Records and Information Management Team



Dundonald House Upper Newtownards Road Belfast BT4 3SU Tel: 028 90378377 email: NIPSFOI@justice-ni.x.gsi.gov.uk

Sent to:

Your Ref:

Our Ref: 17:215

Date: August 2017

Dear,

FOI Case No. 17:215

Thank you for your letter of 17 July 2017 which was treated as a request for information under the terms of the Freedom of Information Act 2000.

Your request and our response:

• Can you confirm if the core sex offender treatment programme (CORE SOTP) that is used in Northern Ireland's prisons is the same or different from the programme used in England and Wales which was recently changed so that prisoners are now enrolled on programmes called Horizon or Kaizen (as reported by the BBC)?

The Core SOTP delivered within NIPS is the same programme.

• When was it first introduced in Northern Ireland?

Core SOTP has been delivered within NIPS since 1998.



• How many prisoners have been enrolled on the programme since its inception? Where possible, please provide a breakdown of age (or age brackets), sex, prison and offence prisoner convicted of.

Details are available of men enrolled on the programme since 2001. Since that time:

44 participants have been enrolled on the Core SOTP.

All of these were adult males.

36 were enrolled on Core SOTP at Maghaberry.

8 were enrolled on Core SOTP at Magilligan (this programme was only delivered on this site in 2015-16).

Please note that I have not included details of the ages or offence categories of prisoners who previously completed Core SOTP. This information is not available without significant effort required to gather the information. Please let me know if you would like this information to be gathered.

• What is now in place and what date was this introduced?

The Horizon programme is now in place. This has been available to NIPS from May 2017, when staff were trained to deliver this programme, and delivery is due to commence in the quarter Jul-Sep 2017, pending assessment and engagement of prisoners referred for the programme. The Kaizen programme is also due to be made available once relevant training and resources are in place to implement this.

 Finally, please provide me with a copy of all documents, including internal correspondence (ministerial and staff), reports, minutes of meetings, emails and memos in relation to 'Core SOTP' or 'Core Sex Offender Treatment Programme' between January 2015 and now (or the longest time period possible to comply with time and cost thresholds).

The following documents attached at Annex A are held by NIPS Psychology. We have not included documentation that deals with individual assessments for the



programme or supervision of programme delivery, as these contain sensitive personal information regarding individuals. We have included some additional information, slightly outside that requested, as it may help to provide additional context.

- Letter from HMPPS Intervention Services to SOTP facilitators, dated 26th June 2017.
- Letter from HMPPS Intervention Services to NIPS Head of Interventions, 30th June 2017.
- 3. Summary of research provided by HMPPS Intervention Services for prisoners.
- Letter from NOMS Interventions Services to Parole Board members, October 2015.
- Letter from NOMS Interventions Services to SOTP Treatment Managers, October 2015.
- 6. Core SOTP Information Leaflet.
- 7. Email NIPS Head of Interventions, 11th July 2017.
- 8. Email HMPPS Interventions Services, 6th July 2017.
- 9. Email HMPPS Interventions Services, 5th July 2017.
- 10. Information sheet for prisoners: "Changes to programmes for men who have a convictions for sexual offending" provided by HMPPS Interventions Services, March 2017.

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Information Commissioner Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF

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If you wish to discuss this please contact the Records and Information Management Team using the contact details provided at the top of the first page. Please remember to quote your reference in any correspondence.

Yours sincerely,

Records & Information Management Team







Her Majesty's Prison and Probation Service

Interventions Services 4th floor (4.16) Clive House 70 Petty France SW1H 9EX

fiona.williams@noms.gsi.gov.uk

Fiona Williams Head of Interventions Services

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30th June 2017

I am writing to you with regard to treatment programmes for men with sexual convictions. We are absolutely committed to reducing reoffending and addressing the needs of men with sexual convictions. This is a complex area of work. Changing any human behaviour is difficult; facilitating change with this particular client group poses unique challenges and although our interventions aim to reduce reoffending they should never be thought of as a cure.

We have been at the forefront of this area of work internationally for some 20 years under successive governments. Our programmes have evolved with the developing evidence base and our programmes have contributed to the international literature. All of our work has been overseen by the Correctional Services Accreditation and Advice Panel, a panel of international experts, who have confirmed that our approach is in line with the latest thinking about what works with this client group. Our work has always been open to close scrutiny, and we have welcomed this even when some have been critical of our approach. That is inevitable given what we do – it is right and healthy to have debate about the best way to change complex and often entrenched behaviours.

We have made significant changes to our programme offer for this group over the past year. In developing the Horizon and Kaizen programmes, we have considered all the most up to date research. Horizon and Kaizen are built on the firmest possible foundations, and we have opened them up to external scrutiny for extra assurance on this. We will also be setting up special arrangements for monitoring and are putting a rigorous evaluation plan in place so that we can review efficacy regularly.

We have also now published an evaluation of the existing Core programme. The full research report can be found at: <u>https://www.gov.uk/government/publications/impact-evaluation-of-the-prison-based-core-sex-offender-treatment-programme</u>

In summary, the report shows that, of 2,551 sex offenders who started the Core SOTP in prison between 2000 and 2012, reconviction rates for sexual reoffending were two percentage points' higher (10% vs 8%) than matched sex offenders who had not undertaken the Core programme. There were 51 more reoffenders in the treated group than in the comparison group.

The headline 25% increase in sexual reoffending for Core participants in recent press reports is potentially misleading. The research found a 2 percentage point difference in the sexual reoffending rates of the programme and control groups after eight years: 10% vs 8%. The low base rates for sexual reoffending means a small absolute difference can be described as a much larger relative difference.

There is a larger adverse outcome for those who did Core + Extended SOTP compared to controls (17.5% vs. 10%). This may be because the matching was done on suitability for Core, not suitability for Extended, which is designed for men who have greater problems with self-regulation. This means that the comparison with the control group takes no account of some issues known to determine eligibility for Extended SOTP and is unlikely therefore to be a fair test of impact.

There are limitations to the research which include the fact that it was not possible to match the groups on deviant sexual interest, which we know to be critical feature of reoffending. Further, the impact of other rehabilitative activity that might have been received is not known. This includes whether or not the participants attended another programme in prison or in the community, differences in offender management and supervision, and other reintegration factors such as employment.

These findings are disappointing. As you know we have been developing new programmes for this group since 2010. The report sets out some potential explanations for the outcomes and we will continue to evaluate and scrutinise existing and new programmes.

The evaluation of the Core programme has no bearing on our other accredited programmes. The results should not be generalised across to other programmes and there are no implications for community sex offender programmes, the Healthy Sex Programme or the Adapted programmes. There are also no implications for other accredited programmes developed for different target groups.

There will always be room for improvement and further changes to be made as we carry on learning from the latest research findings, and we will continue to work to ensure that our approach remains world leading.

Yours,

Fiona Williams





Digby Griffith Executive Director, Rehabilitation & Assurance Her Majesty's Prison and Probation Service 5th Floor, Red Zone 102 Petty France London SW1H 9AJ

Telephone: 07772 560 275 Email: Digby.Griffith@noms.gsi.gov

26 June 2017

To: Governing Governors/Directors of Contracted Prisons Heads of LDUs

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SEXUAL OFFENDER TREATMENT PROGRAMMES

Dear all,

Cc:

Many of you will have seen or heard of the media reports about the Sex Offender Treatment Programme. I wanted to write to you to assure you that we are aware of the articles and are working with colleagues to provide as clear a picture as we can both to you and those in our care or under our supervision.

As you know better than most, we are absolutely committed as an organisation to reducing reoffending and addressing the needs of men with sexual convictions. We have been at the forefront of this area of work internationally for some 20 years. Our programmes have evolved with the developing evidence base and we have prided ourselves on our evidence based approach. All of our work has been overseen by a panel of international experts who have confirmed that our approach is in line with the latest thinking about what works with this client group. Our work

has always been open to close scrutiny, and we have welcomed this even when some have been critical of our approach. That is inevitable given what we do – it is right and healthy to have debate about the best way to change complex and often entrenched behaviours. When **Example** attended the Professional Practice Forum on 5 May and spoke to many of you, I know that he was struck by the commitment and enthusiasm of staff working in this area and the range of research evidence presented which we should always use to develop further our policy and practice.

As you know, we have made significant changes to our programme offer for sex offenders in prison over the past year. In developing Horizon and Kaizen we have considered all the most up to date research. Horizon and Kaizen are built on the firmest possible foundations, and we have opened them up to external scrutiny for extra assurance on this. We will also be setting up special arrangements for monitoring and are putting a rigorous evaluation plan in place so that we can review efficacy regularly.

I recognise that media reporting such as this brings with it challenges, particularly for staff working on programmes, or men attending programmes in custody or in the community. We will always seek to improve our practice and further changes will continue to be made as we carry on learning from the latest research findings, and we will continue to work together to ensure that our approach remains world leading.

Please keep up the good work. I do recognise the hard work and commitment that you have put into working with this client group.

Digby Griffith

Executive Director, Rehabilitation and Assurance



SOTP Research

An evaluation of the prison SOTP Core programme has shown that it led to little or no change in sexual or non-sexual reoffending.

Facts about the research

The research looked at 2,562 men who did the Core programme between 2000 and 2012.

This group were compared with 13,219 men who did not do the Core programme.



The groups were "matched" on important factors like age, risk level, offence type etc. So the main difference was if they had done the Core programme or not.

The men who did Core had a 2% points higher rate of sexual reoffending than those who did not.



10% of men who did the Core programme were reconvicted/cautioned of a sexual offence compared to 8% of similar men who did not do Core.

The reoffending rate for men who did the Core and Extended programmes was 17.5%. The researchers report that this finding is less clear cut because the groups were not matched perfectly.

But, it is important to remember...

The rate of sexual reoffending was low for both men who did Core and men who didn't. Fewer than 1 in every 10 men were reconvicted/cautioned for a sexual crime up to seven years after release.



The researchers followed the men up over a long period of time, on average over 8 years. There was no difference between the groups until at least 5 years.



The researchers could only "match" the men in the 2 groups on hard facts; like age, risk level and offending history etc. You can't match on things like thoughts and feelings.



For men who have sexual convictions, offence related sexual thinking is an important factor. The researchers couldn't match on this.

They also couldn't match on all other work that someone might have done to help them stop offending, like other courses or work with their offender manager.

Did I waste my time doing the Core and/or Extended programme?

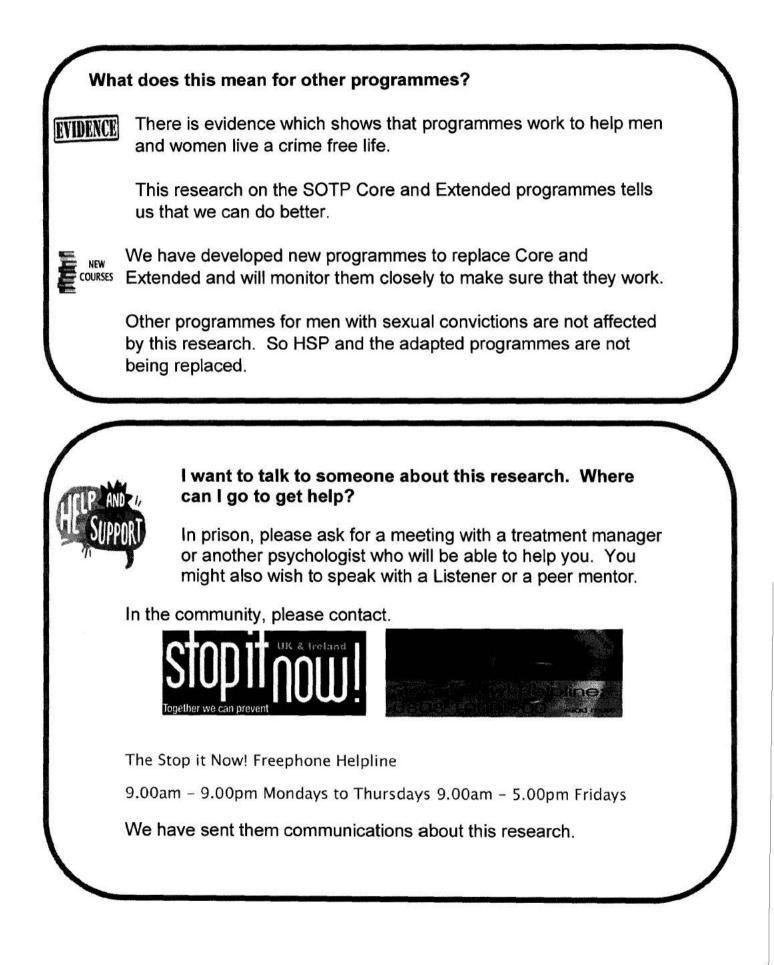


No. Programmes teach skills or tools which are important to living a crime free life. You are the only person who can decide whether to use those tools.

We have interviewed men who have done SOTP and have not reoffended. They have told us that the tools they learnt have helped them to not reoffend.



If you want to stop offending you will be able to use the tools you learned on the programmes to help you have a better life, with no offending.







Sarah Ashcroft Head of Interventions Services Operational Services and Interventions Group 4th Floor, Red Zone Clive House 70 Petty France London SW1H 9EX Email: Sarah.ashcroft@noms.gsi.gov.uk

Parole Board		
Date October 2015		

Dear

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I am writing to inform the Parole Board in England and Wales of changes that are being made to update the suite of SOTP's offered to men convicted of sexual offences. We have developed and intend to start using a new programme called Horizon from April 2016, and to make an immediate interim change to the existing programme - the Sexual Offending Treatment Programme (Core SOTP) that will ensure alignment in approach during the transition/phased implementation period.

A new programme for sexual offenders (Horizon) was fully accredited by Correctional Service Accreditation and Advice Panel (CSAAP) earlier this year. The new programme is 31 sessions long which represents a considerable reduction in dosage from existing provision. However, we are confident that the new programme better reflects the latest evidence about what is most likely to be effective in reducing sexual recidivism in terms of what to target and how while aligning delivery across custody and community settings. I have written separately and we are meeting to discuss the evidence rationale for this new approach.

Whilst transition from existing provision to Horizon is ongoing both the old and new programmes will be offered. We have made interim changes to the Core SOTP to better align it to the new delivery model in terms of treatment approaches and dosage. The changes were approved by CSAAP in September 2015. We anticipate the transition period to last 18 months.

The changes applied to the Core SOTP which concern the Parole Board specifically include:

1. Change to how we target victim empathy.

Mod2: Introduction of the Risk and Success Factors Analysis (RSFA) framework which replaces the Treatment Needs Analysis (TNA).

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Change in how we target Victim Empathy

Consistent with many programmes for sexual offenders in other jurisdictions, Core SOTP has set out to develop victim empathy. We know that many men who complete Core SOTP report benefiting from the victim empathy sessions and staff also report that this is a beneficial part of the programme. At the same time, while we have been designing the new programmes, we know that research indicates that the development of empathy for past victims does not contribute to lowering risk of sexual reoffending 1,2 nor is it clear that empathy for past victims generalises to future situations. Developments in the literature have led to the conclusion that, current sexual offending programmes spend a disproportionate amount of time examining empathy for past victims³.

Currently, victim empathy sessions equate to approximately 19% of the Core SOTP, the focus of which is targeted towards helping participants address 'empathy deficits' directed towards specific victim experiences. Another model of empathy developed by Barnett and Mann (2012) suggests that treatment providers should focus on encouraging offenders to develop skills and strategies that help them manage 'blockers' to empathy in situations that increase risk of reoffending. These barriers to empathy may include, although are not limited to, factors such as grievance/hostility, callousness, offense-supportive attitudes, poor coping, poor self-regulation and feelings of inadequacy. It is proposed that these areas should be the focus of treatment goals, as opposed to addressing 'victim empathy deficits'. The focus of skills practices in the Core SOTP can be tailored to meet the needs of group members and those factors which acted to barriers to them experiencing empathy when offending.

On the basis of the current evidence, the victim empathy block will no longer include the victim empathy role plays that consider possible effects of their offending to their victim or victims. There is a session within the programme that considers empathy. This sessions looks at elements that block victim empathy and then the programme provides opportunity for a strength-based approach, focused

on developing skills for success and desistance in group members.

We anticipate that compared to sexual offenders who previously focused on specific victim empathy in their Core SOTP, those now progressing through the programme *may* be less familiar with specific victim experiences, yet more knowledgeable about personal barriers to empathy and skills to overcome them, and that this could be an artefact of the changed programme format. The intention of this change is to bring a focus on helping offenders to understand barriers to empathy that have prevented them from having empathy when they offended and developing this understanding will reduce their risk of sexual recidivism. We believe that we have found the right approach to consider victim empathy in the programme while ensuring that we are being guided by up to date evidence to help prevent further victims of sexual offending.

Risk and Success Factors Analysis

1.

The Risk and Success Factors Analysis (RSFA) grid is essential to the Structured Assessment or Risk, Need and Responsively (SARN-R) framework, building on the predecessors of the 'Treatment Needs Analysis' (TNA) and 'Structure Assessment or Risk and Need' (SARN) report respectively. The RSFA and SARN-R are integral to the new suite of SOTPs such as the Becoming New Me (BNM) and Healthy Sex Programme (HSP). The RSFA, like the TNA, remains a structured treatment planning tool designed to assess an individual's dynamic risk factors (criminogenic needs), however guides users in assessing two further risk factors; namely, '*Having Friends and Family who Commit Crime*' and '*Rape Supportive Attitudes*' and three evidence informed desistance (protective) factors termed '*Having a Job or Keeping Busy', 'Good Citizenship' and 'Actively Changing my Life for the Better.* The desistance factors domain of the RSFA is termed '*Purpose*', and reflects the existing strengths of the client to desist from further offending. The RSFA broadly ensures a more balanced approach to treatment planning, clinical case formulation and risk assessment, ensuring that empirically based criminogenic factors (vulnerability) are considered alongside existing potential for desistance (strengths). This is therefore more representative of the benefits of focusing on developing protective factors, than what was offered via use of the TNA in the original programme.

The RFSA has been incorporated into the Core SOTP to support group members in progressing towards an offence free life. It helps the group member recognise their areas of strength, as well as their vulnerabilities (risk factors). Therefore, Core SOTP completers will possess a SARN-R written by a Registered Practitioner Psychologist (Forensic) or Forensic Psychologist in Training under

supervision, with an associated RSFA grid incorporating additional factors for risk and a new focus on desistance factors. This is different from a TNA/SARN framework which focused solely on risk.

If you have any questions or want to discuss further, please do not hesitate to contact me at the address above.

Yours sincerely, Sarah Ashcroft

Head of NOMS Interventions Services

¹ Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology*, 73, 1154–1163.
 ² Mann, R. E., Hanson, R. K., & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. Sexual Abuse: *A Journal of Research and Treatment*, 22, 191–217
 ³ Barnett, G. & Mann, R. E. (2012). Empathy deficits and sexual offending: A model of obstacles to empathy. *Aggression and Violent Behavior* 18 (2013) 228–239





Sarah Ashcroft Head of Interventions Services Operational Services and Interventions Group 4th Floor, Red Zone Clive House 70 Petty France London SW1H 9EX Email: Sarah.ashcroft@noms.gsi.gov.uk

Date October 2015

Dear Treatment Manager

Dr **Example** and his team are in the process of updating the suite of programmes for men convicted of sexual offences. The update aims to better reflect the latest evidence about what is most likely to be effective in reducing sexual recidivism and to align delivery across custody and community settings. The first programme received full accreditation earlier this year, which we have named Horizon. A phased implementation will commence during the forthcoming commissioning round.

Whilst transition from existing provision to Horizon is ongoing, we are making interim changes to the Core programme to better align it to the new delivery model. The changes were approved by Correctional Service Accreditation and Advice Panel (CSAAP) in September 2015 and will be applied with immediate effect.

The changes applied to the Core SOTP concern specifically:

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- 1. Change to how we target victim empathy.
- 2. Introduction of the Risk and Success Factors Analysis (RSFA) framework which replaces the Treatment Needs Analysis (TNA).
- 3. An update to the theoretical basis of Active Accounts.

Block 12: Change in how we target in Victim Empathy

Consistent with many programmes for sexual offenders in other jurisdictions, Core SOTP has set out

to develop victim empathy. We understand that many offenders who complete Core SOTP report benefiting from the victim empathy sessions and that staff also report that this is an important part of the programme. However, robust evidence demonstrates that the development of empathy for past victims does not contribute to lowering risk of proven sexual reoffending^{1,2} nor is it clear that empathy for past victims generalises to future situations. Developments in the literature have led to the conclusion that, current sexual offending programmes spend a disproportionate amount of time examining empathy for past victims³. For this reason we have not included work of this nature within Horizon.

Currently, aspects of the Core SOTP victim empathy block encourage participants to experience what the impact of their offending could have been, from the perspective of their victims. Another model of empathy developed by Barnett and Mann (2012) suggests that treatment providers should focus on encouraging participants to develop skills and strategies that help them manage 'blockers' to empathy in situations that increase risk of reoffending. This is in contrast to developing empathy for past victims, on the assumption that victim empathy was absent and therefore in needs to be encouraged (e.g. through victim empathy role-plays, victim narrative work).

Empathy blockers may include factors such as grievance/hostility, offence-supportive attitudes, poor coping, poor self-regulation, sexual preoccupation, and feelings of inadequacy. It is proposed these areas should be the focus of treatment goals (apart from sexual pre-occupation which is not a treatment target in Core SOTP), as opposed to addressing 'victim empathy deficits'. Barnett and Mann propose that interventions should work to strengthen empathic capacity through improving perspective talking, emotional responding, coping with distress and kindness to others. These skills should form the focus of real life practice to support future risk management. This offers the opportunity to continue to address individual treatment goals within a group intervention. For example, some individuals may have experienced negative emotions during their offence period, and these served to block their capacity to empathise with their victim at that time. Therefore, focus on skills practice would be on strengthening their ability to manage negative emotions. For others, not thinking about their victim's experience at the time may have hindered empathy, therefore the focus would be on practising perspective taking. Offence supportive attitudes may have weakened an individual's ability to express empathy and so focus of their skills practices would be on challenging unhelpful thinking and/or developing healthy thinking.

Change of approach to Victim Empathy

Currently, the victim empathy block comprises 16 sessions of the programme which equates to 19% of the total sessions delivered (n=84). Half of these sessions (n=8) are dedicated to victim empathy role plays. Reflecting latest evidence, the victim empathy role plays will no longer be part of the Core SOTP. Instead, facilitators will lead a newly designed session looking at blockers to victim empathy and perspective taking will be identified and skills to address these will be undertaken in the skills practice. Broadly, the aims of the session will be:

- To discuss what we mean by victim empathy
- To consider the features of empathy and how they apply to us
- To develop insight into the benefits of being able to perspective take, show kindness to others, cope with distress and manage emotional responses (factors associated with empathy)
- To consider how these features will help strengthen our current relationships and develop new ones (whether romantic type/ friendships/professional)
- To set goals as to how we can strengthen components of empathy in ourselves

The changes will lead to a reduction of 15 sessions in each programme. Guidance to facilitators as to how they can strengthen components of empathy and address identified empathy blockers have been included in the updated manual. Facilitators should use their experience to work on the most appropriate New Me practices for each individual. Examples have been provided to help facilitators in developing skills practice aims to target risk factors, and strengthen empathic capacity.

This change provides more opportunity for a strength-based approach, focusing on developing skills for success and desistance in group members. Although we have thought carefully about these changes and believe that this is the right thing to do, it has still felt like a big decision. A strength of our programmes is that we recognise that we need to continue to develop and be responsive to the literature. Our treatment managers and facilitators also share these values. We know how hard people have worked in the planning and execution of victim empathy role plays are we are very grateful for the commitment and professionalism shown. We are particularly grateful to Dr Maxine Daniels for her innovation, commitment and dedication to this work for so many years.

Block 11: The Risk and Success Factors Analysis (RSFA) Grid (formally TNA)

The RSFA is currently used in the BNM and HSP and incorporates an additional risk factor within the

relationships domain; 'having friends and family who commit crime'. It also includes 'rape supportive attitudes' alongside child abuse supportive beliefs in the attitudes domain. An additional domain is included in the RSFA which is called 'Purpose'. This domain includes three factors that have been shown to have a strong relationship with desistance from crime (having a job or keeping busy, good citizenship and actively changing my life for the better). The RFSA has been incorporated into the Core SOTP to support 'New Me' in progressing towards an offence free life. It helps the group member recognise their areas of strength, as well as risk factors. This is therefore more representative of the benefits of focusing on developing protective factors, than what was offered via use of the TNA in the original programme.

Block 5: Active Accounts

There is now clear evidence that offence responsibility is overemphasised in our programmes⁴. In response to this, the theoretical basis of the Active Accounts Block has been updated. We have found that the importance of group members disclosing "what I did" in terms of giving a detailed account of their offence can be overemphasised. This can cause difficulties when a group member does not fully take responsibility for their offending and the focus of the session can then drift from exploring factors that contributed to their vulnerability to offend, to admitting to their offence. The information provided in this block has been updated in the manual. It now provides a summary of some of the key literature relating to denial and responsibility taking, and advises about the ethos of decision chains. In short, there has been a shift in focus away from group members giving a detailed account of their offending ('passive responsibility'), to identifying risks in the lead up to their offence and taking responsibility for changing these in the future ('active responsibility'). This should enable more effective working alliances to be achieved with those who minimise their offending

New advice about completing secondary decision chains is also given. In recognition that it is not necessary to complete two decision chains on two separate offences if the drivers in the offences are the same, it is advised that a second chain is only completed if the drivers are likely to identify issues that made an individual vulnerable to offending that would otherwise not be identified.

Amended Manual

The amended Core SOTP manual will be provided separately and should be used with immediate

effect for new starters on the Core SOTP. For programmes currently being undertaken, we suggest that you make a decision locally depending upon where you are with the programme and what you have agreed as to whether you complete victim empathy sessions as planned or a limited number of these. You can also discuss these plans with the SOTP team in IS

Community Sexual Offending Programmes

Awaiting the implementation of Horizon, steps are being taken to update the community sexual offending programmes with similar changes to existing victim empathy and offence responsibility targets. We will keep you informed of when the changes occur and the commissioning plan of Horizon for community use.

Notice to SARN Authors

Treatment Managers and Regional Clinical Leads are encouraged to disseminate this information to SARN authors. In addition to the need for SARN authors to be aware of the change to empathy work, the amended Core SOTP will require use of the Structured Assessment of Risk, Need and Responsivity (SARN-R) framework as opposed to the SARN during the post-programme process. The SARN-R framework incorporates the RSFA grid (which should now routinely replace use of the TNA within the Core SOTP) and is aligned with some Sexual Offending Programmes currently in service; namely, the BNM and HSP. It is therefore already used at prison sites delivering these programmes. The RSFA scoring guidance and the SARN-R report guidance accompany this letter.

A list of Questions and Answers is attached to this letter below. However, if you have further please do not hesitate to contact IS.

Yours sincerely, Sarah Ashcroft Head of NOMS Interventions Services

Questions and Answers in relation to the changes to Core SOTP.

Question: What do we do if we are already running a group (when the new manual is released)?

This depends on the stage you are at. If you are early on in the programme you can choose to omit

the victim empathy session and introduce the RSFA framework prior to these blocks in the manual. If a lot of preparation has gone in to delivering the TNA sessions and/or the victim empathy sessions then you can continue to deliver these – with a view to using the new manual for your next group. You should also consider the group, if they were expecting to do victim empathy you could discuss this with them. If you want to talk this over or get further advice, please speak with someone in the SOTP Team.

Question: Does the reduction in sessions for victim empathy (and therefore dose of treatment overall) reduce supervisory input requirements.

Yes, specific to the minimum amount of supervision. This is because there will no longer be the need for victim empathy planning as a designated supervision exercise. The minimum amount of supervision as outlined in the SOTP Operations Manual for the Core SOTP was 12 hours of group supervision, and at least 2 hours of individual supervision per facilitator. This was for a Core SOTP of approximately 84 sessions. The reduction in sessions reduces the minimum group supervision requirement to 10 hours (losing approximately one group supervision session of 2 hours). However, these figures relate to the minimum requirement of group supervision in line with what is regarded as best practice. Core SOTP Supervisors and Treatment Managers should collaboratively determine with each individual facilitator team the required amount of supervision to ensure treatment integrity is upheld, and this will invariably differ dependent on the composition of group members within a group, facilitator dynamics, experience, competence and developmental needs, amongst other factors.

Question: Does the reduction in sessions for victim empathy (and therefore dose of treatment overall) reduce video monitoring requirements.

Yes. Video monitoring should still be carried out line with criteria provided in the SOTP Operations Manual. This amounts to a minimum of 1 in every 10 sessions of group delivery.

Question: Is victim empathy role-play training still necessary?

No. It is no longer a requirement for facilitators to undertake the 2 day victim empathy role play training. The Core SOTP facilitator training for has also been reviewed to reflect this, and is aligned with the new Core SOTP manual. The victim empathy role plays are no longer part of the training.

Question: What is happening with the new SOTP? Why has Core SOTP been revised?

Horizon is likely to soon be commissioned in a small number of community divisions and custody sites and this will then inform a large scale delivery plan. The national roll out will be phased rather than immediate. Whilst transition from existing provision to Horizon is ongoing, the interim changes to the Core SOTP will better align it to the new delivery model.

Question: Do the changes mean any additional training is required?

No. The Core SOTP facilitator training is aligned with interim changes in the new manual. Information is provided about how empathy is incorporated into the new programme.

Question: Is there any change in the actual dosage (amount of sessions) allocated for the Active Account Block (Decision Chains)?

No. Only additional advice on how to deliver these sessions effectively in line with current thinking is provided. This should hopefully ensure less of a focus on Active Account sessions orientated towards encouraging group members to give highly internalised and full accounts of their offending, where pressure is placed on them to explain their behaviour with reference to internal stable causes. There is now sufficient thinking to consider that such a focus on personal responsibility taking has been overemphasised in our programme and in some cases can have counterproductive outcomes, such as compromising therapeutic alliance and increasing shame. In addition, it lacks any empirical relationship with reductions in proven sexual reoffending.

Question: who can write RSFA's and what is the RSFA?

The Risk and Success Factors Analysis (RSFA) grid is essential to the Structure Assessment or Risk, Need and Responsively (SARN-R) framework, building on the predecessors of the TNA and SARN respectively. The RSFA and SARN-R are integral to the new suite of SOTPs such as the Becoming New Me (BNM) and Healthy Sex Programme (HSP). The RSFA, like the TNA, remains a structured treatment planning tool designed to assess an individual's dynamic risk factors (criminogenic needs), however guides users in assessing two further risk factors and three evidence informed desistance (protective) factors. This ensures a more balanced approach to treatment planning, case formulation and risk assessment, ensuring that empirically based criminogenic factors (vulnerability) are considered alongside existing potential for desistance (strengths). The same scoring rules apply with the RFSA as they did with the TNA. An RSFA scoring guide has been in circulation since the introduction of the BNM and can be acquired from IS or relevant Treatment Managers at individual sites. As with the TNA, the facilitator team *may* input evidence into the RSFA grid but the responsibility of completing and coding the RSFA must remain with a qualified TNA/SARN author.

¹ Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies.

¹ Franson, R. K., & Niorton-Bourgon, K. E. (2009). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology*, 73, 1154–1163.
 ² Mann, R. E., Hanson, R. K., & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. Sexual Abuse: *A Journal of Research and Treatment*, 22, 191–217
 ³ Barnett, G. & Mann, R. E. (2012). Empathy deficits and sexual offending: A model of obstacles to empathy. *Aggression and Violent Behavior* 18 (2013) 228–239

⁴ Ware, J. & Mann R. E. (2012). How should acceptance of responsibility be addressed in sexual offending treatment programmes? Agression and Violent Behavior, 4, 279-288.



Core Programme

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What is it?

The Core SOTP is a cognitive-behavioural treatment programme that aims to address many of the risk factors that are often relevant to sexual offenders.

These risk factors are known as "treatment targets" because it is thought that addressing them will reduce the risk of future offending.

The aims of the Core SOTP are:

- Building a supportive group to work in
- Understanding your offence-related
 thinking
- Developing awareness of patterns in your offending (this includes patterns in situations, thinking, feelings, and behaviour)
- Increasing awareness of the effects of offences on victims
- Identifying alternatives to offencerelated thinking patterns
- Practicing new skills and coping strategies

Who is it for?

This programme is designed to meet the initial treatment needs of men who have committed sexual offences and who are assessed as medium or high risk of reoffending.

What is involved?

 Group sessions take place 3 times per week for 8-9 months.

- Group members are also asked to complete work between sessions.
- You will be asked questions by members of the programme team and asked to fill in some questionnaires before and after the programme.
- The information from these will be used to help understand your treatment needs, your risk, and progress you make.
- Afterwards the programme team will provide a "Progress Log" about how you got on.
- A "Risk Report" will also be written about your key areas of risk and how well these have been addressed. You will have a chance to feed into this assessment during the programme.
- Depending on your level of risk and the progress you make, suggestions may be made about further areas of work after the programme has ended.
- Reports are shared with people who will be involved in your future professional support, and people who are involved in making decisions about your future, such as Parole Commissioners.



Sent:	11 July 2017 12:24	
То:		
Subject:	RE: SOTP in Prisons	
Importance:	High	

Just by way of background,

NIPS had planned an SOTP Core programme to start at the end of March 2017, which was suspended in light of the HMPPS decision to withdraw SOTP Core.

Flyers and information received at the time was shared with PCNI and **second providents** met with the Parole Commissioners in early May following delivery of conversion training for SOTP Horizon. This was to give further information relating to the programme, assessment etc. The NIPS Directory of Services was updated in April 2017 to take account of the changes relating to SOTP and this was also shared with PCNI for information purposes.

In the work that was undertaken last year between YJA, NIPS & PBNI to look at Aligning Interventions, PBNI input confirmed that SOTP Core was not delivered in the community; PBNI was delivering i- SOTP (on the converse, NIPS was delivering SOTP Core, but not delivering i-SOTP within the custody setting).

The information relevant to reports from each organisation will convey a different message, as programme input was not the same and needs to reflect the individual circumstances of each prisoner rather than a stock response.

I'll ask **second and the second second and the second seco**

please provide a form of words of inclusion in relevant reports by 31/07/17

Thanks

Sent: 11 July 2017 12:04 To: Subject: FW: SOTP in Prisons

Can you please advise on a form of words regarding SOTP provision/its replacement which can then be used for PCNI inputs, I will ask PBNI to contribute their position.

Thanks

From: Sent: 10 July 2017 09:05 To: Cc: Subject: SOTP in Prisons

You will have seen the publicity about the NOMS evaluation of SOTP. http://www.bbc.co.uk/news/uk-40460637

an agreed position for both PBNI and NIPS staff to include in reports or oral evidence for Parole Commissioners ?

Happy to discuss, ... 8.35.21.1



Sent:	06 July 2017 09:56
To:	
Subject:	HPRM: SOTP Enquiry
Attachments:	SOTP Summary for Men 30-06-17.pdf; SOTP Letter to Stakeholders 30-06-17.pdf

Dear - thank you for your enguiry, do these documents help? We have sent the stakeholders letter to Senior Leaders in NI.

Let me know if any questions,

Kind regards,



Gina Pearce | Head of Business Development **Interventions Services** Equalities, Interventions and Operational Practice Group Her Majesty's Prison and Probation Service | Clive House | 70 Petty France | London | SW1H 9EX t: 07747037584 e: @noms.gsi.gov.uk

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<u> </u>	
Sent:	05 July 2017 09:31
То:	20 80 (152) NOV21
Cc:	Interventions Business Enquiries
Subject:	RE: Guidance to parole bodies re SOTP evaluation finding
Hello	
I am well, thank you. I	Hope you are too
	Construction of the second sec
I have included our Bu	usiness Team in this chain as they will be able to advise you further
Kind Regards,	
From:	
Sent: 04 July 2017 10:	:25
To:	
Subject: Guidance to	parole bodies re SOTP evaluation findings

Hello

I just wanted to link in with you in advance of attempting to put a communication together on behalf of NIPS.

I have been asked to develop a brief form of words that may be used to provide guidance to anyone who may be seeking information about how to interpret the reported Core SOTP impact evaluation on risk assessment / management plans for those who have previously completed the programme. We are thinking primarily of the Parole Commissioners for Northern Ireland and Parole Board, but will also want to share this with probation colleagues responsible for supervision on license in the community, former participants, and Horizon participants who may have related queries.

Before I sit down with the report and try to work some appropriate guidance, I wanted to check whether any comments or guidance are likely to be issued from yourselves dealing with this issue? Obviously I want to avoid preempting something that others are working on, or creating a mixed message.

As always - if I have asked the wrong person please just pass me the correct email address.

Best wishes,

Senior Forensic Psychologist Psychology Department HMP Maghaberry Northern Ireland Prison Service



Changes to programmes for men who have a convictions for sexual offending

March 2017

We continually review the effectiveness of all the prison accredited programmes. We now think that programmes which have a future focus and build on the existing strengths that individuals have, is a more motivational way of helping people to think about making changes to their lives. Horizon and Kaizen are new programmes that take this approach.

We have consulted with the Correctional Services Accreditation and Advisory Panel (CSAAP) who oversee all of the accredited programmes. They have recommended that we introduce Horizon and Kaizen to replace the Core and Extended programmes.

Horizon is a new programme for men who are medium risk of reoffending. Kaizen is a new programme for men who are at high or very high risk of reoffending. These new programmes are based on the latest thinking about what works to reduce reoffending. These programmes, as with all our programmes, are designed to help people think about the benefits of giving up crime, and provide them with opportunities to try skills for doing things differently. Whether people chose to use these or not is up to them. Programmes cannot change you, but they can help you change if that is what you want to do.

Questions and Answers

I am currently on a Core or Extended programme which is nearly finished. What will happen to me?

CSAAP have advised that men who are currently on a programme that is nearing its end should complete the programme. The end of the programme is all about strengthening skills for the future. This is an important part of the programme to help you build a better life.

I have just started a Core or Extended Programme. Why can't I finish it?

CSAAP have advised that it is better to stop and review other options as there may be better ways to help you. We will prioritise you for a place on Horizon or Kaizen if you want one, and will work with you to think about other ways for you to address your treatment needs.

I was on a Core or Extended group which was stopped. Will this mean I can't now get parole? We are working with the Parole Board to make sure no-one is disadvantaged by these changes. I attended the Core programme and am now worried that I wasted my time - did I?

No. Anyone who genuinely wants to stop offending would be able to use the skills they learned on the Core Programme to help them manage their life without offending.

What about other programmes for men who have convictions for sexual offending – are they changing too?

No, the Healthy Sex Programme, Becoming New Me and Living as New Me programmes will continue as these programmes are already in line with the latest research.





Mark Taylor, Deputy Director Equalities, Interventions and Operational Practice Group HM Prison and Probation Service 4th Floor Clive House 70 Petty France London SW1H 9EX

30 June 2017

Dear

I am writing to you with regard to treatment programmes for men with sexual convictions.

We are absolutely committed to reducing reoffending and addressing the needs of men with sexual convictions. This is a complex area of work. Changing any human behaviour is difficult; facilitating change with this particular client group poses unique challenges and although our interventions aim to reduce reoffending they should never be thought of as a cure.

We have been at the forefront of this area of work internationally for some 20 years under successive governments. Our programmes have evolved with the developing evidence base and our programmes have contributed to the international literature. All of our work has been overseen by the Correctional Services Accreditation and Advice Panel, a panel of international experts, who have confirmed that our approach is in line with the latest thinking about what works with this client group. Our work has always been open to close scrutiny, and we have welcomed this even when some have been critical of our approach. That is inevitable given what we do – it is right and healthy to have debate about the best way to change complex and often entrenched behaviours.

We have made significant changes to our programme offer for this group over the past year. In developing the Horizon and Kaizen programmes, we have considered all the most up to date research. Horizon and Kaizen are built on the firmest possible foundations, and we have opened them up to external scrutiny for extra assurance on this. We will also be setting up special arrangements for monitoring and are putting a rigorous evaluation plan in place so that we can review efficacy regularly.

We have also now published an evaluation of the existing Core programme. The full research report can be found at: <u>https://www.gov.uk/government/publications/impact-evaluation-of-the-prison-based-core-sex-offender-treatment-programme</u>

In summary, the report shows that, of 2,551 sex offenders who started the Core SOTP in prison between 2000 and 2012, reconviction rates for sexual reoffending were two percentage points' higher (10% vs 8%) than matched sex offenders who had not undertaken the Core programme. There were 51 more reoffenders in the treated group than in the comparison group.

The headline 25% increase in sexual reoffending for Core participants in recent press reports is potentially misleading. The research found a 2 percentage point difference in the sexual reoffending rates of the programme and control groups after eight years: 10% vs 8%. The low base rates for sexual reoffending means a small *absolute* difference can be described as a much larger *relative* difference.

There is a larger adverse outcome for those who did Core + Extended SOTP compared to controls (17.5% vs. 10%). This may be because the matching was done on suitability for Core, not suitability for Extended, which is designed for men who have greater problems with self-regulation.

This means that the comparison with the control group takes no account of some issues known to determine eligibility for Extended SOTP and is unlikely therefore to be a fair test of impact.

There are limitations to the research which include the fact that it was not possible to match the groups on deviant sexual interest, which we know to be critical feature of reoffending. Further, the impact of other rehabilitative activity that might have been received is not known. This includes whether or not the participants attended another programme in prison or in the community, differences in offender management and supervision, and other reintegration factors such as employment.

These findings are disappointing. As you know we have been developing new programmes for this group since 2010. The report sets out some potential explanations for the outcomes and we will continue to evaluate and scrutinise existing and new programmes.

The evaluation of the Core programme has no bearing on our other accredited programmes. The results should not be generalised across to other programmes and there are no implications for community sex offender programmes, the Healthy Sex Programme or the Adapted programmes. There are also no implications for other accredited programmes developed for different target groups.

There will always be room for improvement and further changes to be made as we carry on learning from the latest research findings, and we will continue to work to ensure that our approach remains world leading.

Mark Taylor