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Risk Assessment Guidance

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Document History

Document version	Date of Issue	Revision description
1.0	20.11.2017	This guidance was created as part of the Parole Board's project to launch fully revised and updated member guidance.
2.0	26.07.2024	This guidance has been updated to reflect current working practices. New information has been added such as: the structure of a risk assessment, context of risk – environmental influences and treatment inferring factors, current risk assessment tools, terrorism-risk considerations and tools.

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Executive Summary Risk Assessment Guidance

Definition

Risk is the likelihood of an adverse event occurring. In Parole Board decision making, it is the risk of serious harm to the public that is being assessed.

Risk assessment is a process through which an understanding or formulation of risk is reached. It is central to the work of the Parole Board.

The goal of risk assessment is to minimise the occurrence and impact of further offending. Risk assessment is a complex and imprecise science. In any field, it is difficult to predict events that have not yet happened. This is particularly difficult when dealing with rare and multi-faceted events such as offences causing serious harm.

There are different methods of risk assessment. The most widely used and evidence-based approach among psychologists is *Structured Professional Judgement* (SPJ), which is based on research and aims to combine the best aspects of the different methods.

The Courts have determined that the statutory test for release <u>has no temporal element</u>…

The test is whether release would ***cause*** a more than minimal risk of serious harm to the public, regardless of when this might happen. Therefore, consideration of risk goes beyond conditional release dates (CRD) and sentence expiry dates (SED).

Definition of Serious Harm (3.1 – 3.6)

- The assessment of "serious harm" is a professional judgement deriving from the interrogation of the "criminogenic" (related to crime) or "risk" factors (circumstances or situations that increase the likelihood of offending) and the analysis of the index offence and previous offending.
- It concludes with an assessment of whether the prisoner presents a risk of further behaviour which will, or is likely to, cause serious harm (physical and/or psychological) and at what level.
- The Offender Assessment System (OASys) definition of serious harm is:

> *"an event which is life threatening and/or traumatic and from which recovery, whether physical or psychological, can be expected to be difficult or impossible"*

- The definition of serious harm differs depending on the process within which it is being applied. Each SPJ tool has its own definition of the specific harm it is evaluating, and specialist reports should include an introduction and explanation of this.
- The primary difference between levels of risk of serious harm (**low** to **very high**) is imminence. A very high risk of serious harm means that the risk is imminent; whereas if the risk is high, it could occur at any time, and is less imminent.

A Risk Assessment Must Consider (3.2-3.3):

- How likely something is to occur and in what circumstances.
- The potential impact and how that impact will be influenced by particular circumstances (the "risk scenario")
- The imminence of harm.

Risk assessments combine these three considerations together to determine the level of risk – **low**, **medium**, **high**, **very-high**.

Risk Factors (4.1 – 4.6)

- **Static risk factors** are aspects that are not going to change – such as the number of previous convictions, age at first conviction, or past events.

Dynamic risk factors are amenable to change through processes such as

- treatment, education, maturation. Includes attitudes, substance misuse, poor problem-solving skills etc.
- **Stable risk factors** change slowly over time – such as core beliefs and aspects of personality.
- **Acute risk factors** can change quickly – such as being drunk or feeling angry.

Types of Risk Assessment (6.1 – 6.9)

- **Discretionary** risk assessment (also known as clinical judgement) is based on the judgement of an experienced professional.
- There are different levels of discretionary risk assessment, with SPJ being best practice. Whenever panels are making decisions about a prisoner, they are, in effect, conducting discretionary risk assessments.
- **Most reports from professionals contain some element of discretionary risk assessment.**
- **Non-discretionary** or **actuarial** risk assessment is based on the statistical combination of measurable factors. These predictive factors are then combined into a formula or "actuarial tool" which can be used to estimate the likelihood of reoffending when considering prisoners with similar characteristics in similar situations.
- Panels will come across both types of risk assessment.

Risk Management Plans (RMPs) (16.1 – 16.4)

- An RMP is a mandatory document which must be included in dossiers at the point of referral to the Board.
- The primary aim of the RMP is reduce risk. It should consider all risk factors and identify means to intervene and mitigate risk factors.
- Some prisoners are not able to manage their own risks for a number of reasons. This does not mean that they cannot ever be released. If risk factors cannot be reduced, it may be possible to manage them through external controls.
- All professionals providing a risk assessment to the panel should provide a proposed plan on how this can best be managed.

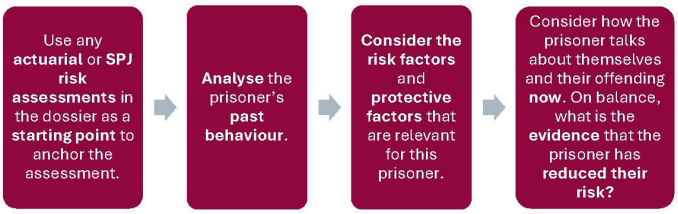
Formulation (7.1 – 7.6)

- Most psychological risk assessment reports will include a formulation which is the preparation of an evidence-based explanation of a person's involvement in a specified harmful behaviour.
- **Formulations are holistic, considering the past, present and future.**

Approaching Risk Assessment (8.1 – 8.4)

- Panels should approach their discretionary risk assessment of the prisoner systemically and conscientiously, in line with Parole Board and other professional guidance, using a number of sources and evidence as the basis for the assessment.

Risk and Responsivity (31.1 – 31.2)



- Some assessments do not measure risk directly, but they inform the understanding of a prisoner's risk factors and how these may be addressed or managed.
- These assessments typically provide information about a prisoner's **"responsivity needs"**, i.e., how the prisoner's characteristics make it more or less difficult for them to respond to treatment and risk management.
- In particular, the prisoner's personality characteristics, level and style of cognitive functioning, and style of responding to assessments.

Directions (22.1 – 22.3)

- There are many different risk assessment tools used for different types of offending.
- **When directing reports, panels should avoid specifying a particular assessment tool or methodology.**
- The appropriate tool will be determined by the assessor carrying out the assessment.

1. Introduction

1.1 Risk assessment is a process through which an understanding or formulation of risk is reached. The goal of risk assessment is to minimise the occurrence and impact of further offending. It is central to the work of the Parole Board.

1.2 Risk assessment is a complex and imprecise science. In any field, it is difficult to predict events that have not yet happened. This is particularly difficult when dealing with rare and multi-faceted events such as offences causing serious harm.

1.3 There are different methods of risk assessment, which have their own advantages and disadvantages. The most widely used and evidence-based approach among psychologists is **Structured Professional Judgement** (SPJ), which is based on research and aims to combine the best aspects of the different methods. SPJ requires the assessor to use structured tools, as well as clinical judgement and formulation. This guidance outlines several of the commonly used risk and diagnostic assessment tools.

1.4 This guidance provides advice on how to deal with unusual situations, along with suggestions for further reading. See "Risk assessment is difficult" and "Where can I find additional advice".

1.5 The purpose of this guidance is to provide an understanding of the principles and terminology involved in risk assessment. It should help panels understand and evaluate the professional risk assessments they are presented with, and balance different factors in order to make an assessment of risk to help determine whether or not the test for release has been met.

2. What is risk?

2.1 Risk is the likelihood of an adverse event occurring. It is identified and assessed in many spheres of life, for example, insurance, weather forecasting, and health and safety.

2.2 "Risk" in itself is a general term. It is important to be specific about the type of risk being considered and the timescale over which it is being considered. In Parole Board decision making, it is the **risk of serious harm to the public** that is being assessed (see section 3).

2.3 The Courts have determined that the statutory test for release has no temporal element[1]. The test is whether release would *cause* a more than minimal risk of serious harm to the public, regardless of when this might happen. If the release will cause an increased risk of serious harm, it does not matter what point in time the resulting increased risk of serious harm

[1] *Johnson [2022] EWHC 1282 (Admin) and Dich and Murphy [2023] EWHC 945 (Admin),*

might manifest itself. The Parole Board Types of Cases Guidance contains more information about the test for the release.

2.4 **Risk of serious harm is distinct from risk of reoffending.** Risk of reoffending is the likelihood that an individual will commit another offence. Risk of serious harm is the severity of potential harm caused by a future offence. Panels are primarily interested in the risk of reoffending which may cause serious harm. This requires an identification of the relevant factors which may lead to serious harm.

2.5 The type of offending is likely to be relevant to whether risk will manifest in serious harm. For example, an individual may be highly likely to start shoplifting but, if they did, the harm caused would be likely to be relatively minor. In contrast, an individual may be very unlikely to commit a violent act against another but, if they did, the harm caused could be very serious.

Open conditions and risk of absconding

2.6 In addition to risk of serious harm and reoffending, risk of absconding also needs to be considered when determining if transfer to open conditions should be recommended.

2.7 In making such a recommendation, the Board must consider the criteria set out in the Secretary of State's Directions of 1st August 2023 which are:

i. a panel must consider all information before it, including any written or oral evidence obtained by the Board; and
ii. whether the following criteria are met:

- the prisoner has made sufficient progress during the sentence in addressing and reducing risk to a level consistent with protecting the public from harm (in circumstances where the prisoner in open conditions may be in the community, unsupervised under licensed temporary release); and
- the prisoner is assessed as presenting a low risk of abscond.

The Parole Board must recommend a move to open conditions only where it is satisfied that the two criteria (as described at (ii)) are met.

2.8 The Directions are silent on what a panel should take into account when considering whether the prisoner meets the criteria of a low risk of abscond; however, panels may wish to consider the following:

• The risk that the prisoner will use the low security of the open estate or temporary release to evade custody

• Previous failures by the prisoner within prison. Not only in terms of failures to return from previous ROTL, but also late returns and other failures to comply with prison rules and regulations that may indicate an inclination to abuse the privilege afforded by open conditions or ROTL.

2.9 Prior to directing open conditions for Foreign National Prisoners, the Indeterminate Sentence Prisoner (ISP) must be **very low risk of absconding.**

Panels may wish to consider the following (this list is not exhaustive):

- Risk may be lessened where the prisoner is known to be cooperative and is seeking to return to their home country, as will other factors such as strong family ties in this country or that the prisoner does not wish to jeopardise their chances of successfully appealing and remaining in this country.

- The risk that the prisoner will use the low security of the open estate or temporary release to evade possible removal/deportation action. This risk may be heightened in circumstances where it is known the prisoner is unwilling to be removed/deported from the UK and has previously sought to frustrate or evade the immigration process, for example - through their previous failure to comply with immigration restrictions, immigration bail or via the terms of leave in the UK, or because they have previously absconded from an Immigration Removal Centre.

2.10 More information on the factors that panels may wish to take into account can be found in the Foreign National Prisoners Guidance.

2.11 Please see the Types of Cases guidance for more information on the criteria for open conditions.

3. Definition of Serious Harm

3.1 The assessment of "serious harm" is a professional judgement deriving from the interrogation of the "criminogenic" (related to crime) or "risk" factors (circumstances or situations that increase the likelihood of offending) and the analysis of the index offence and previous offending. **It concludes with an assessment of whether the prisoner presents a risk of further behaviour which will, or is likely to, cause serious harm (physical and/or psychological) and at what level**. The definition of Risk of Serious Harm, as included in the Offender Assessment System (OASys), is:

> *"an event which is life threatening and/or traumatic and from which recovery, whether physical or psychological, can be expected to be difficult or impossible"*

3.2 *A risk assessment must consider:*

- How likely something is to occur and in what circumstances.
- The potential impact and how that impact will be influenced by particular circumstances (the "risk scenario").
- How imminently the harm is likely to occur.

Risk assessments combine these three considerations together to determine the level of risk, as detailed below.

3.3 The HMPPS Risk of Serious Harm Guidance 2023 includes the following guides for the four levels of risk of serious harm (physical and/or psychological):

- ***Low risk of Serious Harm***
  There's no current evidence of behaviours related to serious harm. Any serious harm-related thinking is under stable control supported by protective factors in their lives.
  Access to potential victims is extremely limited, restricting any ability to commit acts of serious harm, despite patterns of thinking or behaviour that would support this.

- ***Medium Risk of Serious Harm***
  Has underpinning needs related to serious harm but is not seeking opportunities to cause serious harm or involving themselves in situations, or events, likely to result in serious harm.
  Likely to be complying with controls that limit victim access and engaging in interventions that address underpinning needs.

- ***High Risk of Serious Harm***
  The person is likely to appear on the lookout for opportunities to offend or engage in regular behaviour that places them at significant risk of causing serious harm.
  The harm is not imminent as they may lack a specific target or circumstances are missing that would cause offending, but this could change at any time.

- ***Very High Risk of Serious Harm***
  The person is hugely invested in behaviours related to serious harm and seeks to create opportunities to engage in those behaviours.
  There is/are likely to be an identified future victim(s) and offence related circumstances will be repeating themselves, providing a sense of imminence to seriously harmful offending.

3.4 The definition of serious harm differs depending on the process within which it is being applied. For example, the SPJ tools used by psychologists have a slightly different definition than that given above. Each SPJ tool has its own definition of the specific harm it is evaluating, and reports should include an introduction and explanation of this.

3.5 The HMPPS Risk of Serious Harm Guidance states that the primary difference between the levels of risk of serious harm is one of imminence. Imminence means that risk that is immediate and likely based on the circumstances and context of that risk. For example: how active is the risk now? How exposed are potential victims to that risk? A very high risk of serious harm means that the risk is imminent; to say risk is high means it could occur at any time and is therefore not quite imminent.

3.6 For further information on imminence, please refer to the HMPPS Risk of Serious Harm Guidance 2023.

Considering 'minimal risk'

3.7 When considering whether the test for release has been met, panels must consider whether release would cause a more than minimal risk of serious harm to the public, regardless of when this might happen. If the release will cause an increased risk of serious harm, it does not matter what point in time the resulting increased risk of serious harm might manifest itself [2]. Therefore, consideration of risk goes beyond conditional release dates (CRD) and sentence expiry dates (SED).

3.8 When determining what constitutes '*minimal risk',* panels should assess whether there is **any** minor risk. If there is, this would constitute minimal risk. Minimal risk will cover risk which is very remote (or far away in time), and a risk that is unlikely to happen. If the Panel's assessment of the prisoner's risk of serious harm is low and is likely to remain low now and after SED, the prisoner will meet the test for release.

3.9 For more information on the judgments in *Johnson* and *Dich and Murphy* please refer to the Types of Cases guidance.

4. Risk Factors

4.1 Risk factors are any aspects of an individual's characteristics, lifestyle or environment that make it more likely that they will offend.

Static and Dynamic Risk Factors

4.2 *Static* risk factors are aspects of a prisoner that are not going to change. They are usually historical. They include factors such as the number of previous convictions a prisoner has and the age at which they were first convicted.

4.3 *Dynamic* risk factors are amenable to change through processes such as treatment, education, or maturation. They include things such as attitudes, poor problem-solving skills, substance misuse and poor employability.

Stable (or chronic) and Acute Risk Factors

4.4 These risk factors can be impacted upon by context and thus can present or change depending upon the circumstances.

4.5 *Stable* risk factors change slowly over time. They include things like core beliefs and aspects of personality (which may be referred to as *traits).*

4.6 *Acute* risk factors can change quickly. They include things like being drunk or feeling angry. They may be referred to as *states*. The prisoner may experience these states often or only occasionally.

[2] *Johnson [2022] EWHC 1282 (Admin) and Dich and Murphy [2023] EWHC 945 (Admin),*

5. Protective Factors

5.1 In contrast to risk factors, protective factors (sometimes referred to as risk-mitigating factors) are those aspects of a prisoner's personality, lifestyle or environment that make it *less* likely that they will reoffend. They can be dynamic and include things like having a job or a positive relationship as well as be static, such as individual characteristics like self-regulation. It is important to think about how factors that appear protective function for individual prisoners. While factors such as employment or being in a relationship are usually positive, they may not be "protective" if they do not reduce the risk of offending. For example, they may increase opportunities for offending or access to victims. Support from family members is usually positive but it may not be protective if the family is heavily involved in crime or have a harmful impact on the prisoner.

5.2 There is an increasing awareness that a heavy focus on risk can be demotivating for prisoners. Focussing on the negative aspects of someone's past life and the things that they must avoid in future can lead to shame and hopelessness. As well as considering risk factors, it is important to consider protective factors that focus on building up and promoting strengths.

5.3 HMPPS[3] has taken a strengths-based approach to working with prisoners. The strengths-based approach looks to promote and empower a range of internal and external protective factors and strengthen a prisoner's motivation to live an offence free life.

5.4 Research on protective factors is less established than research on risk factors. However, best practice encourages the consideration of protective factors (in line with the evidence base) to guide professionals in their risk assessment and formulation. Panels should, therefore, expect to come across assessments using protective factors either within existing SPJ frameworks (e.g., Extremism Risk Guidance 22+ (ERG22+) or as a separate assessment e.g., Structured Assessment of Protective Factors (SAPROF)), which is a well-validated structured professional judgement framework applied to those with a history of violence, including sexual violence (see section 26). In order to come to a balanced decision or risk evaluation, risk assessment frameworks such as the HCR-20 and RSVP can be used in combination. However, this approach can come with limitations when applied to diverse groups.

[3] *HMPPS Approach to the Management and Rehabilitation of People Convicted of Sexual Offences (April 2024)*

6. Types of Risk Assessment

6.1 Historically, there have been two types of risk assessment used by professionals: discretionary (*clinical*) risk assessment and non-discretionary (*actuarial*) risk assessment.

6.2 Discretionary risk assessment (also known as clinical judgement) is based on the judgement of an experienced professional. There are different levels of discretionary risk assessment[4], with structured professional judgement (SPJ) being best practice. In the case of SPJ, the assessor will conduct a detailed analysis of the case and, based on guidelines informed, directed, and structured by the scientific and professional literature[5], use their theoretical knowledge and specialised experience to make a judgement about the level of risk the prisoner poses.

6.3 Non-discretionary or actuarial risk assessment is based on the statistical combination of measurable factors. Researchers will select a large number of convicted offenders (a "population") and will collect data from them relating to potential risk factors. They will then follow up with the same individuals sometime later to see which of them have re-offended. They will use statistical techniques to establish which of the factors that they measured predicted reoffending. These predictive factors are then combined into a formula or "actuarial tool" which can be used to estimate the likelihood of reoffending when considering individuals with similar characteristics and in similar situations.

6.4 Both methods, if used alone, have significant drawbacks. Discretionary risk assessment relies (more in the case of clinical judgment, and less in the case of SPJ's) on human decision-making. Humans consistently employ cognitive biases, heuristics and shortcuts which may lead to errors in judgement. Whilst making such decisions about risk, the quality of information can highly impact the outcome. Please refer to paragraph 9.6 for more information.

6.5 Experienced professionals are not immune to this. Research[6] consistently finds that actuarial risk assessment is more "accurate" than discretionary risk assessment (i.e., where prisoners are assessed using both methods, the actuarial assessments are better at predicting who will or will not reoffend). In discretionary approaches, clinicians tend to over-estimate risk. This is partly a statistical inevitability when trying to predict rare events, and partly a tendency to err on the side of caution when assessing the likelihood of events with devastating consequences.

6.6 Actuarial risk assessments have drawbacks too. As a result of the way in which actuarial tools are constructed, they only have value when applied

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[4] Discretionary approaches comprise three procedures; clinical judgment; anamnestic risk assessment, and structured professional judgment.

[5] Hart, S., & Logan, C. (2011). Formulation of violence risk using evidence-based assessments: the structured professional judgment approach. In P. Sturmey, & M. McMurran (Eds.), Forensic case formulation (pp. 81-106). John Wiley & Sons.

[6] Lehmann, R.J.B., Fernandez, Y., Helmus, L.M. (2016). Treatment of Sex Offenders: Strengths of Actuarial Risk Assessment. New York: Springer. p45-81.

to individuals similar to the population on which those assessments were developed and validated. For example, an assessment which was developed through researching restricted patients in psychiatric hospitals may not be valid when applied to prisoners in the mainstream prisoner population because different risk factors may be relevant for different populations. It is important to remember this when considering prisoners with particular characteristics (see later paragraph 19.3). Actuarial risk assessments are also time specific, so in the OASys for example, they predict proven reoffending at one- and two-year intervals following release. Actuarial risk assessments only apply to individuals where the factors match those used in the calculation of the scores, e.g., Offender Group Reconviction Score (OGRS) predicts proven reoffending at 1 and 2 years, using age at sentence, gender, number of previous convictions, age at first conviction and current offence. They rely on factors which are easy to measure, and they do not allow the assessor to take individual characteristics of a particular offender into consideration. They also tend to be based on historical risk factors, so they do not always allow for change[7].

6.7 Commonly used actuarial risk assessments include Offender Group Reconviction Score 3 (OGRS3) (see paragraph 23.7 for more information) and the Risk of Serious Recidivism (RSR) (see paragraph 23.12 for more information).

6.8 In order to ameliorate some the drawbacks of clinical judgement and actuarial risk assessments, psychologists use the SPJ approach as explained in paragraph 1.3. Although limitations cannot completely be eradicated, this approach bridges the gap between actuarial and clinical judgement risk assessments. SPJ provides an investigative method of assessment where evidence-based guidelines structure a clinical assessment[8]. To do this they use a validated "framework" to help them to evaluate the strength and relevance of various risk factors which have been identified through research to be related to the behaviour of interest. The framework may have an actuarial element which helps to anchor the assessment, but dynamic risk factors are included which allow for change to be assessed. Clinical judgement is required to assess each risk factor, but the process is structured to make it as objective as possible. Most SPJ frameworks allow for additional factors so that individual or idiosyncratic risk factors can be taken into consideration. Examples of SPJ tools include the Historical Clinical Risk Management (HCR)20v3 and the Risk of Sexual Violence Protocol (RSVP)(see later section: "Examples of commonly-used risk assessment tools").

6.9 Panels will come across both types of risk assessment. Most reports from professionals contain some element of discretionary risk assessment.

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[7] With the exception of the OVP and the serious non-sexual violence component of RSR tools which include dynamic factors.

[8] Guy, L. S., Douglas, K. S., & Hart, S. D. (2015). Risk assessment and communication. In B. Cutler & P. Zapf (Eds.), APA handbook of forensic psychology: Vol. 1. Individual and situational influences in criminal and civil contexts (pp. 35-86). Washington, DC: American Psychological Association.

7. Formulation

7.1 Most psychological risk assessment reports will include a *formulation* of offending or a risk formulation. The concept of formulation is best articulated as the preparation of an evidence-based explanation of a person's involvement in a specified harmful behaviour[9]. There are various approaches to formulation that panels might see in reports. The clinician conducting the assessment will ensure that the most appropriate formulation is used for the case specifics. A formulation can be an explanation of how and why this particular prisoner came to commit this particular offence. Or, if they have an established pattern of offending, how and why they generally behave in this way. It can also be used on any presenting problem or specific behaviour (such as lack of engagement). The clinician will determine the suitable focus and detail within their report.

7.2 A formulation should be holistic, considering the past, present and future. It should consider factors and circumstances in the past that shaped how the prisoner sees the world, how they behave and came to offend. It should also consider the present; those factors and circumstances relevant to their current behaviour, progress, and risk, and finally, a formulation should speculate (by way of risk scenarios) about future risk and reoffending, and as part of this generate individualised intervention and risk management plans[10].

7.3 There are various frameworks that can be used to structure formulation. Many psychologists use the "5 Ps" framework to structure their formulation. This guides them to identify the:

- Problem, or Presenting behaviour
- Pre-disposing factors: past factors that increase a prisoner's vulnerability to the current issue
- Precipitating factors: the factors that triggered the above concerns
- Perpetuating factors: the factors that maintain the current issue
- Protective factors: the persons strengths / positive that supports them

7.4 As noted, there are various approaches to formulation that panels might see in reports. The clinician conducting the assessment will ensure that the most appropriate formulation is used for the case specifics.

7.5 Other formulation frameworks are also used to gather the information which forms the basis of the formulation, and they are a useful way of ensuring that all relevant factors are considered. Factors should not, however, be presented as a list. A formulation should include a narrative

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[9] *Hart, S., Sturmey, P., Logan, C., & Mcmurran, M. (2011). Forensic case formulation. International Journal of Forensic Mental Health, 10(2), 118-126.*

[10] *Hart, S., & Logan, C. (2011). Formulation of violence risk using evidence-based assessments: the structured professional judgment approach. In P. Sturmey, & M. McMurran (Eds.),* Forensic case formulation *(pp. 81-106). John Wiley & Sons.*

account or a flow diagram that helps the reader understand how and why an offender behaves in the way they do.

7.6 From a formulation, it should be possible to identify the most important risk and protective factors for a prisoner, and to understand how they interact with each other. Not all risk factors have equal importance, some will impact on each other and not all are amenable to change.

8. Risk Assessment – How to do it

8.1 Whenever panels are making decisions about a prisoner, they are, in effect, conducting discretionary risk assessment. As mentioned above, risk assessment is difficult and unstructured discretionary risk assessments, are prone to error. However, if this task is conducted systemically and conscientiously, in line with Parole Board and other professional guidance, using a number of sources and evidence as the basis for the assessment, sound risk assessment is possible.

8.2 The Decision-Making Framework provides a structured Framework of Analysis to support members in making a decision based on, and regarding risk.

8.3 Below are suggested steps to approaching risk assessment that consider the prisoner's past, present and future:

a. Look for any actuarial or SPJ risk assessments in the dossier. Use these as a starting point to anchor the assessment.
b. Analyse the prisoner's past behaviour. What did they do in the index offence, and what did their behaviour achieve for them? What motivated them? What is their pattern of previous offending? Are there significant similarities or differences in previous offences? Consider situations, thoughts, feelings, and behaviours. Is there a psychological formulation to help? If not, panels can determine if they can construct their own formulation.
c. Consider the risk factors and protective factors that were relevant for this prisoner at their index offence. Are they still present, or have they changed? Which are the most important risk factors, and which are less important? How do the risk factors relate to each other? Relevant protective factors might be able to be identified from gaps in the offending history. Which risk and protective factors remain most likely in the future? Have any new ones emerged?
d. Consider how the prisoner talks about themselves and their offending now. Is the prisoner able to identify their risk factors? Examine their current behaviour. Is there any evidence that the risk factors are still active (offence paralleling behaviours, offence-supportive attitudes)? Is there any evidence that protective factors and desistance factors are becoming stronger (a strong pro-social identity, new skills being put into practice)? Simply completing a programme is not in itself evidence of risk reduction – it depends

on how the prisoner internalises the learning and changes their behaviour as a result. Also, not having completed accredited risk-reduction interventions in custody does not always mean that risk reduction has not been achieved in other ways.

e. Weigh these factors against each other. On balance, what is the evidence that the prisoner has reduced their risk? Has the risk now reduced to a level that is manageable in the community or in open conditions? Consider the balance of internal and external risk management factors.

8.4 For more information, please see the Decision-Making Framework.

9. Risk assessment is difficult!

9.1 There are statistical reasons why it is difficult to predict rare events and why the probability of rare events occurring tends to be over-estimated. Risk assessment tools and frameworks can be helpful, but none of them are fully reliable and should not be used in isolation. HMPPS Psychology Services try to steer away from using the word "predict" in relation to risk assessment, for these reasons. Instead, it is likely to be helpful for panels and witnesses to phrase their thinking in terms of factors which are more or less likely to increase/decrease risk (for example).

9.2 The importance of situations and environments in offending behaviour tend to be under-estimated. When conducting risk assessments, the potential of a prisoner engaging in a particular behaviour is being assessed. Whether they engage in that behaviour or not may depend on the circumstances they find themselves in (see previous section: "Risk Management").

9.3 This can make it difficult to assess the accuracy of risk assessments. Risk assessment tools or framework cannot predict if a person will cause harm, rather, they assess the potential for a person to cause harm.

9.4 One risk assessment tool or framework should not be used in isolation and instead in combination with other assessments of risk, drawing on evidence from other sources. A holistic approach should be taken whilst assessing risk.

9.5 Risk assessment is a continually evolving science and research continues to be regularly undertaken which impacts suitable approaches. Assessors will seek to consider such research in their approach; however, in some areas research remains limited and so risk is more difficult to accurately assess (see paragraph 15.1).

9.6 Assessors are often required to make decisions in less-than-ideal circumstances and with incomplete information. Risk assessments should include reference to any limitations the assessor is aware of, such as information they would like to have had available to them, but which was not. In situations of limited time and resource, intuitive reasoning and

recourse to a range of subjective biases can easily take place[11]. It is impossible to be free from bias, judgements, or emotional responses but members of the Parole Board need to be mindful of when they may occur, how they might impact on risk assessment, and how to guard against them happening. Examples of biases are:

- Conscious or unconscious discrimination
- The beliefs of the assessor and a failure for them to recognise this
- Poorly judged optimism or pessimism.
- Over perception and reaction to 'catastrophic' risks out of proportion to the likelihood of them happening. This can result in 'dread risks' where assessors over-focus on the feared impact but fail to calculate the probability of the event occurring.
- 'Dread risks' can also create assessor avoidance due to anxiety and challenge. A sense of being 'out of one's depth'. Feelings of stress and anxiety can result in practice paralysis which can be insidious and corrosive.
- Being afraid of asking difficult questions
- Perceptual bias including:
    1. *Representative* - assuming knowledge of one prisoner of a particular group means you know about all offenders in that group.
    2. *Confirmation* - only paying attention to information that supports the judgement you have already reached.
    3. *Availability* - over reliance on information easily obtained.

All of these biases could affect the quality and accuracy of a risk assessment. However, if panels are aware of the potential for bias, they can try to minimise its impact.

9.7 Panels also need to assess what weight to give to the outcomes of risk assessments. Panels need to consider whether the risk assessment was completed by someone who has the appropriate skills, knowledge and professional qualifications required.

10. Context of risk

10.1 For many prisoners, imprisonment can have a negative impact on their behaviour and exacerbate violence. Continued isolation from families and social networks, loss of privacy, aggressive environments and bullying are just a few examples that can lead to adverse behaviour in prison.

10.2 Environments can trigger negative behaviour. Institutionalisation can increase the likelihood of engaging in problematic behaviours associated with violence, drug use and bullying. These behaviours might not have

[11] *Kemshall, H. (2021). Bias and error in risk assessment and management. HM Inspectorate of Probation: Academic Insights. 14*

been evident in the community or previously relevant/a concern, but have been triggered by the surroundings the prisoner is residing in.

10.3 For some, the prison environment might reduce risk, because the context in which risk presents itself does not exist or is less likely to exist. This does not necessarily mean that risk has reduced, just that the factors which cause risk to increase have been removed. This is particularly of note with those who have committed sexual offences against children and intimate partner violence. In such scenarios, risk needs to be considered alongside various methods of testing in the prison environment and in their interaction with others.

10.4 The high prevalence of prior trauma in the lives of people in prison can create negative behaviour. Living in prison can be traumatic, as well as triggering and re-traumatising for those whom imprisonment has specific similarities with, or reminders of, their prior traumatic experiences. Such trauma and adverse childhood experiences can cause prisoners to feel physically and psychologically unsafe and be preoccupied with seeking ways to feel safer[12].

10.5 Prisoners serving an Imprisonment for Public Protection (IPP) sentence are also more likely to feel frustration, despair, and hopelessness as a consequence of their sentence[13]. This can have lasting impact on a prisoner's mental health and ability to manage their behaviour in a restricted setting, which can increase risk. This can be further exacerbated after being recalled to custody and can reignite strong emotions of hopelessness[14], being faced with an indefinite sentence ahead[15].

10.6 Whilst all behaviour should be considered in forming a risk assessment, these are some examples of the context of risk that panels should reflect upon. Being alert to context will allow for better risk management planning and sourcing other means to sufficiently test risk.

11. Offence-Paralleling Behaviours

11.1 Offence-paralleling behaviours (OPBs) are behaviours that are witnessed to have a functional similarity to the offending behaviours of concern. For example, a prisoner whose criminal lifestyle and associates are risk factors, may show offence paralleling behaviour by engaging in drug dealing and bullying in prison. Reports from prison staff and security intelligence that such behaviour is taking place would indicate that the risk factors may still be present.

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[12] At the time of writing this, guidance is being developed on trauma informed practice.
[13] Edgar, K., Harris, M. and Webster, R. (2020). No life, no freedom, no future. The experiences of prisoners recalled under the sentence of Imprisonment for Public Protection
[14] House of Commons Justice Committee. IPP sentences. Third Report of Session 2022–2. Accessible on: IPP sentences (parliament.uk)
[15] For more information on the impact of the IPP sentence, please see Imprisonment and Detention for Public Protection (IPP/DPP) Sentences (sharepoint.com)

11.2 Not all problematic custodial behaviour is risk-related, and some is caused or exacerbated by the prison environment itself, which can be challenging for some prisoners, particularly those with underlying mental health issues. Panels will need to think carefully about how the behaviour links to the pattern of offending and whether the presence of OPBs suggests that the risk is elevated in a specific area.

11.3 Alternatively, whilst assessing OPBs, panels can note scenarios where a prisoner has positively managed their behaviour in circumstances that would have previously triggered negative outcomes. When positive change is demonstrated it should be considered in assessments, whilst bearing in mind that this is within a prison setting. The panel should consider if and how this relates to likely behaviour in the community.

11.4 It is important to note that this area creates a lot of debate and differing views, it is not an exact science and there are no recognised tools to assess for offence-paralleling behaviours.

12. Things which do not reliably predict risk

12.1 ***Maintaining innocence*** of the offence does not in itself indicate risk. The reasons why a prisoner may maintain their innocence are varied and complicated. Although a prisoner may maintain their innocence, the panel must work on the basis that they have been found guilty by a court and that the person committed the acts that they were convicted of.

12.2 The prisoner may maintain innocence because they have a mental health problem or personality disorder that contributes to their inability or unwillingness to accept that their behaviour was wrongdoing. They might have significant memory impairment, for example, as a result of brain injury, trauma or significant learning disability. They may also maintain innocence because they are so ashamed of what they have done that they cannot bring themselves to admit it. They may also have strong relationships with family members or a partner which they do not wish to jeopardise. They may have invested so much into their innocence that they find themselves unable to move past it. "Extreme denial or minimisation of sexual violence" is included as a risk factor in the RSVP (see section on "Commonly used risk assessment tools").

12.3 Maintaining innocence can interfere with the prisoner's accessibility to some offending behaviour programmes or treatment, although more recently developed HMPPS interventions rely less on analysing past offending and more on strengthening protective factors for the future. Most programmes, however, will require the prisoner to admit at least the relevant area of risk, if not the offence. Maintaining innocence can also make it very difficult to analyse which risk factors are relevant because the prisoner cannot explain what they were doing, thinking and feeling prior to and during the offence. For more information on prisoners who maintain their innocence, please see the guidance.

12.4 ***Empathy*** has a complicated relationship with risk. Empathy for some can be a strong motivator to avoid future offending and many prisoners will say that victim awareness modules have had a profound effect on them. However, victim empathy has not been proven to link to a reduction in the risk of reoffending and so should be considered with this in mind. Some prisoners may have participated in Restorative Justice (RJ). Participation in RJ can be a significant part of a prisoner's journey, but it needs to be borne in mind that RJ was not designed to reduce reoffending or risk of serious harm – its primary function is to repair harm done. Please refer to Parole Board Guidance on Restorative Justice for more detailed information on RJ processes and factors to consider.

12.5 Empathy is included as a protective factor in the SAPROF (see paragraph 29). A difficulty in *experiencing* empathy either *cognitively* (as is often found in people with autistic spectrum disorders) or *emotionally* (as is often found in people who score highly on measures of psychopathy - see "PCL-R" in paragraph 33.8) may be a risk factor for future offending. However, a difficulty in *expressing* empathy may be a sign of shame. The prisoner may not be able to face up to the enormity of the harm they have caused, and this shame may be a protective factor.

12.6 The relationship between ***mental illness*** and risk is also complicated. Symptoms of mental illness (such as delusions and hallucinations) can be directly related to risk (for example, in a prisoner who hears voices telling them to attack others). However, often there is no direct link between a prisoner's mental health problems and their risk of future offending. A prisoner who committed an offence when severely mentally ill may have a lower risk of further violent offending. This is as long as the mental illness is recognised, effectively treated and the prisoner is compliant with their treatment and does not have significant additional problems relating to personality disorder or substance misuse. Please refer to Parole Board guidance on Restricted Patients and the Mental Health Act for more information.

13. Risk of Violent Offending

13.1 **Violence,** in the context of Parole Board considerations, can be classified into two types; instrumental and reactive. However, in reality there is much overlap between these two types and most violent offences involve elements of both.

13.2 **Instrumental violence**[16] refers to aggression or violence that is premeditated. It is intentional and can meet an internal aim such as wanting to gain power and control over someone, or an external goal such as money or goods in robbery.

13.3 Instrumental violence is often associated with prisoners who commit organised crimes with anti-social peers such as armed robbery. Such violence is goal oriented, and prisoners generally exert a measure of self-

[16] *Also referred to as proactive violence*

control, except, for example, when the victims do not comply easily or quickly.

13.4 **Reactive/Expressive violence** refers to aggression or violence which is most often impulsive in nature and stems from emotional arousal and feelings of anger, frustration, or fear. It is likely to be triggered by a perceived threat of physical harm or emotional hurt, rejection, or humiliation.

13.5 Reactive violence is prevalent in prisoners who have lived a chaotic and unstable lifestyle in the community, misusing substances and presenting a pattern of offending or problematic behaviours. Their violence can be explosive. Reactive violence can range from common assault to rape or murder.

13.6 A prisoner can exhibit both types of violence. For example, when they habitually use violence and threats to secure something or someone's compliance and hit out when in a rage when the victim does not respond as they want and expect. The misuse of substances, both alcohol and drugs, may exacerbate the problem.

13.7 With prisoners who have committed violence in a domestic setting it is important not to concentrate on just one type of aggression. The function of intimate partner violence (IPV) can be both instrumental and reactive violence. For example, the perpetrator could be trying to gain power and control over their partner or be struggling to manage the strong emotions evoked in relationships. Therefore, the emphasis is to understand the behaviour and how it might manifest itself in future risk.

13.8 With prisoners who have committed terrorism or terrorism-connected offences, the use of violence may be a combination of instrumental and reactive violence. The use of violence may be instrumental in that the prisoner is pursuing the goal or objectives of an extremist or terrorist group, cause, or ideology, but it is also reactive in that the use of violence may be triggered by strong emotions about a group or cause with which they are affiliated, and/or about real or perceived wrongs, humiliation, or rejection at an individual, group or community level[17].

13.9 In custody, reactive violence is most likely to be exhibited by prisoners who cannot manage their emotions appropriately. Comparatively, prisoners who have committed planned and organised crimes are far more likely to show self-control but may still attract security intelligence which is often low graded.

13.10 A prisoner's experience of violence in the prison system, their fears, and the strategies with which they cope with their imprisonment, must be considered alongside these understandings of types of violence. See 'Context of risk' for more information.

[17] *At the time of writing, Parole Board guidance on terrorism risk offending is in development.*

Common risk factors for violent offending

13.11 Research[18] suggests that the following factors are significant in relation to violent offending:

- Association with criminal peers (including gang involvement)
- Anti-social attitudes and pro-criminal beliefs
- Deficits in social and/or cognitive skills such as problem solving
- Poor social perspective taking
- Impulsivity
- Intelligence (cognitive abilities)
- Mental disorder
- Relationships
- Failure of supervision
- Lack of insight into violent offending
- Ruminating about violence
- Substance misuse
- Poor management of emotions (particularly anger)
- Interest in and access to weapons

13.12 Early onset offending is predictive not only of a persistent or chronic criminal career, but also of a violent or more dangerous criminal career. The relationship with age is not as strong for women who offend, although this is less well researched.

13.13 Men with a long criminal career (in any offence type) are more likely to commit violent offences. Again, this does not appear to hold for women who offend[19].

13.14 A violent criminal history is a strong predictor of later violent recidivism.

Common risk factors for intimate partner violence

13.15 A professionally curious approach is required in domestic abuse cases. All staff working with the prisoner should be alert to any changes in situations and behaviours that might be indicative of risk.

13.16 Wherever there is a significant change, an assessment is required to determine if this has increased risk. Such changes can include the following circumstances[20]:

- a further incident of domestic abuse (e.g. a police call-out; behaviour during a prison visit);
- victim or partner ending the relationship or seeking to do so;

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[18] *Kemshall, Wilkinson, Kelly, Hilder (2015) What Works in work with violent offenders: An overview. Produced for Serious Offending by Mobile European Criminals (SOMEC), EU ISEC funded grant. See also Shelby 1984, Quay 1987, Huesmann 1998, Goldstein 1999, Barrett 1994, Wong and Gordon 1999, McLean and Beak 2012).*

[19] *Collins, R. (2010). The effect of gender on violent and nonviolent recidivism: A meta-analysis. Journal of Criminal Justice. 38 (4), 675-684.*

[20] *HMPPS Domestic Abuse Policy Framework (March 2020)*

- stalking the victim or partner;
- victim or partner becoming pregnant;
- entering into a new relationship;
- having contact with children;
- breaching a restraining order;
- substance misuse (alcohol is aggravating feature for violence);
- threatening or attempting suicide;
- violating the terms of the order and/or licence; and,
- key transition points - i.e being released from prison on licence or being moved on from Approved Premises.

14. Risk of Sexual Offending

14.1 Sexual offending is diverse and there are many theories detailing reasons for why someone might offend sexually. Often these theories are associated with the below three characteristics[21]:

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

14.2 These characteristics and circumstances are not prescriptive and not everyone that presents with these characteristics is likely to commit sexual offences. They can be used to help understand why a prisoner might have committed a sexual offence, in order to assess risk of sexual harm. Common risk factors (as referenced in paragraph 14.3) along with the understanding of why some people commit sexual offences can help develop effective risk management plans.

Common risk factors for sexual offending

14.3 Research[22] suggests that the following factors are significant in relation to sexual offending:

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

[22] *Kemshall, Kelly, Wilkinson and Hilder (2014) What works in work with sexual offenders: A literature review. Produced for Serious Offending by Mobile European Criminals (SOMEC), EU ISEC funded grant. The HMPPS Approach to the Management and Rehabilitation of People Convicted of Sexual Offences (August 2021)*

- Sexual preoccupation (This includes an excessive interest in sexual activity, although this may be "normal" behaviour in adolescents. If sexual behaviour is used as a way of "self-soothing" it can be powerfully reinforcing and almost addictive)
- Deviant sexual interest. (An interest in or preference for inappropriate sexual stimuli, such as children or sex involving violence)
- Offence supportive attitudes (e.g., rape myths[23], believing that sex with children is OK)
- Adversarial sexual beliefs (thinking men should be in charge, that they should have sex whenever they want and that women are deceitful)
- Emotional congruence with children (feeling more comfortable with children than adults)
- Lack of emotionally intimate relationships with adults (this may be because the prisoner lacks the skills to form appropriate adult relationships, or because appropriate adult relationships are not available, or because of the offender's young age)
- Personal inadequacy
- Lifestyle impulsiveness and recklessness
- An unstable lifestyle
- Poor cognitive problem solving
- Resistance to rules and supervision
- Childhood behaviour problems
- Grievance/hostility and poor emotional management
- Problematic internet use
- Negative social influences
- Trauma/abuse in childhood
- Poor parental/care-giver attachments in childhood

15. Offences for which the research base is not well-established

15.1 There is an extensive research base on the factors that raise risk for violent and sexual offending. For some other types of offending, while research is being undertaken, it is at a much earlier stage, and it is therefore difficult to be confident about what factors increase and are significant indicators of risk.

15.2 For all types of offending, it is very important to have a good **risk formulation** which explains the prisoner's pathway into, and any patterns of offending. This should include risk scenarios which are based on the pattern of previous offending and then lead onto strategies for managing the risk. Formulations should also consider any offence with particularly unusual elements, or any prisoner with particularly unusual characteristics (see paragraph, "What do I do when faced with…?").

[23] *https://www.endviolenceagainstwomen.org.uk/new-research-finds-rape-myths-still-deeply-rooted-across-society/*

16. Risk Management

16.1 Not all risk factors can be reduced, and some prisoners are not able to manage their own risks for a number of reasons including personality difficulties, mental health issues or limited cognitive ability. This does not mean that they cannot ever be released. If risk factors cannot be reduced, it may be possible to manage them through external controls. All professionals providing a risk assessment to the panel should provide a proposed plan on how this can best be managed.

16.2 A risk management plan is a mandatory document which must be included in dossiers at the point of referral of the case to the Board. The primary aim of a risk management plan is to reduce the short and long-term risk of serious harm posed by the individual. It should identify means to intervene to mitigate risk factors that influence the individual's harm-related behaviours and should list any ways to build protective factors to create social capital and support them moving away from offending.

16.3 A risk management plan must consider all risk factors. Panels will need to assess the suitability of the risk management plan and its ability to manage these risks. There might be risks which are difficult to assess and evidence risk reduction, such as sexual interests. Panels should consider this when assessing the weight to place on the proposed plan.

16.4 More information on risk management plans can be found in the HMPPS Risk of Serious Harm Guidance.

17. Intervention - Interfering or Responsivity Factors

17.1 The term 'responsivity' is used to refer to both the specific attributes of offenders (e.g. cognitive styles, personality) that inhibit or enhance engagement in intervention and the features of the therapeutic environment (e.g. the style and mode of treatment delivery) that maximise or impair learning. Some aspects of a prisoner's personality, lifestyle or environment may be unrelated to risk, but may cause problems in custody or make it difficult for them to engage in interventions to reduce risk. There are also practical issues such as literacy problems or difficulty in understanding English that can impact on this (see later section: "Things which do not reliably predict risk").

17.2 It is not within the Parole Board's remit to engage in sentence planning. These issues should be set aside when thinking purely about risk. However, treatment interfering issues may need to be addressed (or interventions may need to be adapted) before the prisoner can engage meaningfully in programmes to reduce risk or with supervision[24].

[24] *See guidance on interventions.*

17.3 It is important that those undertaking a risk assessment consider the impact of responsivity factors upon their assessment as well as on any interventions or risk management recommendations.

18. Desistance

18.1 Desistance is the process by which most prisoners eventually decide to stop offending and lead pro-social lives. Research on desistance is based on detailed interviews with people who successfully desist and identify the factors that were important for them in helping them to change their lifestyles and behaviours. Desistance research[25] identifies certain protective factors as important, such as having a job, having a meaningful relationship and/or child, and becoming free of addictive substances. It also identifies the importance of *cognitive restructuring* and *human and social capital.*

18.2 *Cognitive restructuring* refers to changes in the way that prisoners view themselves. When they were young, offending might have been an important part of their self-identity. They might have wanted to be seen as tough, or as a rebel. This might have enhanced their status and reputation among their peers. As they get older, this sort of reputation can become a hindrance rather than a help as well as becoming less important to them. Cognitive restructuring refers to the process whereby prisoners come to desire a non-offending, pro-social identity. The terminology "new me" is used in some offending behaviour programmes, so it is important to explore the extent to which a prisoner actually believes and is invested in the success of the 'new me'. They desire pro-social goals such as legitimate employment. A strong commitment to a new pro-social identity is a positive desistance factor. Cognitive restructuring can be most influenced (or marked) during the maturation process as young people develop into adults. Please refer to the Guidance on Young Adults for more information on maturation and young adults.

18.3 *Human and social capital* refers to the opportunity for prisoners to have an investment in a pro-social community. This can be demonstrated by obtaining housing, having a job, or developing stable relationships with family within the area. Prisoners often say they want to "give something back", for example by volunteering for charities or by working with young people to stop them from being drawn into offending. Before being able to benefit from such opportunities, prisoners may need to develop skills (e.g., problem solving or vocational skills) and some activities may not be appropriate. However, the sense of being valued and of having something important to contribute to a pro-social community is a strong desistance factor.

19. What do I do when faced with.....?

[25] *Farrall, S. and Calverley, A. (2005). Understanding desistance from crime. McGraw-Hill Education (UK).*

An unusual offence

19.1 Exercise caution when dealing with offence types which are rare and not yet well-researched, or sexual or violent offences with unusual characteristics. SPJ frameworks may be useful but be aware of their limitations and do not rely exclusively on them. Make sure there is a comprehensive formulation which explains how and why the offence occurred and use this to identify relevant current and active risk factors and potential risk scenarios.

An individual who maintains their innocence

19.2 If a prisoner maintains their innocence, it can be very difficult to draw up a formulation or identify risk factors. The prisoner cannot say what was going through their mind or how they were feeling in the build up to the offence. In such cases, it is important to consider that maintaining innocence in itself is not reliably related to risk (see paragraph 12.1). Panels will then need to consider the known facts of the offence. What would be the likely risk factors associated with someone who had behaved in this way? Has the prisoner demonstrated any of those risk factors in the past? Have they demonstrated those risk factors in different situations, or in other offending behaviour? Is the prisoner displaying or actively managing any of those risk factors now? Do they have a good range of protective factors in place and viable plans for desisting from offending in the future? For more information on prisoners who maintain their innocence, please see the guidance.

An individual with specific characteristics

19.3 Risk assessment tools and frameworks are only valid for the types of individuals on which they were developed (or types of individuals on which research has subsequently demonstrated validity). Caution should therefore be exercised when assessing prisoners with particular characteristics. These characteristics could include age (either particularly young or particularly old prisoners), gender (see below), not having English as a first language, neurodiversity, learning difficulties, developmental disorders, psychiatric conditions or physical conditions such as deafness. To consider this, check whether the assessments that have been used are appropriate for the type of prisoner, for more information see 'Examples of commonly used risk assessment tools'. Take their specific characteristics into account when developing a formulation of the offending and assess how all the relevant characteristics and risk factors interact with each other.

19.4 Some risk assessment tools include binary measures which provide different outcomes for male or female prisoners. Whilst practitioners are applying these assessments on prisoners who are transgender[26] a case-by-case approach is required through the HMPPS Interventions Team.

[26] *Please refer to the guidance on Prisoners who are Transgender for more information.*

20. Best practice in psychological risk assessment

Guidance for Psychologists from the Anthony Rice Review[27]

20.1 In order to maintain objectivity and avoid therapeutic bias, panels should ensure that any Psychological Risk Assessments (PRA) undertaken in prison in the dossiers, either from HMPPS or prisoner-commissioned psychologists, are completed by professionals who have not previously been involved in treatment or therapy with the prisoner being assessed.

20.2 This has been best practice following the HM Inspectorate of Probation independent review of the case of Anthony Rice in 2006[28] . The recommendation from that review was:

"At the key decision-making points in a prisoner's sentence there should be a separate assessment of the prisoner that is independent of the treatment and which takes into account all available evidence."

20.3 Although a good prior knowledge of a prisoner can be an advantage when assessing risk, extensive involvement in treatment may at times hamper objectivity in risk assessment. Similarly, involvement in repeated risk assessments over a period of time may impair objective assessment and the panel will need to consider what weight to put on their assessments.

20.4 For this reason, the Board's position aligns with the recommendation from the Rice review and is that such risk assessments for prisoners should be undertaken independently.

20.5 More guidance for members on this can be found in the Specialist Reports Guidance.

21. Time-limitations and validity of risk assessments

21.1 Most risk assessment tools have a limited time validity, usually 12 months. Panels should be reviewing the case to determine what has changed, if anything, to consider whether an updated report is required. However, any psychological risk assessment (PRA) should be reviewed and updated earlier than the 12 months, if a) the prisoner being assessed has completed a risk-reduction intervention since the last PRA, and / or b) if the prisoner being assessed has been involved in a risk-related incident since the last PRA.

21.2 Discontinued or updated risk assessment tools and frameworks might appear in dossiers, as long as these continue to be valid in light of the

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[27] *More information can be found in the following documents: Bowers, L., Friendship, C., Forensic Psychological Risk Assessment for the Parole Board. In: Assessments in Forensic Practice, a handbook, 2017.*
HM Inspectorate of Probation, 2006. An independent review of a Serious Offence case: Anthony Rice

[28] https://www.justiceinspectorates.gov.uk/probation/wp-content/uploads/sites/5/2014/03/anthonyricereport-rps.pdf

above time frame and no changes of circumstances have since occurred, Panels can continue to rely and place weight on these risk assessments.

22. Examples of commonly used risk assessment tools

22.1 Reports for parole reviews often contain or refer to tools and frameworks used to assess risk. This section of the guidance describes a number of these risk assessments and their relevance and validity, where available, for the type of risk(s) which a prisoner may present. It is intended primarily for reference and includes a range of assessments which may be encountered in reports directed. This list is not exhaustive.

22.2 When directing reports, panels should avoid specifying a particular assessment tool or methodology. The appropriate tool will be determined by the assessor carrying out the assessment. For more information, please refer to Parole Board Guidance on Specialist Reports.

22.3 Also included are some assessments which are not designed to assess risk but may inform such assessments, relating, for example, to personality and cognitive functioning.

23. General Risk Assessment Tools

OASys (Offender Assessment System) including

- ***OGRS3 (Offender Group Reconviction Scale version 3)***
- ***OGP (OASys General reoffending Predictor)***
- ***OVP (OASys Violence Predictor)***
- ***OSP (OASys Sexual Reoffending Predictor)***

23.1 **OASys** is a structured professional judgement tool used by HMPPS and presented in dossiers of all prisoners aged 18 and over. OASys is a well-established assessment that demonstrates construct validity, internal reliability, inter-rater reliability, and predictive validity[29]. Depending on the point in sentence, OASys will be completed by prison and/or probation staff and must be updated when significant changes or developments occur. The scales and measures in the tool are derived from the evidence base on risk factors and the tool is designed to measure both static factors and changeable, dynamic factors (as described in paragraph 4.2 and 4.3).

23.2 The tool contains eleven areas of criminogenic risk; problems in these areas are identified and assessed as linked to a prisoner's risk of re-offending and risk of serious harm; it also identifies further treatment need. The eleven areas covered are:

- Accommodation
- Education, Training and Employability

[29] *Debidin, M. (2009). A compendium of research and analysis on the Offender Assessment System (OASys) 2006-2009. National Offender Management Service: Ministry of Justice.*

- Financial Management and Income
- Relationships
- Lifestyle and Associates
- Drug Misuse
- Alcohol Misuse
- Emotional Well-being
- Thinking and Behaviour
- Attitudes
- Health - Physical or Mental Health Conditions.

23.3 In addition, the OASys assessment also contains a section on the offence analysis (i.e., formulation) which is an essential part of the assessment of a prisoner's offending behaviour, motivation, and triggers. The offence analysis contains information about the antecedent behaviour: the lead up to the offence and relationship to the victim as well as the circumstances in which it took place and the consequences of it. It is important to take into account the prisoner's own attitude and insight into the triggers and underlying factors for the commission of the index offence(s), as well as collateral information from other sources in the dossier.

23.4 OASys provides a wealth of descriptive and analytical information about the prisoner and what is known about them in relation to factors relevant to risk. The assessor uses all the information they have about a prisoner to make an assessment of the risk of serious harm and assign a level to this.

23.5 The level of risk a prisoner is assessed as posing will determine the intensity of the risk management plan that is put in place to manage them in the community. The OASys will break down who specifically the prisoner poses a risk to, the circumstance in which this is most likely to occur and what could reduce this risk. The resulting risk management plan should be based on the 4 pillars approach namely:

- Supervision – who will they see, what will they do and by when
- Monitoring & Control – strategies for detecting the build-up of risk and measures to reduce this
- Interventions & Treatment - developing the prisoner's ability to manage high risk situations and build on protective factors
- Victim Safety Planning – what is in place to reduce the likelihood of any contact with victims and to protect specific individuals.

23.6 The system also generates statistically weighted predictive scores:

- OGRS3 (Offender General Reconviction Scale 3)
- OVP (Offending: Violence Prediction)
- OGP (Offending: General Prediction)
- OSP (OASys Sexual Reoffending Predictor)

23.7 **OGRS3** is an actuarial assessment of the likelihood of further proven reoffending. It is based solely on static factors and is derived from past behaviour and demographic characteristics.

23.8 The **OGP** and **OVP** scores derive from a mixture of static (60%) and dynamic (40%) risk factors from sections 2-12 of the OASys document. OVP predicts proven reoffending involving a broad range of nonsexual, violence-related reoffending encompassing violence against the person, acquisitive violence, weapons offences, criminal damage, and public order offences. OGP predicts proven reoffending for nonsexual offences that are outside OVP's set of violence-related offences.

23.9 The dynamic factors which feed into the OGP score through a statistical weighting are:

- Accommodation
- Employment
- Lifestyle and Associates
- Drug misuse
- Thinking and Behaviour
- Attitudes

23.10 The dynamic factors which feed into the OVP score through a statistical weighting are:

- Accommodation
- Employment
- Alcohol misuse
- Emotional Well-Being
- Thinking and Behaviour
- Attitudes.

23.11 It should be noted that the above scales have not been developed or validated for assessing all offence types (for example, the risk of sexual reconviction, stalking and extremism). Risk assessment tools such as those listed below can be considered for specific offence types. However, they should not be relied on as the only tool to identify risk. Instead, a holistic approach should be considered using various tools in order to assess all risks posed.

23.12 The **Active Risk Management System** (ARMS) assessment for those convicted of sexual offences is now embedded within OASys[30]. It is not a separate document, but the OASys for prisoners who have committed sexual offences will ask additional questions around sexual preoccupation, emotional congruence with children and offence related sexual interests as these are risk factors known to be strong indicators of sexual recidivism. These questions are triggered for anyone, regardless of their gender, whereas a standalone ARMS assessment (that the Police use) is only completed for people who are identified as male. If the assessor feels there is benefit (based on other information) in assessing those factors, but the conviction would not automatically generate it, then there is an override question, which if answered yes will result in the additional ARMS questions being presented to the assessor. Where the ARMS question was

[30] *For all new assessments undertaken on or after 2nd July 2020.*

already in OASys, the help text has been updated to provide extra guidance on what to consider when assessing an individual where there is identified sexual risk.

23.13 The Probation Service also uses another actuarial risk assessment tool called the **Risk of Serious Recidivism** (RSR). When first implemented, it was notably a factor in the process for deciding if a case should be managed by the National Probation Service or a Community Rehabilitation Company[31], but it was always designed as an actuarial proven reoffending assessment instrument and is now built into the risk assessment process. The RSR tool estimates how likely a prisoner is to be convicted for a new seriously harmful offence within 2 years from the start of a licence or order. As with other actuarial tools, RSR calculates the risk of serious recidivism by those sentenced to custody from the date of likely release rather than the start of the prison sentence.

23.14 RSR is based predominantly on static offending related factors (age, gender, previous convictions etc) but also includes consideration of dynamic offending-related factors. The OASys definition of serious harm is, 'An event, which is life-threatening and/or traumatic, from which recovery, whether physical or psychological, can be expected to be difficult or impossible'.

23.15 The RSR tool will produce an overall score indicating likelihood of proven reoffending for a serious nonsexual violent offence, as well as sub scores for two types of sexual offending (direct contact (e.g., rape, sexual assault), and indirect contact and indecent images of children: OSP/DC and OSP/IIC), if relevant. When calculated within the OASys digital system, the OSP risk bands are displayed separately if relevant, and the total RSR score is presented, but the serious nonsexual violence score is not presented separately.

Asset Plus

23.16 The Asset Plus assessment and intervention planning framework replaces the former Asset framework, an instrument developed and validated[32] in the UK for the assessment of young people (under the age of 18) within the youth justice system. It is the equivalent of the OASys for young offenders. The Asset Plus framework is a structured tool which explores the young person's offending history and their personal circumstances and prompts the assessor to analyse and consider explanations for their behaviour, leading to the development of tailored and targeted intervention plans. In doing so, Asset Plus incorporates more recent theories in relation to youth justice, such as desistance theory and the Good Lives Model.

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[31] From June 2021, the National Probation Service and Community Rehabilitation Company reunified and are now managed as the Probation Service.

[32] Wilson, E and Hinks, S. (2011). Assessing the predictive validity of the Asset youth risk assessment tool using the Juvenile Cohort Study (JCS). Ministry of Justice Research Series.

23.17 The framework balances the professional judgement of the assessor with the views of the young person and their parents/carers (via an integrated self-assessment) and an actuarial scale, YOGRS (a version of OGRS validated for young people), as used in the OASys assessment tool.

23.18 The Screening Interview for Adolescents (SIFA) and Screening Questionnaire Interview for Adolescents (SQUIFA) are components of Asset and provide an approach to screen for and assess the mental health needs of children and young people.

23.19 Asset Plus was designed to be an 'end-to-end' shared assessment framework that accompanies young people entering the youth custody service. It is jointly updated by Youth Offending Team (YOT) and youth secure estate practitioners when planning for a young person's resettlement, leading to improvements in information sharing and joint working.

23.20 Please refer to the Parole Board Guidance on Young Adults for more information on young adults aged 18-21[33].

24. Risk Assessment Tools for Violent Offending

HCR20 (Historical, Clinical and Risk Management) Version 3 - Douglas, Hart, Webster, Belfrage, Guy, Hart (2013)

24.1 The HCR20 is the most widely used SPJ tool for assessing the risk of further violence (the risk of further violent offending, **not** the risk or level of serious harm). It is widely used by trained specialist assessors to inform risk management considerations such as responsivity, treatment pathways, and the level and nature of supervision. It has an extensive research base developed since the first version was introduced in 1997 (although developed in a forensic setting) and has good reliability and validity ratings[34] when used in criminal justice populations[35]. Assessors, typically forensic and/or clinical psychologists and some psychiatrists, must possess training and experience in the administration and interpretation of clinical forensic assessment. The assessment is based on interview and review of a comprehensive range of collateral sources of information.

24.2 There are 20 items in total, organised into three scales:

- The **H**istorical items (**H** scale) assess past behaviour, background experiences and previous diagnoses. These are static factors.

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[33] *At the time of writing, guidance on Children is being developed*

[34] *Douglas, K., Hart, S., Webster, C., Belfrage, H., Guy, L., Wilson, C. (2014). Historical-Clinical-Risk Management-20, Version 3 (HCR-20V3): Development and Overview. INTERNATIONAL JOURNAL OF FORENSIC MENTAL HEALTH. 13, 93-108.*

[35] *Although the HCR20 tool wasn't designed for the criminal justice population, it is now being used with good reliability.*

- The **C**linical items (**C** scale) assess issues over the 6-12 months preceding the assessment, regarding dynamic factors such as insight and stability, response to interventions and supervision, thoughts of violence, and symptoms of major mental disorder.
- The **R**isk management items (**R** scale) assess plans for the next 12 months regarding forward planning, coping strategies and response to professional support.

24.3 The tool should lead to an understanding or formulation of the risk factors and the circumstances (risk scenarios) under which these factors may combine to lead to further high-risk violent offending. In terms of predictive validity (the extent to which the tool has been shown to predict risk), panels should note that the authors stress that the tool has good predictive validity over a period of several months, rather than years. The HCR20 has a 12-month validity. However, it should be reviewed earlier, and prior to a parole review, if the prisoner has completed a risk reduction intervention, or, if they have been involved in a risk-related incident / committed a further offence.

FAM (Female Additional Manual) - De Vogel, de Vries Robbe, van Kalmthout and Place (2012)

24.4 The FAM is designed for women who offend and incorporates factors which are specifically relevant to the risk of violence. It must be used in conjunction with the HCR20v3 and provides additional guidelines for using the HCR20 with women who offend, both in assessing the HCR20 items and for additional items designed specifically for gender specific issues.

24.5 The items that must be scored for females, **in addition** to the HCR20 v3, are:

H scale, additional historical (static) items:
- History of prostitution
- History of parenting difficulties
- A pregnancy at a young age
- History of suicidality or self-harm

C scale, additional clinical (dynamic) items:
- Covert/manipulative behaviours
- Low self esteem

R scale, additional risk items (potential risk management problems):
- Problematic childcare responsibilities
- Problematic intimate relationships.

24.6 The tool has good predictive validity and inter-rater reliability. Assessors must have appropriate training and experience.

VRS (Violence Risk Scale) - Wong and Gordon (1999)

24.7 The VRS is an actuarial assessment of both dynamic and static factors of risk, developed with mentally disordered male prisoner populations. It can be used by forensic psychologists who have undergone the intensive training course. Research carried out on offender populations in international settings, including the UK, shows good validity and reliability (i.e. it measures what it is supposed to measure, and when different people use it, they are usually in close agreement on the results).

24.8 The VRS is made up of 6 static and 20 dynamic factors. Each dynamic factor is rated not only for its presence or absence, but also for the prisoner's readiness to change it (according to Prochaska and DiClemente's Stages of Change Model[36]). This makes it a particularly useful tool for measuring progress following treatment.

VRAG (Violence Risk Assessment Guide) - Quinsey, Harris, Rice and Cormier (2006)

24.9 The VRAG is an actuarial tool used by forensic psychologists based solely on static factors for the prediction of further violent behaviour. The ratings remain constant and may provide information about the probability or risk of violent reoffending in groups of similar prisoners, but cannot provide information about individual needs and responsivity, treatment pathways or risk management. Research shows good validity and reliability with groups of male mentally disordered prisoner populations. Assessors must have appropriate training and experience in criminal justice. The assessment is made on records and collateral information rather than on interview. As with other assessments, members should not rely solely on this instrument for the assessment of future violence.

SAVRY (Structured Assessment of Violence Risk in Youth) - Borum, Bartel and Forth (2006)

24.10 The SAVRY focuses specifically on risk in adolescent male and female prisoners (aged 12-18) and is a SPJ. The assessment does not provide scores, instead it highlights the risks to be addressed. It also considers protective factors and allows for the assessment of change and the planning of treatment pathways. The items are drawn from the literature on adolescent development and violence in young people. International research indicates good validity and reliability. Professionals with experience in the assessment of young people and in risk management can use the tool. Panels should be aware of the particular fluidity of adolescent development and the possibility of change. For example, it is not appropriate to attach a label of personality disorder to a young offender.

[36] *Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. Journal of Consulting and Clinical Psychology, 51(3), 390-395. http://dx.doi.org/10.1037/0022-006X.51.3.390*

25. Risk Assessment Tools for Intimate Partner Violence (Domestic Abuse)

SARA (Spousal Assault Risk Assessment) Version 3 - Kropp, Hart, Webster and Eaves (2015)

25.1 The SARA version 3 is a 24-item structured guide for assessing risk in prisoners who have been convicted of or are suspected of spousal abuse. Eight items describe the nature of Intimate Partner Violence (IPV) in terms of the diversity, chronicity and escalation of behaviours as well as supervision violations. Ten items are coded on the perpetrator's issues with social, interpersonal and psychological adjustments. Six items describe vulnerabilities that could interfere with a victim's ability, opportunity or motivation to engage in self-protective behaviour (Kropp and Hart, 2015[37]). It can be used to assess both men and women involved in heterosexual, same-sex and transgender relationships.

25.2 The SARA helps characterise the risk a prisoner poses to their spouse, children, another family member, or any other person involved, in terms of likelihood, imminence, and severity. The tool does not use actuarial or statistical methods to support decision-making about risk; it is a SPJ method offering guidelines for collecting relevant information and making decisions (Messing and Thaller, 2015[38]).

25.3 The assessment is a key part of HMPPS policy to address domestic abuse and is used in the assessment of prisoners for relevant programme work. A SARA will be completed as part of the OASys for prisoners who have been violent within a relationship. Panels should note that the authors of the SARA tool recommend that assessors should be well versed in current findings about domestic abuse and also that assessment should be ongoing and updated continuously once the prisoner leaves closed conditions.

B-Safer (Brief Spousal Assault Form for the Evaluation of Risk) - Kropp and Hart (2004)

25.4 B-Safer is another SPJ tool for the assessment and management of risk in adult males and females with a history of intimate partner abuse, derived from the SARA. The focus is twofold: the prisoner's history of intimate partner abuse and the prisoner's psychological and social functioning. This instrument is being used in the community as part of HMPPS policy[39] to address domestic abuse. Panels should note that the use of this instrument is still in development in the UK and that its effectiveness is highly dependent on the assessor's knowledge and understanding of intimate partner violence.

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[37] *Kropp, Philip & Hart, Stephen. (2015). SARA-V3: User manual for Version 3 of the Spousal Assault Risk Assessment Guide.*

[38] *Messing, J. T., & Thaller, J. (2015). Intimate partner violence risk assessment: A primer for social workers.* British Journal of Social Work, 45*(6), 1804–1820. https://doi.org/10.1093/bjsw/bcu012*

[39] *HMPPS Domestic Abuse Policy Framework*

DARNA (Domestic Abuse Risk and Needs Analysis)

25.5 The DARNA is no longer used in HMPPS but will still appear in parole dossiers as an historical document. It was similar in structure and purpose to the SARN (see below). It was not designed to predict risk but was used within HMPPS to examine risk factors associated with intimate partner violence. It was used to assess suitability for, and progress on, accredited programmes such as the Healthy Relationships Programme (HRP) or the Building Better Relationships programme (BBR).

25.6 Use of the DARNA has been replaced for those who undertake the HRP, or its successor, BBR, by the use of a treatment summary document (TSD) completed by the programme facilitators on the basis of progress on the intervention.

26. Risk Assessment Tools for Sexual Violence

OSP (OASys Sexual reoffending Predictor) - Howard and colleagues (2019)

26.1 OSP is an actuarial assessment of risk of sexual reoffending. It replaced the Risk Matrix 2000 (see paragraph 26.5) as the HMPPS preferred actuarial risk assessment tools for adult males convicted of a current or previous sexual or sexually motivated offence. It is based on more up-to-date research evidence on reoffending. It has better predictive validity than RM2000 and is quicker and simpler to use, resulting in fewer errors.

26.2 OSP has two scales: OSP/DC[40] predicts the likelihood of proven reoffending for a sexual/sexually motivated contact offence against an adult or child and OSP/IIC which predicts the likelihood of proven reoffending for an offence related to indecent images of children (IIOC) and indirect contact with children.

26.3 OSP focuses on serious sexual offending. It can be used on all males aged 18 or over. It assesses offenders as falling into one of four risk categories: low, medium, high, and very high (for OSP/DC) and low, medium, and high (OSP/IIC).

26.4 OSP is not suitable for use on women who have committed sexual offences. There is currently no actuarial risk assessment tool available for women who have committed sexual offences.

RM2000 (Risk Matrix 2000) - Thornton and Colleagues (2003)

26.5 RM2000 is no longer used in HMPPS, as it has been replaced by OSP (as above) but may still appear in dossiers. This is an actuarial, statistically derived instrument for use with convicted adult male sex offenders. It provides a scan of some static risk factors relevant to the risk of sexual

[40] *Previously OSP/C prior to the change in 2024.*

and violent reoffending and should be used as one component of a comprehensive assessment package. The instrument consists of short scales using factors associated with reconviction.

26.6 Where a RM2000 score has been recorded and used to inform the parole report, assessors must calculate the OSP score and make it available to the Board. Where there is a change to the risk level, the assessor must complete an addendum report which includes the new OSP scores and explains what impact these new scores have on the proposal and/or release risk management plan. The use of RM2000's Violent and Combined scales has also been discontinued.

SVR 20 (Sexual Violence Risk)- Boer, Hart, Kropp and Webster (1998)

26.7 The SVR20 is a SPJ framework for assessing the risk of violent and sexually violent behaviour in adult male sex offenders. It is used by psychologically and medically trained professionals. It can identify risk and responsivity factors specific to the prisoner, which can be used as targets for change, formulation, and risk management. It is well validated in general offender populations in the UK and in international research.

RSVP (Risk of Sexual Violence Protocol) - Hart and Colleagues (2003 – updated in 2022 to RSVP-V2)

26.8 The RSVP is a SPJ tool for evaluating the nature of the risk for sexual violence and to inform risk management. It is validated for use with adult male prisoners and can be applied to females (although there are limitations in doing so). This instrument is based on the sexual offending research literature and derived from the SVR-20. It helps the assessor provide a formulation, rather than an actuarial prediction of risk.

26.9 It provides structured guidelines for formulation, decision-making and risk management strategies. There have been limited validation studies, but the authors claim good predictive validity and good inter-rater reliability when used by forensic professionals, typically psychologists or psychiatrists. Assessors should have training and experience in the field of sex offending, in clinical practice and in the use of the instrument.

SARN (Structured Assessment of Risk and Needs)

26.10 The SARN is no longer used but is still likely to be found in parole dossiers. It was not designed to assess risk of reoffending. Instead, it was a SPJ guide which provided information on a prisoner's risk factors for further sexual offending, based on a treatment needs analysis (TNA). It was used widely in HMPPS and was based on an analysis of the treatment needs of male sex offenders and an evaluation of the prisoner's progress on these needs following sex offender treatment programmes. Indications for further work were highlighted. The SARN provided useful information on risk factors and a prisoner's progress and further treatment needs.

26.11 The assessment covered four domains of risk factors which may characterise a prisoner's sexual offending. Each factor was rated as to its relevance and presence both in the prisoner's general life and in the cycle of their offending behaviour. The four domains were:

- Sexual interests and behaviour
- Offence supportive attitudes
- Relationships
- Self-management

26.12 The SARN was used in conjunction with the RM2000, an actuarial scale of static factors which can provide a prediction of the risk of reoffending (see above). The SARN was used by trained forensic psychologists and probation officers.

ERASOR (Estimate of Risk of Adolescent Sexual Offences Recidivism) - Worling and Curwen (2001)

26.13 The ERASOR is a SPJ tool to identify risk and responsivity factors in male adolescents (12-18) who have committed a sexual offence. It is not designed as a predictive measure. It can be used to determine the level of monitoring, treatment targets and progress in the risk management of the prisoner.

26.14 There are five subscales:

- Sexual interests, attitudes and behaviour
- Psychosocial functioning
- Historical sexual assaults
- Family/environmental functioning
- Treatment

26.15 International research shows high reliability, but varying levels of predictive validity. Assessors should be experienced in youth assessment. Panels should note that adolescent development is fluid and that, particularly with offenders aged 15 or under, there is a high risk of over estimating risk. Please refer to the Guidance on Young Adults[41].

JSOAP11 (Juvenile Sex Offender Assessment Protocol)- Prentky and Righthand (2003)

26.16 The JSOAP11 is an actuarial tool designed to assess the risk of sexual violence and general delinquency in male adolescents (aged 12-18) with a history of sexually coercive behaviour and/or convictions for sexual offences.

26.17 There are four scales, which measure static and dynamic factors:

- Sexual drive/sexual preoccupation
- Impulsive/antisocial behaviour

[41] *At the time of writing, guidance on Children is being developed by the Parole Board.*

- Clinical/treatment
- Community adjustment

26.18 It has good reliability ratings, but varied findings on predictive validity. Assessors should be experienced in youth assessment. Panels should note that adolescent development is fluid and that, particularly with prisoners aged 15 or under, there is a high risk of over estimating risk. Please refer to the Guidance on Young Adults[42].

ARMIDILO-S (Assessment of Risk Manageability for Individuals with Development and Intellectual Limitations who Offend – Sexually) - Boer and Colleagues (2009)

26.19 The ARMIDILO-S is a SPJ tool psychologists and medical professionals use to assesses the risk of sexual reoffending in prisoners diagnosed with intellectual and developmental disabilities. It is intended for males aged over 18 who have engaged in sexual offending behaviour whether or not they have been convicted. It can be applied to prisoners who have borderline intellectual functions (i.e. IQ between 70 and 80 with adaptive functioning deficits) or who are intellectually disabled (i.e. a cognitive impairment with onset before the age of 18, reflected by an IQ score of 70 or below).

26.20 The ARMIDILO-S only uses dynamic risk factors. The tool consists of 30 stable and acute items. These are further divided into four subscales relating to "environmental" and "client" related stable and acute factors. Each item is considered as both a risk and protective factor. Items are scored on a 5-point scale from -2 for reducing risk to +2 for increasing risk.

27. Risk Assessment Tools for Stalking

SAM (Stalking Assessment and Management) - Kropp, Hart and Lyon (2008)

27.1 This is a SPJ tool for the evaluation and management of risk in adult male and female stalkers, building on previous relevant work such as the development of the SARA and RSVP. Three domains are considered:

- Nature of stalking
- Perpetrator risk factors
- Victim vulnerability factors.

SRP (Stalking Risk Profile)

27.2 The Stalking Risk Profile (SRP) is another SPJ tool for assessing and managing risk in stalking cases. The SRP adopts an approach to risk assessment that enables the assessor to determine not only the risk of

[42] *At the time of writing, guidance on Children is being developed by the Parole Board.*

violence, but also the separate risk domains of persistence, recurrence, and psychosocial damage according to the prisoner's motivation. In doing so, it is structured to take into account the differences that motivation brings to risk within each domain.

27.3 The SRP uses a slightly more complex typology that provides extra information to assist assessors with understanding and managing stalking behaviour. This typology divides stalkers into five types and it places the greatest emphasis on the context in which the stalking arose and the stalker's initial motivation for contacting the victim. It then incorporates the nature of the prior relationship between victim and stalker, and the role of mental illness in motivating the stalking behaviour. This typology really focuses on the apparent function of the behaviour for the stalker, as that can help to guide assessment, and consequently, can inform treatment and management.

27.4 Panels should note that validated risk assessments of general or sexual violence may not provide accurate and reliable assessments of risk in stalking. This is because aspects of persistence, reoccurrence and stalking related violence may not have been fully captured in the tools.

27.5 Specific training is required on both the SAM and SRP tool, as well as the subject matter. They are both suitable for assessing both male and females aged 18 or over.

28. Risk Assessment Tools for Terrorism and Terrorism- Risk Offending[43]

28.1 There are very few widely used risk assessment tools for prisoners convicted of terrorism or terrorism-connected offences. Evidence suggests that protocols that adopt a SPJ approach to risk assessment are considered superior and more valid than unstructured or semi-structured approaches in this field[44]. The ERG22+, VERA-2R and MLG are the frameworks that are most likely to appear in parole dossiers and are all SPJ frameworks.

28.2 Panels should note that these frameworks should only be used by specially trained assessors who have both experience and understanding of radicalisation, extremism, and terrorist offending. Assessors completing the ERG22+ should also have not completed any intervention work with the prisoner as risk assessment in this field may be more prone to assessor bias.

ERG22+ (Extremism Risk Guidance) - Ministry of Justice

[43] *At the time of writing, guidance on Terrorist and Terrorist-risk offending is currently in development.*

[44] *Borum (2015). p.68; Council of Europe handbook (2016) Points 46 and 51; Dernevik, Beck, Grann, Hogue, & McGuire (2009). p.4; UNODC Handbook (2016) Section 4.4; Monahan (2012). P.184; Pressman & Flockton (2012). p.242*

28.3 The ERG22+ was developed as an assessment tool to help assess risk of extremist offending and to inform decision-making about the sentence management of those convicted of extremist offences or those considered to be 'of concern' regarding current engagement with extremist groups, causes and/or ideologies. The ERG22+ is used to inform key decisions about the sentence management of extremist offenders, including security re-classification, release, supervision arrangements, and intervention planning. It is also used to assess changes associated with risk, including those that may be facilitated through interventions.

28.4 ERG22+ is a SPJ framework used by HMPPS. It intends to support a flexible, individualized, case formulation approach to inform and support decision-making about risk, sentence planning and management of prisoners convicted of terrorism, and terrorism-connected offences. ERG22+ assessors are specially trained Registered Psychologists or qualified Probation Officers.

28.5 ERG22+ can be used with males and females, adults, young adults, and children (although there is supplementary guidance for its use with children). The ERG22+ can be used with a diverse range of ideologies (including extreme right-wing, and Islamic-extremism offenders).

28.6 To help ensure assessors identify significant factors or circumstances which may contribute to a prisoner's offending, 22 factors are identified with the +suffix accommodating any other factor that emerges from individual assessments. The ERG recognises that it is important to understand not only what factors or circumstances may be relevant to risk of offending but also how these may contribute to or protect against future offending. This process builds a picture of the risks, needs and vulnerabilities which may need to be managed to prevent offending as well as how prisoners may mitigate future risk and build upon their strengths. All factors (identified through casework and literature) are associated, therefore, with three key dimensions which bear on risk or protection:

- Engagement - factors that may account for a prisoner's involvement and growing identification with an extremist group, cause and/or ideology.
- Intent - factors evidencing a prisoner's mental state and their readiness to support and/or use illegal means, and/or violence to further the goals of an extremist group, cause or ideology.
- Capability - factors that enable a prisoner to cause harm, offend, or perpetrate violence on behalf of a group, cause, and/or ideology.

The + suffix accounts for any other factor/s that may have had a significant influence. Each factor and domain are assessed and recorded as being 'strongly present', 'partly present' or 'not present'.

28.7 The purpose of the ERG is not to determine guilt, or to predict whether a prisoner will reoffend. The ERG does not categorise prisoners into specific risk categories with known re-offending rates but informs judgements about risk. The ERG should not be used to make decisions about prisoners in isolation; it was designed to be used as part of multidisciplinary

decision-making process to inform sentence and risk management strategies.

28.8 Despite the measurement of the psychometric properties of the ERG being in its infancy, there is preliminary support for the construct validity, internal consistency, and inter-rater reliability of the ERG[45]. There are also early indications of convergent and predictive validity; however further evaluation of the properties is required to confirm these findings.

VERA 2R (Violence Extremism Risk Assessment) - Pressman and Flockton (2012)

28.9 The VERA 2 is a 34-item SPJ tool which aims to assess the risk of violent political extremism. It was revised from the original VERA (Pressman, 2009) on the basis of empirical evidence presented by experts in prison and national security sectors. This has since been revised into the VERA-2R, which uses more specified dynamic indicators pertinent to the radicalisation process of violent extremism. It also includes eleven additional evidence-based indicators such as mental disorders and non-violent criminal history. It is intended for use with and limited to prisoners with a history of extremist violence or convictions for terrorist related offences.

28.10 VERA2-r categorises 34 risk factors into the domains of:

1) **Beliefs, attitudes, and ideology** which identifies risk factors associated with the nature of extremism and support for the use of violence to further ideological goals
2) **History, Action and Capacity** which identifies risk factors associated with a prisoner's ability to plan and carry out a violent extremist attack
3) **Commitment and Motivation** which identifies risk factors associated with drivers or motives for acts of violent extremism
4) **Protective or Risk Mitigating Factors** which identifies factors that may protect or mitigate against offending
5) **Additional Indicators** which identify factors or indicators associated with criminal history, personal history, or mental disorder that may impact the risk of prisoners engaging in violent extremism and terrorism when considered in combination with the presence of ideological, contextual, and motivational factors identified in the VERA-2r.

28.11 Also reviewed is a sixth domain consisting of eleven additional indicators relating to relevant criminal and personal histories, as well as potential mental disorders. There are three ratings of low, medium, and high. Protective and risk-mitigating indicators are scored in reverse with low

[45] *Elliott, I.A.; Horne, K; & Hambly, O. (2021). The Extremism Risk Guidance 22+: An exploratory psychometric analysis. Ministry of Justice Analytical Series. Powis, B., Randhawa, K., Bishopp, D. (2019a). An Examination of the Structural Properties of the Extremism Risk Guidelines (ERG22+): A Structured Formulation Tool for Extremist Offenders. Terrorism and Political Violence. Powis, B., Randhawa-Horne., Elliott, I. (2019b). Inter-rater reliability of the Extremism Risk Guidelines 22+ (ERG 22+). Ministry of Justice. – Carys Keane NOMS*

indicating no change, moderate indicating some positive change and high indicating a significant positive change. The final decision is made based on a weighing of all the available evidence, including the findings from the risk and protective indicators.

28.12 Although there are currently cyber elements within the VERA-2, it has been recommended that these are expanded and strengthened. The VERA-2R can be used in both pre-crime and post-crime situations to assess violent extremists, terrorists and violent prisoners motivated by social, political or religious ideologies. It is appropriate for youths, as well as male and female adults.

MLG (Multi-Level Guidelines) Version 2- Cook, Hart and Kropp (2013)

28.13 The MLG is a SPJ protocol used to assess group-based violence. It explicitly considers how wider social circumstances, group dynamics and group identity may affect risk and protection. The framework is informed by Decision theory, Psychology of the Individual, Group Dynamics and Social Psychology.

28.14 The MLG (v2) categorises 16 risk factors into the four domains of:

1) **Individual Risk Factors** refer to risk factors related to the prisoner which are relatively independent from that of the prisoner's group membership
2) **Individual-group factors** refer to risk factors related to the prisoner in relation to the group which capture the prisoner's identity, attitudes and role in relation to the group.
3) **Group factors** refer to risk factors related to group process and structure which capture the internal group characteristics and processes of the group.
4) **Group-societal factors** are external or peripheral contributions to violence risk (e.g., intergroup threat) which capture the societal and intergroup level influence on groups and individual members of groups to engage in violence.

28.15 Empirical grounding was provided by subject matter experts in terrorism, gangs, cults and organised crime from a social science background of the MLG[46]. However, the predictive validity remains unknown and further validation and reliability studies are required.

[46] *Cook, A. N. (2014). Risk assessment and management of group-based violence (Doctoral Thesis). Cook, A. N. & Hart, S.D. (2014). Risk/threat assessment and management of group-based violence (including terrorism). Internal report for Public Safety Canada. Hart, S. D., Cook, A. N., Pressman, D. E., Strang, S., & Lim, Y. L. (2017). A concurrent evaluation of threat assessment tools for the individual assessment of terrorism. Canadian Network for Research on Terrorism, Security, and Society Working Paper Series*

29. Assessment Tool for Protective Factors Against Violence

SAPROF (Structured Assessment of Protective Factors for Violence Risk) - De Vogel and Colleagues (2012)

29.1 The SAPROF is a forensic psychology tool for use in the assessment of risk of violence which is specifically designed for the assessment of *protective factors* in male and female adult offenders[47]. It is intended for use in conjunction with tools such as the HCR-20 (Version 3) but can also be used in conjunction with actuarial tools. It provides an overall judgement of the level of available protection in the assessed context. It is suitable for prisoners with violent offending histories, as well as for those who have previously sexually offended. There are empirical findings in terms of reliability and predictive validity for desistance, although comes with its limitations when applying to diverse groups. Best results are achieved in conjunction with actuarial tools.

30. Risk Assessment Framework for Fire Setting

M-TTAF (Multi-Trajectory Theory of Adult Fire-Setting) - Gannon et al, (2012)

30.1 The M-TTAF has been developed to guide professionals in their clinical work with adult male and female prisoners who set fires deliberately. It represents a multi-factorial theory of fire setting, integrating current theory and research knowledge into a broad etiological model, regarding the factors and mechanisms that interact to facilitate and reinforce fire setting. It incorporates typological knowledge of fire-setting and summarises prototypical trajectories (or patterns of characteristics leading to fire setting behaviour) that stem from the theoretical framework, with the aim being to ensure that clinicians may consult a helpful prototype of the differing ways in which fire setters may arrive at fire setting.

30.2 The main component factors explicated within the M-TTAF include:

- developmental factors (i.e., caregiver environment, abusive experiences)
- biological factors/temperament (e.g., brain structure)
- cultural factors (e.g., societal beliefs and attitudes toward fire)
- social learning factors (e.g., fire experiences, coping scripts)
- contextual factors (e.g., life events and other contextual triggers).

Psychological vulnerabilities (e.g., inappropriate fire interest, offence-supportive attitudes, self/emotional regulation issues and communicative problems) are also key variables that later form the presenting clinical features seen in therapy. These psychological vulnerabilities represent core psychological processes that are reflected by, and interact with, key

[47] *The SAPROF - Youth Version (SAPROF-YV) was developed in 2014 as an altogether new tool specifically intended to offer a positive addition to juvenile and young adult violence risk assessment in forensic youth psychiatry (age 12-23). It contains 16 dynamic protective factors for juvenile / young adult violence risk.*

biological, cultural, social learning, and contextual factors either distally or proximally in relation to fire setting.

31. Other tools which may be relevant to the assessment and management of risk

31.1 There are a number of assessments which do not measure risk directly but may inform the understanding of a prisoner's risk factors and how these may be addressed or managed. These assessments typically provide information about a prisoner's "responsivity needs", i.e., how the prisoner's characteristics make it more or less difficult for them to respond to treatment and risk management.

31.2 Three areas may be of particular relevance:

- The prisoner's personality characteristics
- The prisoner's level and style of cognitive functioning
- The prisoner's style of responding to assessments.

32. Assessments of Personality

32.1 Often the diagnosis of Personality Disorder is not required to access relevant support services (for example Offender Personality Disorder (OPD) pathway). Current practice is to move away from diagnostic assessment tools and to focus upon the formulation and individual factors. Panels might be more likely to see a formulation and observation of personality disorder traits and how they interface with risk as opposed to a full diagnosis.

33. IPDE (International Personality Disorder Examination) - Loranger (1997)

33.1 This is a semi-structured clinical interview for the assessment and diagnosis of personality disorders in adult men and women. It was developed for the World Health Organisation and has proven reliability ratings. It is not a predictive instrument, rather it may inform the assessment of the prisoner's risk factors and their ability to respond to treatment and management.

33.2 This is a highly specialised instrument and should only be used by experienced mental health practitioners who are trained in the use of the tool and have a working knowledge of personality disorder and diagnostic systems.

33.3 The assessment is essentially based on the prisoner's self-report so may be subject to distortions due to unconscious bias or deliberate attempts to present in a certain way. Interviewer experience and sensitivity are crucial here. Collateral information may be sought but should only be used in

reviewing and making comments on the ratings obtained from the individual.

33.4 A trait is only scored present if it has been present for at least the last five years and most will be scored "past" if they have not occurred in the past year. If a personality disorder is categorised as present, the traits identified may be rated on a dimension which ranges from "accentuated" to "pathological".

33.5 The self-report screening questionnaire (IPDE-SQ) should only be used in order to determine whether the full interview (IPDE) should be completed.

33.6 Panels should satisfy themselves as to the qualifications of report writers and the relevance and implications of the diagnostic findings for the behaviour of the individual being considered for parole.

MCM1-1V (Millon Clinical Multiaxial Inventory- IV) - Millon and colleagues (2006)

33.7 This is a self-report questionnaire for completion by adults who show evidence of problematic emotional and interpersonal symptoms. It is not intended for use in the general population but is sometimes used by independent expert witnesses in their reports. The checklist is derived from Millon's theory of personality and lacks an empirical research base. A number of studies have suggested that problems with its diagnostic accuracy and construct validity make it unsuitable for use in a forensic setting. It is also designed to relate to the personality disorder classifications in the American Psychiatric Association diagnostic manual, DSM-4, which has now been superseded by DSM-5 (Diagnostic and Statistical Manual of Mental Disorders 5th Edition).

33.8 The test should only be used in conjunction with independent clinical evaluation and verification of the information supplied by the subject.

PCL-R (Psychopathy Checklist -Revised) - Hare (2003)[48]

33.9 "Psychopathy" is a personality construct first described by Cleckley[49] in the 1940s and elaborated by Hare[50] in the 1990s and 2000s. Cleckley and Hare noticed that some prisoners, while not mentally ill in the usual sense, appeared to be particularly superficial and grandiose in their interpersonal style, impulsive and anti-social in their behaviour, and lacking a normal capacity for emotions, empathy and remorse. In summary, these prisoners lacked "conscience".

33.10 The PCL-R was devised by Hare to measure the extent of this personality construct in prisoners. It consists of 20 items which are rated as present,

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[48] *Some practitioners prefer to use the CAPP - comprehensive assessment of psychopathic personality. Panels may see this in reports - https://pubmed.ncbi.nlm.nih.gov/22686228/* The Comprehensive Assessment of Psychopathic Personality (CAPP): content validation using prototypical analysis - PubMed (nih.gov).

[49] *Cleckley H. The mask of sanity. St. Louis: Mosby; 1982. (Original work published 1941)*

[50] *Hare RD. The Hare Psychopathy Checklist-Revised PCL-R. Toronto, Ontario: Multi-Health Systems; 1991.*

partially present, or absent, out of a maximum/total score of 40. Assessors must undergo training and demonstrate inter-rater reliability before being considered competent to administer the checklist. In the UK, only registered psychologists may conduct the assessment for clinical purposes. Assessments are usually based on interview and a review of collateral information. They can be conducted on file information alone if necessary but should never be conducted on interview alone. Originally a score of 30 or above was thought to indicate a high level of psychopathy. In the UK, however, where a grandiose interpersonal style is less socially acceptable than in North America, a cut-off of 25 is often used.

33.11 The PCL-R is not a risk assessment and was never designed to be one. However, high scores do indicate a higher risk of future violence but low scores do not equate to lower risk.

33.12 Theoretically, it is thought that psychopathy may relate to a biological incapacity to experience normal emotions. This results in shallow emotional expression and poor empathy (someone with high levels of psychopathy may understand what another person is thinking or feeling but not care about it). A lack of fear and anxiety leads to impulsive and risk-taking behaviours. There is some empirical evidence for this model. The science is, however, very complex and research has yielded mixed results. Even if there are genetic factors underlying psychopathy, an individual with these characteristics would probably also have experienced a problematic childhood or anti-social influences in order for the emotional deficits to lead to violent behaviour. There is some evidence that individuals who have the genetic predisposition but not the adverse environmental influences are over-represented in occupations such as politics and business where a certain amount of risk-taking and ruthlessness are helpful.

33.13 The individual items should not be considered in isolation. They are part of a risky personality construct, not risk factors in themselves. If the individual has a moderate or low score and therefore does not meet the diagnostic threshold for psychopathy, it does not make sense to refer to the items that they score highly on as "psychopathic traits".

33.14 The PCL-R is a way of assessing psychopathy and no measure is perfect. Issues other than psychopathy can lead to elevated scores. For example, serious drug addiction can make people very callous and manipulative, not because they lack a capacity for empathy, but because drugs are more important to them than the people in their lives. Similarly, egocentricity and risk-taking are normal features of adolescence, so the PCL-R should not be used with young people under the age of 25. High scores, particularly on the interpersonal items, can also result from "fragile narcissism". This results when individuals who have low or fragile self-esteem and high levels of shame, over-compensate and present themselves as very arrogant and grandiose in order to protect themselves. This can look similar to psychopathy but the underlying reasons are completely different.

33.15 PCL-R scores are sometimes divided into two factors:

Factor 1: selfish, callous and self-absorbed personality traits associated with problems in relating to others. In terms of risk, it is associated with problems cooperating with or completing interventions but is not directly related to increased risk to others. This factor is sometimes sub-divided into the interpersonal and affective facets.

Factor 2: chronic antisocial behaviours, including impulsivity and poor planning. In terms of risk, it may improve (slowly) with maturity and is closely linked to increased risk to others. This factor is sometimes sub-divided into the lifestyle and antisocial facets.

PCL-SV (Psychopathy Checklist: Screening Version) - Hart, Cox and Hare (1995)

33.16 This is a shortened version used to assess whether a full PCL-R should be completed. It is rarely used by HMPPS but might be used by psychologists commissioned by prisoners. If issues with psychopathy are suspected, a full PCL-R should be used.

PCL-YV (Psychopathy Checklist Youth Version) - Forth, Cosson and Hare (2004)

33.17 This tool is an adapted version of the PCL-R for adolescents (ages 12-18), to assess personality characteristics and elements of psychopathic behaviour; it is not a diagnostic tool for psychopathy. Panels should note that there is significant concern amongst clinicians that it is inappropriate to use an adult concept of psychopathy to assess adolescent behaviour, due to the fluidity of adolescent development, and the overlap between aspects of psychopathy and normal adolescent behaviour. Please refer to the Guidance on Young Adults[51] for more information on development.

34. Assessments of Cognitive Functioning

WAIS IV (Wechsler Adult Intelligence Scale) - Wechsler (2008)

34.1 WAIS IV is an assessment tool designed to measure general intelligence and cognitive ability in adults and older adolescents (aged 16+). It provides a composite of cognitive functioning using a number of subtests that are combined into four cognitive skill categories:

- Verbal comprehension
- Perceptual reasoning
- Working memory
- Processing speed

34.2 The total combined score is interpreted as a measure of general intellectual ability. It may also indicate signs of organic disorder which require further investigation. Wide variation in scores between different sub-tests may make the combined scores meaningless or may indicate

[51] *At the time of writing, Guidance on Children is being developed.*

particular types of organic disorder. The test is time consuming and should only be carried out by trained assessors. There is a shortened version, the WASI-II, which can be used for screening purposes.

34.3 Panels should note that although the WAIS has been extensively researched and validated as a measure of general intelligence since the earliest version appeared in 1955, the test is loaded to assess traditional or "academic" intelligence and is highly correlated with learning, school achievement and structured cognitive development. As such many prisoners score well below their potential level due to their previous lifestyle and lack of structured learning and school attendance. Structured activities and educational opportunities may lead to higher scores on re-test, particularly in the verbal comprehension areas. Please refer to the guidance on Mental Capacity Assessments and Litigation Friends for considerations required for such prisoners to participate effectively in parole.

35. Assessments of Autistic Spectrum Disorder (ASD)[52]

35.1 ASD and autism are both general terms for a group of complex disorders of brain development (i.e., neuro-developmental disorders). These are characterised, in varying degrees, by difficulties in social interaction, in verbal and nonverbal communication, and by repetitive behaviours. Autistic traits do not necessarily elevate risk, but they affect how people may understand the world and consequently how they behave. It may be important to understand whether or not someone is on the autistic spectrum when trying to develop a formulation of their offending, and caution should be exercised when applying other risk assessment tools to autistic prisoners.

35.2 Generally, assessments of autism spectrum disorder fall outside the remit of forensic psychologists and may need to be directed to other health care professionals.

ADOS-2 (Adult Diagnostic Observation Schedule) Second edition - Lord, Rutter and colleagues (2012)

35.3 The ADOS-2 assessment was developed in the UK. It is a semi structured assessment of communication, social interaction and response to imaginal scenarios. Assessors should be fully trained and experienced in the field of ASD. A diagnostic assessment for ASD should be based on the ADOS and the ADI-R, where there is access to the parent / caregiver of the prisoner being assessed. A diagnosis of ASD is invalid without an accurate developmental history therefore this tool cannot be used alone.

DISCO (Diagnostic Interview for Social and Communication Disorders)

[52] *Autistic Spectrum Disorder assessments are commissioned by the prison estate. Please refer to the guidance on specialist reports for more information.*

35.4 DISCO is a semi structured interview used as both a clinical and research instrument for use with children, young people and adults of any age. It focuses on a prisoner's development, behaviour and skills since birth through to their current day-to-day functioning.

35.5 DISCO can be used for any level of ability. It can be applied for any manifestation of an autism spectrum and can also assist in identifying co-existing conditions often associated with the autism spectrum, such as ADHD, tics, dyspraxia, and catatonia-like disorders.

ADI-R (Autism Diagnostic Interview-Revised)

35.6 The ADI-R is a structured interview conducted with the parent or caregiver of prisoners who have been referred for ASD assessment. The interview, used by researchers and clinicians for decades, can be used for diagnostic purposes for anyone with a mental age of at least 24 months. It measures behaviour in the areas of reciprocal social interaction, communication and language, and patterns of behaviour.

AQ (Adult Autism Spectrum Quotient) - Baron- Cohen and colleagues (2001)

35.7 AQ is a self-report checklist undertaken by the subject and designed for use in autism research. It may, however, be found in the reports of some independent expert witnesses. It is not a diagnostic tool and should not be used for diagnostic purposes except as part of a full assessment including interview and collateral information and observations. There are no published norms for forensic populations. There is a youth version of the AQ, but this has not been validated. Panels should be aware of the limited utility and potential bias of this scale, as with all self-report scales.

FARAS (Framework for the Assessment of Risk and Protection in Offenders on the Autistic Spectrum) - Al-Attar (2018)

35.8 FARAS is based on a thorough literature review and piloted with assessors in prisons and other forensic settings. It is an adjunct to standard risk assessment, not a risk assessment itself. Its purpose is to make the assessment of risk factors and protective factors more ASD-informed. ASD does not, in itself, cause risk, but it may influence the expression of risk factors and protective factors. FARAS provides guidelines on thinking about how ASD may contextualise risk in affected prisoners.

36. Assessments of Response Style

36.1 Interviews, questionnaires, and other assessment methods often rely heavily, if not wholly on a prisoner's self-report. Experienced assessors should be aware of the pitfalls of excessive reliance on self-report and will seek corroboration from other evidence. External report writers, who have limited time with a prisoner for the assessment and may have limited access to sources of corroborative information, often rely heavily on the prisoner's self-report.

36.2 It may therefore be of relevance in assessing a prisoner to know whether they have a tendency to report themselves in a more, or less, socially desirable way.

PDS (Paulhus Deception Scales) - Paulhus (1998)

36.3 This is a self-report instrument designed to identify prisoners who distort their responses in assessments and rating scales. It identifies two forms of socially desirable responses: unconscious self-deception and conscious impression management. Panels should note that high scores will undermine the reliability and validity of an individual's self-report.

TOMM (Test of Memory Malingering - Tombaugh (1996)

36.4 The TOMM is a visual recognition test designed to distinguish between genuine memory impairments and malingering. Research has found it to be a sensitive and reliable measure of malingering. It consists of two learning trials and an optional retention trial. It uses two cut off scores: 1) below chance and 2) criteria based on head-injured and cognitively impaired prisoners.

37. Where can I find additional advice?

37.1 Most specialist members of the Parole Board (psychologists and psychiatrists) have a lot of experience in risk assessment and will be able to answer any queries. Members can access the specialist advisors list on the SharePoint home page here.

37.2 For further information and research findings on risk assessment tools, the Risk Management Authority (Scotland) publication RATED (2016) although dated, continues to be useful to consult, and is available online. It provides a comprehensive description and evaluation of tools used in risk assessment in the criminal justice system.

37.3 There are many useful books available on forensic risk assessment. Three comprehensive handbooks are listed below:

- Browne, K.D., Beech, A.R., Craig, L.A. and Chou, S. (2017) *Assessments in Forensic Practice: A Handbook.* Chichester: Wiley Blackwell.
- Ireland, J.L., Ireland, C.A and Birch, P. (2019) *Violent and Sexual Offenders: Assessment, treatment and management (2nd Ed.)* Abingdon: Routledge.
- Craissati, J (2019) *The rehabilitation of sexual offenders: complexity, risk and desistance.* Abingdon Routledge.

Glossary

Actuarial (non-discretionary) Risk Assessment: a type of risk assessment in which measurable factors are combined in a mathematical formula to produce a prediction of risk.

Acute Factor: a dynamic risk or protective factor which can change quickly, such as feeling angry or being drunk. Sometimes referred to as a *state.*

Chronic Factor: a dynamic risk or protective factor which changes only slowly, such as core beliefs or types of personality. Sometimes referred to as a *stable* factor or *trait.*

Clinical (discretionary) Risk Assessment: a type of risk assessment in which a professional makes a judgment about risk based on their knowledge and experience.

Criminogenic Factor: an aspect of a prisoner's life which is directly linked to their criminal behaviour.

Dynamic Factor: a risk or protective factor which can change.

Offence Paralleling Behaviour (OPBs): observable behaviour which has functional similarities to the offender's pattern of offending.

Organic Disorders: are a dysfunction of the brain that may be permanent or temporary. It describes reduced brain function due to illnesses that are not psychiatric in nature.

Protective Factor: anything which makes the offender *less* likely to reoffend.

Psychological Risk Assessment (PRA): a comprehensive report by a psychologist, which includes an assessment of risk based on a structured professional judgment approach and a formulation of the offending behaviour.

Reliability: when applied to an assessment tool, this relates to how consistently the tool measures the construct of interest when applied on different occasions. *Inter-rater reliability* relates to consistency between different professionals when assessing the same individual.

Responsivity Factor: anything which might affect the offender's ability to respond to interventions designed to reduce risk. Sometimes referred to as a *treatment interfering factor.*

Risk Factor: anything which makes the offender *more* likely to reoffend.

Stable Factor: a dynamic risk or protective factor which changes only slowly, such as core beliefs or types of personality. Sometimes referred to as a *chronic factor* or *trait.*

Static Factor: a risk or protective factor which cannot change.

Structured Professional Judgment (SPJ): an approach to risk assessment which incorporates the best aspects of both actuarial and clinical risk assessment. It involves the use of structured "tools" which guide the professional to consider known risk factors in a structured and objective way.

Treatment Interfering Factor: anything which could interfere with an offender's ability to engage in interventions designed to reduce risk. Sometimes referred to as a *responsivity factor.*

Validity: when applied to an assessment tool, this relates to how well the tool measures the construct that it is supposed to measure. In risk assessment we often refer to the *predictive validity* of a tool – this is the extent to which the tool accurately predicts what it is designed to predict (e.g. violent or sexual reoffending).

Appendix 1 – HCR-20v3

Psychologists can present their findings in several different ways, below is an example of how the HCR-20v3 might be presented.

RISK FACTOR (problems with…)	**PRESENCE (present / partially present / absent)**		**RELEVANCE (high / medium / low**	
H1 – Previous violence				
H2 – Other antisocial behaviour				
H3 - Relationships				
H4 – Employment				
H5 – Substance use				
H6 – Major mental illness				
H7 – Personality Disorder				
H8 – Traumatic experiences				
H9 – Violent attitudes				
H10 – Treatment / supervision response				
C1 – Insight				
C2 – Violent ideation				
C3 – Major mental illness				
C4 – Instability				
C5 – Treatment / supervision response				
	OPEN	RELEASE	OPEN	RELEASE
R1 – Professional services / plans				
R2 – Living situation				
R3 – Personal support				
R4 – Treatment / supervision response				
R5 – Stress / coping				

Ideally, this is how the HCR-20 v3 should be presented (the above is a table for comparison for evidence of 2 experts, hence the double columns under presence and relevance)

- H factors are historical and cover an individual's whole lifespan.
- C factors are current (up to 6 -12 months)
- R factors relate to the future. It is a future risk prediction, based on historical information, current behaviour and clinical judgement. If a prisoner is eligible for both open and release, then the table should be split as above to make a judgement for both potential outcomes.
- "Presence" (second column) indicates the extent to which this risk factor was / is present (see 1st column: "problems with") and it should be scored as present, partially present or absent. So, if someone has a score of absent on H4, it means that this is NOT a risk factor for them, i.e. they never had problems with relationships in the past and so on.
- "Relevance" indicates the extent to which a risk factor is relevant in risk management. Relevance should be scored as high / medium / low.
- The HCR-20 v3 has a 12-month validity, unless a prisoner has undertaken a risk-reduction intervention or a serious incident has taken place, in which case it should be repeated after the intervention / incident.
- The HCR-20 v3 should always be followed by risk scenarios, presenting potential high-risk situations. This should be done in collaboration with the individual being assessed.
- The overall risk judgement should be given as: High / medium (or moderate) / low risk.
- Anytime the HCR-20 v3 is completed, it is good practice to also complete the SAPROF, which is an assessment of protective factors, in order to have a balanced view of risk factors and protective factors.
- Factors H6, H7 and C3 must be scored based on formal and valid assessments.

Appendix 2 – RSVP

Below is the template used when completing a Risk of Sexual Violence Protocol.

ITEM	RATING		
	PAST	RECENT	FUTURE RELEVANCE
Sexual violence history			
Chronicity of sexual violence			
Diversity of sexual violence			
Escalation of sexual violence			
Physical coercion in sexual violence			
Psychological coercion in sexual violence			
Psychological adjustment			
Extreme minimisation or denial of sexual v.			
Attitudes that support or condone sexual v.			
Problems with self-awareness			
Problems with stress or coping			
Problems resulting from child abuse			
Mental disorder			
Sexual deviance			
Psychopathic personality disorder			
Major mental illness			
Problems with substance use			
Violent or suicidal ideation			
Social adjustment			
Problems with intimate relationships			
Problems with non-intimate relationships			
Problems with employment			
Non-sexual criminality			
Manageability			
Problems with planning			
Problems with treatment			
Problems with supervision			
Other case specific factors			

Appendix 3 – SAPROF

Below is the template used when completing a Structured Assessment of Protective Factors for Violence Risk.

SAPROF						
INTERNAL FACTORS	**RATING**		**KEY**	**GOAL**		
1. INTELLIGENCE						
2. SECURE ATTACHMENT IN CHILDHOOD						
3. EMPATHY						
4. COPING						
5. SELF-CONTROL						
MOTIVATIONAL FACTORS						
6. WORK						
7. LEISURE ACTIVITIES						
8. FINANCIAL MANAGEMENT						
9. MOTIVATION FOR TREATMENT						
10. ATTITUDES TOWARDS AUTHORITY						
11. LIFE GOALS						
12. MEDICATION						
EXTERNAL FACTORS						
13. SOCIAL NETWORK						
14. INTIMATE RELATIONSHIP						
15. PROFESSIONAL CARE						
16. LIVING CIRCUMSTANCES						
17. EXTERNAL CONTROL						