

Institution: Nottingham Trent University
Unit of Assessment: A04 Psychology, Psychiatry and Neuroscience
Title of case study: <i>Sexual Offences, Crime and Misconduct</i>
<p>1. Summary of the impact (indicative maximum 100 words)</p> <p>In just six years, research by the <i>Sexual Offences, Crime and Misconduct Research Unit</i>, conducted in conjunction with the Her Majesty's Prison Service and National Health Service Forensic Services, has produced key benefits for the management and treatment of offenders and the training of professionals within the prison service and NHS by:</p> <ul style="list-style-type: none"> (i) developing, evaluating and improving treatment interventions for high-risk sexual offenders; vital for successful rehabilitation and reducing recidivism; (ii) research-based training to reduce corruption and professional misconduct; (iii) identification of offenders at risk of suicide and other self-harming.
<p>2. Underpinning research (indicative maximum 500 words)</p> <p>The <i>Sexual Offences, Crime and Misconduct Research Unit</i> (formed 2007) is a collaboration between NTU Psychology, HMPs Whatton Nottingham, Lowdham Grange and Brixton and Rampton High Secure Hospital. Research focuses on national priorities including sexual offending, offender mental health, and staff-offender relationships. Funders include ESRC, Ministry of Justice, NHS and National Offender Management Services.</p> <p>Offender Rehabilitation: One of Winder's three ESRC CASE studentships (Blagden, see section 3) with HMP Whatton focuses on constructive engagement with sex offenders in denial, a critical issue for treatment providers. Deniers are excluded from sex offender treatment programmes making a sizeable population of incarcerated sexual offenders ineligible for treatment. Deniers typically serve longer sentences and are more likely to reoffend (recidivism 17.9%) than those undergoing treatment (recidivism 9.9%).</p> <p>Winder's team redefined denial, capturing the underlying psychological and motivational components and identifying amelioration strategies [Reference 1]. This work contested existing advice to 'challenge' denial, arguing from evidence that the denier needs to construct desirable identities to facilitate personal change. Further work showed that treatment professionals' perception of denial negatively impacting their clinical work, impeding constructive dialogue with offenders. Winder challenges the traditional approach to treating and managing deniers and offers new ways for working with this client group [Reference 2].</p> <p>Offender Mental Health: Prior to joining NTU from HMP Brixton in 2011, Slade investigated the value of the 'Cry of Pain Model' in identifying offenders at risk of self-harm [see REF2 Output 1]. Since her arrival at NTU she has extended this research, mapping suicide tendencies in the high-risk population of offenders entering prison. HMPS's policies and treatment of this group have been based on static risk factors or retrospective research. Slade identified the presence of suicide permissive cognitions, greater feelings of defeat, increased external locus of control and times-in-prison to effectively predict risk. However stress, social support and depression levels, all part of the 'Cry of Pain Model', do not predict suicide. Her mapping of personality disorder traits of new offenders is now being used to target resources and treatment to reduce re-offending [References 3, 4].</p> <p>Offender Management: Hamilton works with professionals in Dangerous and Severe Personality Disorder units and since 2008 she has held a shared appointment with the Forensic Prison Service and NTU. Initially Hamilton spent one day in five working in prison but since 2012 80% of her time is committed to HMPS and she retains a 0.2fte contract with the university.</p> <p>Staff working with such offenders suffer assaults, burnout and emotional exhaustion and corruption. Staff/offender relationships can also lack clear and acceptable boundaries and behaviours. Using her unique insider position as a psychologist in a pilot <i>Dangerous and</i></p>

Severe Personality Disorder, service Hamilton developed the 'The Boundary Seesaw Model' [Reference 6], which frames intrapersonal and interpersonal boundary difficulties as central to the manifestation of psychopathology. The model provides a tool to monitor boundary movements and breaches. Personality disorder awareness training, using this framework, focuses on trainees' perceptions of personal security and vulnerability rather than seeking to increase liking or acceptance of offenders, and this has proved to be highly effective.

3. References to the research (indicative maximum of six references)

1. Blagden, N., **Winder, B.**, Thorne, K. & Gregson, M. (2011). "No-one in the world would ever wanna speak to me again": An interpretative phenomenological analysis into convicted sexual offenders' accounts and experiences of maintaining and leaving denial. *Psychology, Crime and Law*. 17(7), 563-585. doi: 10.1080/10683160903397532
Journal ISSN 1068316X; Impact Factor 1.31; Q2 status; Paper citations 4.
2. Blagden, N., **Winder, B.**, Gregson, M. (2013). Working with denial in convicted sex offenders: A qualitative analysis of treatment professionals' views and experiences and their implications for practice. *International Journal of Offender Therapy and Comparative Criminology*. 57(3) 332-356. doi: 10.1177/0306624X11432301
Journal ISSN 0306624X; Impact Factor 1.05; Q2 status; Paper citations 0.
3. **Slade, K.** & Elderman, R. (2013). Can theory predict the process of suicide on entry to prison? Predicting dynamic risk factors for suicide ideation in a high-risk prison population. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*. doi:10.1027/0227-5910/a000236
Journal ISSN 1985-2013; Impact Factor 1.80; Q2 status; Paper citations 0
4. Forrester, A., Exworthy, T., Chao, O., **Slade, K.** & Parrott, J. (2013). Influencing the care pathway for prisoners with acute mental illness. *Criminal Behaviour and Mental Health*, 23(3), 217-226. doi: 10.1002/cbm.1870
ISSN 1992-2013; Impact Factor 2.00; Q1 status; Paper citations 0.
5. **Hamilton, L.** (2010) The Boundary Seesaw Model: Good Fences Make for Good Neighbours, in *Using Time, Not Doing Time: Practitioner Perspectives on Personality Disorder and Risk* (eds. A. Tennant and K. Howells), John Wiley & Sons, Ltd, Chichester, UK. doi: 10.1002/9780470710647.ch13
6. Maltman, L., Stacey, J. & **Hamilton, L.** (2008) Peaks and troughs: an exploration of patient perspectives of dangerous and severe personality disorder assessment. *Personality and Mental Health*, 2, 7-16. doi: 10.1002/pmh.17
ISSN 19328621; Impact Factor 1.18; Q2 status; Paper citations n/a

Competitive grants supporting this work in conjunction with HMP Whatton

- Winder, B.** (Director of Studies) & Gregson, M. (2006). ESRC Case Studentship for N. Blagden "Understanding denial in sexual offenders: Implications for policy and Practice." Successful completion 2010. [PTA-033-2006-00051]
- Seymour-Smith, S. (Director of Studies) & **Winder, B.** (2007). ESRC Case Studentship for S. Pemberton "Investigating (Mis)Understandings of Sexual Consent and Refusal in Adult Rapists. Successful completion 2011. [EF/F03329X/1]
- Winder, B.** (Director of Studies), Gregson, M. & **Hamilton, L.** (2010). ESRC Case Studentship for A. McNally "Internet sex offenders: Deviant collectors, voyeurs or predators?" In progress. [ES/102350X/1]

4. Details of the impact (indicative maximum 750 words)

Offender Rehabilitation: Research by Winder et al. is of national significance producing tangible differences in offender rehabilitation through the reform of sexual offenders in treatment in England and Wales.

Reach: The *Sexual Offences, Crime and Misconduct Research Unit* assisted the steering group responsible for designing and validating all sex offender programmes in England and Wales. Members included the Head of Evidence and Offence Specialism (National Offender

Management Service), the Head of Probation Programmes in England and Wales, and Clinical Leads for all sex-offender behaviour programmes.

Effect: The unit's research has strongly influenced sex offender treatment nationally. *"We took considerable account of SOCAMRU's research findings and thinking on this topic in our recent (2010-2012) redesign of treatment programmes for sexual offenders. The research developed and carried out by SOCAMRU, in collaboration with colleagues at Whatton prison, on sex offenders who deny their offences .. convinced us to change the policy we have had for the last 20 years to exclude "deniers" from treatment programme .. and had a general impact was on our whole approach to treatment of sex offenders"* [Evidence 1b].

"The research has led to changes not only in a local level, but has had national implications (e.g. denial work by Winder and Blagden has changed national policy for working with deniers - previously a group excluded from treatment" [Evidence 1c].

Offender Mental Health: Slade's research conducted after moving to NTU extends earlier work to predict potential suicides [Reference 3, 4].

Reach: Slade's research on suicide has influenced policy decisions at HMP Brixton and Thameside. *"As a result of your (Slade's) PhD research and training event, the psychology team have implemented the learning into everyday practice"* [Evidence 2b]. It has also assisted the development of new arrangements for the delivery of clinical psychology services across the Scottish prison estate. [Evidence 2a]. In 2013 Slade delivered three workshops on 'Self-harm and suicidal behaviour ' to relevant professionals.

Effect: Slade has influenced the new mental health policy at HMP Thameside by creating *"new local policy arrangements within mental health services across a number of prisons and is also being used to shape new service provision ... and consider new ways of delivering services to assist in transferring prisoners with acute mental illnesses to hospital in a more efficient manner"* [Evidence 2b].

Offender Management: Hamilton's *Boundary Seesaw Model* has had a major impact on the Forensic Division at Nottinghamshire Healthcare Trust. This model and other ideas explicated in Hamilton (2010) were developed into a full training programme to develop staff's critical appreciation of boundary management and risks. *"The BSM was approved as the framework for training led by Laura Hamilton"* [Evidence 3a, minute 3.8 p.3].

Reach: Hamilton's work is core to the Trust's Clinical Boundary Procedure ratified in 2012, 13 [Evidence 3b]. The *Boundary Seesaw Model* is now the predominant training model across the Forensic Division at Nottinghamshire Healthcare Trust (the largest UK forensic division, with over 2500 staff), and has become standard practice in specialist units outside the Forensic Division at Nottinghamshire Healthcare Trust: Millfields Medium Secure Unit (2008), Oswin Medium Secure Dangerous and Severe Personality Disorder Unit (2009), Meadowview, Private Low Secure Unit (2010), High Secure Hospitals Nurses Forum (2010), Broadmoor High Secure Hospital (2011). In 2013, approval was given to include the *Boundary Seesaw Model* in the Department of Health and Ministry of Justice's nationally commissioned Knowledge and Understanding Framework training programme which supports more effective work with personality disorder [Evidence 3e]. A section on boundary management was also commissioned for the Named Nurse Workbooks [Evidence 3d]; the core training process for newly qualified nurses across Nottinghamshire Healthcare Trust. This work is referenced in NICE clinical guideline 77 (2009).

Effect: In 2011 the BSM *"formed the basis of Nottinghamshire Healthcare Trust's (Forensic Division) management of professional and workplace Boundaries procedure. It has been adopted as the core-training model. Hamilton was asked to return to clinical practice to oversee the development of training, training for trainers and roll out."* [Evidence 3a,c].

As of July 2013 782 members of staff have been trained in the BSM and further training is scheduled with a view to training the whole of Forensic Division (N=2653). An introductory training package (Level 1 Core) piloted with early adopters across the Forensic Division received positive evaluations from participants and stakeholders. A new role of Boundary

Lead (all senior clinicians) ensures the delivery and development of the BSM training. Level 2 training is currently under development. There is clear impact on practice [Evidence 3b to e].

5. Sources to corroborate the impact (indicative maximum of 10 references)

1. For Winder:

- a. HMP Whatton has supported the Unit's work through a number of direct grants (see REF 4) but also through three ESRC Case student awards. It is the work of one of those students, now Dr Blagden, which is cited here [References 1, 2].
- b. Corroborating letter from the Head of Evidence and Offence Specialism, Commissioning Strategies Group, National Offender Management Service confirms the Impact of Winder's research on practice and policy relating to offenders in denial.
- c. Corroborating letter from the Governor HMP Whatton Service confirms the Impact of Winder's research on practice and policy relating to offenders in denial.

2. For Slade

- a. Corroborating letter from the Acting Regional Psychologist for Greater London Regional Psychology Service confirms the importance of Slade's research on identifying and working with offenders at risk of self-harm and suicide.
- b. Corroborating letter from the a Consultant and Honorary Senior Lecturer in Forensic Psychiatry South London and Maudsley NHS Foundation Trust identifies how Slade's research [Reference 3, 4] is shaping service provision and service models at HMP Thameside.

3. For Hamilton:

- a. There is a clear existence proof of the value of Hamilton's work. In 2012 Rampton Secure Unit asked for a change in Hamilton's contract so that she now works 80% of her contract within the facility. She was also promoted to Acting Consultant Forensic Psychological in recognition of her specialist knowledge and expertise regarding workplace and professional boundary management. She holds the position of Boundary Training Lead for the Forensic Division and sits on Rampton Hospital's Boundary Leads Committee. This role involved developing a suite of training programmes. See the Peak Unit Internal Evaluation report of *Boundary Seesaw Model* Training 2011.
- b. Nottinghamshire Healthcare (Sept 2013). Management of Work place Boundaries/ Progress Report. This report shows the timeline from the Initial work by Hamilton to the embedding of the *Boundary Seesaw Model* across the Peak Unit's CPD practice.
- c. Nottinghamshire Healthcare (2012, 2013) Management of Professional Workplace Boundaries. Low secure and Community forensic directorate FO/R/ 86 & Rampton Hospital FO/C/28 internal ratified procedure documents show how the *Boundary Seesaw Model* is being rolled-out through the regional units.
- d. Nottinghamshire Healthcare (2010). Named Nurse Workbook. *Boundary Seesaw Model* section developed by Hamilton Page 27-53. Practice based on the *Boundary Seesaw Model* occupies a third of this training manual emphasising the importance of the model in current training.
- e. Corroborating letter from Nurse Consultant, Nottinghamshire Health Care. Her letter of support confirms the impact of Hamilton's research on the policy and practice within the forensic division of Nottinghamshire Healthcare.