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| The HMPPS Approach to the Management and Rehabilitation of People Convicted of Sexual Offences |
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Executive summary

This document has been produced to set out His Majesty’s Prison and Probation Service’s (HMPPS’s) approach to working with people convicted of sexual offences. It provides an evidence informed rationale to better understand sexual offending and it describes how we can support desistance in a strengths-based way, whilst at the same time ensuring that we manage risk properly in all cases. It is recognised that we cannot always do this alone, and our expectations for arrangements with statutory partners, wider system providers and other agencies, to support the delivery of high-quality services, are described.

The document sets out expectations for HMPPS’s work with people convicted of sexual offences, including both operational requirements and good practice to support assessment, to promote effective rehabilitation and to inform risk management in both probation and prisons. These include a detailed description of our accredited programmes for men convicted of sexual offences, which are designed to promote rehabilitation through a strengths-based approach.

As we continue to learn about the diversity of the cohort, we aim to provide, update and review the tools and resources required to deliver a responsive service which takes new research into account. In this iteration of the document, we provide some useful evidence about women, people with learning disability and challenges, and those who experience personality disorders, who have committed sexual offences. This will help support a responsive prison and probation service.

This paper supports the following HMPPS strategic principles: enabling people to be their best, having an open, learning culture and transforming through partnerships. It also contributes to the following strategic outcomes: protecting the public, reducing reoffending, having a diverse, skilled and valued workforce, high quality sentence management and decent and safe prisons.

Introduction

We have produced this document so that everybody can see what we are doing in our endeavour to reduce sexual offending by providing the best assessment, rehabilitation and management possible to those who have been convicted of sexual offences. It contains no new requirements; rather, it draws together existing requirements and advice for our work with people convicted of sexual offences. This paper is intended to change through updates as requirements change.

Sexual offending causes enormous harm to victims. We are committed to doing everything within our control to reduce the likelihood of reoffending amongst those for whom we have responsibility. We will do this through our ability to assess, manage, rehabilitate and reintegrate people convicted of sexual offences.

We recognise that the term ‘sexual offending’ covers a broad range of different types of offending, and that range is increasing. For example, technology is enabling those so minded to offend in new and different ways, including internet enabled offending such as live streaming and sharing of indecent images of children. In addition, organised forms of sexual abuse such as gang related sexual exploitation and human trafficking are now forming part of the range of sexual offences we deal with. We also need to consider those who commit offences in connection with drug use and ‘chemsex’. We should not assume that the same response is sufficient or necessary for those convicted of different offence types, and this document recognises the heterogeneity of sexual offending.

Our approach to those convicted of sexual offences

**Introduction.**

We believe that people can change, and that the best way to protect the public is to strengthen a person’s motivation and ability to live an offence free life. But we also recognise that some people are not ready or willing to stop sexual offending, and therefore we need to manage their risk as well. These two aims are not incompatible.

In this section we set out the core purpose of this document and a set of practices for working with people convicted of sexual offences. Then we describe a way of understanding human development in terms of three broad areas – biological, psychological and social, that in turn help to understand sexual offending. We describe how we can work with people to help them develop strengths to overcome risk factors, using an approach which has become known as ‘strengths-based’. We also set out our approach to risk management, and describe how these two functions – rehabilitation and risk management – are integral to, and sit alongside, one another.

For the avoidance of doubt, if ever the rehabilitation and risk management parts of our role conflict, then public protection takes priority.

**Core purpose**

We aim to:

1. Provide appropriate advice to courts.
2. Ensure the sentence of the court is properly enforced.
3. Protect the public from further sexual offending from those under our supervision and in our care, by effective rehabilitation, appropriate risk management, and enabling those convicted of sexual offences to live non-harmful and more productive lives.
4. Ensure that those in prisons and approved premises are kept safe and secure.

This document also supports the HMPPS business strategy through:

1. Protecting the public by managing and rehabilitating those convicted of sexual offences using up to date research and the best supported methods.
2. Reducing reoffending by working effectively with people convicted of sexual offences to reduce the likelihood they will reoffend.
3. Promoting decent and safe prisons where those with convictions for sexual offences can serve their sentence in a constructive manner.
4. Contribute to a diverse, skilled, experienced and valued workforce by equipping staff with the skills and confidence to work effectively with this cohort.
5. Promoting high-quality sentence management by clarifying requirements for work with those convicted of sexual offences.

**Working practices**

1. We have a dual role with regard to our work:
	1. to rehabilitate people who have committed sexual offences and reduce the likelihood that a person will commit a further offence,
	2. to assess and manage risk.
2. Rehabilitation works best when we help people to address and manage risk factors, and to develop strengths to live a crime-free life.
3. We recognise that risk factors for sexual offending can have biological, psychological and social influences. Our approach involves helping people to overcome risk factors or develop strengths in all three of those areas.
4. We will also seek to understand sexual offending in the context or situation in which it was committed.
5. Our *relationships* with those in our care are important in helping them to change.
6. We will allocate resources in line with the principles of risk, need and responsivity, that is, we will focus most resource on those who present the highest risk and needs, we will focus on addressing needs that have been shown to be related to recidivism, and we will be responsive to personal circumstances, motivation and learning style.
7. Practitioners should consider whether any of the advice set out in this paper might also apply to those who have been sentenced for non-sexual offences, but where information from either the person they are assessing, or other risk management partners, suggests that there is evidence of sexually harmful behaviour.
8. As with all our work we need to consider the diverse needs of people we are working with. This paper promotes this by setting out an approach based on identifying and working on individual needs. But it should be read in conjunction with HMPPS’s general policies on diversity. In addition, the specific subject areas of working with women and working with people with learning disability and challenges are specifically addressed in this paper.

**Understanding sexual offending**

For us to help people convicted of sexual offences to change, we need to understand why certain individuals commit sexual offences. There are a number of theories that describe why some people commit sexual offences, many of which have significant value for the purpose of rehabilitation. For many, sexual offending is related to problems in one or more of three underlying and closely related groups of factors.

Our work with those convicted of sexual offences needs to take account of these factors:

* Biological factors. Brain development is partly genetic and partly environmental. People who have experienced significant and lasting trauma, particularly as children, may experience affected brain development that results in problems in managing feelings, aggression, decreased verbal skills and other problems.
* Psychological factors. These relate to learning, attachment and lifelong developmental experiences which shape personality, attitudes and emotions.
* Social factors. These relate to the individual’s immediate social group, and whether they have a positive or negative influence on them, and to the wider influence of society and the messages people take from it.

Whilst these issues underpin many of the risk factors for sexual offending it should equally be noted that many people who have problems in these areas do not commit sexual offences. People have a choice, regardless of their background, and our job is to ensure they make the right decisions in future.

**Work to reduce the likelihood of reoffending.**

The principles of ‘risk, need and responsivity’, (e.g. Bonta and Andrews, 2017)[[1]](#footnote-2), provide a structure within which we will conduct our work and allocate our resources. Essentially the risk principle tells us we should allocate resources according to risk, with higher risk people needing proportionately more intervention than lower risk people. The need principle tells us that we should target and attempt to address those needs which we know are related to reoffending, known as ‘criminogenic’ needs (information on criminogenic needs for sexual offending is given in appendix 3). The responsivity principle tells us we should be responsive to the individual’s learning style, motivation and personal circumstances. This includes needs related to level of ability, disability, preference, culture and so on.

Generally then, the rehabilitative part of our work involves two strands: firstly, work to identify and reduce risk factors, and secondly, work to strengthen potential desistance factors. Taking a bio-psycho-social approach helps us understand that we should be holistic in our work. We do not need to confine ourselves to one model of working – rather, we can and should intervene in all three areas described in the bio-psycho-social model:

* We can strengthen a person’s biological capability to desist by:
	+ Recognising people’s brains can change throughout their lives.
	+ Teaching people new skills and have them repeat those skills, where possible in real life situations. Some examples are given below.
* We can strengthen a person’s psychological capability by:
	+ Constructively challenging offence-related thinking, attitudes and beliefs, using motivational techniques, exposing people to alternative views and encouraging them to challenge their own thinking.
	+ Teaching psychological skills such as problem solving, managing feelings and so on.
	+ Where necessary, helping people to learn ways to manage offence-related sexual interests.
* We can strengthen people’s social capability by:
	+ Teaching them relationship skills such as assertiveness, negotiation, problem solving and intimacy.
	+ Encouraging them to consider their current relationships, and whether they are helpful or not.
	+ Helping them develop new relationships – perhaps through expanding opportunities for social activities, work, education and so on (where it is safe to do so).
	+ Helping them find meaningful but safe employment or other activities.

*Risk factors for sexual offending.*

Assessment of risk factors is described in chapter 2.

Work to help people overcome risk factors should be undertaken in a positive, collaborative way, based on helping people develop strengths to overcome deficits. For example, one risk factor for sexual offending is poor relationship skills. Therefore, a positive way of working with people who have this risk factor would be to help them develop and practice *good* relationship skills such as assertiveness or negotiation, or simply having a conversation with another adult. Being able to repeat this practice is important. In this way the ‘strength-based approach’ is combined with the risk-based approach – we are helping people to develop strengths to overcome risks. As can be seen in the assessment chapter there are other assessment tools that can be used for specific purposes.

*Desistance from sexual offending.*

The second strand involves helping people to develop protective factors, or desistance factors. In promoting desistance, practitioners can undertake a number of activities, including, for those eligible in probation (not prisons), completion of relevant exercises from the ‘Maps for Change’ toolkit described later in this document (see later for more detail on the use of Maps for Change). In particular, helping people to desist involves working with them to promote optimism and hope for a better future. This should involve them:

* Making plans for a pro-social life, and having a sense of meaning and purpose in their lives.
* Adopting a positive, pro-social identity.
* Being a positive member of society, thinking how they can contribute to society, sticking to the rules and getting on with people who are supporting them, having strong ties to family and community, and having their worth recognised by others (where appropriate and safe given the nature of the individual’s comvictions).
* Finding things to do that keep them busy and add meaning to their lives, such as employment, voluntary work, education and training and so on (where appropriate and safe given the nature of the individual’s convictions).
* Having feelings of hope and self-efficacy.

The following pages describe a range of activities undertaken in probation and prisons to manage the risk of those convicted of sexual offences. These involve, but are not limited to, restrictive requirements, monitoring, polygraph requirements for those eligible, correct use of Approved Premises, and so on.

Sometimes, in order to assess and manage risk, we might need to do things that are not entirely consistent with the strengths-based approach described above. For example:

* When assessing risk we may need to ask people to describe their past offending, so that we can better understand the context in which it occurred.
* When managing risk, we may need to do things which constrain an individual’s ability to develop strengths as set out above, such as placing restrictions on who they associate with, where they go, what employment they undertake and so on.

These things can be necessary in order to manage a person’s risk, and must be carried out where appropriate. We will, therefore:

* Review restrictions regularly to ensure they remain necessary.
* Understand that requiring people to describe their offending may increase shame. Shame is a complex emotion which for some might precipitate change, but for many may make moving on with a more positive life more difficult. We will, therefore, be sensitive to this when undertaking such work.
* Recognise that preventing people from undertaking certain activities, going to certain areas or associating with certain people is necessary, but we will explain why, and work with them to help them understand what rehabilitative activities they *can* be involved with, within the constraints of public protection.

In addition, when working with people convicted of sexual offences we should:

* Recognise and respect each individual’s right to make decisions about their own lives (where these decisions do not conflict with the rights of others, harm others, break the law or undermine public safety),
* Recognise that the people we work with have strengths and positive sides to their character as well as any risks they may present.
* Help people to develop further strengths, so that they can overcome risky behaviour in future.
* Promote hope and encourage personal development.
* Hold people responsible for changing and shaping their future lives.
* Focus on their future lives, encouraging them to plan for and achieve a better, crime-free future.
* Expect the best from the people we have responsibility for, enabling them to reach their potential by acting as a supportive coach.
* Employ the principles of procedural justice.

**Organisational culture**

The success of the organisation in reducing reoffending is influenced by its organisational culture. The establishment and maintenance of a rehabilitative culture is formed by attitudes, ideas and behaviour. All staff have a role in and responsibility for this. In particular, leaders should promote a rehabilitative culture. Risk management should be a shared activity in which the individual is fully engaged, aimed at assisting that individual in resuming a place as a constructive (and safe) member of society. (Of course, in doing so any risk they may present the community needs to be managed appropriately.)

This will contribute to and reinforce public protection. Throughout their sentence, whether it be in prison or community, individuals should be encouraged to think about their future, to make constructive plans and to learn the skills and attitudes that will enable them to achieve those plans. This will require a range of activities to be available to enable the population to meet the needs they may have, and overcome barriers to successful resettlement.

Key features of a rehabilitative culture are:

• Strong leadership emphasising the importance of rehabilitation.

• Staff who are positive about their work with PCoSOs and who express hope and optimism for the individual.

• Providing opportunity for purposeful activity that is designed to address risk factors or strengthen protective factors.

• Staff who are appropriately trained to work constructively with PCoSOs (see Staff Training and Support below)

• Staff who are aware of and alert to risky behaviours such as networking (in order to commit further offences), behaviour that mirrors the index offence and other risk factors (see Appendix 3 for a list of risk factors)

• Staff who actively model pro-social behaviour, and constructively challenge views and attitudes that might underpin sexual offending.

Assessment

**Aims**

* The assessments we conduct on people convicted of sexual offences can have significant implications for protection of the public and the rights of the person being assessed. We aim, therefore, to adopt the most valid assessment and prediction tools available.
* Assessment should, where possible, be a collaborative approach between the assessor and the subject of the assessment.
* We should use our assessments to target appropriate risk management strategies, interventions etc.

**Introduction.**

In HMPPS we use structured assessment tools as described below. Structured professional risk assessment uses an analysis of the lifestyle, behaviour, offending and other characteristics of an individual to make a judgement about the level of risk they present. Structured tools encourage consistency between practitioners. They ensure all sources of information are considered and the focus is on factors known to have an impact on the type of risk.

When making assessments staff should take an investigative approach, not necessarily taking everything at face value, but should employ ‘professional curiosity’. Information held by other agencies may be important in ensuring a holistic risk assessment and delivery of the risk management plan.

**Assessment tools**

*Effective Proposal Framework*

Assessment of those convicted of sexual offending is likely to begin at the pre-sentence stage and here the concept of ‘safe sentencing’ is paramount. Safe sentencing involves using the most appropriate information on which to base risk assessments and defensible proposals to court to assist sentencing.

The Effective Proposal Framework (EPF) tool must be completed for all pre-sentence reports unless the court has indicated over 4 years immediate custody is inevitable, or the person lives outside England and Wales, or they are being sentenced under legislation prior to the Offender Rehabilitation Act 2014.

The EPF is aimed at eliminating conscious or unconscious bias in court proposals. It enables report writers to access a menu of the interventions that are available locally, taking into account the offender profile (which includes criteria such as risk of harm, likelihood of re-offending, offence seriousness and specific needs.)

*OASys*

The Offender Assessment System (OASys) is used by HMPPS for recording the assessment of the risks posed by, and needs of, the individual. Its purpose is to act as a tool to support the responsible officer in managing the sentence, in custody and in the community, and specifically in order to:

* assess how likely an individual is to be reconvicted,
* identify offending-related needs,
* indicate the individual's Risk of Serious Harm to the public, to the individual and other risks,
* assist with the management of the individual’s Risk of Serious Harm, and,
* link the assessment of needs and risk to a Sentence Plan.

The same system is accessed across both prison and probation.

*Assessment of likelihood of reoffending in OASys*

The first step in the risk assessment process is an assessment of the likelihood of proven reoffending for a further sexual offence. This is achieved using the OASys Sexual reoffending Predictor (OSP). OSP provides two scores, one for the likelihood of direct contact sexual proven reoffending such as rape and sexual assault (OSP/DC) and the other for the likelihood of proven reoffending for offences related to indecent images of children and indirect child contact offences such as inciting a child to engage in sexual activity and engaging a child in sexual communication (OSP/IIC).

*Assessment of criminogenic need, risk factors, protective factors and strengths in OASys.*

In addition to all of the standard questions in OASys that must be answered, when the assessor identifies that the individual has a current or previous conviction for a sexual offence, three additional questions are generated that the assessor must complete. These questions relate specifically to sexual thinking and behaviour, to help the assessor consider whether factors linked to sexual preoccupation, offence-related sexual thinking and attitudes and/or emotional congruence with children are present now or were relevant in the individual’s pathway to offending.

Furthermore, OASys also features an override question which allows an assessor to generate these questions in the assessment for those individuals who do not have a current or previous conviction for a sexual/sexually motivated offence, but where there is information available which indicates potential sexually harmful behaviour. Practitioners should consider marking this as ‘yes’ where information from either the person they are assessing, or other risk management partners, suggests that there is evidence of sexually harmful behaviour.

*Risk of Serious Harm*

HMPPS assesses risk of serious harm to:

• identify those who may potentially cause serious harm;

• provide a framework for a plan to manage that risk and

• protect victims and potential victims.

HMPPS approach to risk assessment and management is set out in the Risk of Serious Harm Guidance which is available here: <https://www.gov.uk/government/publications/hmpps-risk-of-serious-harm-guidance-2020>

It is currently HMPPS practice to assign one of four levels of risk. This supports the allocation of resources and determines the level of intervention, control, supervision and monitoring required.

The ROSH Guidance sets out a structured approach to risk assessment. The 4 step process is a systematic, step-by-step process to help practitioners make a decision about whether someone is Low, Medium, High or Very High RoSH. It uses predictor and professional assessment and describes the questions relevant to make a judgement about the RoSH level, based on evidence.

It is important that deciding on a risk level:

• is a structured, evidence based and well-informed decision,

• is based on proper consideration of the risk criteria,

• uses risk levels correctly (not merely to inflate risk because of anxiety, or to access resources) and

• reflects the level of risk as accurately as possible.

To establish the level of risk, practitioners need to consider:

• what actuarial tools tell us,

• seriousness,

• likelihood of the harmful behaviour or event occurring,

• absence or presence of risk factors,

• absence or presence of protective factors and

• imminence of the offence (how soon).

To undertake a thorough risk assessment, it is important that the probation practitioner works closely with the police and other agencies to gather as much information as possible. This ensures that all information relevant to areas linked to risk and safeguarding are taken into account and are used to inform the overall level of risk of serious harm.

Given that the police also have management responsibilities for people subject to notification requirements, regular information-sharing is essential for making sure that both the Probation Service probation practitioner and the police Management Of Sexual Offenders and Violent Offenders (MOSOVO) officer have up-to-date, detailed and accurate knowledge of the case.

Home visits are an important element of risk assessment, as a home visit can provide different insight and information gathering opportunities to an office-based meeting with the individual. Undertaking a home visit jointly with the police can also provide helpful additional information, and ensure that both agencies are aware of any key risk information that arises out of a home visit. There are mandatory requirements for home visiting for those convicted of sexual offending as set out in the Home Visits Policy Framework [Home Visits Policy Framework - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/home-visits-policy-framework)

**Other assessments**

Other assessments should be used as appropriate:

*Programme Needs Assessment (PNA)*

For those men convicted of sexual offences who are in prison, who are high or very high risk, a Programmes Need Analysis (PNA) should be completed. The PNA is a structured assessment process that assesses actuarial risk, the criminogenic needs targeted by programmes, a person’s pro-social skills and strengths in these areas, as well as their personal responsivity circumstances. This information is brought together to determine if a high intensity programme is likely to be the best rehabilitative offer according to established selection criteria. The PNA is overseen by registered psychologists or qualified probation officers.

*Maturity Screening Tool*

This tool uses ten OASys items to identify whether individuals fall into a low maturity group. The tool can be used to aid identification of those young adult men (aged 18-25) most in need of support to promote their maturity. This is automatically highlighted on the summary sheet of an individual OASys assessment where a need is identified. Such support can then be provided through the use of the Choices and Changes toolkit (see rehabilitation section). A standalone version of the tool is available for young adult men without an OASys, or for those adult men aged 25-30, where low maturity is suspected as a need.

*Learning Screening Tool*

The use of this screen of learning disability and challenges is described on p35.

*A note on assessment following completion of accredited programmes.*

Attendance on an accredited programme is just one element of the work that may be undertaken to reduce risk. Therefore, risk assessment should have a broader focus than simply looking at what a person achieved in an accredited programme. Everyone accessing Kaizen, Healthy Sex Programme, Horizon, iHorizon or Becoming New Me+/New Me Strengths is required to keep a My Journey Record (MJR), which is a portfolio of work, rather than a report (see Appendix 2 for more detail on accredited programmes). This record is a participant-led document, which is updated throughout the programme. The MJR is used to document the key learning a participant takes from each element of the programme, which they can present to current and future professionals as evidence of a portfolio of learning.

The function of this process is not about making an assessment of ‘changed behaviour’ or risk reduction. For this reason, programme participation and performance alone should not be used to support assessment of an individual’s level of risk management. Instead, a holistic approach should be taken to determine the level of risk management as described above. This should reflect an individual’s wider ability to translate what they have gained from a programme into an on-going commitment to change.

Real and sustained change is a process that extends well beyond the final session of a programme. To this end the responsibility of the programmes team is not to measure change but to motivate and help participants explore the benefits that change might present them. They should also help participants to learn the skills of change and generate sufficient efficacy, self-sufficiency and curiosity to continue applying learning once the programme has completed.

*Other assessment tools.*

Other specialist tools may be required in addition to the above in particular circumstances where such tools may be appropriate.

Supervision, rehabilitation and risk management in the community

**Aims**

* To protect the public by **assessing** people convicted of sexual offences appropriately, by **managing** them according to the level of risk they present, and by offering them opportunities for **rehabilitation** using collaborative, strengths-based methods.
* To provide appropriate advice to courts and deliver the sentence of the court as appropriate.
* To ensure the culture of our organisation promotes rehabilitation
* To work with our criminal justice partners, including within the Multi-Agency Public Protection Arrangements (MAPPA), to manage those under our supervision.
* To take a structured approach to supervision, where necessary using exercises from packages such as Maps for Change, or in appropriate cases, accredited programmes.

**Public Protection**

Protecting the public from harm is a thread that runs through all the work that we do. Probation staff must systematically collect information to help determine the degree to which an individual poses a risk of serious harm to known individuals and to the public. The assessment of risk and identification of factors that have contributed to offending as well as those that support reform are the starting points for all work with those convicted of sexual offences. Risk cannot be eliminated, but it can be managed, and probation staff must construct and implement plans which address the identified risk and build on protective factors.

Risk assessment and management are dynamic processes that require ongoing evaluation in the context of the individual’s changing circumstances, they are not ‘one off’ activities. Risk Management Plans must be implemented and monitored through regular reviews, and adjustments to the RMP made as necessary. What staff do and the action they take is crucial.

Assessing and managing risk requires collecting information from and sharing information with other agencies and risk management plans should be shared with other relevant agencies in line with the risks and needs of the individual, consistent with HMPPS policies, and relevant judicial acts. Where possible this should take place with the consent of the individual.

**Rehabilitation**

Probation staff should take a holistic approach to reducing reoffending. This means making an assessment of the totality of an individual’s needs, including, but not necessarily limited to, work focusing on risk factors for sexual offending. Some individuals will benefit from participating in interventions such as accredited programmes. However, these must never be viewed as being the totality of work required. Programmes should be viewed as one part of the rehabilitative offer, targeted at those who are suitable to participate and most likely to benefit from such an intervention. It must be born in mind that many PCoSOs will not benefit from one. Those PCoSOs who are assessed as low risk on OSP, for example, are unlikely to require accredited programmes and should not routinely be provided with one.

Many rehabilitative activities aimed at the general probation population will also be appropriate for PCoSOs. It is of critical importance to get the basics right when engaging in a programme of rehabilitative work. This includes appropriate accommodation, work or purposeful activity (where this is properly assessed as being safe), risk management, and so on. Sentence planning should also include consideration of what wider interventions are needed and how they should be sequenced. The sentence plan should take account of the individual’s needs and include a range of rehabilitative activity to address those needs. This should not be limited to any single approach, such as an accredited programme, or Maps for Change, rather it should set out the range of activities that will take place both to manage risk, and to reduce the likelihood of reoffending. Proper consideration must be given to how rehabilitation/reduced reoffending will be achieved. This may include (but is not limited to):

*Accommodation/resettlement*

The Basic Custody Screening Tool 2 (BCST2) will determine the individual’s immediate resettlement accommodation needs, the initial OASys assessment will then build on this and begin to identify priorities for resettlement planning. Depending on risk and need, there may be consideration of a number of viable options including possibly approved premises, the individual’s own home, or other agreed accommodation. In all cases a pre- release OASys assessment must be made of accommodation needs and must ensure the planned accommodation does not increase risk. Accordingly, appropriate accommodation must form an integral part of the risk management plan.

Effective resettlement is a key part of the rehabilitation of PCoSOs who are serving prison sentences. Resettlement services are intended to help individuals prepare for release and then reintegrate into society and must be aligned to the individual’s risk assessment and risk management plan. Following the unification of the Probation Service in 2021 the individual’s plan will be owned by their Prison Offender Manager (POM) until 9 months prior to release. At this point they will hand ownership over to the designated Community Offender Manager (COM) who is based in the individual’s home probation area and will begin to make referrals to Commissioned Rehabilitative Services to aid in their resettlement and pre-release planning.

Those services available pre-release, for both men and women, are:

Accommodation - with Suppliers being based in resettlement prisons in their locality or delivering in-reach provision elsewhere. Referrals can be made where an individual needs a tenancy to be closed down at the start of a sentence but otherwise the Supplier, in the individual’s home area with local knowledge and connections for housing provision, will work with the individual in the 9 months leading up to their release.

Social Inclusion – this is a pre and post-release mentoring service to support individuals make a successful transition from custody to community. This will be an in-reach service as the same mentor will support the person pre and post-release.

In some Probation regions, there are also Commissioned Rehabilitative Services available to address needs in relation to finance, benefits or debt and also substance misuse.

*Approved Premises (APs)*

APs are designed to ensure that high-risk and complex individuals receive residential supervision in the community, and additional rehabilitative support following release from prison. They provide controlled, rehabilitative environments that aim to support a safe transition from custody into the community. The provision will ensure those assessed as suitable and needing an AP who pose a risk of harm to the public are closely supervised and monitored for a period of time after release from prison, and are supported to find appropriate longer-term accommodation.

Males categorised as posing a high risk of harm to the public, and females categorised as posing high or medium risk of harm with complex needs are prioritised when allocating places in Approved Premises.

*Use of hotels/bed and breakfast establishments.*

It should be noted that there is a bar on placing people convicted of sexual offences into hotels or bed and breakfast establishments, where such placements are funded by the Probation Service, unless personally authorised by the Chief Probation Officer or the Director General for Probation.

*Work and/or purposeful activity*

Employment, education and training can bring a range of benefits, some of which might contribute to desistance. These may include an income, appropriate social networks, a sense of meaningful achievement or purpose, and a positive self-identity. Where it is desirable, and where the individual wishes to seek work or education, this should form part of the sentence plan and we should work with the person to help them. Those convicted of sexual offences can benefit from services and interventions provided by partner agencies aimed at assisting those under supervision into work.

For those on licence there is a standard condition that they only take work (either paid or voluntary) that has been agreed by their probation officer. Probation staff must take all reasonable steps to ensure they do not agree work where people convicted of sexual offences might have access to potential victims, or otherwise be in situations where risk might be increased. Public protection must be at the forefront of efforts to obtain employment for people convicted of sexual offences, and this must be balanced with the need for rehabilitation and community reintegration. Where disclosure to Job Centre Plus or an employer is appropriate, this should be carefully considered, and must take place within agency protocols, where possible with the consent of the individual. Consideration must also be given to Disclosure and Barring Service (DBS) regulations.

Probation staff should liaise with police offender managers where individuals are subject to notification requirements, and refer to relevant sections of the MAPPA guidance.

*Maps for Change.*

Maps for Change is a work-based resource for offender managers in the community, to assist in the structure of supervision for males convicted of sexual offences. It is a practical package of exercises, focused on the protective factors identified by the ARMS Informed OASys assessment. The primary focus is to strengthen protective factors in a manner that supports an individual’s ability to lead a meaningful life. The overall aim of Maps for Change is to enable men to develop skills to build a positive identity and live a fulfilling and non-offending lifestyle. It is not intended to be used as a manual but as a flexible resource depending on the needs and strengths of the individual. This interactive and strengths-based approach mirrors developments in accredited programmes. The material is suitable for those who maintain their innocence.

The material is primarily for use with men over the age of 18 years who have been convicted of sexual offences. For cases supervised in the community who are assessed as being low risk on OSP, where an accredited programme is not used, the material must be used to structure supervision.

In addition, Maps for Change may be suitable for men assessed as medium to high-risk of reoffending for a sexual offence, where an accredited programme is not to be provided. Maps for Change was designed as a tool to provide structure for supervision with low risk men, although it is recognised that it may have utility for work with higher risk individuals. However, in all cases the use of Maps for Change should be part of a structured approach to supervision. The wider supervision plan must include detail of how risk will be managed, what other rehabilitative activities will take place, and how the use of Maps for Change exercises will contribute to the broader approach to rehabilitation for the individual. The plan must be proportionate to the level of risk posed by the individual.

*Accredited programmes*

Some men convicted of sexual offences may benefit from more structured intervention such as that provided within an accredited programme. These are described in more detail in Appendix 3.

Accredited programmes should be viewed as *part* of the rehabilitative offer for men convicted of sexual offences, not the totality of it. Therefore, in all cases, other rehabilitative and risk management activity must take place before, during and after the accredited programme. The supervision/risk management plan must set out this activity.

*A note on individuals assessed as low risk of sexual reconviction (on OSP):*

The accredited sexual offending programmes described above target individuals who are medium or above risk of reconviction. Individuals assessed as having a low risk of sexual reconviction have a low rate of proven sexual reoffending and interventions designed to support risk reduction, may have little, or even a potentially negative, effect.

Probation staff should ensure that those who are low risk can progress through their sentences safely without having to complete accredited programmes. This might mean ensuring they have access to a range of rehabilitative activity, such as the other activities described in this paper, but particularly exercises from the Maps for Change toolkit must be used to help structure supervision. Maps for Change must be used where appropriate. This might also mean that probation staff need to help colleagues in other functions to understand why, for some low risk individuals, it is not necessary or desirable to provide a PCoSO with an accredited programme.

This general intention not to provide accredited sexual offending programmes to low risk men can be overridden where the OSP score may not properly represent the dynamic risks. Overrides should only be considered in exceptional circumstances where the static risk assessment tool has specific known limitations and where counter evidence suggests the tool might underestimate risk. The circumstances in which an override of a low risk OSP assessment may be considered are set out in the OSP Treatment Manager guidance. Decision making should be clearly recorded.

*New Me MOT*

Gains made from interventions such as accredited programmes can be optimised if graduates from those programmes have the opportunity to access ongoing support to consolidate their learning and to generalise it to a range of contexts. New Me MOT is a toolkit to help offender managers to offer this support in a manner consistent with the principles of effective supervision. All PCoSOs who complete an accredited programme must have access to New Me MOT.

*Choices and Changes resource pack*

While individuals tend to reach physical maturity during mid-adolescence, and intellectual maturity by the age of 18, emotional and social maturity continues into the mid-twenties. The Choices and Changes resource pack primarily aims to promote maturity with young adult men aged 18-25 years old by specifically focusing on the priority areas identified in the literature. Furthermore, it is recognised that maturity is fluid and that not everyone will develop at the same pace. Low maturity is known to be a predictor of anti-social decision making and therefore men aged 25-30 who display a similar need to develop maturity can also be considered for this resource pack. Maturity can be assessed using the Maturity Screening Tool (see assessment section for more information). The resource pack is suitable for individuals convicted of all offences, including PCoSOs. Please note that the resource pack is for men only. See below for more information on women who have convictions for sexual offences.

*Circles of Support and Accountability (COSA)*

COSA is a scheme where volunteers are recruited, screened and trained to support people convicted of sexual offences. The volunteers meet with the ‘core member’ regularly to support them and also hold them accountable for their behaviour. A COSA may be a useful addition to the risk management plan for PCoSOs.

Circles UK is a national charity which acts as an umbrella organisation overseeing the delivery of COSA. Circles UK sets standards, accredits Circles providers, monitors providers, and assists in the development of COSA projects in England and Wales. It also collates data from providers to support future research into the effectiveness of the COSA model.

COSAs are operated by a variety of providers across the country, and any COSA project set up or used by HMPPS must be affiliated to Circles UK. Policy relating to CoSA is set out in a Policy Framework: <https://www.gov.uk/government/publications/circles-of-support-and-accountability-policy-framework>

**Risk management**

As mentioned in the assessment section of this document, the OASys risk management plan and sentence plan should be informed by the OSP category (higher risk individuals will benefit from more intensive interventions), and the OASys assessment. Risk of Serious Harm is assessed via the ROSH process <https://www.gov.uk/government/publications/hmpps-risk-of-serious-harm-guidance-2020>

Risk management will be aligned to the ‘4 Pillars of Risk Management’, which is an approach to the planning and delivery of risk management developed by Prof. Hazel Kemshall at De Montfort University. The model is based on the ‘four pillars’ of Supervision, Monitoring & Control, Interventions and Treatment and Victim Safety Planning.

The first ‘pillar’, to **supervise** an individual, includes activities such as:

* Office-based supervision and home visits (by police and probation) (note any organisational restrictions imposed during the COVID pandemic).
* Interventions to ensure safe accommodation, resettlement into the local community and productive use of time.
* Interaction with staff in Approved Premises.
* Interventions to strengthen desistance factors.
* The nature of police management and planned frequency of police visits.

Secondly, strategies to deliver **interventions and treatment** includes activities such as:

* Interventions to help people manage or overcome known risk factors (including thoughts and attitudes that support offending).
* Attendance at programmes that address the causes of offending behaviour.
* Supportive and integrative approaches where risk assessments indicate their usefulness, e.g. Circles of Support and Accountability.

Thirdly, strategies for **monitoring and control** include activities such as:

* Interventions that restrict or monitor an individual’s activities, such as licence conditions and restrictive orders. Polygraph requirements must be included in licences in line with the relevant probation instruction.
* Monitoring arrangements for any prohibitive requirements such as exclusion zones or a prohibition on the use of computers.
* Responsibilities in the prison and probation services for keeping ViSOR updated and for obtaining up-to-date information from ViSOR.

Fourthly, strategies for **victim safety planning** include activities such as:

* Non-contact with victims.
* Exclusion zones.
* Activity to address risks to future or potential victims such as future partners or children with whom they may come into contact.
* Safeguarding plans agreed with the police and other partners around named individuals.

Planning must then include **contingency plans** that are designed to:

* Respond to known triggers in an individual case.
* Respond to any breach of restrictive conditions.
* Respond to any breakdown in rehabilitative or supportive components of the plan.
* Consider what will be done to ensure the safety of identified people at risk, supervise the individual, intervene or treat related risk factors, monitor for further deterioration and put in controls to prevent serious harm.

Risk management plans must be actively implemented and kept under review so that they can be amended to reflect either an escalation or reduction in risk.

*Polygraph requirement*

The arrangements for polygraph testing of certain individuals with convictions for sexual offences are set out in PI 53 – 2014:

<https://www.gov.uk/government/publications/polygraph-testing-of-prisoners-released-on-licence-psi-362014-pi-532014>

*Multi-Agency Public Protection Arrangements (MAPPA).*

Multi-Agency Public Protection Arrangements (“MAPPA”) are a framework of statutory arrangements, under which the police, prison and probation services, with the co-operation of other agencies (e.g. health, housing and social care) are required jointly to assess and manage the risk presented by known sexual and violent offenders in order to reduce re-offending and protect the public.

MAPPA thus facilitate information sharing and establish coordinated risk management plans with a view to ensuring that relevant individuals are effectively managed in the community. MAPPA are not an organisation but a set of arrangements; aside from the requirement to work together and implicitly to share information with each other, the framework does not confer on agencies additional powers, responsibilities or obligations and each agency must operate with its own statutory frameworks, policies and procedures. The Secretary of State for Justice issues MAPPA guidance under the Criminal Justice Act 2003 (CJA 2003). MAPPA agencies are required to have regard to the guidance (so they need to demonstrate and record their reasons if they depart from it).

Individuals become eligible for MAPPA if they fall into one of three categories:

* Category 1 consists of those subject to notification requirements under the Sexual Offences Act 2003 who are required to notify the police of their name, address and other personal details and inform them of any subsequent changes.
* Category 2 consists of those who are sentenced to imprisonment or detention for 12 months or more or detained under hospital orders following conviction for murder or an offence contained in schedule 15 or s. 327(4A) of the Criminal Justice Act 2003. These are mainly violent offenders but the category also includes a small number of sexual offenders who do not qualify for notification requirements. This includes those convicted of one or more of the terrorist legislation offences listed in Schedule 15 to the CJA 2003, they will be subject to management under MAPPA, as long as they meet the criteria in sections 325 and 327 of the Act.
* Category 3 consists of other offenders who have committed an offence where the circumstances indicate they may cause serious harm.

Most individuals convicted of a sexual offence will be subject to the notification requirements of the Sexual Offences Act 2003, part 2 and will come under Category 1 management arrangements in MAPPA for the duration of their required notification period (i.e. beyond the period of community sentence or licence supervision in most cases).

All other people convicted of sexual offences who are sentenced to 12 months or more in custody or a hospital order are eligible for MAPPA management under category 2 for the period of their supervision. Category 3 is available to bring individuals who are a serious risk of harm to the public and are exiting or not eligible for category 1 or 2 management into the MAPPA. NPS will be the Lead Agency where a Registered Sex Offender is subject to licence or community supervision. Once this period has expired, management will revert to police.

A ‘lead agency’ has the primary statutory responsibility for managing each individual subject to MAPPA. The lead agency is the agency with the main statutory authority and responsibility to manage the individual in the community. For those subject to licence on release from prison this will be the Probation Service, unless under the age of 18 when it will be the Youth Offending Team, for those subject to Hospital Orders under s37 or s37/41 of the Mental Health Act 1983 it will be the clinician responsible for their care and for other cases it will be the police.

There are three levels of management which are based on the level of multi-agency cooperation required to implement the risk management plan effectively. Those subject to MAPPA will be moved up, or down the levels, depending on what resources are needed to manage their risk of serious harm to the public. Individuals will only be managed at Level 2 or 3 if it would add value to the management of the case.

* At Level 1, the agency that has the lead in supervising the individual applies their usual arrangements to manage them. They should ask other agencies involved with that person to provide relevant information to inform the level of management and the risk management plan and may work closely with partners. Approximately 98% of those subject to MAPPA are managed at Level 1.
* At Level 2, regular formal MAPPA meetings are held to oversee the implementation of a coordinated risk management plan.
* At Level 3, the risks presented are such that senior staff from the agencies involved are required at the formal MAPPA meetings to authorise the use of additional resources. The lead agency has the primary responsibility for referring the individual to Level 2 or Level 3 MAPPA management or for continuing management at Level 1.

Offender Managers must ensure that they screen and refer cases in a timely manner, at least six months prior to release, or as soon as possible if the sentence is shorter. They should set management levels and make decisions about risk management in collaboration with police, prisons and other Duty to Co-operate agencies. MAPPA Levels must be communicated to prisons and other relevant agencies as soon as they have been set.

Offender Managers must follow MAPPA Statutory Guidance as described above. This gives guidance on setting of management levels, when and how to disclose information to others and the role of Duty to Co-operate agencies.

*ViSOR*

ViSOR is a national database shared by HMPPS and police for recording and sharing of risk information and intelligence on individuals who pose a risk of serious harm to the public. The roles and responsibilities of HMPPS ViSOR users in England and Wales are set out in the ViSOR Policy Framework: <https://www.gov.uk/government/publications/hmpps-visor-policy-framework>

**Victim Contact Scheme**

Victims of PCoSOs who are convicted of a violent or sexual offence and sentenced to twelve months or more imprisonment, or receive a hospital order, will be offered the Probation Service Victim Contact Scheme (VCS).

Victims who opt in to the Scheme are provided with information about the criminal justice system and kept informed of key stages in the individual’s sentence, including if they are due to be released from prison. Specially trained Victim Liaison Officers, who deliver this service, will also be able to direct victims to local sources of emotional and practical support, and assist with any referral.

Victims also have a legal entitlement to request licence conditions, usually a non-contact condition and/or an exclusion zone, the purpose of which is to reduce the risk of chance encounters between the PCoSO and the victim and their family, and to provide reassurance to the victim.

Supervision, rehabilitation and risk management in prisons

**Aims**

* To protect the public by **assessing** people convicted of sexual offences appropriately, by **managing** them according to the level of risk they present, and by offering them opportunities for **rehabilitation** using collaborative, strengths-based methods.
* To ensure the culture of our prisons supports rehabilitation.
* To work with our criminal justice partners within Inter-departmental Risk Management Teams and under MAPPA, to safely manage those in prisons and in preparation for transition into the community.
* To adopt a strength-based approach to rehabilitation, making appropriate use of methods and opportunities available in prisons.
* To support rehabilitation through Offender Management in Custody.

**Management of people convicted of sexual offences.**

Security Categorisation is a risk management process to ensure that those sentenced to custody are assigned the lowest security category appropriate to managing their risk of escape or abscond, harm to the public, ongoing criminality in custody, violent or other behaviour that impacts the safety of those within the prison, and control issues that disrupt the security and good order of the prison. <https://www.gov.uk/government/publications/security-categorisation-policy-framework>

Currently the prison service is in the process of reconfiguring the adult male estate with prisons being given clear functions (Reception, Training, Resettlement). The majority of prisons will have a maximum of two functions, some will have a single function, and a few will have three functions. As part of this project and in alignment with the Offender Management in Custody (OMiC) Model the following principals will be applied:

* Those who are category C and have 16 months or less time left to serve at the point of transfer will move from reception to resettlement prisons.
* Those who have over 16 months’ time left to serve at the point of transfer will move from reception to specialist training provision, then on to resettlement prisons if they are Category C.  Transfers from training prisons to resettlement prisons should take place for those who have between 24 months and 10 months’ time left to serve at the point of transfer, however, they must have spent at least 6 months in a training prison prior to transfer.  Transfers to the resettlement prison from the training prison must be agreed with the Prison Offender Manager (POM), prior to transfer. Men categorised as B or higher will remain within and be resettled from the training estate.
* Certain specialist training prisons are dedicated to managing men convicted of sexual offences, either fully or as a substantial part of their function. This will allow for specialised rehabilitation provision, accredited programme provision where appropriate, and security procedures to deal with the specific risks this cohort can present.
* This cohort should progress from a specialist training prison to a resettlement prison prior to their release, where they will be concentrated in a subset of the resettlement estate. This will allow a degree of specialism in the service provided and enable the development of a culture to meet the specific needs of the cohort.
* Prison governors have the choice as to whether men convicted of sexual offences are integrated with, or separate to, the general population, based on the individual circumstances of their prison e.g. infrastructure, cohort mix, regional flexibility/support available.

*Public protection*

All establishments holding people with sexual convictions need to fulfil their obligations with regard to the HMPPS Public Protection Manual (PSI 18/2016). This includes timely liaison with external safeguarding agencies and sharing of mandatory risk information with other Responsible Authorities through the use of ViSOR. Chapter 5b covers persons posing a risk to children and Chapter 7 covers sexual offender registration and notification.

Further to the Public Protection Manual (PSI 18/2016), HMPPS have launched a Public Protection Assurance Tool to support establishments to improve practice in relation to public protection. This tool brings together information relating to all prison Governors’ and Directors’ responsibilities relating to Public Protection. A suggested approach is for each establishment to set up a Public Protection Steering Group to oversee the development and implementation of an establishment wide Public Protection action plan.

Some tips with regard to managing PCoSOs in custody are given in Appendix 6.

*Multi-Agency Public Protection Arrangements (MAPPA)*

The Prison Service, together with Police and Probation, is a Responsible Authority (RA) under MAPPA. It must identify, on reception, all MAPPA eligible prisoners and request partnership access to ViSOR to comply with information sharing protocols in relation to all MAPPA cases, irrespective of the MAPPA Level, as stipulated in the MAPPA Guidance.

Individual establishments have different processes in place to manage the exchange of risk information with external agencies, however, all are required to hold Inter-Departmental Risk Management Meetings (IRMMs) as a forum to discuss those individuals who are deemed as presenting the highest level of risk. Minutes of the meeting must be shared with the probation community offender manager and relevant risk information must be shared on ViSOR throughout a prisoner’s sentence where a ViSOR record exists.

As an RA the Prison Service is mandated to participate in MAPPA Level 2/3 meetings, either in person or via conference facilities i.e. phone. The prison representative must be of appropriate seniority to make decisions and commit resources.

The Prison Service must be invited to all Level 2/3 MAPPA meetings with requests sent via the establishment’s functional mailbox, with a minimum of 14 days’ notice. The NPS must consult the prison when setting the MAPPA Level, which should be undertaken and confirmed with the prison no later than six months before release. The IRMM provides a forum for relevant information to be shared with the NPS when setting the MAPPA Level and subsequent reviews and meetings.

*Interception and monitoring of communications*

All prisons will use monitoring of communications as a key part of the intelligence and evidence gathering strategy in prisons (for example, see PSI 2016-4). PSI 4/2016 sets out the arrangements for the recording, monitoring, and retention of authorised prisoner communications by way of the PIN phone system or written communications. Associated security systems and mandatory documentation is detailed.

*Public protection restrictions on access to children and vulnerable people.*

All prisoners (including those on remand) are screened on reception into custody to highlight any relevant public protection concerns in accordance with the Public Protection Manual (PSI 18/2016). Corresponding NOMIS Alerts are raised and restrictions communicated to the prisoner and relevant agencies. In line with the Children Act 2004 HMPPS have a duty to safeguard and promote the welfare of all children. Therefore, those with qualifying offences or behaviours are identified as a Potential Person Posing a Risk to Children (PPRC) and subject to initial restrictions prohibiting any contact with children until a multi-agency assessment has taken place. A PPRC’s future contact with named children within the immediate family only will be subject to frequent review and scrutiny following liaison with Children’s Services and other associated agencies. A PPRC’s contact with any other children will be prohibited unless exceptional grounds are met. Prisoners identified as a public protection case are not permitted to contact named victims and other vulnerable groups, with all contacts (mail, telephone, visits) requiring advance approval by HMPPS staff.

*Compliance with Court orders (For example Sexual Harm Prevention Orders or Harassment Orders)*

A Court Order prohibiting a behaviour or action must be upheld by the holding establishment, which must not under any circumstances allow the intention of the Court to be undermined. Breach of a restraining order or injunction, without reasonable excuse, is a criminal offence. Any incident of breach or attempted breach must be reported to the police. The prisoner must be reminded of relevant Court Orders during their incarceration, however the onus is on the individual to ensure compliance as is the case when in the community.

*Robust application of Cell Sharing Risk Assessment procedures*

The aim of the cell sharing assessment procedures is to identify, manage and support prisoners and detainees who are at risk of harm to others and from others. This is covered in PI 2015-20: [Cell sharing risk assessments: PSI 20/2015 - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/cell-sharing-risk-assessments-psi-202015)

**Rehabilitation**

Each prison must develop a strategy to reduce reoffending, taking into account the full range of possible interventions. The strategy must take into account the current needs and risk analysis of the prison population. This strategy needs to be based on the most recent available research for reducing reoffending and be consistent with the Model for Operational Delivery for those convicted of sexual offences. The strategy will provide a number of different rehabilitation options. Some individuals will be identified as likely to benefit from attending accredited programmes, but some will not. Accredited programmes should be viewed as being one part of the rehabilitation activity required for some PCOSOs, but such programmes must never be viewed as being the totality of work required, and it must be born in mind that many PCoSOs will not attend one. Those PCoSOs who are assessed as low risk on OSP, for example, are unlikely to require structured interventions such as accredited programmes and should not routinely be provided with one. A range of other rehabilitative activities should be available in addition to accredited programmes. Those prisons that do not deliver accredited programmes should consider their strategy for moving appropriate people to delivery sites in cases where such people are suitable and eligible for, and would benefit from a programme. For those prisons with a high proportion of PCoSOs, the strategy should be built around the risk factors and suggestions in this document.

Attention must also be given to the emotional wellbeing of the individual, as well as any risk of self-harm.

*Offender Management in Custody (OMiC)*

The OMiC model is based on a vision that every prisoner should have the opportunity to transform their lives by using their time in custody constructively to reduce their risk of harm and reoffending; to plan their resettlement; and to improve their prospects of becoming a safe, law-abiding and a valuable member of society. The OMiC Model provides the framework to co-ordinate and sequence an individual’s journey through custody and post release supervision. It places prisoners and the development of rehabilitative cultures in prisons at the heart of offender management processes and supports the reduction of re-offending, delivery of the rehabilitative culture and re-integration into the community.

•          OMiC introduces key work as an integral part of the Prison Officer role.

•          A Senior Probation Officer has been deployed into the new role of Head of Offender Management Delivery (HOMD). This role provides professional oversight of the quality of offender management delivery in the prison. The role is a key strategic partner to the governor and does not replace the current Head of Offender Management Unit. The HOMD is part of the prison senior management team.

•         The management of individuals with more than 10 months left to serve at point of sentence is now the responsibility of the prison. OMiC has introduced the role of a Prison Offender Manager (POM) to deliver Case Management. The POM will be line managed by the HOMD in the Offender Management Unit.

•         The POM role is a band 4 prison member of staff (operational or non-operational) or a Probation Officer. This promotes a multi-disciplinary and diverse approach to case management. The POM is responsible for oversight of risk and need assessment, sentence planning, sequencing the plan and delivering structured supervision. They should work closely with the assigned Key Worker and other core functions of the prison to implement the sentence plan. Case management responsibility is handed over to a Community Offender Manager (COM) during the pre-release or first parole phase, which happens at different stages of the sentence according to sentence type and certain risk factors. This approach provides a service which is tailored to the needs, risk and complexity of each case, with those presenting the most risk being allocated an increased service.

•         Other professionals including HMPPS psychologists and mental health in-reach teams will be available for specialist assessment and consultation.

•       For individuals with 10 months or less left to serve at sentence, responsibility remains with the COM including any relevant assessments. The COM will receive support from the Prison Offender Manager (POM) for assessments such as Release on Temporary Licence, Home Detention Curfew and other tasks. The POMs can also be commissioned by the COM to meet with the prisoner for one-to-one supervision to deliver bespoke pieces of work.

*Activities to reduce the likelihood of reoffending.*

Sentence planning should include consideration of what interventions are needed and how they should be sequenced. Prisons should take a holistic approach to reducing reoffending. This means making an assessment of the totality of an individual’s needs, including but not necessarily limited to work focusing on risk factors for sexual offending.

Many rehabilitative activities (such as those mentioned below) aimed at the general prison population will also be appropriate for PCoSOs. The sentence plan should take account of the individual’s needs, and include a range of rehabilitative activity to address those needs. This may include:

* Family contact. This is particularly important for this group because they may lose contacts through the nature of their offences, or they may be prevented from contact with certain family members for public protection reasons. Furthermore, as specialist training prisons are dispersed throughout the country, PCOSOs may be placed further away from their families than would normally be the case. It is all the more important, therefore, that they are enabled to maintain family bonds where it is safe for them to do so. Public protection issues need to be considered when establishing family contact, particularly whether there is any reason that the individual should not be allowed contact with certain family members for public protection reasons. Prisons holding PCoSOs may wish to consider alternative arrangements for prisoners who do not receive visits. A parallel visits project is a useful option to reduce the impact of a lack of family support and resultant social isolation.
* Education. This should focus on the individual’s future life, self-esteem, self-improvement and using time in prison constructively. To be meaningful it should focus on what they need to learn in order to achieve their goals following release. There may be significant restrictions in relation to undertaking regulated activity under the Disclosure and Barring Service (DBS). More specific restrictions may be imposed through licence and registration requirements and this should be a consideration when offering training or education in a prison environment.
* Opportunities for living skills should be encouraged, where possible, to help prepare for release into the community. This might be provided through learning and skills courses, or through the regime, such as the opportunity to cook for themselves. In preparation for release individuals should be given opportunities to adjust to the real world, including pre-release courses, information on the requirements of registration and licence conditions and guidance on offence disclosure.
* Development of employment skills/constructive use of time. Again, this should be planned with a focus on the individual’s future life, giving consideration to future restrictions (for example, under DBS). Having people learn work skills through work-based learning or hobbies and interests in prison can lead to employment opportunities on release, or alternatively can lead to volunteering or other opportunities for people to make meaningful use of their time, where it is safe for them to do so.
* Library. Should be used as places for meaningful activity, and may help people remain connected to the outside world though newspapers and so on.
* Chaplaincy. Every prisoner has the right and opportunity to practice their religion and beliefs while in prison. Chaplaincy promotes the idea that belief should affect behaviour and therefore provision of religious worship and belief-related activities, including teaching and practice, should fit with other interventions which work towards a prisoner’s rehabilitation.

Adopting teaching and understanding relating to one’s belief can help a PCoSO deal with his or her shame resulting from offending and offer the possibility of a new beginning. Belonging to a community with shared religious or philosophical beliefs can benefit a prisoner’s self-acceptance and help him or her discover ways to make a positive contribution to the lives of others. Exploring ways to participate in a religion or belief community after release is a key part of support for Chaplaincy in HMPPS. Safeguarding protocols for PCOSOs must be followed carefully, working with the religion or belief organisation to which we refer individuals.

* Work to develop skills and attitudes to aid desistance. Such work should focus on enabling people to develop strengths to overcome risk factors, as described earlier in this document. This might, for example, include work on developing and trying out relationship skills such as assertiveness and negotiation, work on developing problem-solving skills, work to help people get better at managing feelings and so on. Desistance focused activities should enable people to weigh up the negative effects of crime, and to develop positive future identities and plans, with optimism and hope.
* Work on substance abuse problems, including referral to appropriate help.
* Work on mental health needs, including referral to appropriate help.
* Work to help overcome social isolation, both in prison and in preparation for release.
* Resettlement. (See below.)
* Peer support programmes. These can be a helpful opportunity to learn about relationships and to develop a more positive sense of self and pro-social identity. However, the appropriate risk assessments should also include an input from the psychology/ offender management team to ensure that vulnerable people are not victimised.
* Accredited programmes. The POM, working with HMPPS psychology services, will need to assess whether the individual would be eligible and suitable for, and would benefit from an accredited programme, and if so, the right time and sequence for attendance on the programme. These decisions must take into account the risk, need and responsivity needs of the individual, ensuring there is sufficient time for the programme to be completed, and so on. See Appendix 3 for more detail on accredited programmes. A Programmes Needs Assessment must be completed where appropriate (see appendix 3).
* New Me MOT. Evidence suggests that gains made from interventions such as accredited programmes can be optimised if graduates from those programmes have the opportunity to access ongoing support to consolidate their learning and to generalise it to a range of contexts. New Me MOT is a toolkit to help POMS/COMS to offer this support in a manner consistent with the principles of effective supervision. All PCoSOs who complete an accredited programme should have access to New Me MOT through to sentence completion, and if possible, this work should be continued after release by the NPS.
* Democratic Therapeutic Communities (DTCs). These provide a structured psychotherapeutic approach focussing on the interpersonal, psychological and emotional needs of those who have committed sexual offences (see Appendix 1).
* HMPPS psychology services offer a range of services related to PCoSOs. This includes formal risk assessment for Parole Board processes, assessments, consultancy and support for POMS where a case is in the OPD pathway (see below).
* All of the above should be supplemented and enabled with 1:1 engagement and/or motivational work.

*Resettlement Services*

As mentioned above, effective resettlement is a key part of the rehabilitation of PCoSOs, and the operation of resettlement services is discussed in the community section above.

In addition, PCOSOs should be given opportunities to adjust to the real world, including pre-release courses, information on the requirements of registration and licence conditions and guidance on offence disclosure. It should also be noted that resettlement is a key challenge for long term prisoners and often will not be a priority for them at the beginning of their sentence.

Women who have committed sexual offences

**Aims**

* To recognise that the needs and risks presented by women who have committed sexual offences should be considered in a gender-specific way.
* To provide appropriate services for women convicted of sexual offences, based on research evidence specifically about women who have committed sexual offences.

**Assessment of women convicted of sexual offences.**

The number of women convicted of sexual offences in the system is very low. Furthermore, on the whole, those women are unlikely to reoffend sexually.

* Women with a conviction for a sexual offence are much more likely to reoffend with a non-sexual offence than with a sexual one (whilst we do not yet know longer term recidivism rates, the summary suggests that sexual reoffending remains unlikely).
* Women can, and in the majority of cases do, sexually offend alone. In these cases, motivations for offending appear to centre on sexual gratification, intimacy, revenge or financial gain.
* Women with a conviction for a sexual offence are more likely to report having experienced trauma or adverse experiences than women in the general population.

The standard OASys assessment must be used in all cases. The OASys assessment needs to be trauma informed, incorporating a wider examination of the individual’s trauma history to determine the impact that trauma had on their pathway to offending. The assessment will provide a means of collaborating with the individual on a one-to-one basis to develop an understanding of the function of the offending behaviour, within the context of their life experiences as well as the external environment from where they came.

**Interventions with women convicted of sexual offences.**

* Any rehabilitative work with women convicted of sexual offences who pose a sufficiently high risk of reoffending should address those needs related to an individual’s criminal behaviour generally.
* Trauma responsive approaches to working with women convicted of sexual offences seem appropriate, including enabling access to services that help women address or manage the effects of trauma, including mental health and substance misuse services.
* Women convicted of sexual offences are likely to require help with resettlement issues.

Interventions and services for women convicted of sexual offences should aim to address all features which have been identified as being related to their offending pathway. One focus of intervention with women convicted of sexual offences should be to support the development of safe, emotionally intimate relationships which have clear and appropriate boundaries, and on developing and/or maintaining positive social networks with family and friends.

Strategies which focus on coping with challenging experiences and reducing psychological vulnerabilities (including mental health needs, avoiding self-harm and suicide and improving self-esteem and self-efficacy) are also likely to be beneficial for the individual, in bolstering their resilience and developing their abilities to make the right choices about their future behaviour.

For some women, trauma specific therapy may be required prior to their engagement with interventions, aimed at addressing their wider needs. As mentioned above, the evidence suggests that many women convicted of sexual offences are likely to benefit from services aimed at addressing impact of trauma, mental health, substance use as well as resettlement input.

Work with those women who pose a sufficiently high risk of reoffending should address those needs related to criminal behaviour generally. Referral for a general accredited programme such as TSP, dependant on risks/needs, may be an option. For women in custody, referral for bespoke formulation-based work with Psychology Services to map out appropriate treatment pathways is also an option. The Offender Personality Disorder Pathway also commission treatment places in prison for women with complex needs, including women convicted of sexual offences.

People with learning disability and challenges (LDC)

**Aims**

• Disability is one of the nine protected characteristics under the Equality Act (2010). We have a responsibility to ensure we offer equality of opportunity in supporting people with LDC.

* To recognise that the needs and risks presented by people with LDC who have committed sexual offences can be and are different to those who do not have LDC.

• To provide appropriate services for such people, tailoring the service so that it is appropriate for this group and their individual needs.

**Assessment of LDC**

A widely used definition for Learning Disability (LD) by the British Psychological Society, which is also used by HMPPS, national support services and charities, is as follows. People with LD have:

* 1. A significant impairment of intellectual functioning (IQ < 70) and,
	2. A significant impairment of adaptive/social functioning and,
	3. Onset of impairments before adulthood <18

This definition has implications for accessing appropriate support services in custody and the community, as only individuals who fulfil these criteria are eligible. However, research has found that there are a high number of people dealt with by HMPPS whose intellectual functioning is above the cut-off point (IQ < 70) but is still below average, and so adversely affects their adaptive/social functioning.

HMPPS defines those with learning challenges as individuals with significant challenges with cognitive functioning and adaptive/social functioning but who do not meet the criteria of learning disability as defined by the British Psychological Society (2015). These individuals present with significant day-to-day challenges driven by the combination of challenges associated with their cognitive and adaptive/social functioning.

Assessing for LDC takes place in 3 stages. The first stage is completing the Learning Screening Tool (LST; Wakeling, 2018), which requires consideration of 7 items from OASys. If the LST indicates that someone has a possible LDC, this is followed-up by the completion of the Adaptive Functioning Checklist - Revised (AFC-R; Smith, 2014) and then, if needed, a clinical interview/set of observations.

**Working with people with LDC**

*Accredited programmes*

A range of programmes for people with LDC who have committed sexual offences have been developed. More information is provided in Appendix 3.

Staff training and support

**Aim**

* To ensure that all HMPPS staff who work with people convicted of sexual offences are properly trained, prepared and supported in their work.

**Introduction**

All staff who work with those convicted of sexual offences are expected to understand and play a part in the creation of a rehabilitative culture, where the aim is to reduce the incidence of sexual reoffending by helping people with sexual convictions expand their options for living fulfilling lives that do not involve harming others. Relationships between staff and those in our care, or under our supervision, are of critical importance in rehabilitation, and all staff within the organisation have an important role to play in helping people change their lives.

There is some research evidence that some people working in the field of sexual offending can find the experience stressful. For others, this type of work can be a positive and rewarding experience. We are committed to properly training, supporting and supervising all staff working with people convicted of a sexual offence.

**Staff support**

*Day-to-day supervision*

The first line of support for staff comes through the normal supervision processes that should be in place throughout the organisation. Informal support, through colleagues, staff meetings and everyday interaction is also important.

*Structured Professional Support (SPS)*

In addition, access to Structured Professional Support (SPS) has been arranged through PAM Assist, the HMPPS Employee Assistance Programme (EAP) provider. SPS is available for the following staff who are working with PCoSOs:

* Those who deliver accredited programmes, who are mandated to attend SPS as set out in their accredited programme manuals.
* All Probation Service Officers, Probation Officers, Senior Probations Officers, Family Liaison Officers and Victim Liaison Officers.
* All other HMPPS employees including psychologists, administrative staff, Governors and Operational Managers.

It should be noted that SPS is aimed at assisting staff to deal with the particular stresses of working with PCoSOs, through exploring coping style, perspective-taking skills and problem solving. SPS is not professional/clinical supervision, and the counsellors will not be able to offer advice in dealing with cases. **All staff are encouraged to seek support and this is considered a professional response to being involved in this work.**

*Employee Assistance Programme (EAP)*

Employee Assistance Programme (EAP) services can offer all HMPPS staff 24/7 confidential counselling, support and information including signposting to external sources of support if applicable.

**Training**

HMPPS has developed a suite of training to ensure its staff are adequately prepared for working with PCoSOs. The new training has been developed to be consistent with this paper, and has been designed to give consistent messages across prisons and probation. The probation element of the learning package has been designed to be in line with the new learning and development model for the NPS to deliver engaging content at the point of need, providing staff with easy access to high quality, practical learning resources to address their concerns and support them in their role.

The probation element of the training involves:

1. Revised materials for Module 4 of PQIP training
2. Mandatory e-learning followed by a multi-component learning package for experienced probation officers who have at least 2 years’ experience

We have also introduced e-learning in prison.

In addition, there are a number of specific training courses relating to sexual offending:

*‘Bitesize’ videos*

A range of videos has been developed that are informal learning aids to help prompt discussion within teams and individual staff reflection. These videos feature leading academics discussing their research, senior leads within the organisation discussing policies, practice or process and, importantly, both staff and those subject to supervision reflecting on their experiences of probation supervision and the programmes they have attended. These videos are planned to continually evolve with practice and will help provide confidence to staff in working with PCoSOs.

*Accredited programmes*

Those involved in the delivery of accredited programmes must complete the mandatory training associated with that programme (see Appendix 3). Training for accredited programmes is provided nationally by Interventions Services.

*New Me MOT.*

New Me MOT is a toolkit of exercises for working with those who have completed accredited programmes. New Me MOT training should be completed by all those who are working with people who have completed one of the accredited programmes described in Appendix 2.

*Psychology.*

Psychologists working with this group will be trained in relevant risk assessments and interventions.

Services available for children and young people in custody

Much of the above does not apply to the children and young people secure estate, which operates as a different system, with different processes to those described above. The Youth Custody Service (YCS) was established in September 2017 as a distinct arm of His Majesty’s Prison and Probation Service (HMPPS). YCS has operational responsibility for the children and young people secure estate, which accommodates all children and young people aged 18 years and under held across England and Wales. With a moral and legal duty to provide a safe, decent and secure living and working environment, YCS is responsible for ensuring provision maximises safety outcomes for young people and staff whilst also reducing reoffending.

Children and young people can be placed into one of three types of secure settings that are; Young Offender Institutions (YOIs), Secure Training Centres (STCs) and Secure Children’s Homes (SCs). Placement is dependent on the specific needs of the child and is centrally co-ordinated through YCS placements team.

The YCS operates within a broader network of the youth justice system and as such works to the Standards for Children in the Youth Justice System (2019): <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/780504/Standards_for_children_in_youth_justice_services_2019.doc.pdf> .

Approaches to working with children in custody are significantly different to those applied to adults in the justice system, although some similarities will exist. However, key standards relevant to working with children who have convictions for sexual offences include:

* The needs and risks of children in secure settings are identified, addressed, coordinated, and managed to enable suitable, effective and constructive resettlement with a focus on continuing desistance.
* All services, including education and health care, prioritise children’s best interests and recognise their needs, capacities, rights and potential.
* Services take all action to address the causes of the child’s offending behaviour and any unmet social, emotional, health or educational need

All service provision prioritises the child’s best interests. The NHS commissioned provider has responsibility for all treatment/interventions regarding harmful sexual behaviour (HSB) within the children and young people secure estate. Healthcare Standards for children and young people in secure settings (updated 2019; <https://www.rcpch.ac.uk/resources/healthcare-standards-children-young-people-secure-settings> ) set out these standards fully and state that specific interventions will be offered for managing sexually disinhibited and harmful behaviour. However, these approaches are likely to be bespoke and based on individual assessment and formulation undertaken on arrival in custody. Furthermore, they will be provided within a broader framework of Health and Custodial Services rather than as a separate ‘treatment’ or ‘intervention’ provision.

The principal approach to the delivery of these services is through the Framework for Integrated Care (also referred to as SECURE STAIRS), which is currently being mobilised across the whole children and young people secure estate. The Framework is an approach to meeting the needs of children in custody that is based on evidence, with the day-to-day staff members at the centre of the intervention. It includes:

• Training and support for staff.

• Comprehensive formulation and care (including mental health) for each child.

• Development and monitoring of individual goals for each child.

• Goals and intervention programs developed with the aim of delivering sustainable change post-discharge.

• Development of an evidence base regarding performance.

The Framework of Integrated Care extends to all 3 sectors of Youth Custody. Within the YOIs this has been incorporated into the broader YCS & National Health Service England and Improvement (NHSE & I) Behaviour Management Strategy (BMS) which encompasses the full range of activity aimed at supporting children whilst in custody. Core components include the Custodial Support Plan (CuSP) which provides children with ongoing one to one support, based on the initial case formulation and sentence plan, which is further supported through a range of available approaches including Restorative Activity, Interventions and Enhanced Support Services including specialist Units.

The Framework for Integrated Care and all other components of the BMS (in YOIs) are applied to all children in custody. As such those convicted of offences associated with harmful sexual behaviour will have access to a full range of provision based on individual needs whilst in custody.

# Appendix 1: The Offender Personality Disorder (OPD) pathway

The Offender Personality Disorder (OPD) pathway strategy is a national programme, jointly commissioned by the NHS and HMPPS. It provides a significant contribution to the management of mental health in the prison population and delivers pathway services across prisons and the community. The aim of the OPD pathway is to improve public protection and the psychological health of those in its care by providing a comprehensive and effective pathway of psychologically-informed services for a complex and difficult to manage population who satisfy the diagnosis of ‘personality disorder’.

A screening tool is applied to all individuals both in custody and community under the supervision of NPS, identifying those in scope for the OPD Pathway. This helps relevant staff to develop appropriate, psychologically informed pathway plans through processes of consultation and psychological formulation. A range of treatment, progression and support services are available in prisons, the community and in three Medium Secure Units. These are designed to work with those on the pathway with some services specialising in working with those who have committed sexual offences.

*Who can access the personality disorder pathway?*

Men

* At any point during their current sentence, assessed as high or very high risk of serious harm to others, and serving a sentence for a violent or sexual index offence.
* Likely to satisfy the criteria for ‘personality disorder’, to a level that has significant and severe consequences for themselves and others; and
* A clinically justifiable link between the ‘personality disorder’ and the risk.

Women

* On their current sentence, are multi-agency public protection arrangements (MAPPA) eligible or have a high or very high risk of serious harm score; and
* Likely to meet the diagnostic criteria for ‘personality disorder’, to a level that has significant and severe consequences for themselves and others, as measured by scoring 10 or more on the HMPPS Offender Assessment System (OASys) women’s OPD pathway screen.

*Case consultation and formulation.*

All relevant staff are able to access psychologically informed consultation in order to improve practice and ensure sentence plans are psychologically informed: in the community this is mainly via partnerships with Mental Health Trusts, and in custody this is via HMPPS Psychology.

*Psychologically Informed Planned Environments (PIPES).*

PIPEs are defined as; ‘specifically designed, contained environments where staff members have additional training to develop an increased psychological understanding of their work’. Staff working within a PIPE service create an enhanced safe and supportive environment, facilitating personal and social development. The aim is to achieve this through a focus on the quality of relationships that exist within the service, with a particular emphasis on the provision of the ‘experience’ that individuals encounter both on a daily basis and throughout their time in the service.

In a prison setting, participants may either attend a:

• Preparation PIPE to help them prepare for a treatment environment or other pathway intervention, or a

• Provision PIPE where they would reside in a PIPE environment as they participate in treatment elsewhere, e.g. off the wing, or a

• Progression PIPE where they would attend on completion of a PD treatment or OBP in their sentence plan.

Additionally, the PIPE model has been applied in a number of community based Approved Premises PIPEs, supporting those who have been released from custody. Please note PIPE services do not deliver treatment per se but are part of the overall provision of support for people screened into the OPD pathway.

*OPD Treatment Services*

There are a broad range of treatment services in all categories of prisons including the Long Term and High Security estate, Category C and young offender prisons, open prisons, and in the community. All treatment services draw on the evidence bases for treating ‘personality disorder’ and for reducing high risk offending. For example, this can include taking a bio-psycho-social approach to understanding risk and needs via a psychological formulation, emphasising the ‘relational environment’ and trauma informed approaches. There are services for both men and women aged 18 and above.

Services are located across the country and adopt either solely, or in combination, residential treatment, day services and outreach.

All services work on relational models and have multi-disciplinary staff teams, with the COM and/or POM involved in both the referral process and progress reviews.

*Democratic Therapeutic Communities (DTCs).*

DTCs in prisons are residential units where therapeutic relationships and activities create a living and learning environment, which supports the delivery of psychotherapy in small groups, and as a whole community. DTCs are an accredited Offending Behaviour Programme commissioned by HMPPS, and are part of the OPD pathway. They aim to reduce re-offending through challenging offence-related risk factors.

The DTC intervention addresses the interpersonal problems, attitudes, thinking and emotions of those subject to it and works to engage those who have additional emotional and psychological needs, who are often unsuitable for other interventions. The treatment targets criminogenic risk factors, while simultaneously addressing psychological and emotional disturbance.

DTCs are an intensive intervention with participants expected to remain in therapy for at least 18 months. This makes them suitable for those serving longer sentences, and those who have a higher likelihood of re offending, or who are judged to present a high risk of harm to others. The treatment programme is based on a psychotherapeutic approach structured around therapy groups within a social environment, which provides opportunities for learning. Personal responsibility, educational and vocational work are also emphasised as important components of treatment. A dedicated wing at HMP Grendon works with men convicted of sexual offences, whilst the TC plus services, for those with mild to moderate learning disability, also work to address risks associated with sexual offending.

Referrals are made directly to each site, preferably in conjunction with the Offender Manager, who will have sought to ensure the case is screened in to the OPD pathway, where this is required. (There is no central referral system).

*PERS - Pathways Enhanced Resettlement Service*

The Pathways Enhanced Resettlement Service (PERS) is specifically designed for people who are transferring to category D prisons. It is currently delivered in five open (category D) prisons. PERS provides support to prisoners who may find the transition into open conditions and safe release into the community difficult. It is recognised that many failures in open conditions arise from difficulties in relationships with family members, a sense of hopelessness about the future, and difficulty coping with the pressures of life in a less secure setting. PERS aim to reduce the risk of return to closed conditions and encourage successful integration into open conditions and then the community.

*Intensive intervention and risk management services*

Intensive intervention and risk management services (IIRMS) are community-based services delivering individually tailored and psychologically informed interventions directly to people who satisfy the criteria for the OPD pathway, to manage risk of serious harm and reoffending, and develop psychological wellbeing and social engagement. These services operate alongside other OPD pathway services in custody, community and health settings. Standard IIRMS deliver the basic elements of the specialist model, while enhanced IIRMS deliver more formal psychological therapies that can be offered in addition to the standard interventions.

*Medication to Manage Sexual Arousal*

Medication to Manage Sexual Arousal (MMSA) is a health-based intervention that has been available for many years; there are a number of prison based MMSA clinics that are jointly funded by HMPPS and the National Health Service (NHS), through the Offender Personality Disorder Pathway (OPDP). MMSA is a pharmacological method of reducing a person’s experience of problematic sexual arousal.

Only a medical specialist can prescribe MMSA. There are a variety of prescribing options. MMSA may be beneficial to consider for an adult (over the age of 18) who has committed a sexual offence (or an offence that contains a sexual element) in the following circumstances:

- where someone experiences difficulties with a high level of sexual preoccupation (to the extent that they experience personal distress or it impacts their ability to function in daily activities)

- where someone experiences a high level of sexual arousal and finds it difficult to manage their sexual behaviour (which results, for example, in compulsive masturbation, exhibitionism or in some cases, internet use)

- where a person uses sex as a way of coping with difficult emotions such as low mood, boredom, loneliness or anxiety (and has limited other skills for managing these)

- where someone is distressed by, or has difficulties managing, their offence-related sexual fantasies.

Other cases may be considered where there is a clinically justifiable reason to do so. It is important to note that most people with sexual convictions would NOT require MMSA. HMPPS provides a range of activities and interventions available that may be appropriate for people with sexual convictions as set out in this paper. MMSA should not be considered a replacement for other interventions that would usually be recommended on a person’s sentence plan.

MMSA is a health intervention and can only be prescribed on a voluntary basis, and is delivered through the health partners as part of the OPD Pathway. It may be possible to refer a person to find out more information about the potential benefits and disadvantages of this medication, but they will not be prescribed medication without their informed consent. MMSA must never be mandated. MMSA should not be considered as a risk management tool - the primary consideration in assessing suitability for this intervention is the degree of psychological distress or impact on social functioning.

*Other OPD Services*

A range of other services complement the OPD pathway and delivery in custody and in the community. These include, but are not limited to, Mentoring and Advocacy services, Violence Reduction services, Transition support services, Housing and Accommodation Support services, and services supporting Deaf Prisoners. The OPD pathway also commissions a small number of Medium Secure Units in the secure health estate, accessed by some prisoners where this is medically determined.

Appendix 2: Accredited programmes for men convicted of sexual offences

Accredited programmes for people convicted of sexual offences are grounded in principles of effective rehabilitative practice, known generally as Risk-Need-Responsivity (RNR), as described earlier in this document. This means programmes are delivered at an intensity that is proportional to assessed risk, are focused on equipping skills in changeable areas associated with sexual reoffending, and are responsive to the personal circumstances of individuals.

These interventions are underpinned by a biopsychosocial model of sexual offending, again as described earlier in this document, and are explicit in their aligned concepts and use of a strength-based approach (SBA).

A biopsychosocial model promotes the idea that whilst the biological, psychological and social circumstances that shape us are not necessarily chosen, we are nevertheless responsible for leading non-harmful lives that respect other peoples’ rights. Accredited programmes attempt to equip people with the biological, psychological and social resources for pro-social change, in order that they can lead such lives. The SBA adopted to do this is distinguished in how it is:

* *Strengths-orientated:* A recognition of existing pro-social identity and competency.
* *Future-focused:* A focus on promoting responsibility for a constructive crime-free life.
* *Skills-based:* A focus on continual practice and mastery of skills for change.

An SBA ensures that offending behaviour is addressed by promoting responsibility for a crime-free future, with dedication to developing the insight and skills necessary to achieve it.

**The meaning of ‘accredited’.**

Programmes are recommended for accreditation by the Correctional Services Accreditation and Advice Panel (CSAAP). This is a panel of independent, international experts. They assess programmes against the principles of effective interventions. These principles state that high-quality programmes or interventions:

* are evidence based and/or a have a credible rationale for reducing reoffending or promoting desistance
* address factors relevant to reoffending and desistance
* are targeted at appropriate individuals
* develop new skills (as opposed to only awareness raising)
* motivate, engage and retain participants
* are delivered as intended
* are evaluated

Accredited programmes must demonstrate sound evidence that:

* the techniques used will help individuals to change
* assessment tools will reliably target the right people
* there is a commitment to monitoring the quality of programme delivery and to evaluation

CSAAP make recommendations about whether to accredit to HMPPS.

**People who maintain their innocence of sexual convictions**

A common response for those who are convicted of a sexual offence is to categorically or partially deny it. An SBA offers scope to engage people who maintain their innocence by promoting responsibility for a non-harmful future, and practising skills to achieve it. The programmes outlined below are open to those who maintain their innocence of offending.

**The Accredited Programme Offer for Men with Sexual Convictions**

Accredited programmes are open to men aged 18 and over, with one or more sexual convictions, who are assessed as medium risk or above.

**Moderate Intensity (available in prisons and community):**

*Assessment:*OSP and OASys Learning Screen

*Horizon:* A 34 group and individual session programme, for men assessed as medium or above risk of sexual reconviction. Horizon is available in prisons and the community. Horizon focuses in coping and self-control, and skills for intimacy, pro-social relationships and healthy sex.

*iHorizon:*A 26 group and individual session programme for men convicted of downloading, and/or distributing indecent images of children, who are assessed as medium or above risk of sexual reconviction. iHorizon is available in the community. The programme focuses on skills for non-harmful internet use, and skills for intimacy, pro-social relationships and healthy sex.

*New Me Strengths (NMS):*A 38 group and individual session programme for men with learning disability and learning challenges (LDC) assessed as medium or above risk of sexual reconviction. NMS is available in prisons and the community. NMS is responsive to the social and learning needs of people with LDC. NMS focuses on coping, emotion management and self-control, healthy thinking, and skills for intimacy, pro-social relationships and healthy sex.

**High Intensity (*available in prisons only*):**

*Assessment:* Programme Needs Assessment (including OSP and OASys Learning Screen)

*Kaizen:*An 80 (+/- 20%) group and individual session programme for men assessed as high or very high risk of sexual reconviction, who present with a broad range of risk characteristics associated with sexual reoffending. The programme focuses on developing a self-guided understanding of personal risks and strengths, and on skills for coping, emotion management and self-control, with specific intensive focus on pro-social thinking and relationships, healthy sex and relapse prevention.

*Becoming New Me plus (BNM+):*A 92 group and individual session programme for men assessed as high or very high risk of sexual reconviction, who present with a broad range of risk characteristics associated with sexual reoffending, as well as LDC. The programme is responsive to the social and learning needs of people with LDC. It focuses on coping, emotion management and self-control, with specific intensive focus on pro-social thinking, skills for intimacy, pro-social relationships, healthy sex and relapse prevention.

*Healthy Sex Programme (HSP):*A 12-30 hour one-to-one programme for Horizon, Kaizen, NMS or BNM+ graduates with strong offence-related sexual interests. The HSP focuses on the self-regulation of offence-related arousal, and skills for healthy sex. It also focuses on sexuality, urge management, beliefs about sex, skills for managing shame, and skills for intimacy.

**Booster Programmes and Through-Care:**

*Living as New Me (LNM):* A minimum 5-session programme, delivered as required, to BNM+, NMS and/or HSP graduates on a rolling basis. LNM is available in prisons and the community. The programme is designed to support the challenges that people with LDC experience in retaining information. It focuses on retaining strengths and skills learned from primary and secondary programmes.

*New Me MOT:* A toolkit of exercises that are linked to the aligned concepts of programmes used by Offender Supervisors and Offender Managers to structure supervision with programme graduates. The New Me MOT aims to help programme graduates generalise their learning to new circumstances and contexts as they progress through their sentence. It is open-ended and has been developed in line with evidence of best-practice supervision that helps reduce reoffending.

Appendix 3: Dynamic risk factors for sexual recidivism

Dynamic risk factors are individual propensities, which can change over time, and which can result in sexual offending in particular environments. The risk factors below are based on academic research[[2]](#footnote-3). In the case of the risk factor literature, studies were excluded from this research if they focused exclusively on static or historical risk factors such as the offending person’s age, criminal history etc. This is because although this information is highly relevant for risk assessment, it is less helpful for sexual offending intervention, since these static or historical factors cannot be changed. We describe how static factors are assessed using OSP (see the assessment chapter earlier in this paper).

**Known risk factors for sexual offending**

|  |  |
| --- | --- |
| **Risk factor** | **Indicator(s) that the risk factor is present** |
| **SEXUAL INTERESTS**  |  |
| Sexual preoccupation (thinking about sex a lot) | Thinking about sex and/or masturbating in excess of what is normative for age and genderPursuit of casual, impersonal sex and disinterest in long term committed relationshipsPaying for sex Some men want to have sex so often and so badly that it feels like an obsession |
| Other offence related sexual interest/paraphilia (other sexual interests that are related to offending) | Some men have sexual interests that are less common but which play a part in their offendingSelf-report, behaviour or other evidence indicating a sexual interest in:* pre-pubescent or pubescent children
* Coercive sex/sexualised violence
* Other offence related paraphilia such as exhibitionism or voyeurism
 |
| **SELF REGULATION PROBLEMS** |  |
| Impulsivity – rushing into things without thinking them through | A pattern of unplanned behaviour seen across various contexts (e.g., financial, social, vocational, leisure)Examples include:* Living from paycheque to paycheque
* Gambling debts
* Leaving a job without another job to go to
* Driving recklessly
 |
|  Lifestyle instability | Unstable employment or educationUnstable accommodation or residenceUnstable use of leisure time(where not due to circumstances outside of the person’s control such as being laid off from work) |
| Emotional regulation deficits – Having big problems controlling feelings | Intensity of negative emotional response is disproportionate to the stressor or triggerUnhelpful coping strategies in response to emotions (e.g., substance misuse; interpersonal aggression, excessive sexual activity) |
| Problem solving deficits – not dealing with life’s problems | Sets unrealistic goalsUnable to identify potential obstacles or problemsUnable to generate and evaluate reasonable solutionsUnable to carry out a plan of action |
| **ANTI–SOCIAL COGNITIONS** |  |
|  Offence supportive attitudes and beliefs | Information from self-report or inferences from statements about sexual offending suggest an attitude which supports:* Engagement in crime generally (e.g. grievance thinking)
* Attitudes which support sexual offending in general (e.g. sexual entitlement)
* Attitudes which support sexual offending against children.
* Attitudes which support sexual offending against adults
 |
| Hostile masculinity | Information from self-report or inferences from statements about women are suggestive of:* adversarial gender beliefs (believing there is a battle of the sexes between men and women)
* Hostility towards women (anger and suspicion targeted at women)
* Gender role stereotyping
 |
| Low level of engagement with interventions | Poor attitude towards programmes or other interventionsNot attending supervision or other appointments (e.g., programmes, UPW)Not complying with any conditions (e.g., in Court Orders/Licences)Unwilling to participate genuinely in interventions (e.g., withholding information, lying) |
| **RELATIONSHIP PROBLEMS** |  |
| Capacity for adult intimacy | The absence of long-term relationshipsUnhelpful intimate relationships (e.g., infidelity, conflict, abuse) |
| Emotional congruence with children | Preference for the company of children and/or children’s activitiesIdentifies with children more than adultsSees children as friends/romantic partners |
| Negative social influences | Peers engage in criminal behaviourPeers are supportive of the individual’s offendingPeers interfere with development of a prosocial lifestyle |

# Appendix 4: Management of PCoSOs in custody

• It should not be assumed that PCoSOs should be permitted to have in their possession pictures of children. This will be dependent on the circumstances of the case. Procedures should be robust and consistently applied.

• Special consideration should be given about the suitability of publications on display in the library and those on special order to ensure that the prison is not allowing access to sexually inappropriate or offence supportive materials. Each establishment should have a policy on restricted materials taking account of pornography and graphic images or stories.

• Access to education materials and distance learning courses should be assessed to ensure they are not allowing PCoSOs the opportunity to develop skills and knowledge to perpetrate offences such as working with vulnerable populations. An example might be where a prisoner wishes to learn the language of a country where sexual abuse of children is known to take place.

• Security departments should ensure that staff undertaking searches are mindful of the need to restrict materials and to be alert to what constitutes sexual abuse images. These images may not specifically be prohibited (such as pictures of children in newspapers or catalogues) but may be used for sexual purposes. Staff should be appropriately trained.

• Typically this population have lower levels of overt violence, disobedience and disruption however more subversive behaviours need to be monitored including conditioning of staff and staff being vigilant about what information they disclose about family life etc.

• When considering requests such as attendance at funerals or situations which would place the prisoner in contact with the general public, it is important to consider whether the prisoner’s victims are likely to be in attendance. If necessary, permission to attend should be denied even when there are no other security reasons to do so.

• Consideration of the management of visits is critical, particularly in relation to child safeguarding e.g. provision of crèche facilities and the contact children might have with prisoners, for example on the refreshment facilities. Separate family days for people who are allowed access to children should be organised.

# Appendix 5: Information assurance

All aspects of this document conform to the procedures and practices as directed by the HMPPS Information Security & Services Team (infosec), and relevant HMPPS policies should be consulted and followed with regard to:

* Records, Information Management and Retention Policy: PSI 04/2018, PI 02/2018 & AI 03/2018
* Information Sharing Policy: PSI 16/2016, PI 15/2016 & AI 12/2016
* Information Security Policy Framework
* The Data Protection Act 2018 and General Data Protection Regulation, The Freedom of Information Act 2000 & Environmental Information Regulations 2004: PSI 03/2018, PI 03/2018 & AI 02/2018.
1. Andrews, D.A, Bonta, J. (2017) *The Psychology of Criminal Conduct*. 6th edition. New York. Routledge. [↑](#footnote-ref-2)
2. Seto, M., Augustyn, C., Roche, K.M., Hilkes, G (2023) Empirically-based dynamic risk and protective factors for sexual offending. Clinical Psychology Review. Vol 106. 2023 [↑](#footnote-ref-3)