belonging	Involvement

Significant Others	Protective Factors	Being comfortable in groups

Sites are encouraged to share the templates of these sessions with each other, and develop bespoke opportunities to meet the needs of their local population.

6.5   Socially Creative Sessions

Socially Creative, Semi-Structured, or 'informal' sessions will also be offered to all residents. These sessions provide a planned opportunity for staff and residents to interact with each other, paying attention to psychological and social aspects of living and working on a PIPE. Socially Creative sessions will be optional for residents to attend but will include informal opportunities designed to promote engagement. They provide pro-social opportunities for PIPE residents to access activities and experiences that support their development, their progress through a pathway or to provide new experiences that could challenge, support or inspire individuals, promoting the development of a better life.

Activities will be decided upon and planned by the staff team, under supervision of the unit Clinical Lead and could include activities promoting competition between offenders, opportunities to explore and reflect on creative talents, or the testing of skills and behaviours through pro-social tasks. In some circumstances this could involve participation from external groups, businesses, charities and agencies. Any activity will need to comply with standards for 'acceptable' activity within NOMS and will have a primary focus of supporting and monitoring relational activity.

"Socially Creative" sessions provide an opportunity for residents (and staff if appropriate) to try new skills and to explore pro-social experiences, for example "doing with", listening, thinking and talking. In practice this could include mindfulness or relaxation sessions might help someone to recognise when they are becoming agitated and learn how to calm themselves down. The sessions themselves will provide staff with an opportunity to observe and monitor resident interactions in a less formal/ structured environment. They will also provide the opportunity to have social (informal) interactions with each other whilst still having the focus of a 'task'. Creating a mosaic/mural, for example, might help someone to recognise how they can become absorbed in an activity and 'switch off' their worries for a while, and/or it might give them a sense of achievement and enable them to participate in a group activity working alongside someone without an obvious offending focus.

Activities provide opportunities for staff to observe and identify group and individual dynamics, for example, who dominates a group or needs to be in control, who avoids, who is anxious and who gives up. This provides evidence which can be discussed in supervision with particular reference to offence paralleling behaviour (i.e. staff will be helped to explore if this behaviour 'echoes' behaviour which led up to the offence). This can help Key Workers to give direct and clear feedback in individual sessions with residents. Socially Creative sessions will be designed to help residents in achieving their Good Lives goals and to support the development of the unit to meet the requirements of an Enabling Environment. It is expected however that activities provide opportunities for staff members to participate equally alongside the resident group.

In addition to 'socially creative' sessions, the unit should endeavour to provide opportunities for positive social interaction during the week, and will encourage and promote the personal and social development of individuals living on the unit.

Enriching the environment

Within the context of Socially Creative Sessions, the PIPE unit should give significant consideration to those opportunities and experiences that might enrich the experience of individuals on the unit, and how these experiences can contribute to improvements in wellbeing, social and relational development and support the offender to progress through a pathway. These may be experiences that perhaps have never been encountered by the residents before, and can be as simple as opportunities for quality human interaction and engagement for example through more creative media and activities. Examples include planned opportunities for 'being read to' (facilitated by a recognised reading organisation), or using music, and drama to understand and express feelings. All PIPEs are encouraged to develop innovative practice and will be expected to engage external groups, businesses, charities and agencies in this provision of this aspect of PIPE developments. PIPEs should aim to provide new and enriching psychosocial opportunities for offenders which aim to promote personal development, psychological health and wellbeing.

Examples of such opportunities include the following organisations which are recognised for working in a forensic setting; The Reader Group; Hoots Singing Together; Good Vibrations, Clean Break Drama.
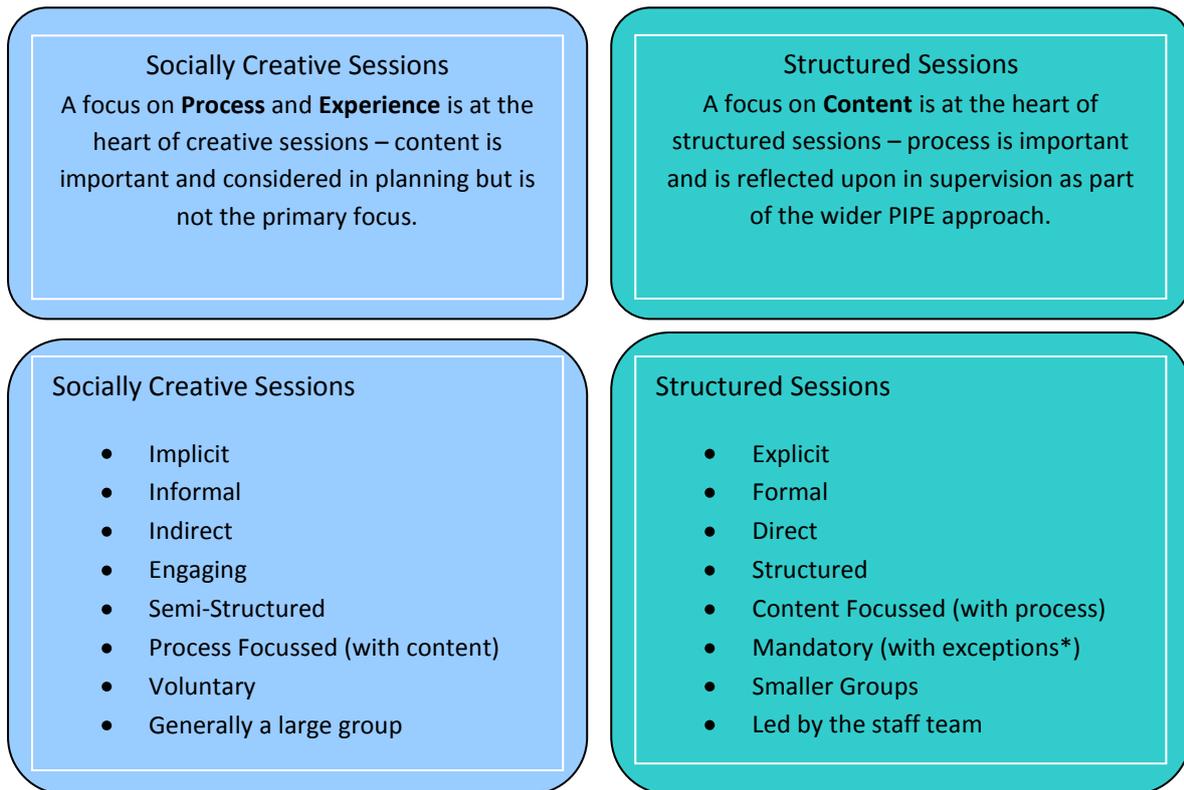
Suitability of Activity

Any delivered in the context of a PIPE will need to comply with the local and national policies for acceptable activities e.g. 'Activities in Prisons' instruction (PSI 38/2010). All activity will need to have a clearly recorded rationale and will ensure a primary focus of supporting and monitoring relational activity.

Whilst the Clinical Lead needs to have an overview of the Socially Creative Sessions, the day to day running of the sessions should be delegated within the wider PIPE team. Those with responsibility for the group need to consider the scope of each session; i.e. who runs it, how often, how it is co-ordinated, and how it relates to other components of the PIPE. Consideration needs to be given as to whether or not the group is closed or drop-in and how residents sign up to it based on good group management understanding

Observation and Recording

Attendance and 'participation' should be documented and this information can be used to inform key worker sessions and provide suitable material for discussion in supervision groups.

Socially Creative Sessions are an essential component of the PIPE as they contribute to the development and maintenance of the psychosocial environment, providing an opportunity to engage, contribute to wellbeing, and provide a social function. The sessions will create opportunities to practice emotional regulation, to build relationships, learn to make choices, honour commitment, take responsibility and participate in a shared experience.

Figure 6: Distinction between Structured and Socially Creative Session Activity:

Socially Creative Sessions	Structured Sessions
A focus on **Process** and **Experience** is at the heart of creative sessions – content is important and considered in planning but is not the primary focus.	A focus on **Content** is at the heart of structured sessions – process is important and is reflected upon in supervision as part of the wider PIPE approach.

Socially Creative Sessions	Structured Sessions
• Implicit • Informal • Indirect • Engaging • Semi-Structured • Process Focussed (with content) • Voluntary • Generally a large group	• Explicit • Formal • Direct • Structured • Content Focussed (with process) • Mandatory (with exceptions*) • Smaller Groups • Led by the staff team

Within an Approved Premises, the mandatory nature of structured sessions may be adapted to respond to a transient population.

Delivery of Creative Sessions

Creative sessions will be delivered in a variety of formats with different size groups ranging from smaller special interest groups to PIPE wide activities. Appropriate spaces will need to be identified for running these sessions and may include the use of alternative buildings or spaces within the organisation.

The term 'Creative' does not purely apply to art, music and craft however specific equipment or materials may be required to support the delivery of these activities.

Sessions should be designed to promote the opportunity for choice and involvement. They will be largely voluntary but will need to consider authentic resident-level involvement in their planning and design to ensure effective levels of participation and engagement, in line with national Personality Disorder service guidance (NICE, 2009). Key workers will establish with their residents the sessions felt to be appropriate and will use the Key Working sessions to reflect upon engagement or non-attendance.

6.6 Key Worker Sessions

Residents will have one dedicated hour each fortnight with their key worker. In a prison setting, the Key Worker will be the personal or named officer. These sessions will provide an opportunity for developing sentence plans/ case management and provide a vehicle to reflect and 'make sense' of behaviour and experiences throughout the resident's time on the PIPE. Individual units may decide to divide this time equally each week.

These sessions provide an opportunity for offenders to develop a pro-social relationship with a member of staff whose role it is to listen, reflect and engage in a meaningful dialogue with the offender. This includes exploring the management of boundaries or difficulties encountered on the PIPE, and to help the resident make best use of their time. This is an opportunity to demonstrate they can be 'held in mind' which is something many will not have experienced before.

The Key Worker session is an opportunity to pull together all the various strands of the PIPE environment; they will facilitate consideration of the Enabling Environment standards, use the Good Lives model as overview and have a psychologically informed framework. An effective Key Working session should be experienced as containing and supporting, and provide the opportunity for both staff and resident to explore and reflect. The content and experience of these sessions will be expected to feed into supervision processes.

The sessions need to have a 'recovery focus' i.e. looking towards the future 'what changes do you need to make now to help you achieve what you want in the future?'. This should have a 'stepped' approach by this we mean, breaking down tasks and goals into achievable steps to maintain motivation. This will fit in with the 'Good Lives' model where overall targets are discussed and realistic goals are set.

A focus on aspects of joining, leaving and experiences of transition will be useful for new starters, residents preparing to leave and those experiencing other significant changes as they arise, both internal (e.g. starting a job in the main prison) and external (e.g. a relationship breakdown).

Where possible Key Workers should aim to integrate Sentence Plan goals or licence conditions with Good Lives goals, for example if someone is at an increased risk of offending when they feel isolated then a Sentence Plan and Good Life goal could be to learn how to integrate more through effective engagement with Creative sessions. Key workers should aim to link in with other services that the offender is engaged with.

Delivery of Key Worker Sessions

Staff timetables and shift patterns will need to take into account the regular and routine delivery of these sessions. Consistency and reliability are essential factors for consideration when working with Personality Disorder, therefore the host-establishment must ensure that attendance at key worker sessions is facilitated for both staff and resident.

Whilst interaction with Key Workers may occur in both formal and informal settings, provision of suitable and confidential physical spaces should be available for the delivery of these sessions.

6.7   Clinical Supervision

Supervised Practice

Supervised practice is the way in which the preservation of culture and safety of the PIPE is ensured. Supervision in a PIPE refers to the process by which events are understood and acted upon within the unit; in this context supervision refers to **clinical** supervision, as distinct from line management supervision. Supervised Practice incorporates learning opportunities for staff within the PIPE. Regular staff team meetings are the main vehicle for supervised practice to be implemented, however all aspects of working within a PIPE should reflect a supervised practice model.

Psychologically informed Practice

The aim of a 'psychologically informed' environment is to develop an understanding of events and why everyone behaves or feels the way they do. This understanding is then used to support individuals to manage their relationships and behaviour. This process is the same for both staff and residents. Clinical Leads should encourage staff to think about the resident as a whole person, making links between their current patterns of relating to others and their past experiences. This then helps staff to put into context some of the behaviours they might witness the resident engage in.

The term 'Culture of Enquiry' describes the desired atmosphere where everyone is encouraged to be curious. Curiosity enables people to engage with the world rather than defending from it. So whether we learn to get to know someone better by asking them a question, or whether we ask questions about our own or others' feeling or whether we just wonder what is happening in the news, we are being curious. It is through asking questions that we open ourselves to relationships with people and the world. For this curiosity to be safe and intentionally not anti-therapeutic, residents and staff must develop relationships that provide adequate psychological and emotional containment. This is a central aspect of what has become known more widely as Relational Security (DH, 2010).

Relationships are at the heart of the PIPE and therefore developing and maintaining relationships is the central task of the environment. Staff and residents learn about how to be in relationships with themselves and others by being in relationship with others, and are also provided with the opportunity to reflect upon this.

Learning and Reflective Practice

The Culture of Learning is equally important. Staff and residents should be open to new ideas and developing new understandings and perspective. This is a critical element of the PIPE as staff and residents need to learn how to learn.

In supervision staff members learn through "doing". The Supervisor will consistently require members of the group to question why they said or did what they did or why they feel the way they

do. They will also encourage staff to question each other. The key element in this is that there should be no expectation for a correct answer, or indeed any answer, the value is in learning to explore or "reflect" on a situation or event. This "reflective practice" is at the heart of the psychological informed element of the environment.

Supervision is a space for experiential learning. Staff are expected to reflect as much on their own and each other's interactions as they are on what is happening with regard to the residents. This enables staff to experience what they are expecting residents to do. For example through exploring relationships in the staff team, staff learn skills that will help them facilitate a similar process on the unit between residents.

PIPEs operate with an underlying principle that the way we feel will most often lead us to act in a particular way. Attention to staff feelings and the importance of discussing and reviewing these feelings will have a major impact on the work of the PIPE. Whether the feelings are toward the supervisor or manager, individual residents, other staff in the PIPE, or in the wider organisation and whether these feelings are positive or negative, will all impact on the environment. This is the work of the PIPE. Supervision provides a space to express, explore and understand these feelings and to learn how to manage them.

Further information is provided in the supervision protocol attached in **Annex 1.**

6.8   The Forum Structure

As part of the development of an Enabling Environment, PIPEs will need to consider how to facilitate their resident's involvement in the operation of the service. This is to encourage a proactive and socially appropriate way to influence the environment and thus reduce the perceived need to subvert and exploit the PIPE in order to have one's needs recognised and acknowledged. This is likely to be an unfamiliar experience for residents who have a background of neglect.

Offenders will be expected to take an active role in the maintenance of the social environment of the PIPE. Previous contexts may have given them an oppositional or passive relationship with power and authority. As an Enabling Environment all participants in the PIPE are expected to contribute to decision-making processes. This will allow negotiation and other pro-social skills to be tested and developed. As part the structured sessions residents should spend time focussing on improving the quality of the social environment.

Additionally, the PIPE should consider the development of a unit forum. A forum can consist of nominated resident representatives from within the unit. In units where small groups have been identified for the delivery of structured sessions, chairpersons for each small group could be nominated, for example. Consideration should be given to how representatives are selected. It is important that those residents who may be quieter, or more avoidant, have an equal opportunity to perform in this role and that it does not automatically go to the more outspoken residents

The purpose of a PIPE forum is for each representative to provide a report on the discussions from their own structured group or representing discussions with other unit members. The representatives represent the views of their group, rather than their own views.

6.9   Programme (weekly timetable)

The following is provided for illustrative purposes only. PIPE units will develop their own timetable responding to local need.

Figure 7: Example Timetable

	MON	TUES	WEDS	THURS	FRI	WEEKEND
AM	Planning and Staff Business	Key Working Sessions / Individual Supervision	Structured Session Group C	Key Working Sessions/ Individual Supervision	Creative Session	Communal Breakfast
LUNCH	Shared Dining	Shared Dining	Shared Dining	Shared Dining	Shared Dining	Association or Social Time
PM	Structured Session Group A	Structured Session Group B	Clinical Group Supervision	Structured Session Group D	Association or Social Time	Key Working Sessions
EVE	Key Working Sessions	Association or Social Time	Creative Session	Association or Social Time	Association or Social Time	Creative Session

Participation in the PIPE Regime

Participation in the PIPE regime will fit around standard requirements for employment or purposeful activity. PIPE units may need to be flexible around the delivery of PIPE activities and consider the timing of the activity to facilitate attendance, whilst supporting other purposeful activity. All residents would be expected to participate in employment or education whilst on the PIPE, where this available. In the community this may involve provision of social or shared dining opportunities at lunchtime to allow residents to return to the AP, for example.

7. Participant Progression

7.1 Referral and Suitability

It is likely that the offenders will have personality related needs, which require the staff to have an enhanced understanding of personality disorder. There is not, however, an expectation of a formal diagnosis of personality disorder.

Referrals will be made directly to each establishment, unit or probation trust. The Clinical Lead will oversee this process, this might be done by setting up a 'Referrals Team' whose responsibility it is to ensure that relevant information is acquired, liaising with other sites as required. Where PIPEs are working with existing unit populations, there should be appropriate mechanisms in place for assessing the ongoing suitability of individuals on the PIPE. This would usually only be in an Approved Premises. Where a resident's placement in the PIPE continues to have a significant negative affect on other's experience within the PIPE setting, alternative placements should be considered where possible, i.e. in an alternative AP or wing.

PIPEs should develop their own local referral information based on the examples provided in the respective operating model guidance. These should include details of the PIPE concept, including increased key worker time and the nature of additional group activity, the minimum/maximum length of stay, the voluntary aspects of the PIPE, the expectation of how residents will participate in research activity, and the importance of engaging with the culture of the PIPE.

For those PIPE services delivering the Prison Progression model, it is important that residents are not currently engaged in further treatment during their stay on the PIPE. Applicants should be made aware of this requirement prior to transfer. Any further treatment required should be considered following completion of progression work on the PIPE. PIPE staff should support residents in identifying appropriate pathway options. Residents may subsequently apply to a PIPE service following further periods of treatment outside of the PIPE.

PIPEs are not designed for offenders whose neurological difficulties have meant they have needed adapted treatment programmes, however admission to the PIPE from those offenders with lower levels of cognitive functioning may be considered for suitability by the Clinical Lead on a case by case basis. In addition to this, mental health problems which are not manageable on ordinary location are also prohibitive.

Referral criteria for each type of PIPE unit is described in the model operating guidance e.g. Prison Progression Unit.

All residents will be fully informed about the unit and will have provided appropriate consent where participating in research and evaluation activity is required.

Establishments should conduct a scoping exercise for their identified population, identifying a strategy for promotion and receipt of referrals. This information should be revisited regularly by the management team on the PIPE.

7.2 Length of Stay

Residence in a PIPE unit is not limited to one occasion. As part of their overall pathway of intervention, offenders may participate in more than one PIPE setting throughout the course of their pathway.

Where not determined by licence conditions, the length of stay on the PIPE will be assessed by the Clinical Lead in conjunction with the sending establishment's treatment manager or staff. In Approved Premises, the Clinical lead will contribute to decisions made by the Offender Manager or AP Manager. In all cases, offenders will need to have adequate time remaining on their sentence or licence. Within the prison setting, the length of stay should be for a minimum of six months up to a maximum of 2 years.

The PIPE team will need to consider establishing effective pathways into and out of the unit, creating direct links with appropriate receiving establishments or approved premises, or relevant mental health services for those who may be subject to Care Programme Approach (CPA). PIPE sites should pay specific attention to the relational processes of transferring from one unit to another, and wherever possible should seek to establish contact with services or locations and directly with the offender.

7.3 Recording Progress

Resident Portfolio

Throughout their time on the unit a portfolio should be developed as a record of the residents stay within the service. This can be different in Approved Premises where the length of a residents stay will be significantly shorter.

The Portfolio is for the resident to keep, although the PIPE will also retain a copy. The information contained in the Portfolio may include; their Good Life work, session notes from Personal Officer/Key Worker session and any personally significant documents or articles produced through structured and semi-structured activities on the PIPE, e.g. Life Maps, Artwork

Reporting

The Clinical Lead role on the PIPE does not include the provision of Offender reports. Whilst each of the leads will establish a developed and thorough understanding of each of the residents, their role is not resourced to carry out this task. Where requested to provide reports, for example to the Parole Board, the Clinical Lead should support existing reporting structures for Key Workers or

personal officers in providing a psychosocially informed contribution. The Clinical Lead would also be in a position to provide advice to other Psychological colleagues commissioned to provide reports.

7.4   De-selection

If residents are perceived to be failing to engage in the activity and culture of the PIPE, this issue should be raised in staff supervision, and a way to address this needs to be agreed by the staff team. The resident should be given clear feedback about what is perceived to be problematic, and be given an opportunity to discuss this with their key worker. The resident's view on what is happening needs to be acknowledged and documented.

A support plan should be devised with clear goals identified which need to be achieved within a relatively short timescale, after which progress will be reviewed. If the resident is seen to have made an attempt to achieve the agreed goals then a further period of review can be agreed.

If, having been given clear feedback about problematic areas, a chance to reflect on and discuss this and an opportunity to agree small goals to achieve some change has been given, but no effort has been seen to have occurred, then removal from the unit will have to be considered. This may not be possible in an Approved Premises or in some prison settings; however alternatives should be explored in each case. The objective of operating a PIPE will need to be actively managed and not weakened by the maintaining of a population not engaged in its purpose.

7.5   Links to Offender Management

Links to Offender Managers and Offender Supervisors need to be established in each case. Staff in these roles should be provided with information about the function of the PIPE, and the Offender Personality Disorder pathway, along with an opportunity to attend the unit. PIPE staff should also seek to make contact with staff involved in the delivery of the 'Community Specification' for the Offender Personality Disorder pathway, who will be working with local delivery units and identifying those offenders in scope of the pathway.

Where possible PIPE staff should aim to support the Offender Manager's understanding of the psychologically and psychosocially informed approach in place, and how this contributes to the overall assessment and management of the offender. This is particularly important within the Approved Premises setting.

8.   Setting up a PIPE

In establishing a PIPE, a Clinical Lead and Operational Lead must be identified at the outset. This is an essential requirement that supports the effective development of a Psychologically Informed and Planned Environment.

Sites should ensure the minimum operation conditions described in this document are met and that the unit is linked to national strategy for development of services for Offenders with Personality Disorder. For the concept of a PIPE to be effectively evaluated, it is vital that a consistent basic model for all PIPEs is established that allows for comparative evaluation.

The components of the PIPE should be introduced in a phased approach, beginning with the introduction of staff clinical supervision structures. A phasing guide is provided for new units.

The majority of staff on the unit, preferably all staff, are expected to complete the mandatory training (module 1) outlined above prior to the opening of the unit or commencement of the PIPE regime.

Those resident on the unit who will not be engaging or participating in the PIPE should be moved off within a short timescale, however operational pressures may mean this is not always immediately possible. If operationally possible, non-PIPE residents should be moved off the unit prior to the opening of the PIPE. This situation should be carefully planned and managed jointly by the Clinical and Operational leads.

Consideration should be given to Research and Evaluation requirements, as advised by the central Offender Personality Disorder team.

9.   On-going Evaluation

A longitudinal evaluation of the PIPE approach will employ a mix of qualitative and quantitative research to understand the specific contribution made by PIPES to the PD strategy and the key mechanisms of PIPES that lead to successful outcomes. The research design will potentially include comparing PIPE residents (a minimum of 200 will be required for an adequate power calculation) with a matched group of offenders who have not attended PIPE. Data on those that complete PD treatment but do not go on to PIPE should be available in the future through the PD Pathway Database. Research from the pilot phase will make recommendations on future evaluation activities.

Any local projects managed by providers of PIPE services should inform the national PD Evaluation/Research Manager so that a system-wide view of PIPE research and development can be maintained.

All PIPE sites are required to maintain a core dataset of participant details, in line with requirements from the national PD team and PD Research Manager.

10.   References

To follow

A.   Appendices

Annex 1   Supervision Protocol
Annex 2   Commissioning Specification (to be added)
Annex 3   Service Level Agreement Template (for NOMS contracts)
Annex 4   Example Referral Booklet
Annex 5   PIPE Guide for Staff and Short Guide for Staff
Annex 6   Job Descriptions
Annex 7   Local Policy Guidance – Consent
Annex 8   Local Policy Guidance – Recording Information
Annex 9   Knowledge and Understanding Framework
Annex 10   Structured Session Examples

Annex 1: PIPE Supervision Protocol

1) Aims of Supervised practice

The main aim of supervision is to facilitate and encourage constant communication, learning and reflection. Supervised practice is the process of ensuring that this continues throughout the different elements of the day and that supervisees learn to "supervise" themselves. Supervision should include:

- Reflective Practice
- Learning
- Training
- Clinical Practice

Supervision provides a physical space and time to reflect on the work and relationships. Physical boundaries such as regular times for supervision, firm beginning and end times provide safety whereas open ended meetings or meetings that finish early or late can be stressful and used to avoid the difficulties inherent in meeting as a group.

Emotional containment i.e. the feeling of safety in relation to sharing information and being vulnerable in the group, comes from all members signing up to clear and agreed boundaries and expectations around confidentiality, openness and honesty.

Supervision takes place in formal groups and individual sessions. However supervised practice takes place all day every day. Supervision is linked to day to day practice via ongoing updates and plans made in the group in handovers, and day to day conversations. Staff should be encouraged to maintain the reflective approach at all times and use opportunities for learning as they arise. Any actions based on discussions can be taken back into supervision for evaluation and review. Staff are expected to develop 'a culture of interested attention' to what is going on in the PIPE and with all of its participants.

2) Managing Supervised Practice

Each PIPE must have structures in place to ensure that staff receive adequate and appropriate supervision. The Operational Lead and the Clinical Lead must be responsible for jointly managing supervision and ensuring staff can access this regularly.

Supervision should take place as a group, a minimum once a week, preferably twice, where possible bracketing the weekend. Supervisors should ensure that supervision is timetabled effectively, at appropriate points in the week in relation to other activity. All staff on duty at those times should participate. The group supervision meetings should have an agreed set agenda and time frame (suggested 2 hours). The meeting agenda should include case management discussions and a business meeting if this makes practical sense, however it is advisable to separate clinical supervision and business issues e.g. one precedes the other.

In addition, there will be individual supervision meetings with the Clinical Lead. It is expected that these meetings will link to the group supervision in that individual concerns and learning points identified during the group supervision will be reviewed and discussed at these meetings.

Throughout a staff member's time within the PIPE, training and development needs will be kept under regular review through the supervision process. It is important that supervision is recorded in Supervision Logs. Further training may be agreed upon as a result of a range of circumstances, such as a poor response to supervision or the external training courses, aspects of individual performance over the year, a change of role within the unit, or personal ambition in a given area. The outcome might be an individual training plan, agreed with line management, which may include training outside the Prison/Probation Service, attendance at in-house training, or further supervised work during the supervised induction period. All training and career development in relation to the PIPE should be included in the SPDR/Appraisal and learning paths.

3) Supervision – Facilitated by the Clinical Lead and Operational Lead

Group Supervision

Group supervision is the main vehicle for ensuring the integrity and quality of practice on a PIPE and should incorporate elements of:

Reflective Practice

The overall aim of supervision is to teach staff to reflect on issues and experiences that occur. This can mean discussing feelings that people have about one another. Encouraging people to discuss feelings in a group will inevitably lead to exploration of past events in a persons' life by way of seeking meaning to the present. It is sometimes difficult to establish a line between supervision and therapy but it is important that this line be drawn. Supervision is not therapy.

Learning

The process of experiential learning takes place all the time and processing this learning is a central task of supervision. The understanding that staff develop needs to be "tested" out both in a group and in individual settings. Whilst it is true that there are no "wrong" answers, there is an expectation that staff will bring a particular attitude of openness and reflection to the PIPE and this can and will be explored in the supervision spaces. It is vital that all areas of learning and supervision are linked and that there is an expectation that staff will bring issues to the group supervision for discussion e.g. from other training or individual supervision.

Whilst the Supervisor will be trained and skilled at creating and maintaining a safe space for reflection and experiential learning they do not come with the right answers. An important element of supervised practice is that the expertise is in the group rather than in the Supervisor. The culture

of learning is created by everyone looking to find out the answers together as opposed to some distinct source. This act of learning underpins the Culture of Enquiry.

The Supervisor's aim is for staff to internalise the process of supervision and therefore group members are encouraged to use the group to find answers rather than looking to a perceived "expert". It is therefore central to the role of the Supervisor that they act as the main role model in the group and not jump in with answers or solutions to problems but allow the group to struggle with learning to understand.

Training

Supervision as training encourages members of the group to discuss strategies and therapeutic techniques in relation to the work in the PIPE. It may be appropriate at times to ask for some specific expertise to be invited to the group to help staff develop their skills further. The open learning styles should always be encouraged however with members of the group discussing how these skills can contribute and be integrated in to the work rather than learning and doing "by role".

Clinical Practice

Supervision is the main space where the work of the unit is reviewed and revised. Clinical cases are discussed, group activity and progress is reviewed and the ongoing atmosphere of the unit is examined.
The main approach to this process would be through a Plan, Do, Study, Act (PDSA) cycle.
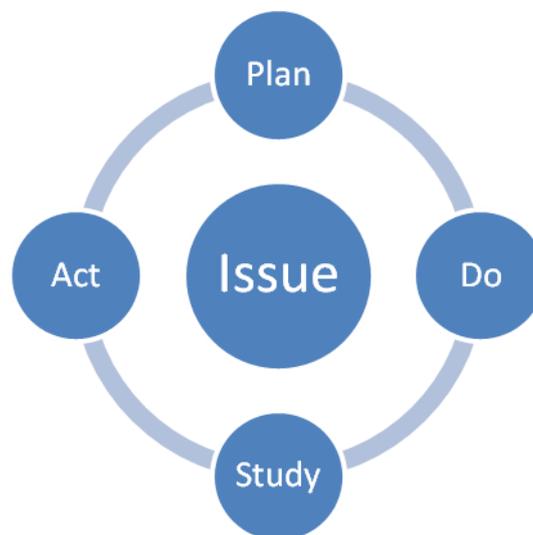
Supervision would enable each element of the programme to be planned. The activity would take place and then be studied/reviewed at the next meeting. This would allow learning to take place which may revise that activity and staff would then do what had been agreed. An example of this in action is a problem brought to supervision.

The key worker brings an issue to supervision, she has a prisoner that won't engage with anyone or attend groups. She is encouraged to share the issues with everyone in the group. The group discusses

the issue and realise that not one member of staff knows anything about him and they agree that if they try to get to know him he may want to get to know others. The team agree that each person would find out something about him over the next week (Plan). The team go away and at each handover staff are asked whether they have asked him a question about himself (Do). When the group meets again everyone shares something they have learnt about him and whether there has been any noticeable difference in his level of engagement (Study). The key worker reports that he has seemed more engaged and was seen sitting by the pool table watching an officer play another prisoner. It was suggested that this officer should try to encourage him to play pool over the next week (Act) etc……

4) Individual Supervision

Management Supervision

Bi laterals (meetings between the individual and his/her line manager) are the official process of evaluating and supervising the work being undertaken. This is the official process of performance management linked to the SPDR/Appraisal.

The bi-lat involves open discussion, feedback and participation. The manager may set objectives and training targets in order to identify needs and to facilitate learning and development.

Bi laterals are the means of linking the individual's role to the delivery of the objectives of the PIPE in terms of performance and require full ownership and participation. The Clinical Lead should ensure there is a mechanism for contributing to staff development plans and appraisal processes.

Standard: Bi laterals should be provided bi-monthly for experienced staff and monthly for new staff and should last at least one hour. Sessions should include some consultation with the Clinical Lead.

Individual Clinical Supervision

New staff will be expected to attend monthly individual clinical supervision with the Clinical Lead, which will prepare them for the use of group supervisory process and provide space for sharing any anxieties.

The overall approach used in individual settings should mirror the fundamental principles of group supervision and reflect the culture of learning in the PIPE. Individual meetings should be used a "bridge" to develop an understanding of the wider group processes, and how to use group spaces for support and learning.

Standard: New staff should expect at least one hour a month individual clinical supervision from the Clinical Lead whilst developing experience of using group supervision processes.

Supervision of Supervisors

It is essential that Clinical Leads are provided with an opportunity receive their own clinical supervision within this work; ensuring attention is paid to parallel process. The pattern of supervision delivery should reflect the delivery of the service, for example delivered in both group and individual settings.

Standard: Clinical Leads to meet with external PIPE aware supervisor for group supervision on a monthly basis. In addition, there should be an opportunity for individual supervision on a less frequent basis.

Additional support could be available if identified or requested.

These meetings should mirror the fundamental principles of Supervision and should cover:

- *Clinical decision-making,*
- *Discussion about day-to-day clinical cases,*
- *Events in the unit, and issues relating to staff and residents*
- *Organisational dynamics as imposing on or relating to the PIPE environment*
- *Identification of any potential risk dynamics*

Learning opportunities include:

- *Discussion and development of PIPE theory, practice and culture.*
- *Awareness of unconscious processes and layers of motivation.*
- *Awareness of links between developmental experience and current patterns.*
- *Awareness of links between emotional flux, mental state and here-and-now enactments.*
- *Awareness of how and why personality difficulties are manifested in a particular way.*
- *Psychodynamic aspects of unit functioning including parallel process, transference and other less conscious intrapersonal and interpersonal processes.*

5) Staff Group Facility Time

It is important that staff should be given the opportunity to meet together for an extended period of time, e.g. an Away Day, where the whole staff group in a particular unit gets together to discuss the broader and long-term dynamics of PIPE and the staff team. This is particularly important in establishing and developing the staff team. These extended periods of time for staff could give the teams the opportunity to extend some of the work carried out through supervised practice but are always competing with other issues due to time constraints. Away days etc can be planned to combine team building activities as well as a longer look at relationships within the team and the team in relation to the whole organisation.

Learning opportunities include:

- Review of the teams' policies and procedures involving all affected by them.

- Involvement in decisions to mark and retain good practices.
- Opportunity to complete team training plans and to agree on future direction.
- Awareness of the organisational chart and the functions of different individuals indicated on it and how the team relates to them.
- Awareness of where the team sits as part of a whole system.
- The creation of action plans for the future and agreed standards by the whole team to these.

Standard: A minimum of 1 per 18 months per PIPE

6) Contact with other PIPEs

This may occur through internal forums, or through events organised by outside bodies.

Learning opportunities include:

- Comparing one unit's practice with another's
- Observing senior members of staff debate current issues
- Identifying organisational parallel processes extending into management
- Comparing Service/Trust practice with "outside" practice

7) Assurance of Staff Competency

Ideally staff should be selected on the basis of a broad assessment of ability and competency to work in a PIPE (see appendices below for staff competencies). Once they have taken up post in a PIPE they must be able to demonstrate in practice the specific competencies set out in the appendices within a reasonable time frame (usually about 6 months). The process of assuring competence is through ongoing supervision throughout staff time in the PIPE. This assessment process should be developed in agreement with the Line Manager and must be recorded. Development of staff competence should be managed in line with reporting procedures for staff appraisal and development.

Competency of Clinical Supervisors

The Clinical Leads are supervised regularly in peer and individual supervision by an external PIPE aware supervisor who has an awareness of group process and organisational dynamics.

The following is a list of skills that a supervisor will ideally be able to provide:

- Develop culture of enquiry
- Enable the supervisee to recognise obstructions to communication and developing relationships
- The supervisor enables the supervisee to develop the capacity to receive projections from clients and to deal with the feelings evoked by the individuals

- They will have and be able to describe the skills and techniques required in the facilitation of groups and have a grasp of group-work theories
- The supervisor will have developed the required skills in enabling the group to be the supervision medium
- The supervisor will be able to describe the PIPE model and be knowledgeable enough about PIPE principles to teach or train other staff in that area.

In order to help them in their role the supervisor will have undertaken a course such as the supervision course run by the IGA or other recognised bodies to enable them to devise, facilitate and deliver an individual and group supervision programme for staff. They will also be KUF trained.

Supervisors must be given sufficient time for individual supervision. This should be supported by the host establishment.

Competence of Operational Leads

Operational Leads should also have the opportunity to access clinical group and individual supervision with the Clinical lead. In addition, they should attend national operational leads meetings, and access group process training where available.

Annex 2   NHS Commissioning Specification

The following annexes will be available during 2013/14 to support implementation of identified sites.

Annex 3   NOMS Service Level Agreement Template

Annex 4   Example Referral Booklet

Annex 5   PIPE Guide for Staff and Short Guide for Staff

Annex 6   Job Descriptions and Competencies

Annex 7   Local Policy Guidance – Consent

Annex 8   Local Policy Guidance – Recording Information

Annex 9   Knowledge and Understanding Framework

Annex 10 Structured Session Examples

END OF DOCUMENT