

Interventions Guidance

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Document History

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Executive Summary

Interventions Guidance

Definition

Work with an individual that is designed to change their offending behaviour and/or to support public protection.

Whilst it is not the role of Parole Board panels to direct that prisoners need to complete specific interventions, they do have a responsibility to assess risk and identify outstanding areas of risk that prisoners need to address. Therefore, panels do need to understand which interventions are available, what they offer and how to assess their impact on risk.

There are a range of HMPPS programmes (accredited and non-accredited) and other interventions available, including the Offender Personality Disorder (OPD) Pathway and Progression Regimes.

The majority of programmes that will be suitable for parole-eligible prisoners are accredited. Programmes must demonstrate evidence of effectiveness to become accredited, and the content of accredited programmes must be informed by the latest research about the predictors of, and reduction of, re-offending.

Individual establishments and probation areas may also offer non-accredited programmes which may have been developed locally or nationally, or by external agencies/organisations.

Most Offending Behaviour Programmes and interventions have been developed with adult males in mind. However, women in prison can access gender-specific interventions and services, and there is a small number of programmes for young adult males and for children.

Prisoners will usually be allocated to a programme or intervention based on a formal assessment of need.

Key Points

What do Panels need to know? (2.10)

- A prisoner's possible intervention trajectory – what could they do and what might they be eligible for?
- What progress has the prisoner made?
- How is that progress recorded and presented?
- Who would be a suitable witness to assist the panel in its assessment of someone's progress?

Offending Behaviour Programmes (OBPs) and Interventions (2.1 – 2.20)

- These are for both prisoners and individuals on licence. They are designed to contribute towards change in behaviour and reduce reoffending.
- OBPs and interventions are not designed to be delivered in isolation, but should be offered, and assessed, as part of a wider package of rehabilitative activity and support.

Programme Suitability Summary (PSS) (3.3 – 3.4)

- A PSS can be directed where the panel wishes to understand whether a programme is suitable for a prisoner.
- It does not state whether the programme is available.
- It is completed by a suitably trained practitioner (e.g. Treatment Manager, Registered Practitioner Forensic Psychologist, Qualified Probation Officer).

Availability, Allocation & Waiting Lists (3.11 – 3.15)

- Not all programmes are available in all establishments or probation areas.
- Confirmation of programme availability would need to be sought from the Prison Offender Manager (POM)
- Where a prisoner is assessed as suitable for a particular programme it is the role of the

POM to try to secure a place, which may involve seeking a transfer to another establishment and result in delays.

- Accurate information about programme availability and dates is not always easily obtained, nor can anything be absolutely guaranteed. Panels should exercise patience and take this into account as part of the decision-making process.

Measuring Progress (4.1 – 4.4)

- The reporting processes are not intended to assess ‘changed behaviour’ or risk reduction.
- They are intended to motivate and support prisoners in their journey towards desistance, encourage collaboration between the programmes team and the prisoner in acknowledging areas of strength and development, communicate ‘progress’ to other professionals and contribute to wider decision making about sentence planning.
- Risk assessments are not automatically completed once a prisoner completes a programme.
- HMPPS Intervention Services do not support the completion of risk assessments based solely on programme performance and recommend a holistic approach.
- A full psychological risk assessment can be directed by the panel where required and suitable.

Recording Progress (4.5)

- **Post-programme reports:** written by programme facilitators and shared/developed with the prisoner. They set out key milestones achieved, plans for achieving desistance in the future, and post programme objectives to be built into future sentence planning targets.
- Panels can direct these reports if desired.
- **New Me Life Plan:** A future focused, strengths-based plan for how the individual will live as a ‘New Me’. It enables prisoners to take responsibility for documenting their own progress.
- Panels can direct these reports if desired and can also request access to progress review minutes, which detail discussions about learning to date and the agreed upon post

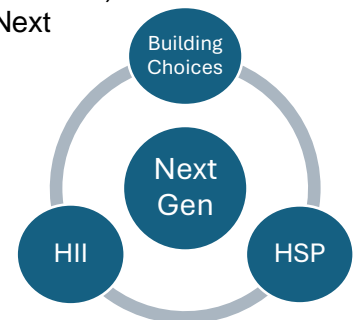
programme objectives for future sentence plan targets.

Suitable Witnesses (4.6 – 4.8)

- The author of a risk assessment report, such as a psychologist or Probation Officer, may be a suitable witness to assist the panel at an oral hearing as they will be able to comment on risk and progression.
- Programme facilitators, treatment managers and/or psychologists involved in the delivery/management of a programme are not suitable witnesses as they will not be able to comment upon risk.

The Next Generation of Accredited Programmes (Next Gen) (Annex 1)

- Next Gen aims to reform the current suite of HMPPS Intervention Services (IS) Accredited Programmes to deliver a more streamlined service.
- A new programme provisionally known as ‘Building Choices’ will succeed most IS Accredited programmes, except the Healthy Identity Intervention (HII) and the Healthy Sex Programme (HSP), which will join Building Choices as part of the Next Gen offer.
- Programme Needs Identifiers (PNI) will be used as part of the new needs and suitability process coming into force as part of Next Gen. They will be used to determine appropriate pathway decision making for an individual.
- The transition from the current Programme Needs Assessment (PNA) to the PNI is taking place from July 2024 and rollout will be monitored (please refer to the [Interventions SharePoint page](#) for further info)
- Full implementation of Next Gen is not expected to complete until early 2026.
- The current suite of programmes will continue to be delivered in the interim.



1. Introduction

- 1.1 Offending behaviour programmes (OBPs) and interventions are for both prisoners and individuals on licence. They are designed to contribute towards change in behaviour and consequently to reduce offending and promote desistance. Given the complexities that surround offending behaviour, OBPs and interventions should not be considered as a 'cure' for offending behaviour, nor as an end in themselves. They are not designed to be delivered in isolation but should be offered, and assessed, as part of a wider package of rehabilitative activity and support.
- 1.2 It is not the role of Parole Board panels to direct that prisoners or individuals on licence¹ undertake a specific programme or intervention. However, panels do have a responsibility to assess risk and to identify outstanding areas of risk which prisoners will need to address. Therefore, there is a need to understand which programmes and interventions are available, what they offer and how to assess their impact on risk. This knowledge will enable panels to either make appropriate and realistic enquiries about a programme or intervention, or to obtain the necessary evidence for an assessment of risk which will form the basis of sound decision making.
- 1.3 This guidance provides an overview of the HMPPS programmes (accredited and non-accredited) and other interventions currently available, including the Offender Personality Disorder (OPD) Pathway and Progression Regimes. It should assist panels in their understanding of the nature and focus of the work that prisoners have undertaken or included in their sentence or risk management plan. It also provides panels with information on how prisoners are initially assessed and allocated to programmes and interventions.
- 1.4 For programmes currently available, the guidance indicates what reports, if any, are produced following a programme's completion so that panels can check whether they have all the available evidence to inform their risk assessment and decision making. Post programme reports do not contain a formal risk assessment, rather they capture details about level of engagement and learning from the programme. It will be for panels to determine whether any additional reports (e.g., a psychological risk assessment) may be necessary, and to make any appropriate directions.
- 1.5 The guidance also includes brief details about programmes and interventions which have now been discontinued, but which may have been undertaken in

¹ Panels should not name specific interventions on licence conditions. For more information, please refer to the Parole Board guidance on Licence Conditions.

the past by prisoners whose cases panels are considering and therefore be referenced in reports or other documents.

2. Offending Behaviour Programmes (OBPs) and Interventions

- 2.1 OBPs and interventions aim to change the thinking, attitudes and behaviours which are associated with offending. Some are aimed at a specific offence type, and others address multiple types of offending.
- 2.2 OBPs and interventions encourage pro-social attitudes and goal setting for the future and aim to provide prisoners with new skills to reduce their likelihood of re-offending. Many have traditionally used cognitive behavioural techniques and focused on issues such as problem solving, perspective taking, managing relationships and self-management.
- 2.3 The most recent interventions build on this but take a **strengths-based approach**. This approach focuses on the capacity, skills, knowledge, and potential of the individual, whilst ensuring that the management of risk is key. Practitioners work collaboratively with prisoners to help them to bring about change themselves, rather than having it 'taught' or imposed upon them. The quality of the relationship between the prisoner and the practitioner is key. Programmes which take this approach can be seen to be more inclusive by seeking to respond to a range of issues often experienced by prisoners which have in the past sometimes been a barrier to their progression - including difficulties with engagement, difficulties forming and maintaining therapeutic and professional working relationships and maintaining innocence. HMPPS now use this approach with interventions for men convicted of both violent and sexual offences².
- 2.4 None of the HMPPS programmes should be delivered in isolation. They should be offered as part of a wider package of rehabilitative activity and support and will only deliver the best results where they are properly targeted and delivered within a rehabilitative culture.
- 2.5 Most OBPs and interventions have been developed with adult males in mind, but there are a small number of programmes for women (further information at [paragraph 2.11](#) onwards), young adult males and for children (aged under 18)³.
- 2.6 Interventions that develop a young adults maturity can be delivered in conjunction with other offers that focus on the needs associated with specific types of offending, such as sexual or violent offending, knife crime or county lines activity. Probation Practitioners (PP) consider how any cohort-relevant

² *The HMPPS Approach to the Management and Rehabilitation of People Convicted of Sexual Offences (August 2021)*

³ *Further information can be found within the Young Adults Guidance and the Children Guidance.*

interventions available from the suite of accredited programmes, Commissioned Rehabilitative Services, Structured Interventions, toolkits, or services funded through the Regional Outcomes Innovation Fund can be used to target the needs of the young adult⁴.

What is an HMPPS accredited programme⁵?

- 2.7 The majority of programmes that will be suitable for parole eligible prisoners are **accredited**. The Correctional Services Advice and Accreditation Panel (CSAAP) helps to accredit programmes by reviewing programme design, quality assurance procedures and findings, and programme evaluations. The CSAAP comprises academics and expert practitioners and contains two groups: the Core Panel and Associate CSAAP Members⁶. They make recommendations about whether to accredit to the HMPPS Rehabilitation Board. To become accredited, an intervention must demonstrate evidence of actual or likely effectiveness. It is therefore used to provide confidence that if targeted correctly, and delivered as intended, the programme can be effective in meeting its intended aims. Accredited programmes are some of the most scrutinised and evidence-formed rehabilitative activities undertaken in prisons and in the community.
- 2.8 The content of programmes that are *accredited* is informed by the latest research about the predictors of re-offending and what works to reduce re-offending. Each is designed in a way that recognises the challenges individuals face in trying to live an offence free life.

What is a non-accredited programme?

- 2.9 Individual establishments and probation areas may also offer **non-accredited** programmes which may have been developed locally or nationally, or by external agencies/organisations. Whilst they have not been through the formal accreditation process outlined above, they should have been considered for validation through internal HMPPS processes⁷. Often prisoners will have completed non-accredited programmes during their sentence, and it will be a matter for the panel in each particular case to weigh the evidence in relation to the impact of any non-accredited programmes (see [Annex 2: Details of commonly referred to non-accredited programmes](#))

⁴ *Probation Service Management of Young Adults Policy Framework (February 2022)*

⁵ A list of HMPPS accredited programmes can be found at: [Offending behaviour programmes and interventions](#).

⁶ Further information about the Core Panel and Associate CSAAP Members can be found at: [Offending behaviour programmes and interventions](#).

⁷ Programmes which are not seeking accreditation will go through the NFI process outlined in the [NFI Policy Framework](#).

Accredited Programmes – what do the Panel need to know?

2.10 Panels need to know the following:

- A. A prisoner’s possible intervention trajectory – what could they do and what might they be eligible for?
- B. What progress the prisoner has made?
- C. How is that progress recorded and presented?
- D. Who would be a suitable witness to assist the panel in its assessment of someone’s progress?

Interventions for women in prison

- 2.11 Women in prison can access gender-specific interventions and services which aim to support them to address their offending-related needs and develop skills and strengths to live offence-free lives.
- 2.12 Many women in prison have complex pathways to offending, meaning that their pathway away from future offending may involve multiple elements of therapeutic support, interventions, and service delivery. These are appropriately sequenced to enable the best outcome during the time available. Elements of support which are less directly related to offending can positively impact the likelihood of the woman being able to progress to risk reduction work. For example, some women may need to access therapeutic support to reduce the impact of trauma symptoms before they are able to effectively engage with work more specifically focused on risk reduction.
- 2.13 For some women, engaging in therapy may lead to an increase in emotional dysregulation, which can cause behaviour that can be challenging to manage. Such incidents will not necessarily be indicative that risk of harm towards others has increased. Psychological risk assessments can be particularly useful in providing evidence to assist panels in understanding whether and how complex behavioural presentation in custody is related to risk of serious harm or reoffending.
- 2.14 Several programmes have been developed by the Women’s Estate Psychology Service (WEPS) team and validated⁸ by HMPPS for use with women in prison, to be delivered in groups or on a one-to-one basis. Validated interventions developed specifically for women include:

⁸ Validated through the PSO4350 Effective Regime Interventions process, which has now been replaced by the [National Framework for Interventions](#). This is the level below CSAAP accreditation.

- Working With Anger (WWA) – a programme which supports women in prison to develop emotion management skills.
- HOPE – a brief intervention usually provided to women during their early days in custody, as well as to help them settle into open prison. HOPE aims to teach women skills and strategies to self-soothe, which can help to manage emotional reactions to imprisonment.
- WEPS Relationships Programme – designed to support women to navigate relationships effectively whilst in custody.

2.15 WEPS staff also routinely develop and deliver bespoke individual interventions. These are designed to target offence-related needs that are not addressed by available programmes or OPD Pathway Services in women’s prisons.

2.16 For women convicted of sexual offences, a collaborative offending formulation approach is taken to identify the specific risks and needs which contributed to their sexual offending. Depending on the outcome of the formulation, specific individual intervention could be developed and delivered, or women could be referred on to existing services or interventions if required. The rate of sexual re-conviction for women convicted of sexual offences is low and so women convicted of sexual offending often do not require intensive intervention to reduce their risk of reconviction.

Interventions for prisoners who are Transgender

2.17 Transgender prisoners⁹ can access gender-specific OBPs and interventions on a case-by-case basis where it would help to address their offending-related risks and needs.

2.18 For example, a transgender woman located in a male prison might access an OBP or intervention developed for males who have committed sexual offences where they have committed a sexual offence, as this may be relevant to their offending and risk. However, this strategy may not be appropriate for another transgender woman in a male prison.

2.19 A transgender man located in a women's prison is unlikely to be asked to participate in gender-specific interventions designed specifically for women unless it is relevant to their offending or addresses a specific area of risk.

2.20 Panels should keep in mind that access to relevant OBPs and interventions for transgender prisoners are case-specific and that different solutions and

⁹ Further information on prisoners who are transgender can be found in the *Prisoners who are Transgender Guidance*.

options may be appropriate depending on the estate within which the prisoner is located.

3. Assessment of suitability for Programmes and Interventions

- 3.1 Interventions are most effective when delivered as designed. They must also be properly targeted. In line with Risk-Need-Responsivity (the most evidence-based model for offender assessment and rehabilitation), prisoners are allocated to interventions which match the level of support with their level of risk, addresses relevant criminogenic need and is responsive to individual characteristics.
- 3.2 Prisoners will usually be allocated to a programme or intervention based on a formal assessment of need (e.g., psychological risk assessment or accredited programme suitability assessment). Programmes have different eligibility criteria, however, in rare and exceptional circumstances an override can be applied for by the assessor¹⁰.

The Programme Suitability Summary (PSS)

- 3.3 If a panel wishes to understand whether a particular programme is suitable for a male prisoner (not whether it is available, see [paragraph 3.11](#)), they can choose to direct a 'Programme Suitability Summary' (PSS). A PSS is completed by a suitably trained practitioner such as a Treatment Manager, a Registered Practitioner Forensic Psychologist or Qualified Probation Officer and will be based on the programme the prisoner is being considered for.
- 3.4 A PSS could be relevant to the panel as it is likely to provide an indication as to a prisoner's motivation to engage with a particular piece of work.

The Programme Needs Assessment (PNA) and Programme Needs Identifier (PNI)

- 3.5 The PNA is a programme planning framework for considering male prisoners for high intensity (HI) programmes including Kaizen and Becoming New Me plus (BNM+). It is one of a diverse set of programme planning tools adopted by accredited programmes to ensure programmes are 'targeted fairly and proportionately, offered to and accessed by, only those that are eligible, suitable and likely to benefit'. A PNA is not a psychological risk assessment. **Panels should not make a direction for the PNA to be added to a dossier.**
- 3.6 As part of the current High Intensity Suite of Accredited Programmes (Kaizen and Becoming New Me Plus (BNM+)), the eligibility criteria includes the

¹⁰ Panels are not to direct that a prisoner undertakes a specific intervention or programme.

completion of a PNA, or where appropriate for individuals to have undergone the streamlined PNA process (see [paragraph 3.10](#) below).

- 3.7 At the time of writing, Interventions Services are in the process of design testing the Next Generation of Accredited Programmes¹¹ (Next Gen) and a newly designed Building Choices programme across custody and community settings. This involves a newly designed needs and suitability process which will use a Programme Needs Identifier (PNI) to determine appropriate pathway decision making for an individual.
- 3.8 To reduce the complexity of having multiple assessment systems active, work is underway to roll down the use of the PNA and sensitively utilise the PNI for selection decision making on Kaizen and BNM+. This transition across to the PNI is taking place from July 2024, with plans to monitor its rollout. Please refer to the Interventions SharePoint page for further information and updates.

Changes to PNAs for the programme Kaizen

- 3.9 HMPPS has implemented changes to the programme needs assessments for the programme Kaizen. This combines readily available risk screening tool scores within OASys as an alternative to completing Section B (needs assessment) of the PNA for some prisoners. Section B ordinarily provides details of a prisoner's programme needs to support programme selection decisions and programme planning.
- 3.10 Prisoners with the following OASys risk profiles will no longer need Section B of the PNA to be completed to be accepted onto Kaizen:
- Kaizen Sex – 'High' or 'Very High' on OSP/c (OASys Sexual reoffending Predictor – contact offences) and 'High/Very High' on OGRS (Offender Group Reconviction Score)
 - Kaizen IPV – 'High' on ESARA and 'High'/'Very High' on OGRS
 - Kaizen GV – 'High'/'Very High' on OVP (OASys Violence Predictor)

For some high-risk men, Section B may still be completed to identify which strand of Kaizen is most suitable. Sections A (risk screen), C (responsivity assessment) and D (selection decision) will continue to be completed for all as part of the assessment process. Places on programmes will continue to be prioritised in line with the HMPPS national OBP prioritisation principles.

Availability, allocation and waiting lists

- 3.11 Panels will be aware that not all programmes are available in all establishments, or all Probation areas. Confirmation of programme availability would need to be sought from the Prison Offender Manager. If a

¹¹ Please refer to [Annex 1](#) for further information on the Next Generation of Accredited Programmes.

prisoner is assessed as suitable for a particular programme, it is the role of the Prison Offender Manager to try to secure a place and this may involve seeking a transfer to another establishment. This is not a straightforward process and may mean that there is a delay whilst the transfer is agreed, and/or because the programme itself has a waiting list. Occasionally, the assessment to determine the prisoner's suitability for a particular programme must be undertaken in the prison where the programme is being delivered.

- 3.12 The Generic Parole Process (GPP) Policy Framework¹² sets out that where prisons are considering a transfer during a parole review to allow the prisoner to access a progression opportunity in line with their sentence plan, there must be a clear benefit which will support the delivery of their sentence plan¹³ objectives. Prisons are asked to bear in mind the impact that a transfer during a parole review may have on the prisoner's review.
- 3.13 The GPP Policy Framework also states that it is essential that prisoners are not transferred after their oral hearing date has been listed unless a transfer is wholly unavoidable.
- 3.14 Panels will need to exercise some patience as accurate information about programme availability and dates is not always easily obtained, nor can anything be absolutely guaranteed. These are all factors which will need to be taken into consideration as part of the decision-making process.
- 3.15 Whilst the primary delivery format should always be used when possible, HMPPS Intervention Services ('IS') have developed alternative delivery formats ('ADF') which can be used where adaptation is required to successfully deliver sentence plans; for example, where a prisoner has a health condition which means they cannot complete a programme in the usual way. Please see [Annex 3](#) for more information.

4. Measuring progress on completion of Accredited Programmes

A prisoner's progress on a programme

- 4.1 Programmes are designed to support prisoners in learning skills for change and developing self-efficacy as part of a wider package of rehabilitative activity – they are not designed to change people on their own. The application and refinement of new skills outside of the group environment, and indeed the desire to change, are personal choices that require considerable ongoing commitment beyond the life of the actual programme. It is a process that requires work to maintain motivation, to practice new

¹² [Generic Parole Process Policy Framework - GOV.UK](#)

¹³ The COM will be able to provide the panel with information they require about a prisoner's sentence plan. The POM should also be able to update progress against the plan.

ways of living, and of continual reflection, learning and development. This cannot be achieved during the short life span of a programme.

- 4.2 As programmes do not demand change, the reporting processes are not intended to assess 'changed behaviour' or risk reduction. Instead, they are intended to:
- Motivate and support prisoners in their journey towards desistance
 - Encourage collaboration between the programmes team and the prisoner in acknowledging areas of strength and development
 - Communicate 'progress' to other professionals
 - Contribute to wider decision making about sentence planning
- 4.3 It is for this reason that risk assessments are not automatically completed once a prisoner has completed a programme. HMPPS Intervention Services do not support the completion of risk assessments based solely on performance during a programme. A more holistic approach is recommended, one which reflects the prisoners' wider ability to translate programme gains and ongoing commitment into real change. Evidence of commitment to change might be seen from post programme consolidation work which involves the application, practice, evaluation, and refinement of skills. Engagement with work such as the New Me MOT, for example, might provide evidence of this.
- 4.4 If a full psychological risk assessment is required by the panel, a direction to this effect can be made. For more information on the suitability of this report, please see Parole Board Guidance on Risk Assessments and Specialist Reports.

How is progress recorded and presented?

- 4.5 There are two ways in which progress is recorded:
1. Post Programme Reports
Programmes such as the Thinking Skills Programme (TSP) and Building Better Relationships (BBR) have post programme reports. These are written by the programme facilitators and are shared and developed with the prisoner. These reports set out key milestones achieved, plans for living offence free in the future and post programme objectives to be built into future sentence planning targets. Panels can direct these reports if desired.
 2. New Me Life Plan
Aligned programmes such as Kaizen, Horizon, Becoming New Me Plus (BNM+), New Me Strengths (NMS), and the Healthy Sex Programme (HSP) offer the same information, but it is presented in a substantially different way which enables prisoners to take responsibility for

documenting their own progress on a 'New Me Life Plan'; this is their future focused, strengths-based plan for how they will live as 'New Me'. The panel can direct this document and also request access to progress review minutes which detail discussions about learning to date and the agreed upon post programme objectives for future sentence plan targets.

Who would be a suitable witness to assist the panel in its assessment of a prisoner's progress?

- 4.6 Programme facilitators and/or treatment managers should not be asked to attend hearings to comment on progress made because their views are detailed in the reports and documents mentioned above. They are unlikely to have anything else to add and will not be able to comment on risk.
- 4.7 Psychologists who have been involved in the delivery or management of an accredited programme completed by the prisoner in question should not be directed to attend an oral hearing as a witness.
- 4.8 The only suitable witnesses would be the author of a risk assessment report, such as a psychologist or a Probation Officer. These witnesses are able to comment on formal assessment of risk, risk factors, risk management, risk of reoffending, future placement, and progression.

5. Table of commonly referred to Accredited Programmes

- 5.1 This table is a quick reference guide to the accredited programmes which are the most likely to be referred to in the reports Panels read. More detail about these programmes, who they target, risk level, and locations is set out in [Annex 1.](#)

Abbreviation	Programme Name	Type of Offending
BC	Building Choices ¹⁴	Any (adapted for the individual)
	Kaizen	IPV, Violence, Sexual
	Horizon	Sexual
	iHorizon	Sexual (Non-Contact Internet)
TSP*	Thinking Skills Programme	General
HSP	Healthy Sex Programme	Sexual Offending/Relationships
BBR	Building Better Relationships	IPV
NMS	New Me Strengths	Any (adapted for learning needs)
BNM+	Becoming New Me Plus	Violence, IPV, Sexual (adapted for learning needs)

¹⁴ At the time of writing, HMPPS Intervention Services are developing the Next Generation of Accredited Programmes which will consist of Building Choices, HSP and HII. Rollout will begin in late 2024. Please refer to [Annex 1](#) for further information.

LNM	Living as New Me	Any (follow on to NMS or BNM + adapted for learning needs)
HII*	Healthy Identity Intervention	Terror related offending
IM	Identity Matters	Group affiliated offending
	New Me MOT ¹⁵	Consolidation and Generalisation support
COVAID	Control of Violence for Angry Impulsive Drinkers	Alcohol related violence

*Suitable for women

6. Table of discontinued Accredited Programmes

6.1 Panels will frequently come across post programme reports and references to programmes and interventions which have now been discontinued. The following table sets out the most common of these, and what they were targeting. If a programme appears in this table, it means it is no longer run within the prison estate or in the community.

Name of programme	Type of offending
Core SOTP	Sexual offending
Rolling SOTP	Sexual offending
Extended SOTP	Sexual offending
Internet SOTP	Internet sexual offending
BLB (Better Lives Booster)	Sexual offending
Adapted BLB	As above adapted for offenders with LDC
Community Sex Offender group work programme (C-SOGP)	Sexual offending
Thames Valley Sex Offender Group work programme (TV-SOGP)	Sexual offending
Northumbria Sex Offender Group work Programme (N-SOGP)	Sexual offending
Becoming New Me (BNM)	Sexual offending
New Me Coping (NMC)	Sexual offending
Healthy Sexual Functioning (HSF)	Sexual offending
Healthy Relationships Programme (HRP)- Moderate and High intensities	Intimate Partner Violence
Community Domestic Violence Programme (CDVP)	Intimate Partner Violence

¹⁵ New Me MOT is not a standalone accredited programme but is designed for those who have graduated from Horizon, iHorizon, Kaizen, NMS, BNM+ and HSP and would benefit from consolidation of learning.

Integrated Domestic Abuse Programme (IDAP)	Intimate Partner Violence
Resolve	Violence
Aggression Replacement Training (ART)	Violence
CALM	Violence
Self-Change (SCP) Programme	Violence
Cognitive Self-Change Programme (CSCP)	Violence
Chromis	Violence – for those with high levels of psychopathic traits
CARE	Violence – gender sensitive and trauma informed programme developed specifically for women
ARV	Alcohol related violence
Enhanced Thinking Skills (ETS)	Thinking skills
Cognitive Skills Booster (CSB)	Thinking skills
Reasoning and Rehabilitation (R&R)	Thinking skills
Juvenile Enhanced Thinking Skills (JETS)	Thinking skills (young people aged 15-18) This may still be available in some locations but no longer has CSAAP accreditation
Addressing Substance Related Offending (ASRO)	Drugs and Alcohol
Prison- Addressing Substance Related Offending (P-ASRO)	Drugs and Alcohol
FOCUS programme	Drugs and Alcohol
Offender Substance Abuse Programme (OSAP)	Drugs and Alcohol
Rehabilitation of Addicted Prisoners Trust (RAPT)	Drugs and Alcohol
Short Duration Programme (SDP)	Drugs and Alcohol
Stepping Stones	Drugs and Alcohol
Drink Impaired Drivers Programme	Alcohol related driving offences
Focus on Resettlement (FOR)	Resettlement

7. Offender Personality Disorder (OPD) Pathway

7.1 The Offender Personality Disorder (OPD) Pathway is a joint HMPPS and NHS England initiative that aims to provide a pathway of psychologically informed services for a highly complex and challenging group of people who have offended. It also makes provision to support staff working with prisoners and individuals on licence in this group¹⁶.

¹⁶ HMPPS and NHS have developed a *Practitioner Guide* for all staff that work with those in the CJS showing personality difficulties likely to meet the criteria for a personality disorder.

- 7.2 It targets prisoners and individuals on licence who are deemed to be high risk of serious harm or a high risk of reoffending in a harmful way, and who are likely to meet the diagnostic criteria for personality disorder; that is to say, significant psychological and social problems connected to their offending behaviour. Those on the pathway are those who may be the least likely to be willing or able to access other types of services, or to do so without additional support.
- 7.3 Delivered jointly by HMPPS and NHS England in prisons, the community and secure hospitals, the aims of the OPD Pathway are to:
- Reduce harmful reoffending
 - Increase psychological well-being
 - Develop a competent trained workforce and deliver services efficiently.

What is meant by 'personality difficulties' – the 3 Ps

- 7.4 Personality consists of the characteristic patterns in perceiving, thinking, experiencing, and expressing emotions and relating to others, which define us as individuals. Personality difficulties are best understood as more unusual or extreme personality types – a cluster of core characteristics or 'traits' which cause suffering to the prisoner or others and hinder everyday interpersonal functioning.

For personality difficulties to be present, they must be defined as personality characteristics which are **P**roblematic, **P**ersistent and **P**ervasive – the 3 P's:

Problematic – for personality difficulties to be present, the prisoner's personality characteristics need to be outside the norm for the society in which they live; that is, they are extreme or severe and these characteristics cause difficulties for themselves or others.

Persistent – personality difficulties are chronic conditions, meaning that the symptoms usually emerge in adolescence or early adulthood, are inflexible, and relatively stable, and persist into later life.

Pervasive – they result in distress or impaired functioning in a number of different personal and social contexts, such as intimate relationships, employment, and offending behaviour.

- 7.5 Panels may notice that prisoners who have been identified as having personality difficulties have diverse or entrenched offence profiles, are persistently non-compliant, fail quickly when in the community, or have high levels of callousness and instrumental violence. Personality difficulties do not always equate to 'high risk', but these features should be carefully considered.

- 7.6 The OPD Pathway does not require a diagnosis of personality disorder for people to access services. The pathway operates on a whole-person and psychologically informed basis.

Screening for Personality Difficulties

- 7.7 All prisoners will be 'screened' for the OPD pathway at the point of sentencing. Identification is incorporated within the OASys (Offender Assessment System) which has an in-built automated algorithm for indicating those who meet OPD criteria once a full assessment has been completed.

- 7.8 **For Men** they must:

1. Have committed a sexual or violent offence and have been assessed as presenting a high or very high risk of serious harm to others at any point during their current sentence; **AND**
2. Be likely to satisfy the criteria for personality disorder, measured by having 7 or more of the 10 OASys items set out below; **AND**
3. There must be a clinically justifiable link between the personality disorder and risk.

Criteria for men:

1. Convictions under 18 years
2. Violence/threat of violence/coercion
3. Excessive use of violence/sadistic violence
4. Fails to recognise victim impact
5. Financial over-reliance on friends, family, others for support
6. Manipulative/Predatory lifestyle
7. Reckless/risk taking behaviour
8. Childhood behaviour problems
9. Impulsivity
10. Aggressive/controlling behaviour

- 7.9 **For Women** they must:

1. If on their current sentence, they are eligible for Multi-Agency Public Protection Arrangements (MAPPA) management **OR** have a High or Very High Risk of Serious Harm score; **AND**
2. Are likely to meet the criteria for 'personality disorder', as measure by scoring 10 or more on the following 16 items in OASys.

Criteria for women:

1. (Did offence involve...) Carrying or using a weapon
2. (Did offence involve...) Any violence or threat of violence/coercion
3. (Did offence involve...) Excessive use of violence/sadistic violence

4. (Did offence involve...) Arson
5. (Evidenced motivation) Emotional state of offender
6. Analysis of offence issues linked to risk of serious harm, risks to the individual and other risks
7. Accommodation issues linked to risk of serious harm, risks to the individual & other risks
8. Experience of childhood
9. Evidence of domestic violence / partner abuse (perpetrator)
10. Relationship issues linked to risk of serious harm, risks to the individual & other risks
11. Lifestyle and associate issues linked to risk of serious harm, risks to the individual & other risks
12. Difficulties coping
13. Current psychological problems / depression
14. Self-harm, attempted suicide, suicidal thoughts or feelings
15. Issues of emotional well-being linked to risk of serious harm, risks to the individual & other risks
16. Thinking / behaviour issues linked to risk of serious harm, risks to the individual & other risks

- 7.10 Eligibility for the pathway **does not** require a prisoner to have a formal diagnosis of personality disorder. It is unusual for a clinical assessment to be required in relation to the screening process.

What does the OPD Pathway involve?

- 7.11 The PP, either in the community or in the prison, undertakes the initial screening for the pathway whilst completing OASys. Once a prisoner has been identified, the PP will assess whether, according to their risks and needs, it would be beneficial for the individual to be connected into the pathway. If they think there is potential benefit, they will contact the relevant health service provider to seek support in developing a pathway (or sentence plan) based on a process of information gathering, consultation and formulation. PPs will be supported by other professionals, but they are expected to take ownership of OPD pathway work in sentence planning activities including reports for the Parole Board.
- 7.12 Consultation is the first stage. This is the process by which a PP will present the case identified to other practitioners (in a range of settings) for discussion. This is the start of the formulation process.
- 7.13 Formulation is the second stage, and this forms the basis of future actions with the identified case. Formulation is a hypothesis about the cause and nature of the presenting problems and provides a framework to developing the most suitable case management or treatment approach.

- 7.14 The consultation and formulation will inform the PPs OASys and sentence planning and may note OPD interventions within the plan. It is therefore not necessary for the Panel to direct this.
- 7.15 The OPD practitioner's role is to support the PP in their oversight of the prisoner. They do not provide a diagnostic opinion and typically will not meet with the prisoner, and so the PP will always be in a better position to provide the panel with an opinion about the prisoner. The attendance of an OPD practitioner is unlikely to result in increased insight into the prisoner's situation as their role is, in the majority of cases, limited to a single 50-minute discussion with the PP.

8. Democratic Therapeutic Communities (DTCs)

- 8.1 Democratic Therapeutic Communities (DTCs) are structured, psychotherapeutically informed environments within the prison estate. They provide group-based therapy within a social climate which promotes positive relationships, personal responsibility, and social participation for prisoners. They address a range of needs and behaviours including interpersonal relationships, emotional regulation, self-management, and psychological well-being. DTCs are a fully immersive living learning environment; they are a CSAAP Accredited Intervention and form part of the OPD Pathway.
- 8.2 DTCs work with men and women with complex psychological and emotional needs, who are likely to meet the criteria for a diagnosis of personality disorder. DTCs address a wide range of offending behaviour, with most DTC residents having committed violent offences – some of which are sexually motivated. DTC and Therapeutic Community Plus (TC+) (see [paragraph 8.4](#) below) applicants need to be motivated to change and referral should form part of the sentence planning process.
- 8.3 There are currently 4 DTCs located in the male estate at HMPs Grendon, Dovegate, Gartree and Warren Hill. There is 1 DTC in the female estate at HMP Send.
- 8.4 TC+ is a contextualised version of the mainstream DTC programme, designed for men with mild to moderate learning disabilities. It may also be more suitable for those with neurodiversity needs which impact on social or group interactions. TC+ services are commissioned to consider wider responsivity needs and can make use of Speech and Language Therapists within their approach. TC+ is a CSAAP Accredited Intervention. There are currently 3 TC+ services at HMPs Grendon, Dovegate and Gartree.
- 8.5 The key features of DTCs and TC+ include:
- Large therapy groups and community meetings
 - Small psychotherapy-led therapy groups

- The use of community activities to promote personal and collective responsibilities and interpersonal skills
- The use of core creative psychotherapies (art, music, drama)
- Staff support the Community in democratic decision making and providing pro-social role models. They receive specialist training relevant to their role and therapy groups are dual facilitated by specialist Prison Officers and clinical staff
- Staff and DTC participants are encouraged to explore challenge and provide feedback about behaviours that are anti-social or linked to offending.

8.6 Prisoners who are eligible for a DTC are:

- Males in Category B or C conditions
- Women in closed conditions
- Those with more than 18 months left to serve
- Men who have been de-categorised from a category A establishment for at least 6 months
- Those who have been removed from the abscond list for at least 6 months
- Those who meet the drug free requirement (no positive drug tests within 2 months of referral)
- Those who understand the DTC process and are prepared and motivated to fully engage with it.

8.7 DTC and TC+ Clinical leads have clinical oversight of the referral process. All referrals, for both DTC and TC+, are considered on a case-by-case basis.

8.8 DTCs are well established and there is evidence¹⁷ that the approach is effective in improving custodial behaviour and psychological wellbeing as well as reducing the risk of self-harm. Both staff and prisoners report a better quality of life than in other establishments and, notably, they reduce the risk of reoffending for those who remain in treatment for at least 18 months.

8.9 Therapy Progress Reviews and End of Therapy Reports are produced as part of the DTC and TC+ process. Panels may wish to consider whether a full psychological assessment is also needed.

¹⁷ Evidence consistently confirms the hypothesis of TCs are effective. Deo Leon, G. (2010). *Is the therapeutic community an evidence-based treatment? What the evidence says. Therapeutic Communities. 31 (2), 104-123.*

9. Psychologically Informed Planned Environments (PIPEs)

What is a PIPE?

- 9.1 PIPEs are designed to support transition and personal development at significant stages of a prisoner or individual on licence's pathway. PIPEs are relational environments, and each PIPE will have a particular function. All are essentially an environmental approach to enhance the delivery of core work within prison and probation settings.
- 9.2 Common to all PIPEs is that they are self-contained residential environments where staff members have completed additional training to develop an increased psychological understanding of their work. Regular supervision is provided to staff by the PIPE clinical lead, as well as bespoke training. This enables those staff members to create an enhanced, safe, and supportive environment which can facilitate the development of those living there. PIPEs focus on the importance of relationships and interactions and aim to maximise ordinary situations by approaching these in a psychologically informed way, paying attention to interpersonal difficulties.
- 9.3 Each PIPE referral is considered on a case-by-case basis by considering risk, needs and responsivity.
- 9.4 A diagnosis of personality disorder is not required to be eligible for a PIPE, although all participants should meet the OPD criteria.

There are four types of PIPEs which link to the OPD strategy:

- 1) **Preparation PIPEs:** Focus on helping to remove barriers to progression through the prison system. They address treatment readiness, motivation, engagement, and exploration of barriers to treatment / further progression.
- 2) **Provision PIPEs:** Provide a supportive environment for those undertaking treatment in a different setting (e.g. in day treatment service). The PIPE supports prisoners to actively apply skills and learning as acquired, and also helps to mitigate against treatment dropout.
- 3) **Progression PIPEs:** Supports prisoners in consolidating treatment gains, putting new skills into practice, and demonstrating behavioural and relational improvements. Prisoners will have successfully completed a treatment programme (usually one of high intensity).
- 4) **Approved Premises PIPEs:** A whole-premises approach, PIPE APs will integrate PIPE model requirements into core aspects of the AP.

They aim to provide new experiences and pro-social opportunities for individuals on licence.

10. Pathways Enhanced Resettlement Service (PERS)

- 10.1 The Pathways Enhanced Resettlement Services (PERS) form part of the Offender Personality Disorder (OPD) Pathway. They are sited in Category D prisons and work with men who are likely to have difficulty managing the transition from closed to open conditions, or the transition from open conditions into the community, due to problematic personality traits, often having experienced previous failure in open conditions.
- 10.2 There are currently five PERS services across the male Category D estate:
- HMP North Sea Camp (known as the Solar service)
 - HMP Springhill (known as The Gables)
 - HMP Standford Hill
 - HMP Leyhill
 - HMP Kirkham
- 10.3 The PERS model offers three key components which the prisoner might be offered:
- Keywork sessions, developing a 'survival plan' to help identify triggers that may impact on the ability of the prisoner to manage transition and subsequent coping skills to manage this
 - Drop in facility at times of crisis or when additional support is needed
 - Outreach support to enhance reintegration to the community
- 10.4 The PERS model mandates that the service is jointly delivered by operational and clinical staff.
- 10.5 When a prisoner stops contact with PERS, a letter is written to the prisoner summarising the work completed.
- 10.6 Men cannot be referred into a PERS service, instead their suitability is identified via a screening process and an approach is made by PERS staff to engage with the prisoner. Engagement with PERS is voluntary and should not be mandated.

11. Intensive Intervention and Risk Management Service (IIRMS)

- 11.1 IIRMS forms part of the wider OPD pathway, offering pre-release and resettlement support for up to 18 months in the community. IIRMS is aimed at both men and women presenting with concerns around resettlement needs. The intensity of support offered is dependent upon the needs assessment and formulation completed at consultation with the PP, health practitioner and participant. Participation in IIRMS is always on a voluntary

basis, the service offer should be understood as an additional resource to enhance probation risk management practices. IIRMS involvement does not replace probation risk management planning or practice. All probation regions have access to an allocated IIRMS.

11.2 IIRMS offer four components which the participant might be offered some or all of:

- **Pre-Release Work** – six months in-reach to the custodial setting
- **Practical & Social Support** – delivered on moving into the community.
- **Psychoeducation** – delivered in individual or group settings.
- **Formal Therapy** – could include cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT), mentalisation based therapy (MBT) or cognitive analytic therapy (CAT), for example.

11.3 The first three components make up the **Standard IIRMS** offer. Following engagement with the above some participants may be offered the fourth component of Formal Therapy, dependent on assessed need, availability of provision and evidence that this cannot be obtained via mainstream health or criminal justice services. This fourth component makes up the **Enhanced IIRMS** offer, not all IIRMS areas are able to provide an Enhanced component.

11.4 Frequency and intensity of IIRMS intervention will depend on the participant and be according to what meets individual risk and resettlement needs. All intervention is **Psychologically Informed**, following **Relational Approaches**, and addressing a **Hierarchy of Need**.

12. Progression Regimes

12.1 Progression Regimes in prisons are for male indeterminate sentence prisoners (ISPs) and those serving extended sentences who are struggling to progress towards release.

12.2 HMPPS operate Progression Regimes in the following closed, adult male category C prisons:

- HMP Warren Hill (London, South East & Eastern)
- HMP Erlestoke (Wales, South West & South Central)
- HMP Humber (North East & Yorkshire)
- HMP Buckley Hall (North West)

12.3 Panels **cannot** direct prisoners to a Progression Regime, although they can comment on the likely benefits. Every Progression Regime is based in closed conditions and transfer is a matter for the Prison Service.

- 12.4 Prisoners who are eligible include Indeterminate Sentence Prisoners (ISPs) who:
- are excluded from open conditions due to an absconding history (once it has been established that they have not evidenced exceptional circumstances for consideration of open conditions); or
 - have been recalled to prison following initial release from an indeterminate sentence; or
 - are within four years of tariff expiry (but prioritising post-tariff ISPs who have had two or more negative parole hearings).
- 12.5 This eligibility criteria has been expanded to include parole eligible determinate sentenced prisoners who are within two years of their Parole Eligibility Date (PED) and prisoners serving a custodial sentence, whether determinate or indeterminate, for an offence listed in section 247A(2) of the Criminal Justice Act 2003 who are presumed unsuitable for open conditions. ISPs will always take priority due to the nature of their sentence.
- 12.6 Prisoners who wish to join a Progression Regime must also be found suitable. To be found suitable, prisoners must:
- have reached the appropriate point in their sentence;
 - display willingness to engage in an approach which requires high levels of personal responsibility;
 - actively confront offending related behaviours;
 - take action which will assist in their rehabilitation; and
 - be unlikely to pose a significant security risk.
- 12.7 The aim of a Progression Regime is to enable prisoners to re-introduce the responsibilities, tasks and routines associated within daily life in the community and test prisoners' readiness. This will enable prisoners to build evidence to show the Panel that they are ready to progress.
- 12.8 The Regime tests individuals in selected situations within a closed prison environment and uses a range of tools to test progress, responsibility, and activity against risks relevant to individual prisoners. It introduces day-to-day tasks and freedoms that enable personal responsibility. Prisoners are given access to facilities and opportunities that aren't ordinarily available on residential wings, such as shops, family visits on the unit, additional facilities for cooking, and community events. A progression regime is not open conditions or an accredited programme, nor does it attempt to replicate them.
- 12.9 There are three stages to the Progression Regime, with each stage leading to increasingly more independence and prison entitlements. The stages are a measure of the prisoners conduct and the prisoner can move up and down the stages depending on their behaviour. A prisoner does not need to reach

the third stage before they can be considered for release; a prisoner can address risk in various ways regardless of the stage they are at. Some prisoners may be unable to reach the third stage before their parole review if they haven't been a part of the Progression Regime for long enough.

- 12.10 Prisoners will be assessed and managed via the Enhanced Behavioural Monitoring (EBM) process in order to help strengthen their desistance pathway ready for eventual release into the community. A CFR (case file review) is completed by a Psychologist in the initial stages of the EBM process in order to provide a psychological understanding of the prisoner's case from a risk perspective. Risk enhancing factors and risk reduction strategies relevant for each prisoner are identified in order to develop insight into offence-related areas. This is undertaken and shared with the prisoner and the multi-disciplinary team and underpins the PR model. Further work is also identified to strengthen the prisoner's risk management plan. The information from the CFR is taken from past and current reports, alongside discussion with the prisoner and is evidenced within the COM report. CFRs are not risk assessments and therefore the panel do not need to request that they are added to the dossier.
- 12.11 Progression Regimes are not programmes and do not generate reports about prisoners who have participated in them. Instead, they are consolidation opportunities. Prisoners will complete a portfolio that can help evidence work that has been completed to manage behaviour and prove they have used their learned skills. Offender managers will include evidence about a prisoner's development and progress within the regime in their reports. There is usually no need to direct the attendance of an additional witness where a prisoner has been located in a Progression Regime.

13. Useful resources

- **'Offending behaviour programmes and interventions' – GOV.UK**
- **'Correctional Service Accreditation and Advice Panel (CSAAP) – Current Accredited Programmes'**
- **'Progression Regime Policy Framework'**
- **Brochure of Offender Personality Disorder (OPD) Pathway for Women**
- **Brochure of Offender Personality Disorder (OPD) Pathway for Men**
- **National Evaluation of the Male OPD Pathway - GOV.UK**
- **NHS England Offender Personality Disorder (OPD) pathway joint strategy for 2023 to 2028**

ANNEX 1: Details of commonly referred to accredited programmes

The Next Generation of Accredited Programmes

Between 2019 and 2021, HMPPS Interventions Services carried out a 'Strategic Review' (SR) of its contemporary Accredited Programmes offer. The results of the SR identified several issues / challenges with the current Accredited Programme approach, which could be described as following four themes: Programme Design, Strategy, Environmental Context, and Quality of Delivery.

The Strategic Review was the first phase of the Next Generation of Accredited Programmes (Next Gen), a change programme led by Interventions Services which aims to reform the current suite of Accredited Programmes to deliver a streamlined and more coherent service that realises important benefits across the system for all. Next Gen is an evolution of the current Accredited Programmes offer and is informed by the latest international evidence and engagement with delivery teams, those with lived experience, and senior leaders across the organisation to develop a robust new offer for people in prison and on probation.

Next Gen includes the development and implementation of Building Choices, a new programme that aims to address both offence-specific and wider offending behaviour risks and needs present in all types of offending behaviour through a person-centred approach that targets the versatility of offending behaviour. Under current proposals, Building Choices will succeed the majority of current Interventions Services' Accredited Programmes with the exception of the Healthy Identity Intervention (HII) and the Healthy Sex Programme (HSP), which will be retained and join Building Choices as part of the Next Gen offer. HII and HSP are designed to target the rehabilitative needs of very specific cohorts of offenders whose needs are best met and addressed with the specialist input from HII and HSP.

Next Gen and Building Choices remain in development, with **full implementation not expected to complete until early 2026**. The current suite of programmes will continue to be delivered in the interim, supported by Accreditation recommended by the independent Correctional Services Advice & Accreditation Panel (CSAAP) while development of Next Gen proceeds.

Updates will be communicated to members as Next Gen is implemented and sit on the Interventions SharePoint page.

Accredited Programmes managed by HMPPS Interventions Services

Programmes addressing multiple types of offending

Kaizen – Accredited (Custody only)

Kaizen is for adult males (18+ years) who are assessed as high or very high risk of reoffending and who have a high level of criminogenic need (dynamic risk), as assessed using the PNA¹⁸. It is suitable for prisoners with convictions for sexual or violent offences, including those who have committed intimate partner violence. The programme adopts a unified approach whereby attention is paid to each prisoners' criminogenic needs rather than their typical offence type.

The programme is only available in custody and is not suitable for those with Learning Disabilities or Challenges (LDC).

Kaizen is evidence informed and adopts a strengths based, future focused approach to support prisoners to desist from crime. As such, those maintaining their innocence can participate if they can identify problems in their lives that they are motivated to work on, which are targets of the programme.

The programme is designed to help prisoners to:

- cope better with life's problems;
- manage unhelpful emotions more effectively;
- develop interpersonal skills to support the establishment and maintenance of pro-social healthy intimate and non-intimate relationships; and
- challenge unhelpful 'Old Me' offence supportive attitudes and beliefs.

For those who have committed sexual offences, the programme also supports prisoners to develop an awareness of their unhealthy sexual thoughts, interests and behaviours and teaches some basic skills to support self-management.

Prisoners will participate in an individually delivered pre-group phase, complete 68 group sessions on average (depending on need) and approximately 11 supported learning sessions. The programme can also be delivered on an individual basis in exceptional circumstances.

Reporting Process: The prisoner will compile a 'My Journey Record' detailing their progress, which they can choose to share with the Panel. A copy of any facilitator endorsements, the 'New Me Life Plan' and Progress Review meeting minutes will also be available for review.

¹⁸ Please refer to paragraph [3.5](#) of this guidance for more information on PNA's. Please refer to paragraphs [3.9](#) and [3.10](#) for information on the changes to suitability assessments for the programme Kaizen.

Thinking Skills Programme (TSP) – Accredited (Custody and Community)

TSP is a cognitive skills programme designed to address the rehabilitative needs of men and women aged 18+ with a medium to high risk of reoffending (i.e. 50+ as assessed through OGRS3).

TSP supports prisoners to develop skills in pro-social problem solving, perspective taking, developing and managing relationships, and self-management. It encourages pro-social attitudes, behaviour, and goals for the future, and has been designed to incorporate maximum responsiveness and flexibility of delivery format.

Potential prisoners must meet the need criteria (i.e. dynamic risk) in addition to the static risk criteria (i.e. OGRS) if they are to be assessed as suitable for TSP. Need is assessed using relevant OASys items, or the stand-alone needs assessment tool; with a minimum score of 5.

TSP is suitable for all offence types and aims to reduce re-offending in the following four ways:

- developing prisoners' thinking skills;
- coaching prisoners to apply new and existing thinking skills to identifying and managing their risk factors;
- coaching prisoners to apply new and existing thinking skills to develop personally relevant protective factors; and
- coaching prisoners to apply new and existing thinking skills to achieving pro social goals that support relapse prevention.

TSP consists of 15 core group sessions delivered over three modules (i.e. Self-Control, Problem Solving and Positive Relationships) and four individual sessions (to tailor the personal relevance of the programme to the prisoner's needs).

Reporting Process: Post-programme report and post-programme review meeting minutes.

Programmes addressing convictions for a sexual offence

Horizon – Accredited (Custody and Community)

Horizon is for adult men (aged 18+) who have been convicted of a sexual or sexually motivated offence and who are assessed as a medium risk of sexual reconviction or above. It is delivered in both custody and the community. The programme is not suitable for those with LDC.

Horizon provides an evidence-informed, strengths-based approach that aims to increase psychological, social, and emotional strengths to assist prisoners to desist from crime. It is also future focused, in that prisoners are encouraged to set goals to enable them to engage in constructive, positive, offence free future lives,

supported by the skills they learn in the programme. Those maintaining their innocence are able to take part if they can identify problems in their lives, which the programme addresses and which they are motivated to work on.

The programme is designed to help prisoners to:

- cope better with life's problems;
- stop and think;
- manage strong unhelpful feelings;
- have long-term and pro-social intimate and non-intimate relationships;
- manage unhealthy sexual thoughts; and
- develop a positive self-identity and hope for the future.

Horizon consists of 31 group sessions, with 3 individual sessions.

Reporting Process: The prisoner will compile a 'My Journey Record' detailing their progress, which they can choose to share with the Panel. A copy of any facilitator endorsements, the 'New Me Life Plan' (also completed by the prisoner) and Progress Review meeting minutes will also be available for review.

iHorizon - Accredited (Community)

iHorizon is for adult men (18 + years) who have committed internet only sexual offences, where there has been no direct contact with victims. The programme is for those assessed as a medium risk of sexual reconviction or above. It is only delivered in the community and is not suitable for those with LDC.

iHorizon provides an evidence-informed, strengths-based approach that aims to increase psychological, social, and emotional strengths to assist prisoners to desist from crime. It is also future focused, in that prisoners are encouraged to set goals to enable them to engage in constructive, positive, offence free future lives, supported by the skills they learn in the programme.

The programme is designed to help prisoners to manage their internet use, have long-term and pro-social intimate and non-intimate relationships, manage unhealthy sexual thoughts, develop a positive self-identity and hope for the future.

The programme comprises 23 group sessions and an additional 3 individual sessions.

Reporting process: The prisoner will compile a 'My Journey Record' detailing their progress, which they can choose to share with the Panel. A copy of any facilitator endorsements, the 'New Me Life Plan' and Progress Review meeting minutes will also be available for review.

Healthy Sex Programme (HSP) - Accredited (Custody)

The HSP is for adult men (18+ years) who have been assessed as having offence related sexual interests (paraphilias) and who have typically already completed Kaizen, Horizon, Becoming New Me+ or New Me Strengths. The programme is for those who acknowledge offence related sexual interests, would benefit from practising skills to effectively manage these interests, and who are motivated to engage in the programme.

The programme is designed to help prisoners to explore sexuality, sexual interests and arousal patterns, identify triggers to sexual arousal, increase arousal to healthy sex and manage arousal harmful sex, practice ways to feel in control of sexual urges, effectively manage shame, and where possible practice skills for healthy and satisfying relationships with adults. The programme has a strong psycho-educative and skills practice focus within the domain of healthy sexual functioning.

HSP is delivered on an individual basis and typically consists of between 12 to 30 hours of intervention with a specially trained HSP therapist.

Reporting Process: Progress review meeting minutes will be available for the Panel. The prisoner will also be encouraged to develop or continue developing their 'My Journey Record', containing updated 'New Me Life Plans' and a therapist letter(s) endorsing learning on the HSP.

Programmes addressing violence

Building Better Relationships (BBR) - Accredited (Custody and Community)

BBR is a cognitive behavioural programme for adult male perpetrators convicted of intimate partner violence (IPV) against a female partner. It is for men in custody who are assessed as a moderate risk using the Spousal Assault Risk Assessment (SARA), and men in the community who are either a moderate or high risk. In custody, men can also be referred to BBR if there is evidence of at least one episode of non-convicted IPV within the 2-year period leading up to imprisonment for a non-IPV related index offence. In the community men whose index offence is not IPV-related can also be referred to BBR if they are assessed as High Risk on the SARA and they meet all other need criteria.

BBR's theory base reflects the growing view that IPV is a complex problem that is likely to have multiple causes. BBR is responsive to the needs of individual prisoners and provides opportunities to develop skills introduced during the programme, including managing thoughts, emotions, and behaviours.

There are no specific cut-off points for excluding prisoners based on intelligence or personality disorder. Assessors and treatment staff can make a judgement about

the appropriateness of BBR for the prisoner and only exclude where there is evidence that the programme would not be of benefit. The programme has 24 group sessions and five individual sessions

Reporting Process: Post-programme report.

Programmes addressing extremist offending

Healthy Identity Intervention (HII) – Accredited (Custody and Community)

HII is a flexible 1:1 programme that can be delivered to adult males or females (18+) who have been convicted under terrorism legislation in England and Wales, or under other legislation where extremism is identified as a motivation by the Court.

HII must be recommended by an Extremism Risk Guidance (ERG) 22+ report in order to be commenced with a prisoner. The ERG 22+ is a structured professional judgement tool used to aid the assessment of risk in those convicted of extremist offences. It informs risk management and recommends appropriate and targeted intervention. The ERG will highlight which particular risks and need require addressing and will therefore be integral to the planning of which parts of HII should be delivered.

HII is made up of a combination of discussion, reflection, written exercises, and skills practices which are intended to support, facilitate, and empower prisoners participating in the programme to reflect on the commitments they've made, and re-examine them. Particular focus is given to commitments associated with their engagement and involvement in extremism and those that influenced their offending behaviour.

The intervention seeks to support desistance from future offending, and disengagement from an extremist group, cause and/or ideology, and encourages stronger positive and pro-social aspects of identity.

HII consists of a variety of modules including:

- personal and group identity;
- group conflict;
- self-image;
- managing threat;
- seeking political change; and
- moving on.

Areas also covered include working with issues of disillusionment and indoctrination. It is relevant across numerous forms of extremism. It is not ideologically focused or intended to re-educate prisoners in a particular set of beliefs or doctrine. It provides an opportunity for prisoners to reflect on who they

are and where they are going in their lives. It helps prisoners work towards making new commitments, identifying and exploring those that can best meet their needs and help them to 'get on' in their worlds and communities. This involves working with prisoners to explore how they can best establish new or redevelop previous healthy commitments. Prisoners are expected to be open, reflective, and willing to discuss aspects of their lives associated with their offending.

Reporting process: Post-programme report.

Other interventions which address extremist offending include the:

- Desistance & Disengagement Programme (DDP)
- Theological & Ideological Intervention (TII)

At the time of writing, HMPPS guidance for panels (which provides information surrounding the background to each intervention, its aims, application and eligibility criteria) is in the process of being updated. The guidance will be made available to members on the Interventions SharePoint page once updated.

Programmes addressing those convicted of group or gang affiliated offending

Identity Matters (IM) - Accredited (Custody)

Identity Matters is a disengagement programme for adult males (18+ years) whose offending has been motivated and/or enabled by their affiliation to a particular group/gang. Prisoners must be assessed as posing a high/very high or medium risk of serious harm. The programme aims to change the nature of the prisoner's relationship to the group/gang linked to their offending. The ultimate purpose is to offer people opportunity to learn how to change by:

- ending or reducing a prisoner's engagement and/or identification with a gang; and
- ending or reducing a prisoner's readiness to offend on behalf of the gang.

The programme does not demand that people leave their group/gang, rather it aims to create doubt about the benefits of offending on behalf of a group/gang.

The programme is designed to help prisoners to re-evaluate and move away from those peer relationships which have influenced their offending behaviour. By encouraging and capitalising on a sense of disillusionment, the programme aims to support prisoners towards a stronger sense of individual identity and increased self-management to help them live a crime free lifestyle. The programme recognises the power and influence of group identification and explores alternative ways prisoners may go about meeting their needs without the group linked to their offending.

Identity Matters is delivered on a one-to-one basis, consisting of 23 sessions on average, with a combination of core and needs led curriculum.

Reporting Process: Throughout the duration of the programme, prisoners complete a workbook to support their learning and insight. In addition, a post-programme report is collaboratively written with both the prisoner and facilitator sharing their reflections on learning, insight and progress.

Programmes for those who have Learning Disabilities and Learning Challenges (LDCs)

These programmes are rehabilitation programmes that have been specifically designed to be responsive to the communication styles and abilities of prisoners with Learning Disabilities and Challenges (LDC). New Me Strengths (NMS) and Living as New Me (LNM) are accredited for use in custody and the community. Becoming New Me+ (BNM+) is only accredited for use in custody.

The main components of **Learning Disability** are:

- Significant impairment of intellectual functioning
- Significant impairment of adaptive/social functioning

Adaptive/social functioning is a person's ability to cope with daily lifestyle tasks. People with learning disabilities often have problems relating to personal hygiene, filling in forms, understanding what is expected of them, remembering things and focusing on a task.

A person with an IQ of less than 70 who also has social functioning difficulties would be considered to have a learning disability.

Learning Challenges

People with an IQ of 70-80 are also likely to have difficulties remembering things, understanding what is required of them, and focusing on a task and so even though they do not meet the IQ threshold for a diagnosis of learning disability, they are still likely to have learning challenges.

NMS and BNM+ have their own suitability criteria. These criteria include the prisoner's risk, and the extent to which they have **needs** in the following areas:

- Problem solving
- Relationships
- Offence Supportive Attitudes
- Sense of Purpose
- Unhealthy sexual interests (for those with sexual convictions only)

New Me Strengths (NMS) (Custody and Community)

NMS is for prisoners who have:

- Any type of conviction(s)

- Been assessed as medium risk or above and have **sufficient need** identified from the list above.

This programme is suitable for both custody and community delivery and is the community equivalent of the Thinking Skills Programme (TSP), Horizon and Building Better Relationships (BBR). In the community it is only available to those convicted of sexual offences, therefore it cannot act as an LDC option for those who would otherwise be referred to TSP or BBR.

NMS focuses on strengthening the same areas as BNM+ but without the requirement to go into as much depth. This is because prisoners who are suitable for NMS will demonstrate less entrenched attitudes and needs in the areas targeted. NMS supports the development of skills to strengthen pro-social identity and plan for an offence-free life.

NMS can be delivered in groups or on a one-to-one basis. When delivered as a group with those who have sexual convictions, it is 38 sessions long (34 group and 4 individual sessions). With all other cohorts, it is 36 sessions long (32 group and 4 individual sessions). When delivered individually, NMS runs for 13-15 sessions, dependent on the individual's needs.

Reporting process: My Journey Record (which captures the participants personal progress across the programme), New Me Life Plan, and programme Progress Review meeting minutes.

Becoming New Me Plus (BNM+) (Custody only)

BNM is for prisoners who:

- Have a conviction for a sexual, intimate partner violence (IPV) or general violent offence (GV).
- Have been assessed as high or very high risk and who have **significant needs** in the areas listed above, specifically relationships, offence supportive attitudes and problem solving. This is determined by the Programme Needs Assessment (PNA).

This programme is the LDC equivalent of the Kaizen Programme.

BNM+ helps prisoners develop an understanding of how and why they came to commit their offences, focusing on those factors that have an established relationship with reoffending. The programme also supports prisoners in developing optimism and skills to strengthen their pro-social identity and plan for an offence free life.

BNM+ is suitable for delivery in groups or on a one-to-one basis. When delivered as a group, it is 88 sessions long (85 group and 3 individual sessions). When delivered

individually, BNM+ runs for 20 sessions, though this is dependent on the prisoner's needs. In custody sessions take place 3 - 4 times a week.

Reports: My Journey Record (which captures the participants personal progress across the programme), New Me Life Plan, and programme Progress Review meeting minutes.

Living as New Me (LNM) (Custody and Community)

LNM is a skills maintenance (booster) programme for prisoners who have already completed NMS or BNM+ and may require additional support.

LNM is designed to be 5 sessions long, with the flexibility to be longer or shorter dependant on the size of the group and the needs of each participant. It can be delivered at a frequency of 1 session every 2 weeks.

Reports: New Me Life Plan and Programme Progress Review meeting minutes.

Other Accredited Programmes

Alcohol Dependence Treatment Programme (ADTP) (Custody)

ADTP is an intensive 6-week abstinence-based programme for men aged 18 and above with a medium-high risk of reoffending, who are dependent on alcohol. Prisoners stop drinking and complete Step One of the Twelve Steps of Alcoholics Anonymous (AA), with aspects of Motivational Enhancement Therapy (MET) and trauma informed CBT. They can access group therapy, peer support, AA meetings, and individual support.

This programme is run over an intensive 6 weeks where prisoners will ideally live in a dedicated residential unit, with group work, peer support, AA meetings, and individual/key work.

Report: Post-programme report.

Provider: The Forward Trust

Breaking Free: Health and Justice Package (Community and Custody)

The Breaking Free Health and Justice Package comprises two accredited programmes:

- Breaking Free Online¹⁹: an 8-session digital behaviour change programme which addresses the underlying psychological and lifestyle difficulties behind alcohol/drug use and offending behaviour. The programme targets 70 problem substances including illegal substances, New Psychoactive Substances (NPS), and prescribed medications of abuse.
- Pillars of Recovery: a 12-session behaviour change programme that targets the underlying psychological and lifestyle difficulties behind alcohol/drug use and offending behaviour.

Provider: Breaking Free Online Ltd

Control of Violence for Angry Impulsive Drinkers – Group Secure (COVAID-GS) / Group Secure Women (COVAID-GSW) (Custody)

A cognitive-behavioural programme for men in secure settings who are violent under the influence of alcohol. Consisting of ten group sessions with supplementary individual support sessions, it encourages individuals to understand their behaviour and practise skills for change so that risk of violence is reduced. At the time of writing, it is only being delivered at HMP Peterborough.

COVAID-GSW, a Women’s-only version of the programme developed with and for women in prison, is also available.

Reports: Post-programme report.

Provider: Delight Services

Democratic Therapeutic Community Model (DTC) (Custody)

DTCs are part of the Offender Personality Disorder Pathway. They are for people with complex psychological and emotional needs, likely to meet the criteria for a diagnosis of ‘personality disorder’. They provide a 24/7 therapeutic environment. Most DTC residents have committed violent offences, some of which may be sexually motivated. Please refer to [section 7](#) of this guidance for further information on the OPD Pathway and [section 8](#) for further information on DTCs.

Provider: HMPPS / NHS Offender Personality Disorder Team

Mentalization-based Treatment (MBT) (Community)

MBT is a psychoeducation programme. It is for people with some traits of Antisocial or Borderline Personality Disorder. It teaches social functioning, and addresses

¹⁹ Breaking Free Online is a substance misuse accredited programmes and is delivered as a group work package at HMP Parc as Pillars of Recovery (POR) but may be delivered as the breaking free online or elsewhere in England via NHS funded services in custody.

violent and suicidal thoughts, and risky behaviours. There are weekly psychotherapy groups, and monthly one-to-one meetings for a year.

Provider: HMPPS / NHS Offender Personality Disorder Team

Therapeutic Communities Plus (TC+) (Custody)

TC+ is part of the Offender Personality Disorder Pathway. These communities are for people who are eligible for but unable to participate in, mainstream DTC due to mild to moderate learning disability. TC+ services provide group and creative psychotherapies in a 24/7 living-learning environment. Most TC+ residents have committed violent offences, some of which may be sexually motivated. Please refer to [paragraph 8.4](#) of this guidance for further information.

Provider: HMPPS / NHS Offender Personality Disorder Team

The Bridge Programme (Custody)

This is a programme for men aged 18 and above with a medium to high risk of reoffending and a history of substance dependence. Participants stop using drugs and complete Steps 1-3 of the Twelve Steps of Narcotics Anonymous (NA). They can access group therapy, peer support, AA and NA meetings, and individual support.

The programme runs over 6 weeks and offers group and individual support, and access to AA and NA meetings.

Reports: Post-programme report.

Provider: The Forward Trust

ANNEX 2: Details of commonly referred to Non-Accredited Programmes, Toolkits, and Structured Interventions (SIs)

Non-Accredited Programmes

Substance Dependency Treatment Programme (Custody)

SDPT is a programme for men at medium to high risk of reoffending and who are dependent on drugs (does not include alcohol). Phase One builds motivation and practices safe coping skills, Phase Two works through the first five steps of the AA/NA programmes. Phase Three concentrates on relapse prevention.

There is a version of this programme for women in prison.

The programme runs over 16-21 weeks and combines group and individual work.

Reports: Post-programme report.

Sycamore Tree (Custody only)

This is a volunteer led victim awareness programme which teaches the principles of Restorative Justice. It is available to prisoners in prison and is a 5-8-week programme delivered in a group setting.

Prisoners explore the effects of crime on victims, themselves and the wider community and discuss what it would mean to take responsibility for their actions. The most powerful element of the programme is the opportunity for the prisoners to hear directly from a victim of crime who visits the prison to talk about their experience and the impact on their life.

Reports: not generally provided.

Note: There is separate guidance for Panels on Restorative Justice.

Toolkits

Choices and Changes (Custody and Community)

Choices and Changes is a flexible non-accredited resource to be used on an individual basis to support positive maturity and pro-social choice. The primary target group for this resource pack are young adult men aged 18 to 25. Choices and Changes is designed to be delivered by a 'support worker'. This refers to any member of staff delivering content and does not refer to any specific role. Support workers could be drawn from keyworker, Prison Offender Manager roles or Probation Practitioners. The resource pack can be used to support young adult men

who:

- have no access to accredited interventions, but with a need to develop maturity
- need further support post accredited interventions
- are not ready to engage with accredited interventions due to low maturity (developing maturity before engaging with an accredited intervention may increase chances of successful completion)

The resource pack is a collection of carefully selected exercises, mapped to each of the six priority needs for developing positive maturity:

- Developing a stable, pro-social identity
- Building resistance to peer influence
- Developing self-sufficiency and independence
- Building skills to manage emotions and impulses
- Increasing future orientation
- Strengthening bonds with family and other close relationships

The resource pack is not designed as a tool on which to base sentence progression and it is not designed as an alternative to accredited interventions. It is intended as a collaborative resource to promote rapport between the support worker and young adult. Suitability for the resource pack is initially screened via the Maturity Screening Tool, found in OASys. The support worker and individual then work together to decide which exercises to do.

Reports: None produced.

New Me MOT Toolkit (Custody and Community)

New Me MOT is available to prisoners who have already completed the Kaizen, Horizon, Becoming New Me+ or New Me Strengths programmes. It is not compulsory.

New Me MOT offers continuity of support as prisoners progress through their sentences. The primary aim of New Me MOT is to facilitate the application, consolidation and generalisation of learning and additional support satisfying their New Me goals. Supported by a number of 10-20-minute exercises, New Me MOT also offers an opportunity for further skills coaching when the need presents. New Me MOT can be undertaken with programme graduates at each stage of their progression through the system (e.g. each time they move to less secure conditions through to when they fully reintegrate in the community).

Those that take up the offer of support via New Me MOT do so on the understanding that they self-monitor, trial, evaluate, and refine their New Me Life Plan. They work towards realising their purpose goals, and this has an additional function as an active risk management tool.

There are two versions of New Me MOT. It can be delivered in a group format, or individually by COMs. The number of sessions offered can be very flexible, depending on the needs of the programme graduate.

Reports: New Me Life Plan.

Structured Interventions (SIs)

Structured Interventions (SIs) are available as a sentence of the Court via a Rehabilitation Activity Requirement (RAR). SIs form part of a suite of interventions delivered by regional interventions teams in the community. SIs address participant needs in the areas of:

- Domestic Abuse (Stepwise Relationships, Positive Pathways Plus, Help, and Developing Assertiveness for Women in Relationships)
- Emotional Management and Attitudes (Stepwise Emotions, Let's Talk, Managing My Emotions, and FIRS for Women)
- Thinking and Behaviour (Stepwise Problem Solving, Positive Pathways, Better Solutions, and Stepwise Driving).

SIs can be delivered to a group of up to 12 participants or on a one-to-one basis. They have a set format and are a minimum of 6 sessions in length.

Post intervention facilitators will make a final summative contact note in Delius. The contact note will be structured as follows:

1. General engagement with the SI
2. Summary of progress made by the participants to address their stated goals and identified need areas
3. Recommendations for further work to be completed (e.g., with the Probation Practitioner) to consolidate gains made during the SI.

A meeting between the Probation Practitioner, facilitator and participant can be helpful to aid the handover process however this is not a mandatory element of the operating model. The status of the case should only be changed to "complete" on the NSI after the summative contact log.

Positive Pathways

Positive Pathways is a strengths-based programme used as a suitable early intervention for all adult service users aged 18+. Each programme session follows the CRISS model of delivery (Check In, Review, Intervention, Summarise, Set Task) which was introduced within SEEDS.

All practitioners are SEEDS trained and adopt motivational approaches to

engagement with participants including a flexible approach to programme delivery in order to match with different learning preferences.

Positive Pathways Plus

Positive Pathways Plus is a specifically adapted and extended version of Positive Pathways for men aged 18+, which addresses a range of domestic abuse and problematic relationship issues from a personal agency, self-management basis.

Positive Pathways plus offers a separate intervention in the absence of a specifically targeted Accredited Programme requirement, such as Building Better Relationships (BBR), which is used where there is evidence of more serious and entrenched harmful behaviour.

Let's Talk

Let's Talk is aimed at adult male service users aged 18+ who have been exposed to or demonstrate entitled masculinity beliefs and behaviours. Participants will develop an understanding about their emotions and how to express these in our modern society. They will work on developing an understanding of how previous trauma links to their current behaviour, their self-esteem and general well-being. It is not suitable for female service users.

This RAR looks at ways their self-esteem is shaped and how society or personal circumstances influence this. It looks at how they understand and express emotions within relationships/families and explores support networks, role models and goal setting. The programme also explores different thinking styles and communications skills.

Better Solutions

Better Solutions is an Intervention designed for men and women aged 18+ to develop their thinking skills. The course provides an important foundation, influencing ways to approach situations and choices.

Managing my Emotions

Learning to manage emotions is key to positive, offence-free lifestyles and healthy relationships. This intervention for men and women aged 18+ aims to improve the individual's ability to understand and manage their emotions in order to avoid offending in the future.

HELP

Designed for men and women aged 18+, HELP takes a preventative approach to domestic abuse and aims to help create successful relationships. Those who complete the group will have skills and strategies to manage situations differently and avoid problems escalating into violence.

Stepwise Problem Solving

Stepwise Problem Solving is designed to support men and women aged 18+ maintain desistance by focusing on areas such as making decisions, solving problems, achieving life goals, managing the influence of anti-social relationships, and using pro-social interpersonal skills.

Stepwise Problem Solving features insight-oriented psycho-educational content around the impact of thinking and emotions on behaviour. Individuals build skills around problem solving, thinking, emotions, behaviour and building social capital.

Stepwise Emotions

Stepwise Emotions aims to support men and women aged 18+ maintain desistance from violent offending by enabling participants to overcome challenges such as:

- aggressive behaviour;
- thinking & behaviour related to risk of serious harm to self or others; and
- attitudes related to risk of serious harm to self or others.

Stepwise Emotions features a self-monitoring/behavioural analysis mechanism as well as insight-oriented psycho-educational content on thinking, emotions and behaviour.

Stepwise Relationships

Stepwise Relationships aims to support men and women aged 18+ maintain desistance from Intimate Partner Violence (IPV) offending by enabling participants to overcome challenges such as:

- relationship problems;
- social skills deficits;
- attitudes that support relationship violence;
- aggression and anger; and
- emotional mismanagement / self-regulation.

Stepwise Relationships features a self-monitoring/behavioural analysis mechanism as well as insight-oriented psycho-educational content on thinking, emotions and behaviour.

Stepwise Driving

Stepwise Driving is designed to support men and women aged 18+ maintain desistance from drink driving by focusing on areas such as awareness of safe driving, making decisions and consequential thinking.

Stepwise Driving is comprised of insight-oriented psycho-educational content around:

- safer driving (e.g., Reaction times, Stopping distances, etc);
- the consequences of dangerous driving;
- the effects of alcohol and drugs on driving; and
- coping with disqualification.

FIRS for Women

A programme to help women aged 18+ build themselves up to have a stronger sense of who they are, what they are capable of and what skills they have to deal with life's curveballs. Targets emotional recognition and arousal management including self-care and self-soothing, assertive communication and managing rumination.

Developing Assertiveness for Women in Relationships (DAWN)

DAWN aims to provide women aged 18+ with the skills and tools to better manage their unhealthy and aggressive/violent behaviour in relationships with intimate partners. It enables women to start managing challenges such as relationship problems, social skills and emotional mismanagement. Women learn self-regulation through increasing awareness of needs and wants and how to communicate these appropriately without violence or aggression.

ANNEX 3: Alternative Delivery Formats

Alternative Delivery Formats (ADFs) were developed by HMPPS Interventions Services in response to COVID-19 to support delivery when standard delivery formats could not be used. Whilst these were formed as a result of COVID-19, these remain in place, subject to review, over the longer term to enable programme teams to overcome major operational or individual barriers to standard programme delivery as part of a business-as-usual approach.

What is the ADF?

The ADF is not a programme in its own right. It does not change the original aims nor the selection criteria for offending behaviour programmes. It is an accredited framework which allows offending behaviour programmes to be delivered in alternative ways, thereby enabling access to accredited programmes where primary group delivery is not possible or viable.

Delivery Options for Accredited Programmes under ADF

1. **Primary Group Format:** this is the delivery format referenced in the main delivery and management manuals for each programme. Most often two facilitators delivering face to face activities to a group of between four and 12 participants, up to a specified maximum. For some programmes (e.g. HSP, HII, IM), the primary delivery format is 1:1.
2. **Small Group:** one or two facilitators delivering face to face with two or three participants.
3. **Individual:** one facilitator working face to face with one participant. This is the primary delivery format for Healthy Sex Programme (HSP), Healthy Identity Intervention (HII) and Identity Matters (IM).
4. **Remote Access:** one facilitator delivering remotely using phone or video conferencing software to one participant. Remote delivery should only be used for whole programme delivery in very exceptional circumstances, and not with groups. When remote sessions are to be used, as many face-to-face sessions as possible should be included. Remote access is limited only to participants whose needs and circumstances enable safe delivery in alignment with safeguarding provisions.

The precise delivery format for accredited programmes will be determined locally. Whilst the primary delivery format will always remain the preferred method of delivery, if this is not available the alternatives will be considered. Panels are advised to seek confirmation from the probation practitioner for intervention delivery information.

Which programmes are available under the ADF?

Programme	In scope for ADF?		
	Face to Face Small Group	One to One Delivery	Remote Delivery Individual
Kaizen	✓	No – already accredited for this type of delivery.	✓
New Me Strengths (NMS)	✓	No – already accredited for this type of delivery.	✓ (only via video)
Becoming New Me Plus (BNM+)	✓	No – already accredited for this type of delivery.	✓ (only via video)
Living as New Me (LNM)	✓	No – already accredited for this type of delivery.	✓ (only via video)
Thinking Skills Programme (TSP)	✓	✓	✓

Building Better Relationships (BBR)	✓	✓	✓
Horizon	✓	✓	✓
iHorizon	✓	✓	✓
Identity Matters (IM)	Not accredited for small group – 1:1 programme only.	No – already accredited for this type of delivery.	✓
Healthy Identity Intervention (HII)	Not accredited for small group – 1:1 programme only.	No – already accredited for this type of delivery.	✓ Please note: there are restrictions to this format.
Healthy Sex Programme (HSP)	No	No	✓ Please note: there are restrictions to this format.

How the pandemic and ADF’s impacts on Panels decision making

Panels may come across prisoners who have not been able to undertake an accredited programme before their sentence or tariff expiry dates as a result of COVID-19. They may not have been able to transfer to another prison to do the necessary programme, or no safe environment may have been possible in their own establishment.

Where participation in an accredited programme is a key element of a sentence or risk management plan, panels may wish to ask the Community or Prison Offender Manager to confirm what other work could be carried out until such time as the prisoner is able to access a programme under the ADF.

Panels will recall that programmes are only one way in which prisoners can address the factors underpinning their offending and therefore they will need to take a holistic view of the full range of information available when analysing the evidence of change and determining whether the test for release has been met.

[END OF GUIDANCE]