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| HMPPS Prison Regime Recovery Planning  Exceptional Delivery Model (EDM) 7   * Accredited Offending Behaviour Programmes * Structured Interventions * Psychological Interventions   Agreed Published Version 1.0 |
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| **3 July 2020** |

**Offending Behaviour Work: Accredited and unaccredited groupwork, individual work and psychological intervention**

**Introduction**

**Exceptional Delivery Models (EDMs)**

A suite of EDMs are being published as part of the guidance for prisons to guide them through construction of local RRMPs. This EDM is a brief guide on the high-level principles that must be incorporated into a local plan for each element of regime delivery. It is essential that the plan for reinstating an element of the regime does more than simply reintroduce the local procedures that pre-dated COVID measures. Each local plan must incorporate social distancing and cohorting measures, medical considerations, PPE and hygiene requirements (including regular hand-washing), as well as security and safety considerations. Each EDM will also guide establishments on the most procedurally just way to stand up each regime element under continuing COVID restrictions.

Each establishment must create a plan for every element of regime that is relevant to their category and function based on the guidance in its respective EDM. Mirroring the approach taken during the development of ERMPs, establishments have local autonomy to determine the formal and contents of each plan or procedure they produce from the EDMs but the RRP they complete summarising their local recovery proposal will be based on a template provided.

This EDM has been developed jointly by policy and operational colleagues in conjunction with specific stakeholders relevant to each area. Each EDM breaks each regime element into a series of processes or areas. Under each one there are a set of baseline requirements which must be met by each establishment. Every baseline requirement has an importance weighting from one (lowest) to three (highest) attributed to it, to assist prisons in planning and sequencing activity required. Baselines are split into those that are mandatory and those that are desirable. Each baseline also has a “level of autonomy” attached. This describes the level of freedom an establishment has over the design of the product/output required to satisfy each baseline.

This EDM outlines what activity will be permitted at level 3 (restrict) moving towards level 2 (reduce).

This EDM applies to the over 18 estate. Youth Custody Service have their own guidance for delivery of Interventions. (see YCS Approved Interventions EDM). This model applies in Wales **but** decisions will be made in line with Public Health Wales and Welsh Government guidance.

**Regime Recovery Management Plans- RRMP**

Prisons are required to develop local Regime Recovery Management Plans (RRMP) based on a suite of national guidance documents called Exceptional Delivery Models (EDM). Establishments are being provided with high level guidance outlining the parameters they must work within but have autonomy to build their own bespoke plans based on what works locally. Establishments will submit their RRMP together with a readiness assessment to their respective Prison Group Director (PGD). Further details are contained within the published National Framework on Regimes & Services.

**What will be delivered in prisons at different levels of regime in this EDM?**

*Group size is dependent on PHE and Government guidance AND Correctional Services Accreditation and Advice Panel (CSAAP) and Interventions Services requirements.*

**Level 3 (Restrict) - High Level Descriptor**

* Offending behaviour work will be undertaken subject to Government and PHE guidance. This will largely be 1-1 and in small groups with social distancing measures in place. Small group working as an option needs to be risk assessed locally and should only be done with the same prisoners from the same cohort and the same staff (i.e. they must be from the same unit/wing and not from different areas of the prison). Prisoners cannot be transferred to undertake OBPs.

**Level 2 (Reduce) – High Level Descriptor**

* Offending behaviour work will continue in 1-1 and small groups with social distancing measures in place. Standard group sizes can be introduced where PHE/Govt guidance allows. Inter Prison Transfers to undertake OBPs will be possible where RCUs are in place at receiving prisons.

**Level 1 (Prepare) – High Level Descriptor**

* At this stage compartmentalisation is no longer required but ongoing screening, testing and monitoring continues to rapidly detect new infections.
* Regimes operating without the requirement for social distancing or PPE use.
* Staffing levels near target and sufficient for normal regime delivery and standard group sizes.

*To note: Guidance on the ability to move individuals between 1-1/small group/standard group once the work has started is contained in the ADF.*

**Why Offending Behaviour Work is important**

It is important that HMPPS provides opportunities for prisoners to engage in rehabilitative intervention that enables them to learn skills for pro-social change, and helps them reduce their risk of reoffending. The regular, supportive, therapeutic contact between prisoners and their facilitators is likely to be a significant protective factor and an important source of information to those managing and risk assessing such prisoners. Prisoners’ progression in custody can be dependent on successful programme completion or wider intervention activity.

Withdrawal of accredited programmes and risk focused individual work could i) have an adverse effect on stability and on the safety of prisoners, staff and the public ii) undermine public confidence in the ability of HMPPS to manage risk of re-offending and iii) result in legal challenge.

Accredited Offending Behaviour Programmes are accredited by CSAAP to operate in particular ways. To support this EDM, CSAAP have now approved an Alternative Delivery Format (ADF) to ensure each OBP can be delivered during Covid restrictions. The ADF manual contains full details and guidance for each accredited OBP (see Annex C). Any domestic violence interventions in Wales must also demonstrate adherence to the Welsh Gov VAWDASV standards as part of the QA process

Non-accredited programmes (PSO 4350 & Effective Interventions Panel validated) will contain models of delivery. Alternative delivery models will not have been validated and will need to be considered on a case by case basis for each programme. For further advice on this please contact [NationalPsychologyServiceOBPSupport@justice.gov.uk](mailto:NationalPsychologyServiceOBPSupport@justice.gov.uk)

Psychological intervention is a one-to-one provision for those individuals who do not meet mainstream OBP offers. Individual intervention work conducted by psychologists is frequently requested for, or recommended by, the Parole Board. In addition, individual work focusing on public protection, and safety-related 1-1 work to support crisis management and/ or violence management strategies is offered. This includes:

* Work to support crisis management strategies (as part of the prison’s safety agenda);
* Interventions to address CSIP / StEM-related needs which are impacting on the current functioning of either the individual or the wider establishment (by virtue of the level of disruptiveness of the individual’s behaviour on other residents or the regime);
* Work to address offending-related needs for which there is no suitable Offending Behaviour Programme (OBP) available;
* 1-1 work to address imminent public protection concerns, or to meet the needs of a MAPP Panel.

The accredited Democratic Therapeutic Communities (DTC) models are not covered within this Exceptional Delivery Model. Whilst they are accredited interventions, DTCs sit within the HMPPS/NHS Offender Personality Disorder (OPD) Pathway and are covered within the OPD EDM. Any queries should be sent to the HMPPS TC Development Manager; [jennie.slater@justice.gov.uk](mailto:jennie.slater@justice.gov.uk).

Sites will need to prioritise their delivery in liaison with their Psychology and Programmes teams to ensure the activity undertaken best meets the needs of the site, specifically considering the impact on progress of individuals who are waiting to access OBPs and the public protection risk of release without programme, versus the on-site needs to help individuals manage their behaviour in prison.

**Exceptional Delivery Regime model: Accredited Offending Behaviour Programmes, Non Accredited PSO4350 programmes, Psychological Interventions**

**Guide to weightings/prioritisation (mandatory tasks only)**

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| Value | Description |  |
| 3 | Highest– action required as a precursor to other tasks | |
| 2 | Medium – action required as part of wider work | |
| 1 | Lowest – action required once others have been completed | |

**Guide to autonomy levels (mandatory tasks only)**

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| Value | Description |  |
| Total | Establishment has total autonomy to determine the design of the product that satisfies the baseline | |
| Partial | Establishment has partial autonomy – the ability to choose from pre-determined delivery options (which are specified) | |
| Limited | Establishment has limited autonomy and must deliver the product as stipulated | |

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| **Offending Behaviour Programmes**  **Mandatory actions** | | | | |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **1. General** | **1.1** On behalf of the Governor, appoint an individual responsible for designing local plans. | **3** | **Total** | Programme Manager |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **2– Preparation: staff, prisoner, location and materials** | **2.1** Conduct a review of available accommodation that can be used to deliver interventions. | **3** | **Total** | Programme Manager |
| **2.2** Conduct a local review of existing programme room Risk Assessments including access and egress for staff and the prisoner participants in and around the area.  Consider if one-way systems or staggered movement could assist or be appropriate.  Consider ventilation.  Particular attention should be given to access for prisoners who are cohorted/shielded | **3** | **Total** | Programme Manager in liaison with H&S |
| **2.3** Conduct a local review of the layout of each group room to factor in the need for social distancing for the prisoner(s) and staff.  Particular attention should be given to the:  - Numbers of prisoners  - Space between seats  -Requirement for cleaning of room and equipment between use by different staff/participants including chairs and tables  - Use of floor markings if appropriate  - Signage regarding health and safety  - Arrangements/ instructions for hand washing and/or application of hand gels before and after the session, during if required  -Arrangements/instructions for break times  - Arrangements/instructions for access to toilets | **3** | **Total** | Programme Manager in liaison with H&S |
| **2.4.** Conduct a local review ofthe arrangements for the safe issuing and cleaning of any materials. Particular attention should be given to:  ­- Arrangements for use of materials such as flipcharts, pens and hand-outs  -Arrangements for use of video recording devices. | **3** | **Total** | Programme Manager and Treatment Manager in liaison with H&S |
|  | **2.5** Conduct a local review on the need for and availability of PPE and ensure there are adequate provisions and information about appropriate use where required.All staff needing to use PPE must be adequately trained. | **3** | **Total** | Local H&S Lead |
|  | **2.6** Conduct a review of facilities available to conduct pre-course assessments, one to one sessions and post-course reviews | **3** | **Total** | Programme Manager & Treatment Manager |
|  | **2.7** Conduct a review of treatment managers and facilitator staff (on site and psychology services) and their ability to deliver | **3** | **Partial** | Discuss with PSG |
|  | **2.8** Risk assess the cumulative impact on movements of people into and out from the establishment when implemented concurrently with other polices to ensure the entry/egress arrangements can safely operate with increased capacity. | **3** | **Total** |  |
|  | **2.9** Consider limiting areas of the establishment accessed by those newly attending the site. Ensure this work does not breach arrangements for staff working in different compartmentalised areas of the prison | **3** | **Total** |  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **3– Preparation security processes** | **3.1** Conduct a local review of existing group room, Security Risk Assessments focusing on the arrangements for the searching of prisoners and supervision of sessions | **3** | **Total** | Local Security Strategy |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **4– Management Checks** | **4.1** Conduct a local review of management checks by the Programme Manager to be updated to include additional checks on COVID controls. | **2** | **Total** | Programme Manager |
|  | **4.2** Conduct a review of all management checks required as part of the ADF manual. | **1** | **Total** | ADF manual |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **5– Stakeholder management** | **5.1** Although all revisions to the arrangements for Interventions will besubject to consultation with recognised Trades Unions as part of the Establishment Regime Management Plan, a local internal stakeholder engagement plan must be developed to assist in communicating any revised working arrangements with:  - Staff  - Prisoners  - Prisoner referral sources  - Activities hub  - OMiC Team  - Psychology Services Group  - Interventions Services | **3** | **Total** |  |
| **5.2** Develop a local external stakeholder engagement plan to assist in communicating with;  - Parole Board | **2** | **Total** |  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **6 – Interventions Process** | **6.1** Conduct a local review of the waiting and referral lists for interventions to assist in decision making as to priorities | **3** | **Total** | Programme Manager & Treatment Manager |
| **6.2** Conduct a local review of the capacity of interventions that can be facilitated to plan session times/staff availability. Consider impact of other services e.g. healthcare, access to exercise and visits. | **1** | **Partial** | Liaison with PSG |
| **6.3** Conduct a local Equality Impact Assessment on the interventions and waiting list data |  |  |  |
| **6.3** Intervention Planning and Session Log to be completed. Also note any additional staff (e.g. security supervision) to enable contact tracing unless this is definitely captured elsewhere | **2** | **Total** | ADF manual |
| **6.5** Introduce a process for logging defensible decisions in relation to allocation of places | **2** | **Total** | Liaison with PSG |
|  | **6.6** Introduce a method for informing the community OM team of releases from waiting lists without OBP completion | **2** | **Total** |  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **7 Staffing and training** | **7.1** Conduct a review of available staff and what they are fully trained in.  Training return to be sent to Interventions Services. | **3** | **Total** | Training return in Annex E |
|  | **7.2** Consider how those returning to site working and prisoner access should be inducted into safe working arrangements for the establishment |  |  |  |
|  | **7.3** All OBPdelivery staff to complete mandatory CPD work pack | **3** | **Total** | ADF manual Annex C |
|  | **7.4** Pre-assurance checklist completed | **3** | **Total** |  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **8. Health** | **8.1** The medically vulnerable or extremely vulnerable residents will be able to undertake interventions within establishments; but must only do so if a high level of bio-security can be assured via remote or face to face delivery. Defensible decision logs should be used. |  |  |  |

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| **Structured Interventions (PSO4350 and Effective Interventions Panel validated)**  **Mandatory Actions** | | | | |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **1. General** | **1.1** On behalf of the Governor, appoint an individual responsible for designing local plans. | **3** | **Total** |  |
|  | **1.2** Ensure any adaptations to existing delivery models have been discussed with PSG and approval in place | **3** | **Partial** | Contact PSG to discuss approvals |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **2– Preparation: staff, prisoner, location and materials** | **2.1** Conduct a review of available accommodation that can be used to deliver interventions. | **3** | **Total** |  |
| **2.2** Conduct a local review of existing programme room Risk Assessments including access and egress for staff and the prisoner participants in and around the area.  Consider if one-way systems or staggered movement could assist or be appropriate.  Consider ventilation.  Particular attention should be given to access for prisoners who are cohorted/shielded | **3** | **Total** |  |
| **2.3** Conduct a local review of the layout of each group room to factor in the need for social distancing for the prisoner(s) and staff.  Particular attention should be given to the:  - Numbers of prisoners  - Space between seats  -Requirement for cleaning of room and equipment between use by different staff/participants including chairs/tables  - Use of floor markings if appropriate  - Signage regarding health and safety  - Arrangements/ instructions for hand washing and/or application of hand gels, before and after the session/during if required  -Arrangements/instructions for break times  - Arrangements/instructions for access to toilets | **3** | **Total** |  |
| **2.4.** Conduct a local review ofthe arrangements for the safe issuing and cleaning of any materials. Particular attention should be given to:  ­- Arrangements for use of materials such as flipcharts, pens and hand-outs  -Arrangements for use of video recording devices. | **3** | **Total** |  |
|  | **2.5** Conduct a local review on the need for and availability of PPE and ensure there are adequate provisions and information about appropriate use where required.All staff needing to use PPE must be adequately trained. | **3** | **Total** |  |
|  | **2.6** Conduct a review of facilities available to conduct pre-course assessments, one to one sessions if required and post-course reviews where applicable | **3** | **Total** |  |
|  | **2.7** Conduct a review of delivery staff (on site and psychology services) and their ability to deliver | **3** | **Partial** | Discuss with PSG |
|  | **2.8** Risk assess the cumulative impact on movements of people into and out from the establishment when implemented concurrently with other polices to ensure the entry/egress arrangements can safely operate with increased capacity. | **3** | **Total** |  |
|  | **2.9** Consider limiting areas of the establishment accessed by those newly attending the site. Ensure this work does not breach arrangements for staff working in different compartmentalised areas of the prison | **3** | **Total** |  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **3– Preparation security processes** | **3.1** Conduct a local review of existing group room Security Risk Assessments focusing on the arrangements for the searching of prisoners and supervision of sessions | **3** | **Total** | Local Security Strategy |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **4– Management Checks** | **4.1** Conduct a local review of management checks by the Programme Manager to be updated to include additional checks on COVID controls. | **2** | **Total** |  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **5– Stakeholder management** | **5.1** Although all revisions to the arrangements for Interventions will besubject to consultation with recognised Trades Unions as part of the Establishment Regime Management Plan, a local internal stakeholder engagement plan must be developed to assist in communicating any revised working arrangements with:  - Staff  - Prisoner referrals  - Activities hub  - OMiC Team  - Psychology Services Group  - Interventions Services | **3** | **Total** |  |
| **5.2** Develop a local external stakeholder engagement plan to assist in communicating with;  - Parole Board | **2** | **Total** |  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **6 – Interventions Process** | **6.1** Conduct a local review of the waiting and referral lists for interventions to assist in decision making as to priorities.  Send waiting list information to PSG | **3** | **Total** |  |
| **6.2** Conduct a local review of the capacity of interventions that can be facilitated to plan session times/staff availability. Consider impact of other services e.g. healthcare, access to exercise and visits. | **1** | **Partial** | Liaison with PSG |
| **6.3** Conduct a local Equality Impact Assessment on the interventions and waiting list data | **3** | **Total** |  |
| **6.4** Introduce a process for logging defensible decisions in relation to allocation of places | **2** | **Total** | Liaison with PSG |
|  | **6.5** Ensure there is a log of all participants and staff in the session/room – this should include any security supervision staff to enable contact tracing unless this is definitely captured elsewhere. | **2** | **Total** |  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **7 Staffing and training** | **7.1** Conduct a review of available staff and what they are fully trained in. | **3** | **Total** |  |
|  | **7.2** Consider how those returning to site working and prisoner access should be inducted into safe working arrangements for the establishment | **3** | **Total** |  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **8. Health** | **8.1** The medically vulnerable or extremely vulnerable residents will be able to undertake interventions within establishments; but must only do so if a high level of bio-security can be assured via remote or face to face delivery. Defensible decision logs should be used. |  |  |  |

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| **Psychological Interventions**  **Mandatory Actions** | | | | |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **1. General** | **1.1** On behalf of the PSG appoint a liaison with the Governor. | **3** | **Total** |  |
|  | **1.2** Ensure any adaptations to existing delivery models have been discussed with PSG and approval in place | **3** | **Partial** | Contact PSG to discuss approvals |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **Preparation** | **2.1** Conduct a review of available accommodation that can be used to deliver individual psychological interventions. | **3** | **Total** |  |
|  | **2.2** Conduct a local review of existing programme room Risk Assessments including access and egress for staff and the prisoner participants in and around the area.  Consider if one-way systems or staggered movement could assist or be appropriate.  Consider ventilation.  Particular attention should be given to access for prisoners who are cohorted/shielded | **3** | **Total** |  |
|  | **2.3** Conduct a local review of the layout of each room to factor in the need for social distancing for the prisoner(s) and staff.  Particular attention should be given to the:  - Space between staff and the prisoner  -Requirement for cleaning of room and equipment between use by different staff/participants, including chairs and tables  - Use of floor markings if appropriate  - Signage regarding health and safety  - Arrangements/ instructions for hand washing and/or application of hand gels, before/after and during if required  -Arrangements/instructions for break times  - Arrangements/instructions for access to toilets | **3** | **Total** |  |
|  | **2.4.** Conduct a local review ofthe arrangements for the safe issuing and cleaning of any materials. Particular attention should be given to:  ­- Arrangements for use of materials such as hand-outs and pens  -Arrangements for use of video recording devices. | **3** | **Total** |  |
|  | **2.5** Conduct a local review on the need for and availability of PPE and ensure there are adequate provisions and information about appropriate use where required.All staff required to use PPE should be appropriately trained. | **3** | **Total** |  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **3– Preparation security processes** | **3.1** Conduct a local review of existing group room Security Risk Assessments focusing on the arrangements for the searching of prisoners and supervision of sessions | **3** | **Total** | Local Security Strategy |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **4. Management checks** | **4.1** Conduct checks within PSG to ensure delivery environment agreed | **2** | **2** |  |
|  | **2.2** Refer toPsychology Services Delivery EDP and complete PSG Defensible Decision Making Checklist |  |  | Refer toPsychology Services Delivery EDP and complete PSG Defensible Decision Making Checklist |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **5. Stakeholder Management** | **5.1** Although all revisions to the provision of psychological interventions will be subject to consultation with recognised Trade Unions as part of the Establishment Regime Management Plan, a local internal stakeholder engagement plan must be developed to assist in communicating any revised working arrangements with:   * Staff * Prisoners * Prisoner referral sources * OMiC Team | **3** | **Partial** |  |
|  | **5.2** Develop a local external stakeholder plan to assist with communicating to the Parole Board | **2** | **Partial** |  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **6 Interventions Process** | **6.1** PSG to conduct a review of the waiting and referral information to assist in decision making and prioritisation | **3** | **Partial** | PSG Liaise with OMU |
|  | **6.2** Conduct a review across the PSG resource to identify the capacity for interventions work given impact of other demands (e.g. parole Board assessment/OBPs) | **3** | **Partial** | PSG Liaise with OMU |
|  | **6.3** Conduct a local Equality Impact Assessment on the interventions and waiting list data | **3** | **Total** |  |
|  | **6.4** Ensure completion of Psychology defensible decision log | **3** | **Partial** |  |
|  | **6.5** Ensure there is a log of all participants and staff in the session/room – this should include any security supervision staff to enable contact tracing unless this is definitely captured elsewhere. | **2** | **Total** |  |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **Staffing and Training** | **7.1** PSG to review available staff and what they are trained in | **2** | **Partial** |  |
|  | **7.2** Consider how those returning to site working and prisoner access should be inducted into safe working arrangements for the establishment | **3** | **Partial** | PSG liaise with site |
| **Area/Process** | **Baseline** | **Weighting (1,2,3)** | **Autonomy Level**  **(total, partial, limited)** | **Comments/Sources of information** |
| **8. Health** | **8.1** The medically vulnerable or extremely vulnerable residents will be able to undertake interventions within establishments; but must only do so if a high level of bio-security can be assured via remote or face to face delivery. Defensible decision logs should be used. | **3** | **Partial** | PSG liaise with site |

**Annex A – List of Accredited Offending Behaviour Programmes**

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**Annex B – introductory guide to Interventions. This document contains more information on each intervention.**



**Annex C – Alternative Delivery Format (ADF) guidance**

**The ADF remains in draft as details are clarified; an example would be how many men in denial of their offence can be permitted in a small group format at one time. This will be updated as soon as possible**

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**Annex D – Practice Guidance for Treatment Managers**

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**Annex – E Training return**



**Annex F – Prioritisation Overview**

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**Annex G**

FAQs

Operating safely

**When regime guidance changes and Groups start, how do we determine safe levels of attendance between 1-1/small groups/standard groups?**

We do not want to pre-empt whatever guidance from Public Health England or HMPPS. However, it will be important for discussions to take place between the prison in consultation with appropriate trade unions and the programmes teams about suitable operating arrangements during the recovery phase until business returns to normal.

**Who is responsible for providing appropriate Personal Protective Equipment (PPE) to the people working in the facility, including staff and prisoners?**

Governors have a duty to take reasonable care of the safety of prisoners, HMPPS staff and any visitors in their care. PPE necessitated for prisoners and HMPPS staff due to Covid-19 should be paid for by the prison.

Recovery planning

**Who takes the lead on recovery discussions?**

Governors should discuss recovery plans with their on-site Programme Manager and Treatment Manager, as well as their Regional psychologist (Head of Psychology in LTHSE) who will ensure discussions are had with Interventions Services as required.

**Should PNAs and other assessments be started?**

PNAs can be completed but the consent process needs to take into account the potential that there will be limited delivery available. The Psychology Defensible Decision Checklist should be used to inform decision making on a case by case basis.

Funding

**What happened to the plans for 20/21 OBP expansion and change created by each Directorate?**

We will write off the 20/21 planning - what we deliver and what we spend will be determined by the interplay between EDMs and local plans, subject to actual 20/21 allocations which remain based on 19/20 investment.

Prioritisation

**Who do I contact for advice?**

For HSP and HII we prioritise centrally. For group based programmes that we are going to deliver in different ways or volumes, we are building up information about local referral lists, but please contact [NationalPsychologyServiceOBPSupport@justice.gov.uk](mailto:NationalPsychologyServiceOBPSupport@justice.gov.uk)

For advice around ADFs: [Interventions\_businessenquiries@justice.gov.uk](mailto:Interventions_businessenquiries@justice.gov.uk)