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# Effective risk management planning for those convicted of sexual offending

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## Abstract

**Purpose** – *The purpose of this paper is to examine the extent to which risk is addressed in the risk management planning process of those convicted of sexual offending.*

**Design/methodology/approach** – *Data were collected from a risk assessment and management system called the Offender Assessment System (OASys), used by the National Offender Management Service, in England and Wales. The records of 216 clients were accessed and each risk management plan analysed. The study aimed to understand if first, general and sexual risk factors identified by assessors were recorded and detailed in subsequent plans; second, if specialist sexual offending risk assessment tools were used to inform risk management strategies; and third, if both a balance of control and support mechanisms were in place to tackle identified risk and needs of clients.*

**Findings** – *Inconsistencies were found in relation to practitioners transposing risks identified, into the subsequent risk management plans. Strategies were therefore deemed, inadequate as there was a significant omission of the use of specialist sexual risk assessment tools to inform and ensure risk assessment to be robust. In addition risk management plans were often overbearing in nature, as assessors tended to utilise control strategies to assist the reintegration process, in contrast to a combination of both control and support.*

**Research limitations/implications** – *This sample was taken from only one probation trust in England and Wales. The findings might therefore be unique to this organisation rather than be representative of national practice. This study should therefore, be replicated in a number of other probation areas. In addition, it is important to note that this study only reviewed one electronic tool used by practitioners. Therefore, while it might appear for example that the RM2000 tool was not routinely completed; this cannot be assumed as practitioners might have adopted local custom and practice, recording RM2000 scores elsewhere.*

**Practical implications** – *These findings highlight the need for some understanding as to why there is a lack of consistency throughout the risk management planning process. Practitioners should receive ongoing risk management training, development and supportive supervision. In particular, practitioners require supervision that supports and develops their skills when applying RM2000 classifications to their clients' risk management plans. Likewise initiatives which develop practitioner's awareness and application of strengths based approaches such as the Good Lives Model should be encouraged. These will help practitioners develop plans that address both the risks while supporting their development of the strengths a client presents.*

**Originality/value** – *To the authors' knowledge, this is the first study of its kind, which examines the risk management plans of those convicted of sexual offending, completed by practitioners in England and Wales using the OASys tool.*

**Keywords** *Risk assessment, RM2000, Risk management, OASys, Risk management plan, Sexual offender*

**Paper type** *Research paper*

## Introduction

The effective risk assessment and management of people convicted of sexual offending is an essential role for correctional practitioners. In recent years, the field of risk assessment and management has seen the development of several systematic and comprehensive case management tools. Bonta and Andrews (2007) provide an excellent review of the chronological

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development of these tools detailing four distinct generations of risk assessment and management approaches over recent decades (Andrews *et al.*, 2006; Bonta and Andrews, 2007). Early risk management approaches saw practitioners draw on their professional judgment, knowledge and experience to assess the risk an individual might present and to determine what security measures were needed. This approach dominated early correctional practice, but was superseded in the 1970s by a second generational approach; one which embraced evidence-based practice.

Evidence-based practice at this time incorporated items statistically linked with offending behaviour into risk assessment tools with much less importance placed on professional judgment. Indeed, actuarial tools demonstrated a greater accuracy in predicting offending behaviour than approaches reliant solely on unstructured professional opinion (Craig and Beech, 2010; Hanson and Morton-Bourgon, 2004). Not without their limitations (Andrews and Bonta, 2010) actuarial tools provided good predictive validity (Bonta and Wormith, 2007) but tended to focus only on static items linked to risk.

Factors which are static tend to be historical and unchangeable such as: age at first offence or number of previous sexual offences but they are important for predicting longer term recidivism (Hanson and Morton-Bourgon, 2005; Hanson and Bussiere, 1998). Dynamic factors on the other hand, are changeable, can be influenced by intervention or personal choice and can be subdivided into: acute dynamic risk factors and stable dynamic risk factors (Craig *et al.*, 2009). Stable dynamic risk factors are enduring characteristics, although subject to change, they pervade the individuals' life, they are also known as criminogenic needs (Andrews and Bonta, 2010) or causal psychological risk factors (Beech and Ward, 2004). Examples of stable dynamic risk factors linked to sexual offending include items such as: cognitions supportive of sexual offending; intimacy deficits; poor cooperation with supervision; and sexual self-regulation (Hanson and Harris, 2000). Acute dynamic risk factors on the other hand, tend to be observed during periods of greatest risk and are often an expression of stable dynamic risk factors; these are also known as triggering or situational events (Beech and Ward, 2004). Acute dynamic sexual risk factors include items such as: substance misuse, sexual pre-occupation and social collapse (Cortoni, 2009).

In response to the limitations of using only static factors to assess risk, the importance of acute/stable dynamic factors influenced the emergence of third generation risk assessment tools. These offered a blend of static and dynamic measures, which were theoretically and empirically linked to offending behaviour. Tools such as the Level of Service Inventory-Revised (Andrews and Bonta, 1995) and Level of Service/Risk-Need-Responsivity (Andrews *et al.*, 2008) began to include factors known as the central eight, these included items such as: antisocial association, antisocial cognitions, antisocial personality patterns, history of antisocial behaviour, substance use and circumstances in the domains of family marital, school work and leisure-recreation (Andrews *et al.*, 2008). All of which, apart from the static item of history of antisocial behaviour, were dynamic and therefore, changeable (Mann *et al.*, 2010). The benefit of blending both static and dynamic factors meant that practitioners could have confidence in predicting the likelihood of future risk, but when used in conjunction with dynamic factors, were able to reflect the positive or negative changes in their clients' life.

The final and most recent shift in risk assessment and risk management is the development of systematic and comprehensive tools (Bonta and Andrews, 2007). These help practitioners utilise their clients risk and need assessments directly into their supervision plans; making strategies to help people rehabilitate more meaningful and relevant (Andrews and Bonta, 2010). Practitioners cannot only assess individuals' likelihood of future offending but they can plan, measure and respond to clients' changing needs, strengths and protective factors throughout the duration of their sentence. One example of a fourth generation tool is the Offender Assessment System (OASys) used in England and Wales to assess all adult offenders (Howard and Dixon, 2012).

In light of this well-established body of research (Craig *et al.*, 2009) correctional practitioners should be equipped to first, identify the factors linked to a person's likelihood of future offending and desistance from crime and, second, plan, measure and respond to clients changing risk, need, strengths and protective factors. How effective, practitioners are at interpreting and implementing results of these tools in a "real world" context, and for those convicted of sexual offending is however, somewhat unclear (Bonta and Andrews, 2007), and to some extent ignored (Gendreau *et al.*, 1999).

In England and Wales, all adults convicted of a sexual offence are assessed by probation and prison practitioners, using both OASys (Howard and Dixon, 2013) and a specialist sexual and violence risk classification tool; Risk Matrix 2000 (RM2000) (Tully and Browne, 2015). Although not always completed in conjunction with each other, the combination of results from both static and dynamic tools should provide practitioners with a greater depth of understanding of the risks posed by their client. Thus, providing a comprehensive risk assessment, which can contribute to the development of meaningful management strategies for those convicted of sexual offending.

### OASys

OASys combines static risk assessment with structured professional judgment and is divided into four main domains: first, an analysis of offending related factors; second, a risk of serious harm analysis; third, a summary sheet; fourth, a sentence plan (Home Office, 2006). The first section of an OASys assessment considers ten risk factors empirically linked to offending and recidivism. These include: accommodation, employment training and education, financial management and income, relationships, lifestyle and associates, alcohol misuse, drug misuse, emotional wellbeing, thinking and behaviour, and attitudes. The second part of the OASys includes the assessment of the client's risk of harm, and the practitioners proposed strategy to manage this risk. This is known as a risk management plan. The third element provides an automatically calculated score, summarising the prediction of future non-violent offending. The final section, the sentence plan, addresses any responsivity needs or interventions required throughout the clients' sentence.

An OASys assessment is completed during different points in a person's sentence. An initial assessment is completed pre-sentence, to help magistrates and judges determine appropriate sentencing; one is completed prior to parole hearings; or after significant interventions are completed; or where significant change occurs in the clients' life; and finally post sentence (Howard and Dixon, 2012). Continuous assessment assists practitioners to respond to change and to determine the risk of harm an individual might present, at any given time. Risk of harm, is determined by the potential imminence of an event as well as, how serious the harm might be should a re-offence occur (Home Office, 2002, OASys Manual v.2). All clients who are assessed as medium risk of harm, or above, requires a risk management plan (Home Office, 2005, Public Protection Framework, Risk of Harm and MAPPA Thresholds PC 10/2005). A risk management plan (also known as rehabilitation, intervention, supervision, case management or reentry plans) should identify the risk(s) a client presents or might present, given a specific set of circumstances. Practitioners are required to clearly document: "how the risk(s) will be managed" (Home Office, 2002 OASys Manual v.2) in the risk management plan. This present study looks to examine risk management plans in closer detail.

The empirical examination of risk management plans is to date, limited. However, findings from the few studies available show that practitioners tend to either exclude identified risks altogether or fail to address them fully in subsequent plans (Bonta and Wormith, 2007). Bosker *et al.* (2013), found in their examination of 300 general offender Dutch probation cases, that where criminogenic needs were first identified, a goal to deal with them was not consistently found in subsequent intervention plans. They also found probation officers failed to use evidence-based approaches when developing plans. In another study examining the client management classification system (CMC) Harris *et al.* (2004), found some probation officers failed to follow guidance when carrying out assessments. However, in cases where assessors were supervised by staff trained to use CMC, they found recidivism rates to be lower. In another study of 62 probation officer case files ( $n = 77$ ), the Wisconsin risk and need instrument, and taped interviews with clients, Bonta *et al.* (2004) found probation officers did not include identified risks in subsequent case management plans, nor did they address identified criminogenic needs adequately during supervision. The degree to which identified risk factors feature in clients subsequent OASys risk management plans, to our knowledge, has yet to be empirically tested. It is therefore, unclear, if the findings from studies of other risk management tools would be replicated with cases in OASys.

Although the standards to which risk management plans are completed are not overly prescriptive, probation and prison guidance sets out best practice and ways to improve the appropriateness and relevance of the plans for those who present a risk of harm (Home Office, 2005, Public Protection Framework, Risk of Harm and MAPPA Thresholds PC 10/2005).

Practitioners are encouraged to use the following headings to help incorporate all of the relevant factors needed for a robust risk management plan. Headings include:

- other agencies involved;
- existing support/controls;
- added measures for specific risks;
- who will undertake the actions and when;
- additional conditions/requirements to manage the specific risks; and
- level of contact.

The assessment and management of clients convicted of sexual offending are subject to internal and external scrutiny, as well as multi-agency management arrangements. In addition, cases are often subjected to intensive community orders or license conditions, and so are only allocated to experienced and qualified probation and prison officers. We expect therefore, that cases where the client is convicted of a sexual offence, risk management plans would be of the highest standard, consisting of a robust risk assessment, based on documented evidenced of identified risks. To test this, we carried out analysis of a sample of risk management plans of cases where clients were convicted of sexual offending within the England and Wales.

First, we looked at the initial section of OASys. This part of the assessment directs assessors to consider which of the ten criminogenic factors are related to their clients' offending history. Considering a range of risk factors is critical when assessing the likelihood of sexual reoffending, because not one risk factor, in isolation, has been adequately identified to determine sexual recidivism (Cortoni, 2009). Probation and prison officers are guided through questions which relate to general risk factors. Both acute and stable dynamic risk factors are easily brought to the attention of assessors through a series of prompt questions. Following the identification of risk(s), practitioners are required to translate these risks into the next stage in the assessment and formulate the risk management plan. We therefore, hypothesised that risk factors, as identified in the first part of OASys, will be referenced, detailed and addressed in the subsequent risk management plan.

We also wanted to understand the extent to which sexual risk factors were identified and addressed. There are of course a number of empirically supported factors linked to sexual offending. Factors include: sexual pre-occupation, offence supportive attitudes, emotional congruence with children, lacking in emotional intimacy with adults, impulsivity, poor self-regulation and problem solving, resistance to rules and supervision, grievance thinking and negative social influences (Mann *et al.*, 2010). In the first section of the OASys assessment, many of these factors will be captured within the ten criminogenic factor assessment of the tool. However, the extent to which practitioners identify these as factors related to sexual offending is unclear. The use of the RM2000 tool should support and enhance the OASys assessment and for those clients required to engage in an accredited offender behaviour programme, the Structured Assessment of Risk and Need (SARN) (Webster *et al.*, 2006) should also be accessed.

In saying this, the National Offender Management Service (NOMS) provide extensive joint prison and probation training events for staff working with this client group and using specialist tools. Only those practitioners who are appropriately trained, supervised and supported, are allocated to tasks involving the risk assessment and case management of those convicted of sexual offending (Ministry of Justice, National Offender Management Service, 2010). We can therefore be confident that following successful completion of training and with adequate support and supervision, practitioners should be able to identify both stable and acute dynamic sexual risk factors. We therefore, hypothesised that practitioners would identify, detail and address specific sexual risk factors in subsequent risk management plans.

Our exploration of risk management plans allows us to begin to understand the degree to which practitioners are able to bring together their findings from different assessment tools and interpret them into a meaningful risk management strategy. The UK government's "Position Statement for the Assessment, Management and Treatment of Sex Offenders" (Ministry of Justice, National

Offender Management Service, 2010) states that: "all male sex offenders supervised by NOMS will be assessed using RM2000 at the pre-sentence stage, and following any events that might alter the RM2000 score. This assessment will inform sentencing recommendations, sentence planning, parole recommendations and risk management" (p. 5). We therefore hypothesised that all risk management plans completed for those convicted of sexual offending, will contain a reference to the clients RM2000 classification and some meaningful interpretation of this assessment.

In addition to the clear identification of both general and sexual risk factors and the use of specialist risk assessment tools; comprehensive risk management plans should include a combination of control and support strategies to manage clients' risks and needs. Indeed, the OASys manual is explicit with this requirement, prompting practitioners to include positive factors or interventions that have reduced previous risk such as: health providers, family, welfare and education providers, community groups to support community integration and faith groups (Home Office, 2002, pp. 152-153, OASys Manual v.2, 2002). The importance of non-institutional support cannot be underestimated here as, while desistance and strengths based literature informs us that the relationships developed between professionals and their clients are vitally important (McNeill *et al.*, 2012), desistance itself occurs away from the criminal justice system (Farrall, 1995). Risk management plans must therefore, look to support the development of clients' relationships with non-criminal justice communities. This in turn will provide additional opportunities to help develop people's social capital (Owers, 2011; Weaver and McNeill, 2015). Given that opportunities for those with sexual convictions to engage with communities outside of the criminal justice system are scarce, as a result of the stigmatisation of this group (Levenson *et al.*, 2007; Pickett *et al.*, 2013), it is of interest to consider the extent to which practitioners respond to this. Therefore, in this present study we also look to examine the extent to which support, derived in particular from community, non-statutory or faith groups, also feature in the management of those convicted of sexual offending. We hypothesised that along with control strategies, risk management plans will include positive support and strength based strategies that practitioners will document individual people or groups known to the client in the community such as family, community or faith based groups.

This study aims to understand how well the risk of sexual recidivism is assessed, documented, and managed by practitioners in their risk management plans. We specifically aim to: first, understand if identified risk factors are transposed into risk management plans; second, consider the degree to which the RM2000 tool is used to assist practitioners' in articulating a predicted classification of reconviction; third, consider if practitioners identify, detail and address sexual risk factors in subsequent risk management plans; fourth, understand the level to which non-criminal justice institutions (such as interventions, community groups or faith groups) are used to support those convicted of sexual offending to reintegrate back into their community.

## Method

### *Sample selection*

The sample of 216 risk management plans was drawn from one probation trust area. At the time of data collection NOMS was divided into 42 probation areas, spread across England and Wales. Each area was coterminous with police force boundaries and was served by a total of 35 probation trusts. Each trust was funded by NOMS to deliver a range of services including: offender management, assessment and advice to courts, supervision of community orders and licenses, working with victims and the delivery of interventions (House of Commons, 2011).

The sample size for this study was determined by the number of available initial OASys assessments of those convicted of a sexual offence. Due to the restrictions of local software, only cases where a completed initial OASys assessment within the previous three years was available. This initial search generated 267 cases. In an effort to increase the sample size, accredited programme case records were also accessed. This allowed the search to extend beyond the three year analysis restricted by local OASys software. A manual search of all those clients referred to a sexual offender treatment programme prior to the three year cut off point, were identified and retrieved from OASys. This second search generated a further 212 cases.

Although, a total of 479 cases were identified, a large volume of cases were either duplicate records, or due to the limitations of local OASys software, were incomplete records, one case was a female and therefore also removed. Consequently, 216 OASys records were accessible and complete, and 216 risk management plans were extracted manually and anonymised in preparation for coding.

### *Participants*

All participants were adult males and convicted of at least one sexual offence. Of this sample 72 per cent ( $n = 155$ ) were recorded as being White, 22 per cent ( $n = 48$ ) of cases were unrecorded, 1 per cent ( $n = 2$ ) Black, 1 per cent ( $n = 1$ ) Asian, 1 per cent ( $n = 1$ ) Indian, 1 per cent ( $n = 3$ ) Mixed race and 3 per cent ( $n = 6$ ) White other background. The average age at the point of sentence was 44 years ( $SD = 14.97$ ).

The terminology and language used to describe each offence type has been directly copied from OASys. The recorded index offence for this sample includes: 42 per cent ( $n = 90$ ) recorded as non-contact offences, these consist of: 27 per cent ( $n = 59$ ) internet offences, 9 per cent ( $n = 19$ ) exposure, 2 per cent ( $n = 4$ ) grooming and the remaining 4 per cent ( $n = 8$ ) a combination of abuse of trust, voyeurism, intent to commit a sexual assault and public indecency. In total, 48 per cent ( $n = 104$ ) were recorded as contact offences, these consist of: 17 per cent ( $n = 37$ ) sexual activity with a child, 16 per cent rape ( $n = 34$ ), 11 per cent ( $n = 24$ ) sexual assault, 3 per cent ( $n = 7$ ) gross/indecent assault and 1 per cent ( $n = 2$ ) attempted rape and incest. In total, 7 per cent ( $n = 16$ ) included miscellaneous offences and breaches of orders. In total, 3 per cent ( $n = 6$ ) of cases had no recorded offence type, however, the index offence was corroborated by cross-referencing with other sources such as the risk management plan or alternative case management systems (see Appendix 1, Table A1).

Data were less complete for victim demographics. However, 42 per cent ( $n = 96$ ) of victims were children aged between zero and 15 years and 19 per cent ( $n = 44$ ) aged 16 years and over. In total, 11 per cent ( $n = 23$ ), of the victims were male, and 53 per cent ( $n = 115$ ) female. In terms of the relationship between the participant and the victim, the sample included 25 per cent ( $n = 54$ ) stranger assaults, 37 per cent ( $n = 85$ ) knew or were related to their perpetrator and 36 per cent ( $n = 76$ ) of the relationship status were unrecorded (see Appendix 1, Table A1).

### *Data coding and analysis*

*RM2000.* RM2000 is a risk classification tool used for adult males convicted of at least one sexual offence; it has separate indicators for both sexual and overall violent recidivism (Thornton, 2007). RM2000 was developed for use in the UK and is used by the police, prison and probation services in England and Wales (Craig *et al.*, 2009). A recent RM2000 study of 4,946 cases, with a follow-up period of two and four years following release from prison or at the start of a community sentence, found those in the higher risk categories offended at a faster rate than those in the lower categories (Barnett *et al.*, 2010). They found 1 per cent ( $n = 5$ ) of those categorised as low risk, 2 per cent ( $n = 38$ ) of the medium risk category, 3 per cent ( $n = 42$ ) of the high risk group and 7 per cent ( $n = 25$ ) of the very high risk group, were reconvicted for a further sexual offence within two years. As Barnett *et al.* (2010) note, their findings were lower than those found in previous studies, but in keeping with the findings of Hanson and Morton-Bourgon's (2009) meta-analysis. In addition, they also highlight how reconviction data is not believed to be a true representation of actual offending and so findings are likely to be an underestimation of offending behaviour.

In order to gain as full a picture as possible and to examine whether the strategies documented in risk management plans were proportionate to the risk assessed; risk data were collected using both the OASys risk of harm assessment, and the risk of reconviction (sexual) classification, using the RM2000(s) tool. OASys risk of harm data were extracted using local software. Data for RM2000 categorisation was retrieved manually from OASys, accredited programmes case records, and the client record management system (CRAMS). Although a computerised RM2000 was under development at the time of data extraction, it was not operational and therefore deemed unreliable. Local practice at that point, required practitioners to complete a paper RM2000 assessment and store this in the individual case file. Although an attempt was made to

retrieve copies of these assessments, it was found that a large number of assessments were either incomplete or inaccessible. Given the raw data could be sourced from OASys, programme records or the CRAMS, it was felt appropriate to complete the scoring manually. It must be noted that data collected from any source that requires a data entry process is vulnerable to human error and inaccuracies.

RM2000 scoring is undertaken in two stages and against a number of variables. Stage one includes the rating of three items: age, number of sexual sentencing appearances, and number of criminal sentencing appearances. Points are awarded to these items and the offender is categorised into one of four risk categories (i.e. low, medium, high or very high). Stage two of the process requires the scoring of four aggravating factors including: sexual convictions against a male, a stranger, the presence of a live in relationship lasting more than two years, and convictions for non-contact sexual offences. Where any two of these aggravating factors are present, the risk categorisation is raised one level, if all four are present the risk categorisation is elevated by two levels (Thornton *et al.*, 2003).

The first author, trained to use RM2000, used information gathered from OASys, programme records and CRAMS, to retrospectively categorise each case. Unfortunately a second rater was unavailable for inter-rater reliability purposes. The only item where limited information was available for this study was the item referring to relationship status. Where the relationship status or relationship history of the client was unclear, this item was not scored. In cases where this item was not scored, the missing data did not affect the final categorisation of any case. Unlike with other studies involving this procedure (Barnett *et al.*, 2010; Langton *et al.*, 2007), we were not required to inflate the category in order to compensate for any underscoring as a result of missing data. In this present study, when considering RM2000 classification, the largest of the group fell in the low risk of reconviction classification 42.14 per cent ( $n = 91$ ). Assessment of risk of harm, through OASys, demonstrated less than 1 per cent ( $n = 2$ ) of the whole sample were assessed as posing a low risk of harm, and 53.7 per cent ( $n = 116$ ) assessed as medium risk of harm. Each category is detailed in Table I.

#### *Risk management plan coding framework*

To enable the analysis of risk management plans, a coding framework was developed (Appendix 2); this was based on guidance set out in the OASys User Manual and the Public Protection Framework, Risk of Harm and MAPPA Thresholds PC 10/2005. A total of eight items were included in the framework. Six of the eight items required a numerical score. For five items a score of 0, 1 or 2 was possible. Where a score of 0 was given, this meant that the item was not present in the risk management plan. A score of 1 meant that the item was present but little detail was included. A score of 2 meant that the item was included and that the practitioner had provided good detail and description of the item. For one of the six items a score of 0, 1, 2 or 3 was possible. A score of 0 meant that 0 per cent of the risk factors identified in the first part of OASys featured in the subsequent risk management plan. A score of 1 meant that up to 50 per cent of the risk factors featured in the subsequent plan. A score of 2 meant that between 51 and 99 per cent of the risk factors featured in the subsequent plan and a score of 3 meant 100 per cent of the risks identified also featured in the plan. The final two items required only a yes or no answer. In total, a score of 13 was possible.

<b>Table I</b> Risk of harm and risk of reconviction					
<i>Risk tool</i>	<i>Low % (n)</i>	<i>Medium % (n)</i>	<i>High % (n)</i>	<i>Very high % (n)</i>	<i>Not recorded % (n)</i>
OASys risk of harm	0.9 (2)	53.7 (116)	41.7 (90)	1.4 (3)	2.3 (5)
Risk matrix 2000(s)	42.1 (91)	41.2 (89)	13.9 (30)	2.8 (6)	NA

**Note:**  $n = 216$



To ensure inter-rater reliability, a second rater was recruited, the fourth author of this paper (HB). The second rater was independent from this research project. She was, however, a research officer responsible for the regular auditing of offender case management tools such as OASys. During the rating process both raters were blind to any identifiable factors in the risk management plans including names, locations and dates, at the time of scoring. However, several weeks prior to scoring, the first author had anonymised all risk management plans and so had initial sight of identifiable detail.

To safeguard against erroneous items or an undefined scoring criteria, a short pilot test of the framework was carried out. Here the 20 cases were first coded, while the second rater independently coded the same 20 cases. On completion, both raters met, discussed and recorded scores. Following this initial discussion, some adjustment to the examples provided for each of the items in the coding framework was needed. This test process was repeated a second time with a further new 20 cases. At this second stage in the testing process, both raters were satisfied that the scoring criteria were clear. The remaining sample were then coded independently. Because of the volume of risk management plans and to prevent drift, raters met on three separate occasions to compare scores. Although the scoring criteria were overall found to be consistent between both raters; there were occasions when a risk management plan featured unexpected detail that had not been accounted for in the framework. This was to be expected given that risk management plans are subjective and unique, making predictability and consistency of the risk management plan content difficult to fully estimate. On the occasions where a discrepancy of two or more points occurred, a discussion took place to investigate and reach an agreement regarding the score. An exact match of the total scores for each plan was not expected, as some subjectivity was tolerated. A minimum tolerance of, plus or minus, one point was required to satisfy raters that the framework provided enough consistency.

## Results

This study aimed to explore four hypotheses:

- H1.* Risk factors, as identified in the first part of OASys, will be referenced, detailed and addressed in subsequent risk management plans.
- H2.* All risk management plans will contain a reference to the clients RM2000 classification and some meaningful interpretation of this assessment.
- H3.* Practitioners will identify, detail and address sexual risk factors in subsequent risk management plans.
- H4.* Along with control strategies, risk management plans will include positive support and strength based strategies, practitioners will document individual people, or, groups known to the client in the community such as family, community or faith based groups.

Before the results of each hypothesis are presented, a brief summary is presented here of how comprehensive risk management plans were deemed to be following application of the coding framework. Our analysis found that the average score for plans in this sample was four. Only 26 per cent ( $n = 55$ ) of the plans reached a score of 6 or more, within this subsection only 3 per cent ( $n = 7$ ) of plans reached a score of between 8 and 9. The majority of plans, 75 per cent ( $n = 161$ ), scored between 0 and 5, with 25 per cent ( $n = 53$ ) scoring between 0 and 2 (see Appendix 1, Table AIII).

All analysis was conducted using SPSS, version 21. We were only able to compare the presence of eight risk factors collected from the first section in OASys, as local software limited the collection of all ten risk factors. However, a comprehensive picture was still achieved without the presence of the criminogenic factors of financial management and emotional wellbeing. Table II, presents the frequencies at which each of the eight risk factors were identified in the first section of OASys, and then in their subsequent risk management plan. The analysis shows that the risk factor "thinking and behaviour" was a factor identified as most linked to harm, with 74 per cent of clients ( $n = 159$ ) having this identified. However in their subsequent risk management plans less than half 45 per cent ( $n = 98$ ), identified "thinking and behaviour" as a risk factor requiring management. The greatest difference between the two assessment points can be seen with the

**Table II** Frequency of risk factors in first part of OASys and in subsequent risk management plan

Risk factor	Frequency of factor present in first part of OASys (n = 216)		Frequency of factor present in "Risk Management Plan" (n = 216)	
		%		%
Accommodation	80	37	19	8.8
Alcohol	45	20.8	33	15.3
Attitudes	118	54.6	56	25.9
Drugs	15	6.9	8	3.7
Employment, training and education (ETE)	81	37.5	21	9.7
Relationships	133	61.6	54	25
Lifestyle	146	67.6	39	18.1
Thinking and behaviour	159	73.6	98	45.4

risk factor "lifestyle". Initially practitioners identified "lifestyle" as a risk linked to harm in 68 per cent ( $n = 146$ ) of cases, yet "lifestyle" featured in only 18 per cent ( $n = 39$ ) of the subsequent risk management plans.

As detailed in Table III, in the first stage of the assessment process five (2.3 per cent) cases did not have any risks identified as being linked to harm. However in their subsequent risk management plan phase, this failure increased to 32 per cent ( $n = 69$ ). On average, practitioners identify four risk factors, at the first phase of the assessment process; however, this average decreases at the risk management plan stage, with practitioners on average highlighting only two risks. The results differ significantly between these two means as demonstrated by our *t*-test results. Our first hypothesis considered that all risks identified in the first part of OASys would be referenced, detailed and addressed in the subsequent risk management plan. Our hypothesis was not supported. We found that practitioners identified a greater number of risk factors in the first part of the OASys assessment ( $m = 3.60$ ,  $s = 1.75$ ) compared to the number of risk factors featured in the risk management plan ( $m = 1.52$ ,  $s = 1.42$ ), ( $t = 18.76$ ,  $df = 215$ ,  $p \leq 0.05$ ).

#### Risk management plans

*RM2000 and SARN.* We expected, all risk management plans to contain a reference to clients RM2000 classification along with some meaningful interpretation of this assessment. When coding the risk management plans, we gave a score of 0 where there was no mention of RM2000; a score of 1 where a RM2000 categorisation was mentioned, and a score of 2 where there was some sense of interpretation. Our analysis found that 92 per cent ( $n = 199$ ) of plans did not feature any detail of clients RM2000 classification. There was only one case where the RM2000 classification provided some interpretation, the remaining 7 per cent ( $n = 16$ ) only listed the tool. Our hypothesis was therefore, unsupported.

**Table III** Total number of risk factors identified in the first part of OASys compared to subsequent risk management plan

Total number of risk factors	Frequency of total number of risk factors in the first part of OASys (n = 216)		Frequency of total number of risk factors in risk management plan (n = 216)	
		%		%
0	5	2.3	69	31.9
1	27	12.5	46	21.3
2	25	11.6	52	24.1
3	47	21.8	27	12.5
4	46	21.3	14	6.5
5	32	14.8	7	3.2
6	25	11.6	1	0.5
7	7	3.2	–	–
8	2	0.9	–	–

Although we did not hypothesise whether any risk management plans would include detail or make comment regarding clients with a completed SARN assessment, we did include this in our exploration of the plans. A SARN assessment is a dynamic risk assessment tool used in conjunction with the RM2000 for those convicted of sexual offending. It tends to be used in England and Wales as a tool to support practitioners working on sexual offending accredited offender behaviour programmes. As such it provides practitioners a framework in which structured professional judgement is used to determine the potential risks or treatment needs of their client, prior to, during and after completion of treatment (Tully *et al.*, 2015). We found no plan to contain any reference to current or previous SARN assessments. This is perhaps unsurprising given that we analysed initial assessments only. It is unlikely that in addition to the completion of a full OASys assessment that a SARN would also be completed at this early stage. Likewise, only cases mandated to a sexual offending treatment programme, requires the completion of a SARN assessment (Ministry of Justice, National Offender Management Service, 2010). That said it would not be unreasonable to expect those clients with a requirement to complete an accredited offending behaviour programme, for the assessor to at least note in the plan that a SARN assessment would be completed.

### *Sexual risk factors*

The third hypothesis, expected practitioners to identify, detail and address sexual risk factors in risk management plans. We gave a value of 0 where no sexual risk factors were identified, a score of 1 where sexual factors were identified and a score of 2 where specific sexual risk factors were identified and detailed strategies were provided. Marginally, the majority of cases listed at least one sexual risk factor in the plan 49 per cent ( $n = 106$ ), however, 48 per cent ( $n = 104$ ) failed to list any sexual risk factors at all. Only 3 per cent ( $n = 6$ ) of plans provided some detail and strategy linked to managing specific sexual risk factors. Our hypothesis was therefore, unsupported.

### *Support networks*

Our final hypothesis examined if risk management plans included positive support and strength based strategies along with control strategies, to manage those convicted of sexual offences. To understand this, we first looked to see if support featured in the risk management plans, or if control mechanisms were used more frequently. In 27 per cent ( $n = 58$ ) of risk management plans, control measures were the only measure used to manage identified risk. However, the majority of plans 73 per cent ( $n = 158$ ) incorporated both support and control as a strategy to manage risk. We further analysed this data by categorising who practitioners identified as providing support. Where support was only provided by criminal justice statutory agencies (such as the police, probation and prison service) we scored this with a 1, where a range of non-criminal justice agencies were engaged in providing support (such as educational institutions, health authorities) we scored a 2. A large percentage of plans, 70 per cent ( $n = 152$ ), used only criminal justice statutory agencies to assist their clients' rehabilitation. Only 3 per cent ( $n = 6$ ) used a diverse range of agencies to provide support.

We also considered if practitioners included support from non-criminal justice agencies, groups or individuals. We found 60 per cent ( $n = 129$ ) of the plans did list some support from a non-statutory source, in the main this was from family and friends. A further 2 per cent ( $n = 5$ ) provided good detail of how that support would manifest during the clients' rehabilitation. Only one plan referenced support from a faith community. In total, 38 per cent ( $n = 82$ ) of plans, failed to provide any support to the client from family, friends, community or faith groups. Our hypothesis is therefore, unsupported.

### *High risk of reconviction*

In light of these findings, we wanted to consider the nature of risk management plans for those clients assessed as high risk of reconviction. In one study, after a five year period, 26 per cent of those with a high risk classification were reconvicted along with 50 per cent of those in the very high risk category (Thornton, 2007). The risk management of this group is therefore, likely to need far greater focus and require a significant allocation of resources, compared to those of a lower

risk classification (Bonta and Andrews, 2007). We therefore, analysed the higher risk group to determine if the items listed in our coding framework, featured in these particular risk management plans.

Our findings show inconsistencies in the way assessors record and document strategies to manage those in this high and very high risk subgroup. Findings are outlined in Table IV. In 83 per cent ( $n = 30$ ) of the high and very high sub-category, a RM2000 categorisation was not listed. In the 17 per cent ( $n = 6$ ) which did list a RM2000 category, there was no interpretation of what the risk level meant for the management or rehabilitation of the client.

In terms of identifying sexual risk factors for this subgroup, 55 per cent ( $n = 20$ ) did list a sexual risk factor. However, no detail of these factors was provided nor any clarity of how the sexual risk would be managed. Of particular concern, in 44 per cent ( $n = 16$ ) of the risk management plans no sexual risk factor was identified at all.

When considering the item of "support" the majority of cases, 58 per cent ( $n = 21$ ), recorded some form of support in their plan. However, very few provided detail of that support. In 36 per cent ( $n = 13$ ) of plans only control tactics were listed as a strategy to manage the client. The final item worth noting was the lack of non-statutory support for this subgroup. In total, 44 per cent ( $n = 16$ ) failed to list any non-statutory support, although, this was more notably void with the very high risk individuals.

## Discussion

This study explored the risk management planning process for those convicted of sexual offending. We analysed 216 risk management plans, taken from a case load of one probation trust within England and Wales. No other study has examined OASys risk management plans in this way. Analysis found practitioners consistently underrepresented the risks they had identified in the early stage of their assessment, by failing to document and address each risk, in subsequent risk management plans. In addition, and counter to expectations sexual risk factors were poorly addressed. Practitioners did not record in risk management plans the utilisation of specialist sexual offender risk of reconviction tools. We did find assessors list some support mechanisms for their clients, however, the use of control mechanisms dominated plans. Where support was mentioned in plans, very little detail of how the support would be used was found. Finally, OASys guidance advises practitioners, where appropriate, to include communities such as faith groups as a mechanism of support. Given that 68 per cent of the UK's prison population identify with a religious denomination (Baverman and Dar, 2013), we were surprised to find the use of a faith community group as a protective factor in only one case.

Ministry of Justice and NOMS policy and practice guidance, clearly stipulate that practitioners, managers and agencies involved in the assessment and management of those convicted of

**Table IV** Analysis of high and very high risk cases

<i>Risk management plan items</i>	<i>High RM2000 (n = 30)</i>		<i>Very high RM2000 (n = 6)</i>	
	<i>Frequency</i>	<i>%</i>	<i>Frequency</i>	<i>%</i>
No RM2000 category listed	25	83.3	5	83.3
RM2000 category listed	5	16.7	1	16.7
RM2000 category interpreted	–	–	–	–
No sexual risk factors listed	12	40	4	66.7
Sexual risk factors listed	18	60	2	33.3
Sexual risk factors detailed	–	–	–	–
No support measures listed only control strategies	12	40	1	16.7
Support measure listed	16	53.3	5	83.3
Range of support measures and detail provided	2	6.7	–	–
No non-statutory support measure listed	11	36.7	5	83.3
Non-statutory support measures listed	18	60.0	1	16.7
Non-statutory support measure detailed	1	3.3	–	–

sexual offending, should ensure risk management plans are robust, detailed and based on evidence. To find such an inconsistent follow through from the identification of risk and need is concerning. However, these findings are consistent with other international studies such as: Bonta and Wormith (2007), Bosker *et al.* (2013), Harris *et al.* (2004) and Bonta *et al.* (2004). We are presently unable to draw general conclusions from these findings, as further exploration of the perspectives from practitioners and managers is of course required. However, we are able to consider some potential explanations to our findings here.

Where the reporting of results from actuarial risk assessment tools is required, practitioners may at times lack confidence or might even be inadequately trained for such tasks. As a result practitioners can misinterpret, misuse or omit results completely. This is problematic as the exclusion or misinterpretation of findings from a risk assessment regarding the likelihood of further sexual offending, can result in an over estimation of risk or indeed an underestimation; ultimately placing others at risk of harm (Craig and Beech, 2010). In their guide to best practice, Craig and Beech, provide advice as to how practitioners might present the findings of risk assessments in reports or during court hearings. They advise that practitioners when reporting on actuarial risk estimates should set findings out in statements such as this: "actuarial risk assessment of Mr. X using Risk Matrix 2000/Sexual indicates that his score falls within the 'medium' risk category with scores associated with between 13, 16, and 19 per cent likelihood for being reconvicted within five, ten and 15 years follow-up period (for known and conviction sexual offenders)" (p. 290). They go on to advise that practitioners should avoid the use of the term prediction and instead refer to the idea of likelihood, meaning that statements such as this could also be used: "Mr. X shares a great many risk characteristics in sexual offenders, 50 per cent of whom were reconvicted for committing further sexual offenses" (p. 290). This advice although given in the context of professionals presenting evidence in court, could be easily transferred to those correctional contexts of developing a risk management plan. As such, this might go some way to ensure that practitioners who are uncertain about how to report actuarial risk estimates do so appropriately and in turn, assist practitioners to develop risk management plans that are in response to risk assessed. Of course, further understanding of practitioners experience is needed to fully understand if this is a factor in practice or not.

Assessor bias is also a particular issue with the risk assessment of clients convicted of sexual offending. Insufficient awareness of sexual risk factors, poor or lack of training, inadequate supervision, or poor policy and guidance, might offer some explanation for both the overestimations of risk and the inconsistent application of strategies to manage all known risk factors (Bonta and Wormith, 2007). Indeed, a number of previous studies, show practitioners failing to use evidence-based knowledge when developing intervention plans (Bosker *et al.*, 2013); support sex offender policy without scientific justification (Levenson *et al.*, 2010); demonstrate harsh and negative views of those convicted of sexual offences (Higgins and Ireland, 2009); and influence the outcome of parole eligibility depending on the personal views of the assessor (Freeman *et al.*, 2010). These studies help show that where the personal views of practitioners and assessors are negative towards those convicted of sexual offending; outcomes tend to be adverse for the client. Although professional judgment enables the consideration of individual characteristics and the subtle nuances of a case; where decisions are made with bias and prejudice, as opposed to being based on evidence, they are likely to be inaccurate (Beech *et al.*, 2009).

Clinical override, involves practitioners overruling the results of static risk assessment tools based on their professional judgment, by either inflating or deflating the static risk prediction. A number of studies demonstrate practitioners tend to overwhelmingly escalate the prediction of risk for those convicted of sexual offences, to excessive levels (Ansbro, 2010; Wormith *et al.*, 2012). The RM2000 classifications for this present study do not appear to have been included in the decision making of the risk management strategies developed as part of the clients risk management planning, or were at least not recorded as such. In this instance therefore, we cannot claim that practitioners have overridden the results of static risk assessment tools, because we are not clear if a RM2000 assessment has taken place. However, what is evident is that practitioners did not routinely address identified risks from the first section of OASys, but instead appear to have relied solely on unstructured professional judgment; which has been found to be a substandard practice (Craig and Beech, 2010). To fully understand what has happened with these risk

management plans a greater examination of the process in which practitioners completed their risk management plans, and their rationale for adopting more control mechanisms than support strategies is needed, because overestimations in risk can lead to the adoption of overbearing and onerous management strategies, as well as inappropriately targeted treatment interventions (Smid *et al.*, 2013). This practice is detrimental to both the client and criminal justice agencies, as costly resources are deployed (Bonta, 2007). It is therefore in the interests of all parties that robust risk management processes use both specialist actuarial tools and structured professional judgment to provide comprehensive risk management plans (Craig *et al.*, 2008).

Many assessors in our sample provided limited detail in their plans of how they aimed to help develop or utilise clients' support network(s). Indeed, beyond the use of criminal justice professionals, such as the offender supervisor or programme facilitator, support was limited. This was notable in the higher risk subgroup. This is surprising given that prison and probation practice and policy advises practitioners to promote the development of pro-social networks through meaningful community integration as specified by the Good Lives Model (Ward and Stewart, 2003), desistance theories (Laws and Ward, 2011; Maruna, 2001) and risk need and responsivity principles (Andrews *et al.*, 2011). One explanation to these findings might be due to the values practitioners place on the risk management planning process itself (Day and Ward, 2010).

The approach of criminal justice providers in England and Wales, over recent years, has moved towards a public protection model. Such a model tends to adopt punitive and controlling strategies to the sentencing and management of clients. This approach sees public protection as its highest priority and the treatment of clients as its lowest (Connelly and Williamson, 2000). Research highlights the difficulties experienced by professionals working in such a context; requires them to balance professional responsibility with their client and the public, along with their own personal values and beliefs about what is right and just (Day and Casey, 2009). Where criminal justice practitioners hold values, which centre on helping and assisting client change, ethical tensions are experienced. This is potentially due to the opposing punishment context of the criminal justice system in which they operate. Whereas those who share a public protection value base, might experience difficulties when required to carry out tasks such as, developing rehabilitation plans based on supportive community strategies. It is possible that practitioners in our sample held public protection values or those that are unsupportive of strengths based rehabilitation strategies. Sharing a public protection value base might also explain the limited use of non-statutory community and faith groups as a support mechanism. Strengths based strategies in part focus on developing individuals' sense of agency and integration within the community. Indeed, engagement with faith and community groups, serves wider goals by providing alternative pro-social networks otherwise absent from offenders' lives (Giordano *et al.*, 2008).

Poor quality risk management planning serves to increase the risk of those convicted of sexual offending when helping them reintegrate back into their community (Willis and Johnston, 2012). Risk management plans, are an essential tool in the assessment and management process and should be first, based on a combination of evidence gathered through the use of specialist actuarial risk assessment tools and structured professional judgment and second, be used to inform the client, case manager and multi-agency partners involved, of the strategies developed to manage risk and develop strengths. We speculated that given the high level of scrutiny in which clients convicted of sexual offending face, the relevance, reliability and accuracy of their risk management plans would be to a high standard. Our findings did not demonstrate this. Instead we found: an inconsistent approach to the identification of sexual risk factors and strategies designed to tackle them; a limited use of specialist risk assessment tools; and a lack of diversity in the use of support networks, to help clients fully reintegrate back into their communities.

### ***Strengths, limitations and suggestions for further research***

There are of course a number of limitations to our study. First, the sample used was taken from only one probation trust in England and Wales. The findings might therefore be unique to this trust. However, findings from other studies, outside of England and Wales (Bonta and Wormith, 2007; Bosker *et al.*, 2013; Harris *et al.*, 2004), suggest these may not be so unique. Without examination

and duplication of this study from a number of additional trusts across England and Wales we cannot rule out the potential that the findings are exclusive to this one trust. Second, we examined only one subgroup from a whole population. Although, we argued that this subgroup should have the most superior risk management plans, as they have the greatest level of scrutiny and resource deployment, we cannot say that our findings are replicated across the whole offender population. Further examination of the risk management plans of all offender populations is needed to confirm or refute our findings. Finally, we were unable to secure a second rater to retrospectively score each case using the RM2000 tool. Although the first author was fully trained and experienced in using the RM2000 tool an inter-rater would have given further rigour to this element of the study.

Our study was explorative in nature; the aim was to examine the risk management plans within OASys. Because of the exploratory approach of this study, we could not explore why RM2000 tools were not being used in risk management plans, or why we observed inconsistencies with identified risks and subsequent plans. These questions are important and should be addressed next. Further qualitative research is needed to understand the experiences, values and perhaps differences experienced by assessors. Examination of assessor age, gender, time in service, experience of working with clients convicted of sexual offending and training and support received when assessing and managing clients is needed. Practitioners are in an excellent position to assist our understanding of the process of risk management planning. Likewise the experiences of clients would be a valuable source of information too. Particularly as the risk management planning process should be a transparent and two way process. Understanding the meaning and value this process has on their personal rehabilitation journey would be of great value.

To our knowledge, this is the first study of its kind which examines risk management planning of those convicted of sexual offending. It therefore, brings new knowledge to the field of risk management. We would recommend that practitioners receive ongoing training and or greater supervision in relation to how they should interpret and apply RM2000 classifications and OASys assessments, into their risk management plans. Periodic internal audit might assist in this area. Our coding framework could be developed further and used as an internal quality audit tool, training aid, or prompt for managers or practitioners of clients with sexual convictions. Likewise we would encourage initiatives which develop practitioners' awareness and application of strengths based approaches such as the Good Lives Model. One final, but important comment regarding the risk management planning process is that assessors must begin to recognise the importance of, and therefore include into this process, non-criminal justice agencies as a provision of social capital and a mechanism to support reintegration. To help clients seek, engage, form new bonds, develop and repair pro-social relationships, people from local communities must be included. As already stipulated in NOMS policy, groups from the third sector and faith communities are an excellent resource. Indeed, by including support from people and community groups outside of the criminal justice system and into clients risk management plans, effective desistance and reintegration might be facilitated.

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## Appendix 1

Table A1 Sample demographics		
Variable	n	Whole sample
		%
<i>Age</i>		
20-24 years	24	11.11
25-34 years	47	21.76
35-44 years	37	17.13
45-54 years	48	22.22
55-64 years	39	18.06
65 years+	21	9.72
<i>Ethnicity</i>		
White	155	71.76
Asian of Asia British – Indian	1	0.46
Mixed – White and Asian	3	1.39
Black or Black British	2	0.93
Not recorded	48	22.22
White – any other White background	6	2.78
Asian or Asian British – any other Asian background	1	0.46
<i>Index offence</i>		
Unrecorded	6	2.8
Contact offence	104	48.1
Non-contact offence	90	41.7
Breach of SOPO/Non-molestation order/Misc sexual offences	16	7.4
<b>Note:</b> n = 216		

**Table All** Victim demographics

Variable	n	Whole sample	
			%
<i>Gender</i>			
Male	23		10.65
Female	115		53.24
Not recorded	78		36.11
<i>Age category</i>			
Not recorded	76		35.19
< 5 years	8		3.70
5-11 years	37		17.13
12-15 years	51		23.61
16-64 years	42		19.44
65+ years	2		0.93
<i>Victim relationship</i>			
Friend	6		2.78
Other acquaintance	21		9.72
Other family member	27		12.50
Sibling	2		0.93
Son/Daughter adult	1		0.46
Son/Daughter child	17		7.87
Spouse/Partner live in	4		1.85
Spouse/Partner live out	7		3.24
Stranger	54		25.00
Not recorded	77		35.65
<b>Note:</b> n = 216			

**Table All** Frequency of scores

Score	Frequency	%	Cumulative(%)
0	9	4.2	4.2
1	15	6.9	11.1
2	29	13.4	24.5
3	31	14.4	38.9
4	38	17.6	56.5
5	39	18.1	74.6
6	29	13.4	88.0
7	19	8.8	96.8
8	4	1.9	98.7
9	3	1.4	100.1
10	0	0	
11	0	0	
12	0	0	
13	0	0	
Total	216	100.0	

## Appendix 2

### Coding Framework

#### Risk Management Plan Coding Framework

##### 1. Does the RM2000 Category feature in the Risk Management Plan?

**Score 0** if the RM2000 Category is not referenced anywhere in the RM Plan

**Score 1** if the RM2000 Category is referenced e.g.

*Mr X is assessed as low risk on the RM2000*

**Score 2** if the RM2000 Category is referenced and a description in relation to how this score relates to the likelihood of future risk is documented e.g.

*Mr X scored low on the RM2000(C) Mr X shares many risk characteristics of sexual offenders, for whom over a 5 year period 7% were reconvicted for committing further sexual offences.*

##### 2. a) How many Risk of Serious Harm risk factors in section R1.1 does the assessor identify?

Accommodation	<input type="checkbox"/>
ETE	<input type="checkbox"/>
Financial	<input type="checkbox"/>
Relationships	<input type="checkbox"/>
Lifestyle and Associates	<input type="checkbox"/>
Drug Misuse	<input type="checkbox"/>
Alcohol Misuse	<input type="checkbox"/>
Thinking and Behavior	<input type="checkbox"/>
Attitudes	<input type="checkbox"/>
<b>Total</b>	<input type="checkbox"/>

##### b) How many Risk of Serious Harm risk factors from R1.1 are referred to in the Risk Management Plan?

Accommodation	<input type="checkbox"/>
ETE	<input type="checkbox"/>
Financial	<input type="checkbox"/>
Relationships	<input type="checkbox"/>
Lifestyle and Associates	<input type="checkbox"/>
Drug Misuse	<input type="checkbox"/>
Alcohol Misuse	<input type="checkbox"/>
Thinking and Behavior	<input type="checkbox"/>
Attitudes	<input type="checkbox"/>
<b>Total</b>	<input type="checkbox"/>

Calculate (b) as a % of (a) and score as follows:

**0 = 0%**

**1 = 1-50%**

**2 = 51-99%**

**3 = 100%**

**3. Are the Risk of Serious Harm risk factors (listed in 2b) detailed in the Risk Management Plan?**

**Score 0** if none of the risk factors which have been assessed as a cause for concern are listed in the RM Plan

**Score 1** if the practitioner has included some but these are only listed and it is unclear how these will be met e.g.

*Mr X to address his offending behavior*

**Score 2** if of the factors listed (answer 2b) the practitioner has clearly set out how to specifically address these factors

**4. Has the practitioner detailed any specific sexual offending related risk factors, in addition to the generic risks identified in section R1.1?**

**Score 0** if no additional sexual offending related risk factors are noted or if general risk language is used e.g.

*Sexual gratification*

**Score 1** if the practitioner notes additional risk factors however these are only listed with no specific measures to address these or if language is generic and none specific e.g.

*Risk Factor – Sexual preference for Children*

*Triggers to sexual offending*

**Score 2** if the practitioner identifies and details specific sexual offending related risk factors and provides a clear outline of additional measures to address these specific risks e.g.

*Mr X has disclosed a sexual preference for children. An added measure includes Mr X commencing and completing the community sex offender programme; this will provide him the opportunity to develop his understanding of how he can manage/address his sexual preference for children and assist him to develop strategies to cope with this preference. He will be referred to the programme prior to release by his probation officer and commence the programme within x weeks on release from HMP X.*

**5. Has the practitioner included a range of support measures (statutory agency/public services/educational bodies)?**

**Score 0** if the practitioner has not included any support measures, the RM Plan features only control measures e.g.

*Curfew, restrictions on movements, restrictions on residence, reporting requirements etc*

**Score 1** if the practitioner has included support measures however these only include measures to be delivered by criminal justice statutory agencies e.g.

*Mr X will work with accredited programme staff to assist him to develop relapse prevention strategies or Mr X will meet with his probation officer who will support him to address his unemployment need*

**Score 2** if the practitioner includes a range of support measures that are in addition to criminal justice statutory services interventions and a description of how the will be used is recorded e.g.

*Mr X will attend a local education service open day with the view to register onto a course in order that he might develop skills in X subject. This will assist Mr X in seeking opportunities for future employment along with meeting other adults with shared interests*

**6. Has the practitioner included the use of any non-statutory agencies, groups or networks as a means of support (family, faith, community groups, local interest groups, voluntary work)?**

**Score 0** if no non-statutory agencies, groups or networks are referenced or if practitioner notes for example that family is supportive but do not know about offences

**Score 1** if the practitioner has included non-statutory agencies, groups or networks as a measure however no detail of how these will be used is provided e.g.

*Mr X continues to attend church*

**Score 2** if the practitioner includes non-statutory agencies, groups or networks as a measure along with a description of how they will be used e.g.

*Mr X will join the local community walking group, this will help improve his physical health along with encouraging Mr X to develop new adult relationships and help him regain his interest in walking*

**7. Are faith or faith communities mentioned anywhere in the RM plan?**

Yes   
No

**8. If Yes to No 7, has the practitioner identified this affiliation as a potential risk or a protective factor?**

Risk   
Protective

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