



Ministry of
JUSTICE

National Offender
Management Service

SARNR Risk Report – 2013

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micky

**Structured Assessment of Risk, Need
and Responsivity** **Sensitive/Irrelevant**

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1. Introductory information

1.1 Report writer credentials

1.1.1 I am a Chartered Psychologist and I am registered as a Practitioner Forensic Psychologist with the Health and Care Professions Council (HCPC). I hold a BSc (Hons) in Psychology and Philosophy, and an MSc in Forensic Psychology. I have completed specific training in forensic risk assessment and the assessment and treatment of [Sensitive/Irrelevant] I have worked in the assessment and intervention of individuals who commit [Sensitive/Irrelevant] for approximately 13 years. I have been awarded Band A inter-rater reliability using the Treatment Needs Analysis (TNA) assessment tool which is applicable to the Risk and Success Factor Analysis (RSFA).

1.2 Basis of the report

1.2.1 In preparing this report I interviewed [D643] on 09/06/17 for 3 hours at Brook House Immigration Removal Centre (IRC). The purpose of this interview was to explore his areas of risk and progress following his completion of the [Sensitive/Irrelevant] I also interviewed him to disclose a draft version of this report on 15/06/17 and incorporated his comments into the final version of this report. [D643] was collaborative, open and engaged throughout my interviews. At times he became upset and teary. This was when he discussed his experience of being a father, his ex-partner and their relationship and his concern for his daughter. I assessed these as genuine and healthy expressions of emotion. He described experiencing trauma symptoms, resulting from his tours of duty as a soldier in the British Army. He informed me that his symptoms were exacerbated by residing in an IRC, and that he was anxious and distressed about his future, given his immigration status.

1.2.2 I have read the listed collateral information in Appendix A. I sought information about [D643] from staff at Brook House IRC but have received limited information. I have spoken with [D643] Offender Manager, Matthew Smith on 19/05/17. [D643] provided me with a copy of his British Army medical record, his Immigration report, and a recent independent psychological report. I have had no contact with [D643] prior to the above.

1.3 Life history

1.3. [D643] grew up in St Vincent, with his mother and 2 step-siblings [D643] reports that he and his step-siblings all had different biological fathers. He was informed, by a family member, that his father, who was a Christian minister, was the husband of his mother's aunt, and [D643] was born as a result of a brief sexual relationship between his father and mother. As a child he did not have any regular contact with his biological father and he was not recognised as part of his biological father's family. [D643] mother had problematic [Sensitive/Irrelevant] He describes her as strict, and that she would

use physical punishment on him as a form of discipline. He describes being scared of misbehaving or doing something to displease her. He developed the belief that it was not right to physically punish a child. He grew up believing in non-violent approaches to problems and aspiring to pro-social goals. He describes an incident when he was a young man in which he experienced an unprovoked attack by a man with a machete when he was drinking in a bar. He reports that he was most concerned about his mother finding out and beating him. He reports that his mother had little money for clothes and food, and recalls often feeling physically hungry. He has described his mother telling him to pick up 'dog-ends' for her, when he was a child, which he found distressing. He describes living by his mother's motto 'when you don't have; do without'. When **D643** was a child, his mother married a local man, who was a teacher. He describes his step-father as distant toward him and strict, and that he had little contact with him. He has described, that he perceived his brother received more attention than him, although states that he looked up to his brother. He describes wanting to be part of his biological father's family. He describes feeling 'devastated' and alone as a child, when his grandfather died. **D643** grew up with the belief that it was important to be a good father, and take responsibility for your children.

1.3.2 **D643** reports that the use of cannabis and alcohol was common within his community. **D643** describes 'looking beyond' his community. He was determined to pursue educational qualifications and continued into higher education. He decided to avoid using cannabis, but when he refused to use cannabis he reports that his peers responded by spreading a rumour that he was homosexual as a way of ridiculing him. **D643** reports that he attempted to join the police force but was rejected because 'elders' in his village reported he had used drugs. At the age of 23 years old, and in the context of a long-term relationship **D643** and his partner became pregnant. He decided, consistent with his beliefs to take responsibility as a father, to approach his partner's parents to reassure them that he would seek employment to provide for his partner and child. He acknowledges that he found the responsibilities of fatherhood difficult as well as rewarding.

1.3.3 **D643** applied to join the British Army when they were recruiting in St Vincent. He did not pass the basic training on his first attempt, but was eventually recruited into the British army and served in the **Sensitive/Irrelevant** for 12 years. Shortly after his recruitment he moved to the United Kingdom (UK) and arranged for his wife and child to join him. **D643** describes experiencing a deep sense of belonging during his time in the army. He describes having a role as a 'joker', and would indulge in spending money on clothes and cars, and admits to having a reputation as being something of a 'show-off'.

1.3.4 During his time in the British Army, **D643** reports that he began to experience undiagnosed and distressing symptoms associated with Post-Traumatic Stress Disorder (PTSD), related to the tours of duty he took in **DPA** Iraq, between 2005 and 2008. He struggled to identify, understand or communicate his experience and became suspicious and paranoid. He reports using alcohol to cope and often drinking to excess to fall asleep. He states he attempted to take an overdose in 2011 in response to struggling with symptoms of PTSD. Although he approached the British Army psychiatrist, he struggled to explain his experience. **D643**

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has received [Sensitive/Irrelevant]

Three of these offences were when he was stationed with the British Army in Germany. [D643] links some of his driving offences to the use of alcohol to manage symptoms of PTSD. During this time, [D643] describes wanting to only spend time with his unit. His relationship with his wife suffered, and he did not feel able to share his distress, and was no longer interested in sex as part of this intimate relationship, and he and his wife eventually separated. Based on information from the recent independent psychologist report, his wife reports that [D643] was not fulfilling his parenting responsibilities emotionally or financially. In addition, when stationed in Germany and in the context of his difficulties sustaining his marriage, he reports that his wife attempted to strangle him to stop him from leaving the house, and he reacted by punching her. He states that the police were called and he was arrested, but no charges were brought against him. At this same time, and based on information from his army medical file, [Sensitive/Irrelevant]

[Sensitive/Irrelevant] [D643] was also being considered for administrative discharge. There does not appear to have been a conclusion to this matter, but there is reference to a superior officer intercepting an official letter from the German police, outlining how [D643] had failed to pay one of his driving fines in full, and the German police authorities were pursuing the matter. At this time, [D643] describes feeling bullied, struggling with managing his emotions, feeling low in mood, and being suspicious of others intentions and behaviour. It does not appear that a formal diagnosis of PTSD had been made, although he was provided with some basic cognitive behavioural strategies to manage unhelpful thinking scripts. In 2005 and 2007 [D643] experienced 3 serious accidents resulting in deafness in both ears. He was eventually discharged from the British Army on medical grounds in 2012. It appears that [D643] had been requested to leave the UK on 14/09/12, voluntarily, by the Home Office as part of Immigration Law because he was no longer part of the British Armed Services. He stayed in the UK, without leave to remain. I note, that [D643] has reported that [Sensitive/Irrelevant] but he did not discuss the emotional significance of this for him at my interviews.

1.3.5 [D643] found re-integrating into society distressing and difficult, following his time in the British Army. He gained employment. He was refused a council housing place, and arranged to live with an acquaintance, [Sensitive/Irrelevant] whom he knew from the army. He sought some support for his trauma related symptoms through his General Practitioner (GP). Despite this, he felt alone and isolated. He found comfort in living with [] as someone who was in the army. He also attempted to stay in contact with his old colleagues through social media. He began to build friendships through attending bars and nightclubs, becoming acquainted with male peers. The offence occurred at a time when [] was on a tour of duty.

1.4 Summary of offending behaviour

Sensitive/Irrelevant

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- **Sensitive/Irrelevant**

Sensitive/Irrelevant

2. Assessment of static risk

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Sensitive/Irrelevant

2.2 Sensitive/Irrelevant

2.2.1 D643 has been assessed as Sensitive/Irrelevant

Sensitive/Irrelevant This means he has none or very few of the characteristics that are associated with raised risk of proven violent reoffending. Sensitive/Irrelevant are those whose likelihood of proven violent reoffending within 2 years of the start of an 'at risk' period is between 0 and 29%. ('At risk' periods start at the commencement of a Community Order or discharge from custody.) Sensitive/Irrelevant generally require less treatment and supervision than higher risk groups. However, any such decisions should take into consideration other factors such as risk of serious harm." Sensitive/Irrelevant was constructed and tested on samples of all offenders who had received an Sensitive/Irrelevant assessment, Sensitive/Irrelevant Sensitive/Irrelevant

3. Assessment of changes in dynamic risk factors (criminogenic needs)

3.1 Level of overall dynamic risk

3.1.1 Amber Gash, Forensic psychologist in Training, conducted the Risk and Success Factor Analysis (RSFA) dated 21/12/15. Treatment needs are divided into four domains. D643 does not show strongly characteristic (major) risk factors in any of the four domains: Sensitive/Irrelevant Relationships and Self-Management). D643 was assessed as having a low level of treatment need. A grid showing a summary of the original evidence for each treatment need is attached as an appendix to this report. I have reviewed the evidence, and made some adjustments to the scoring as part of this report, but this does not change the outcome of the overall dynamic risk level. I report risk factors that are relevant to the commission of D643 Sensitive/Irrelevant and present in his life generally. I summarise the progress D643 has made in being able to

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address or manage each risk factor. For further detail about how this assessment has been calculated please see appendices.

3.2 Introducing the dynamic risk factors

3.2.1 The risk factors that have been assessed as relevant to **D643** committing **Sensitive/Irrelevant**

Sensitive/Irrelevant

Sensitive/Irrelevant

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Sensitive/Irrelevant

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Sensitive/Irrelevant

3.4.3 In summary

D643

Sensitive/Irrelevant

Sensitive/Irrelevant

3.5 Not dealing well with life's problems

3.5.1 Not dealing well with life's problems was assessed as present but not central to the commission of D643

D643 offence D643 reports struggling to manage life problems 6 months prior to his offending in the context of adjusting to life outside of the army. He describes using alcohol to cope with feelings of loneliness. He was estranged from his wife and daughter who were living at the time in the UK and his army acquaintance with whom he was living, was away on a tour of duty. He was struggling with symptoms associated with PTSD and he did not have sufficient support to manage these on his own. He describes responding to this scenario by trying to establish friendships through social drinking and spending money, in order to impress others, e.g. buying drinks for people in bars and nightclubs. This approach was driven by a need to find personal belonging and friendship. He acknowledges that he was likely trying to recreate the solidarity and support he experienced in his army unit. He recognises that this set the scene for the offence, in that he was engaging in a lifestyle that included heavy alcohol use and casual sex, and he was trying to impress his male peers. At the time of the

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offence, **D643** was not in an intimate relationship. Although he reports meeting a woman on the evening of the offence that he **Sensitive/Irrelevant** and with whom he wanted to develop an intimate relationship, he states that intimacy was not relevant to how he acted toward the victim. Not dealing well with life's problems was assessed as present but not strongly characteristic of **D643** life in general. **D643** acknowledges that there have been periods in his life, when he has adopted an avoidant-focused way of coping with life problems. He recognises that he has also used impulsive decision making, when pressurised to find a solution to a problem. He provided the example of his driving offences in which he describes considering the risks, but still continuing to drive whilst disqualified, dismissing the consequences because he was in a low mood.

3.5.2 **D643** has identified appropriate risk management goals in relation to managing life's problems. During the programme, he effectively completed coping diaries and engaged in a skills practice designed to help him practice effective coping skills. Facilitators observed **D643** to cope well with a range of problems, including the break-up of his intimate relationship and issues related to deportation. He discussed his problems, listened to feedback and showed a willingness and ability to ask for help from facilitators. These skills have been observed outside of a treatment context.

3.5.3 **D643** acknowledges the times in his life when he has engaged in less constructive problem solving. He presents as motivated, and with some effective skills, to manage life's problems. He shows a particular willingness to ask for help and apply this support. He has not shown offence paralleling behaviour which would indicate continued risk in this area. Offence paralleling behaviour in my opinion, would include, not identifying problems or seeking help, acting impulsively and using quick fix solutions such as using alcohol, seeking superficial relationships with others to find belonging and comfort, and presenting to others that he is coping.

4. Case formulation: **Sensitive/Irrelevant**

*I have limited official information on **D643** time in the British Army. It could be that there is information that could be relevant to the following formulation/s.

4.1 **D643** did not experience consistent parental care growing up. He reports growing up in a community in the Grenadines, in which engagement and employment options were limited. His mother appears to have been an unpredictable and authoritarian care figure and there was an absence of a secondary male care figure. The lack of effective male role-models in his life, meant that the death of his grandfather, when **D643** was 10 years old, had significant emotional meaning for him, and he felt a significant sense of loss and grief. He describes feeling alone and uncared for during his childhood. Despite this, he appears to have internalised a sense of duty and moral approach to others. He reports being determined to overcome his background and achieve pro-socially. Indeed, he engaged in higher education, married and had a daughter and was eventually recruited into the British Army. He found a deep sense of belonging in the British Army, and its influence on him

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appears to have been largely pro-social. At the same time, there appear to be times when he engaged in casual sex, including the use of sex workers, and heavy drinking, as part of what appears to have been an off-duty culture. The emotional significance of the experience of belonging which he found in the Army and his less assertive approach in relationships, could explain why he has engaged in behaviours that did not fit with his moral codes, e.g. visiting sex workers. Following tours of duty of **DPA** in Iraq, **D643** reports experiencing flashbacks, mood problems and distress. He remained confused and distressed by these symptoms. He used alcohol as a way of coping, his negative behaviour eventually being a key cause of his marriage deteriorating, leaving him with limited support. The British Army does not appear to have officially diagnosed him with PTSD and he does not appear to have been offered formal treatment. It appears that **D643** went through a period in the army at this time, in which his behaviour deteriorated and he was less able to cope and gain perspective, causing some concern for his colleagues. **D643** experienced his eventual discharge from the army on medical grounds for NDCI and deafness, as negative and distressing.

4.2 In the months prior to the offence, **D643** was struggling to integrate back into society. He felt lonely, and missed the sense of belonging and purpose he experienced in the army. He appears to have experienced social support when he began to stay in the flat of an army acquaintance. However, when this acquaintance went on a tour of duty he felt lonely and isolated. In response, he began to engage in a drinking culture, to establish friendships, trying to impress peers by spending money. On establishing some friendships, he reports that he adopted a somewhat under-assertive role - linked to his relating style and possibly to his intellectual abilities to manage novel social situations and process new information - including giving others lifts when they had been drinking, letting people stay in his friend's flat and spending money in an effort to maintain his social connections. At the same time, he reports continuing to experience distress from symptoms associated with PTSD. His pursuit of friendship through the social milieu of drinking culture and its association with casual sexual encounters, even if he did not partake in this aspect, served the function of connectedness and belonging for him. This was likely similar to that which he had experienced in the army, and therefore likely offered him more emotional support and social reward than for example his employment at the time. But this social network would not have provided him with the social and administrative safety net that he would likely have experienced in the British army. Whilst this provides context to his offence, the question of why **D643** was able to act in a way that was **Sensitive/Irrelevant** attitudes to sex and women, and his broader pro-social goals and beliefs, has to be answered tentatively. **D643** does not provide an account of the

Sensitive/Irrelevant

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5. Assessment of protective factors (success factors)

5.1 Actively changing my life for the better by working on the things that led me to offend in the past

5.1. **D643** shows this protective factor as having been and currently being a really important part of his life. He shows evidence of having meaningful relationships in his life with family and friends. He appears to have been and be committed to leading a law-abiding life and be proud of having a pro-social identity. He pursued education and maintained a career in the British Army. His goals and aspirations remain compatible with pro-social values. Whilst he does not accept that he **Sensitive/Irrelevant** **Sensitive/Irrelevant**

Sensitive/Irrelevant

Sensitive/Irrelevant He recognises times when he has shown problematic behaviour, e.g. being unfaithful to a partner or in the army when experiencing trauma-related symptoms, and describes motivation to learn from these. He wants to lead a constructive life on release and engage with supervision. In the last 6 months, he has continued to demonstrate evidence of this protective factor. He appears to have maintained healthy relationships with his ex-partner, ex-wife and daughter. He has maintained regular contact with his Offender Manager, focusing on how he can comply and work with supervision in the community. For this protective factor to support him desisting from offending he must continue to build his pro-social support networks, maintain **Sensitive/Irrelevant**

5.2 Being a responsible member of society, sticking to the rules and getting on with the people who are supporting me

5.2.1 This success factor was assessed as being a really important part of **D643** life generally and in the last 6 months. **D643** shows sustained periods in which he complied with rules. He has valued being part of the British Army. He acknowledges the importance of being responsible, this has been partly instilled in him given his early life experiences, and reinforced as a result of his experience in the army. The aspects of off-duty culture that **D643** describes, such as heavy drinking and some engagement in casual sex, suggests that he can act in a less responsible way, and peer influence is relevant to this. In custody, he has been described as responsible, maintaining enhanced level in the Incentives and Earned Privileges scheme (IEP) in prison. Staff have described him as polite and compliant. In the last 6 months he continues to show evidence of this success factor. He reports adherence to rules in the IRC. He describes a positive attitude to his Offender Manager. He describes maintaining his relationships with his ex-partner, ex-wife and his daughter. He describes wanting to maintain a responsible attitude to his family and his life. For this protective factor to support him desisting from offending he must be aware of occasions when he can take a less considered approach to problems and act in a less responsible manner. **D643** also needs to maintain purposeful activity in employment, but also in community roles, giving him a sense of self-worth and personal recognition. He should build pro-social

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networks, through leisure pursuits that do not involve primarily socialising in a more superficial way, e.g. through drinking culture. Finally, it is essential that he continues to manage problems by seeking support from family and friends who genuinely care for his well-being.

5.3 Having a job or being busy

5.3.1 This success factor was assessed as being a really important part of [D643] life generally and within the last 6 months [D643] shows evidence of maintaining steady employment in the British Army and gaining reward and a sense of mastery from this role. He also obtained employment following his discharge from the British Army. More recently, in custody he maintained constructive regime activity and met sentence targets. In the last 6 months he has been in Brook House IRC. He reports that he has tried to maintain some sense of purpose. At the time of [D643] index offence, it appears that the reward he gained from socialising had greater meaning and significance, than the reward he gained from his employment. In terms of his future, [D643] [D643] is keen to gain employment and build stable pro-social networks. It will be important for him to continue this as quickly as possible following any release, either into the UK community or St Vincent community.

6. Case formulation: desistance from offending

6.1 It appears that when [D643] was leading a successful offence-free life, he was in an intimate relationship and he was working within the structure and routine of the British Army. Whilst in the British Army he had others to talk to and share his problems. He reports that his role brought him self-worth, recognition, purpose and helped him to remain offence-free during this time. There are periods during this time when he has engaged in rule-breaking and more irresponsible behaviour: [Sensitive/Irrelevant] Irresponsible behaviour appears to have been related to peer influence, poor coping strategies and when he was struggling to manage distress associated with the symptoms of PTSD. [D643] [Sensitive/Irrelevant] [Sensitive/Irrelevant] when he was struggling with a life problems and when he was not in an intimate relationship and he did not have a reliable pro-social network. Instead he was trying to build relationships through casual acquaintances and in the setting of a lifestyle that was based on socialising, through alcohol and casual sex.

7. Assessment of responsivity factors

7.1 IQ and general adaptive functioning skills

7.1.1 [D643] was assessed using the Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) on 05/10/15. He was deemed to be suitable for [Sensitive/Irrelevant] treatment. [D643] completed the KBIT-2 brief intelligence test, outlined in his recent independent psychological report. He was deemed to indicate learning difficulties. In my opinion, based on the evidence, [D643] demonstrates good verbal

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reasoning skills. However he appears to show difficulties in processing simple visual information quickly and efficiently and to quickly perform tasks based on that information. He also shows greater difficulties in his ability to reason, that is not dependent on language or previous learning. When experiencing strong emotions or when tired, he is likely to experience particular difficulties in these areas. In terms of risk management, he will benefit from being given clear information on what is expected of him in new situations, for example community supervision. He should also ensure he fully understands supervision requirements. He will benefit from managing his emotions, including symptoms associated with PTSD, as part of a careful care plan, with the support of professionals.

7.2 Denial

7.2.1 D643

Sensitive/Irrelevant

Sensitive/Irrelevant

Sensitive/Irrelevant

Sensitive/Irrelevant

He has recognised the need to make changes in his life, identified risk management plans and strategies, and is motivated to maintain a pro-social future. There is no clear evidence that full admission of offending is needed for an individual to achieve personal change or achieve treatment change. It will remain important for him to continue to develop his risk management plans and share these with others, as well as be pro-active and open about his thinking and feeling and coping, with his key workers and social support figures, to support him managing his behaviour in the community.

7.3 Mental health

7.3.1 D643

has and continues to report distress associated with symptoms of PTSD related to trauma from serving in the British Army. He reports that his experience of custody and now residing in an IRC exacerbates his symptoms as a result of the unpredictability of the environment and the diversity of people, some of whom are from Iraq and Afghanistan. He reports that he has a better understanding of his symptoms. He has started to develop ways to manage these symptoms, using cognitive strategies and breathing techniques, through participation in psychotherapeutic work, completed at Brook House IRC. He appears to be taking a responsible approach to management of his symptoms. He also describes having a period when he was in a relationship with his most recent ex-partner, when he did not feel the need to use alcohol to alleviate low mood. Whilst mental health symptoms do not have a direct Sensitive/Irrelevant if his symptoms are not helpfully managed they could impact on his intimate relationships and ability to manage life problems. A typical risky scenario in my opinion, would be that if he were to use avoidant or emotion focused coping, such as alcohol use, dismissing help, and not sharing or managing symptoms, and if in an intimate relationship, he will undermine his pro-social support networks and intimate relationships. D643 independent psychological report describes him being on anti-psychotic medication and antidepressants. I have no further information on this, but careful through care with mental health teams should be part of his release plan.

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8. Current Assessment

8.1. Effect of treatment

- **Intensity:** D643 is considered to be Sensitive/Irrelevant. He has completed sufficient intensity of treatment by completing the Sensitive/Irrelevant.
- **Breadth:** Sensitive/Irrelevant addresses the treatment needs relevant to his dynamic risk.
- **Response:** In my opinion, and based on the facilitator observations, D643 responded to the programme in a constructive manner. He is described as being a motivated group member. He appeared to accept positive feedback and listened to different opinions. He reports that he found the programme constructive and supported his learning.

8.2. Other offending history and Sensitive/Irrelevant

8.2.1 In my opinion, D643 treatment needs, as identified in the SARN RSFA, explain his Sensitive/Irrelevant.

Sensitive/Irrelevant An alternative or additional risk assessment is not required.

8.3 Current Risk of Recidivism

8.3.1 D643 has a Sensitive/Irrelevant based on the RM2000, and low level of dynamic risk based on the RSFA. In my opinion, D643 has addressed his dynamic risk factors. He demonstrates sustained periods of being offence-free in his life and demonstrates protective factors. He is facing an uncertain future but appears to managing this by making plans and liaising well with his Offender Manager. He appears to be maintaining healthy social support. He has skills that could enable him to find employment, and is motivated to find and maintain employment. Taken together these factors suggest that D643 could be safely managed in the community under a supportive resettlement plan.

8.4 Risk of Harm

8.4.1 D643 shows Risk of Harm in the community, as calculated by his last Sensitive/Irrelevant dated 24/01/17, as Sensitive/Irrelevant.

Sensitive/Irrelevant

of the public.

9. How risk might change

9.1 Situations or events that might reduce risk in the future

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- A long term intimate relationship with an adult, in which, **D643** can share his feelings and engage in **Sensitive/Irrelevant**
- Open communication with support networks, including his Offender Manager
- Pro-social activities, including in particular, team work activities to give him a sense of purpose and recognition
- Regular employment and a purposeful role that provides him with a sense of self-worth
- Applying a rational and well thought through approach to problems and using social support
- Applying perspective taking skills when faced with interpersonal problems

9.2 Situations or events that might raise risk in the future

- Avoiding talking to others, particularly his support figures when faced with life problems
- Taking quick-fix solutions to problems
- Failing to maintain constructive use of time
- Lack of intimate relationships and friendships with appropriate adults
- Using alcohol or buying material goods to manage negative mood states or secure social rewards
- Struggling to manage any symptoms associated with PTSD, and this impacting on mood, coping and interpersonal relationships

9.3 Warning Signs

- Overly involved in drinking culture and excessive alcohol use
- Difficulties managing life problems and using unhelpful solutions and failing to communicate with support networks
- Engaging in casual sex and maintaining this without establishing more intimate relationships
- Avoidance of intimacy

10. Recommendations for continued risk management

10.1 Treatment: **D643** does not show treatment needs that are outstanding and of a strength that require further treatment. He should continue to apply his risk management plans.

10.2 Employment and accommodation: It will be important for **D643** to find employment and housing. Engagement in roles that give him purpose and recognition will be important to his integration into the community.

10.3 Support networks: **D643** should continue to build on his protective factors, including continuing to develop his plans for establishing and maintaining social support networks, particularly as his future release

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remains unclear given his deportation status. To his credit he has started to contact agencies that can support ex-service personnel in both the UK and the Grenadines.

10.4 Supervision: I am in agreement with the level of supervision that has been outlined by Matthew Smith, Offender Manager, which would include weekly meetings and connection to other services, in particular mental health services. There should be effective information sharing.

10.5 Mental health: **D643** reports that he wants to continue to effectively manage his symptoms associated with PTSD and apply cognitive management techniques. He would like to join a veteran's society for people who suffer from PTSD as a result of their time in the armed services. He has sought information for facilities in the UK and St. Vincent. He has not found resources for this service in St. Vincent but found out that there is a veteran's agency in London of which he has made contact.

10.6 In my opinion, **D643** is likely to engage in a collaborative manner with his Offender Manager and professionals.

11. Conclusion

11.1 **D643** has completed a prison sentence, within which he has engaged constructively in the prison regime, including attendance on the **Sensitive/Irrelevant**. He has made progress that has enabled him to have a better understanding of future risk management and developed skills to help him manage his behaviour. He shows protective factors. He has developed cognitive strategies to manage symptoms associated with PTSD. His low treatment need and static risk, and protective factors means that he does not require further treatment. In my opinion he demonstrates suitability for supportive supervision in the community.

Signature

Luc Ansari, C. Psychol, dated 16/06/17

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References

Sensitive/Irrelevant

Ward, T. (2001) Good lives and the rehabilitation of offenders promises and problems. *Aggression and Violent Behaviour*, 7, 513-528.

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Appendices

Appendix A: In preparing this report, the following documents were consulted

- CPS documents: Initial Details Pros Case, dated 14/10/14
- Draft Treatment Need Analysis (TNA) interview, dated 06/10/15
- Risk and Success Factor Analysis grid by Amber Gash, dated Amber Gash, 21/12/15
- Core programme Progress log CP58
- Pre-course psychometrics CP58
- Sensitive/Irrelevant product pack CP58
- Background information form for Sensitive/Irrelevant
- OASys by Simon Johns started in custody, dated 22/10/15
- IQ assessments
- RM2000 by Lisa Harrison, dated 05/10/15
- CNOMIS records whilst in custody
- British Army medical records
- Independent psychological report by Kevin J.R. Wright, Chartered Counselling Psychologist, 05/12/16
- Immigration paperwork

Appendix B:

Sensitive/Irrelevant

groups based on some simple facts about his criminal and personal history. In a number of studies the groups have demonstrated reliably different reconviction rates in longer follow-ups. RM2000 cannot predict who will or will not offend; it can tell us whether someone has similar characteristics to a group of offenders who have a higher or lower rate of known reoffending.

The value of RM2000 is that it enables broad decisions to be taken about how much treatment and supervision might be needed. However, RM2000 does not take account of all of the factors that can affect an individual's offending behaviour. For instance, it does not account for changes in circumstances and does not reveal what caused the offending to happen.

Reconviction rates inevitably underestimate the true rate of reoffending, and this may be especially true of short-term reconviction rates, as often sexual offences take some time to be reported and take time to go through the court process. Sensitive/Irrelevant in the first few years at risk may also be a result of the probation supervision and management processes for this group which are in place across England and Wales. There are some indications that the rates of Sensitive/Irrelevant to less than 12 months

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imprisonment are substantially higher than those convicted of sentences over a year. This may be because these offenders are not subject to the same level of supervision and management on release as those serving longer sentences.

Appendix C: Calculating dynamic risk levels

Dynamic risk levels are calculated using the Structured Assessment of Risk, Need and Responsivity (SARNR) Risk and Success Factors Analysis (RSFA) framework. The SARNR RSFA examines in a systematic way, factors that research has shown to raise risk (also known as "treatment needs"). The dynamic risk level calculation is dependant on the number of domains where a risk factor is scored 2 both within the offence chain *and* in life generally.

- None or one domain - Low dynamic risk/Low treatment need
- Two domains - Medium dynamic risk/Medium treatment need
- Three or four domains - High dynamic risk/High treatment need

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