



Shining a light on the future

Northumberland, Tyne and Wear **NHS**  
NHS Trust

“It’s Life, but not as we know it!”

Reflections on developing a service to support the transitional needs of a forensic in-patient population

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# Within this presentation:

- Overview of Oswin Unit
- Current treatments
- Oswin “New Vision” Project
- Patient input
- Themes for the group
- Format



# Oswin Unit

- A purpose built 16-bed medium secure in-patient unit, designed to work with adult male personality disordered offenders (PDO's)
- It is dedicated to providing a specialist assessment and treatment service for PDO's within the area served by the northern forensic catchment group
- It is part of the national Dangerous and Severe Personality Disorders pilot project (joint initiative between the Dept of Health and the Ministry of Justice) and is 1 of 3 medium secure sites across the country



# Oswin & It's Philosophy

## PHILOSOPHY

- The Oswin Unit assessment and treatment programme is designed to help patients identify and work towards the accomplishment of goals that will improve their functioning in living, learning, working and social environments.
- Emphasis is directed towards identifying and reinforcing patient's inherent strengths and capabilities that enable individuals to engage in activities in a pro-social, non-threatening and non-destructive way.
- The programme seeks to influence the development of practical coping skills, which will be consistently and fairly reinforced by the staff and the patient group.
- Individuals will be supported through crises and conflicts, with emphasis on the transfer and reinforcement of learnt skills into real life situations.



# Existing Therapeutic Programmes

- Psycho-education Groups
- Interpersonal Functioning Groups
- Leisure-based Groups
- Individual Therapy
- Individual Vocational Pathways
- Individual Therapeutic Leaves



# Oswin New Vision

- Reviewing current work processes
- Several strands of work identified



# Oswin New Vision: Discharge Planning

- Greater relationship with community teams and housing providers
- Re-evaluate planning, considering when to begin
- Increase therapeutic risk-taking
- Increase patient preparation for discharge
- Redefine expectations of the patient
- Supporting patients in developing realistic expectations



# How best to meet the identified needs?

- Group versus one-to-one?
- Information versus reflection?
- Skill building or consolidation?
- Facilitator or peer-led?
- Structure?



# Patient Input

“I’ve never lived on my own before”

“I’ll need extra support”

“It’s like two different worlds”

“I’ve never had the opportunity, I’ve always been locked up”

“I was so anxious before- this coming up has alleviated all of that”



# Emerging Themes

## Facilitator generated input

- Housing
- Vocation
- Family/relationships
- Roles
- Finance/Budgeting
- Occupationally balanced routines
- Specific support services within the community

## Patient generated input

- Housing
- Finance
- Roles
- Structured Routine
- Employment
- Education
- Social Skills
- Role Play
- Age factors



# Group Content

- Housing
- Financing and Budgeting
- Roles within the community
- Occupation



# Format of Group

- Closed group
- Self referral with support of staff
- Maximum eight service users
- Mixed ability and experiences
- Mixed progress on care pathway
- Link with Core Team
- Initial pilot study of eight weeks
- Semi-structured
- Guest speakers
- Interactive element
- Reflective session related to topic
- Weekly feedback forms
- Weekly homework
- Two facilitators, with one observer
- Final evaluation questionnaire



# Procedure

- Draft protocol...
  - Clinical Lead
  - Therapy Co-ordination Group
  - Clinical Management Group
- Develop an assessment and evaluation tool
- Develop a manual



# The Beginning...

- Group scheduled to begin January 2010
- Referrals have been submitted and group members identified
- Time slot to be agreed

Time will tell.....