

## **APPENDIX 2: INFORMATION SHEETS AND CONSENT FORMS FOR TREATMENT**

These are examples only and facilitators may choose to create their own versions and may choose to include pictures.

### **TREATMENT: Information Sheet for Participation in Treatment for Legally Restricted Participants**

[Local hospital/Trust headed paper]

#### **Men's Group**

Some men with learning disabilities are being asked to join a Men's Group. The Men's Group is to help them stop sexually offending. You are being invited to join a Men's Group.

#### **Background:**

Some men with learning disabilities commit sexual offences like:

- Touching a child on the 'private parts' (genitals)
- Showing other people their 'private parts' in public.
- Forcing someone to have sex with them.

Doing these things is against the law and can get these men into trouble with the police.

#### **The Men's Group**

We are starting a group to help men stop doing these sexual offences. The group will teach men about:

- Their bodies
- Who it is OK to touch and who it is not OK to touch
- What can get you into trouble
- Feelings
- How to stop sexual offending.

#### **Joining the Men's Group**

- The Men's Group is every week at [location] for [duration] hours.
- The group lasts for one year.
- There will be 5 – 10 men in the group.
- You would need to go to the Men's Group each week

#### **Do I have to take part in the Men's Group?**

Yes, the court/your doctor/your probation officer has said you need to join the Men's Group. If you don't join the Men's Group then you may need to go back to court.

### **What if I don't like the Men's Group?**

If you don't go to the Men's Group you may need to go back to court.

### **Is there anything bad about joining the Men's Group?**

- Sometimes the group may make you feel sad or upset. You can tell the group leader if you feel upset.
- The group will try to help you but it might not work

### **Is there anything good about joining the Men's Group?**

- Yes, you may learn new things to help you
- You will meet new people
- The group may help you to make safe choices and stay out of trouble

### **What happens at the end of the group?**

- You may not need any more help.
- If you do need more help, you may be asked to come to another Men's Group.

### **What if I don't like what happens in the Men's Group?**

- You can make a complaint to [hospital/Trust]
- You will be given information about how to complain
- You may want to ask a friend or staff member to help you make a complaint

### **Will things that I talk about in the group be private?**

- One of the rules for the Men's Group will be: 'what's said in the group, stays in the group.'
- We will talk to some people that help you, like your (probation officer, Responsible Medical Officer) about your progress in the group.
- We will only talk to other people if we think that you or someone else is in danger or you tell us about a new offence.

### **Will I find out about how I have done at the end of the group?**

Yes. You will be told at the end of the group how you have done.

### **Contact name for further information:**

You can talk to [Facilitator #] if you want more information. [His/Her] telephone number is [insert telephone number].

# TREATMENT: Consent to Treatment for Legally Restricted Participants

[Local hospital/Trust headed paper]

Centre Number:

Study Number:

Participant Identification Number:

## CONSENT FORM FOR TREATMENT

### Men's Group

**Name of Group Leaders:** [Facilitator 1], [Facilitator 2], [Facilitator 3] and [Facilitator 4].

**Please tick  $\checkmark$  the 'YES' box if you agree. Put a X if you don't agree**

- |  | YES                      |
|--|--------------------------|
| I understand the information sheet   | <input type="checkbox"/> |
| I have asked any questions I wanted to   | <input type="checkbox"/> |
| I understand that the court has said that I need to join the Men's Group                                       | <input type="checkbox"/> |
| I understand that it may affect the services I get if I take part or not                                       | <input type="checkbox"/> |
| I agree for my Key Worker to know I am joining the Men's Group   | <input type="checkbox"/> |
| I agree for my Care Manager to know I am joining the Men's Group   | <input type="checkbox"/> |
| I agree for my Parents to know I am joining the Men's Group, (they don't have to know if I don't want them to) | <input type="checkbox"/> |
| I agree for my doctor to know that I am joining the Men's Group  | <input type="checkbox"/> |

**YES**

I agree for my probation officer to know I am joining the Men's Group

I agree to join the Men's Group

My Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Sometimes the group leaders may need to talk to someone else if they think that you or someone else is in danger. Please give the name and telephone number of the person we can contact in this situation:

Name: \_\_\_\_\_

Who is my: \_\_\_\_\_ (key worker, probation officer etc).

Telephone Number: \_\_\_\_\_

## TREATMENT: Information Sheet for Participation in Treatment for Informal Participants

[Local hospital/Trust headed paper]

### **Men's Group**

Some men with learning disabilities are being asked to join a Men's Group. The Men's Group is to help them stop sexually offending. You are being invited to join the Men's Group.

#### **Background:**

Some men with learning disabilities commit sexual offences like:

- Touching a child on the 'private parts' (genitals)
- Showing other people their 'private parts' in public.
- Forcing someone to have sex with them.

Doing these things is against the law and can get these men into trouble with the police.

#### **The Men's Group**

We are starting a group to help men stop doing these sexual offences.

The group will teach men about:

- Their bodies
- Who it is OK to touch and who it is not OK to touch
- What can get you into trouble
- Feelings
- How to stop sexual offending

#### **Joining the Men's Group**

- The Men's Group is every week at [location] for [duration] hours.
- The group lasts for one year.
- There will be 5 – 10 men in the group.

#### **Do I have to join the Men's Group?**

No, you do not have to join the Men's Group.

#### **What if I don't like the Men's Group?**

If you want to leave the group at any time then that is OK.

### **Is there anything bad about joining the Men's Group?**

- Sometimes the group may make you feel sad or upset. You can tell the group leader if you feel upset.
- The group will try to help you but it might not work

### **Is there anything good about joining the Men's Group?**

- Yes, you may learn new things to help you
- You will meet new people
- The group may help you make safe choices and stay out of trouble

### **What happens at the end of the group?**

- You may not need any more help
- If you do need more help, you may be asked to come to another Men's Group.

### **What if I don't like what happens in the Men's group?**

- You can make a complaint to [hospital/Trust]
- You will be given information about how to complain
- You may want to ask a friend or staff member to help you make a complaint

### **Will things that I talk about in the group be private?**

- One of the rules for the Men's Group will be: 'what's talked about in the group, stays in the group.'
- We will ask you the name of someone that helps you, so that we can talk to them about your progress in the group.
- We will only talk to other people if we think that you or someone else is in danger or you tell us about a new offence.

### **Will I find out about how I have done at the end of the group?**

Yes. You will be told at the end of the group how you have done.

### **Contact name for further information:**

You can talk to [Facilitator #] if you want more information. [His/Her] telephone number is [insert telephone number].

# TREATMENT: Consent to Treatment for Informal Participants

[Local hospital/Trust headed paper]

Centre Number:

Study Number:

Participant Identification Number:

## CONSENT FORM FOR TREATMENT

### Men's Group

**Name of Group Leaders:** [Facilitator 1], [Facilitator 2], [Facilitator 3] and [Facilitator 4].

**Please tick  $\checkmark$  the 'YES' box if you agree. Put a X if you don't agree**

- |   |                          |
|---|--------------------------|
| I understand the information sheet  | <u>YES</u>               |
| I have asked any questions I wanted to  | <input type="checkbox"/> |
| I understand that I do not have to join the Men's Group   | <input type="checkbox"/> |
| I understand I can pull out of the Men's Group at any time  | <input type="checkbox"/> |
| I understand that it will not affect the services I get if I take part or not                                 | <input type="checkbox"/> |
| I agree for my Keyworker to know I am joining the Men's Group   | <input type="checkbox"/> |
| I agree for my Care Manager to know I am joining the Men's Group  | <input type="checkbox"/> |
| I agree for my Parents to know I am joining the Men's Group (they don't have to know if I don't want them to) | <input type="checkbox"/> |
| I agree for my doctor to know I am joining the Men's Group  | <input type="checkbox"/> |
| I agree to join the Men's Group   | <input type="checkbox"/> |



My name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Group leader: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Sometimes the group leaders may need to talk to someone else if they think that you or someone else is in danger. Please give the name and telephone number of the person we can contact in this situation:

Name: \_\_\_\_\_

Who is my: \_\_\_\_\_ (keyworker etc)

Telephone Number: \_\_\_\_\_

# INFORMATION SHEET FOR PARENTS/ CARERS/ PROBATION OFFICERS/CARE MANAGERS/DOCTORS

These are examples only and facilitators may choose to create their own versions and may choose to include pictures. The parents' information sheet is just a courtesy, as there is no legal requirement to provide them with an information sheet.

## TREATMENT: Information sheet for Parents/Carers/Care Managers/Probation Officers and Doctors

[Local NHS/private facility headed paper]

### **Treatment for Men with a Learning Disability at Risk of Sexual Offending**

A group treatment is being offered to men with learning disabilities that are at risk of sexual offending.

#### **What does the treatment involve?**

The treatment groups are based on an adaptation of mainstream sex offender treatment programmes. The general topic content will be:

- human relationships and sex education (especially social rules and legal and illegal behaviour)
- taking responsibility for offences
- empathy for the victim
- relapse prevention

The treatment groups will be run by clinicians in your local health service. Usually these people will be clinical psychologists, behaviour therapists or behaviourally trained nurses. The groups will be of 5 – 10 men, who will meet once or twice per week for a two-hour session. The group will run for a year.

#### **Does it cost anything to receive the treatment?**

The treatment is being offered by the NHS/private facility and therefore it will not cost anything to the individual, family or care provider.

#### **How long is the treatment?**

The treatment will last for one year. There will be one - two sessions per week each session lasting for 2 hours.

#### **Does the individual have to take part?**

Men are able to make their own decisions about taking part or not. However, given

the seriousness of their behaviour it is important that men understand the possible consequences of them not taking part (e.g. getting into trouble with the police if their behaviour continues).

For some men, the court legally requires their attendance at the group. Refusal or absence from the group may have legal consequences (e.g. breaching a probation order/return to court).

### **What happens if the individual does not like the treatment?**

All men are able to withdraw from the treatment at any stage. However, for those men who are legally required to attend treatment, there may be legal consequences from withdrawing from the treatment.

### **What are the benefits of receiving treatment?**

Research with non-disabled populations has suggested that this type of group treatment is successful in preventing re-offending. Individual progress in treatment may result in changes in legal status or the level of security required by the individual.

### **What are the risks of receiving treatment?**

The treatment groups will address sensitive issues such as attitudes to potential victims of abuse. This may create mild psychological distress or embarrassment. Levels of distress will be monitored constantly during the group by clinicians that are experienced in responding to distressed individuals.

The level of risk that the individual poses to others will be monitored carefully by the group facilitators. Facilitators will maintain active links with parents/carers/ probation officers and doctors etc. to discuss perceived increases or decreases in risk.

### **What happens at the end of the treatment?**

There are a range of options which may be offered to the individual following treatment, such as:

- individual therapy
- another full group therapy programme
- a maintenance group which reviews content of the first group, but meets less regularly (e.g. once per month).

All men will be staying in touch with learning disability services after the end of the group. Further treatment and/or counselling will be available.

### **What happens if the individual or I want to complain?**

The individual or yourself has the right to complain. Complaints can be made to the local NHS trust/service provider.

**Will the content of treatment be kept private?**

Yes, however there may be times when an individual has given information which the group facilitators believe someone else needs to know (for example if the individual or someone else is in danger). The individual is aware of this limit to confidentiality and has given us details of a named person to contact in this event. The individual is also aware that if disclosures of offences that have been previously unknown are made then a (named) person will be contacted if the victim can be identified.

**Will the individual get feedback at the end of the treatment?**

The individual will be told about their progress in treatment. Feedback will also be given to the referring agent and other people involved in the individual's risk management.

**What do I need to do?**

You need to let us know if you have any concerns about [name] taking part in the treatment.

**Contact name for further information:**

For more information contact [group facilitators names and telephone numbers].