Interventions with arsonists and young fire setters: A survey of the national picture in England and Wales

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Objectives. Arson is a serious problem that has high costs in both financial and non-financial terms. It is important that effective provision to intervene with arsonists and young fire setters is available.

Method. A national survey was conducted of organizations delivering interventions to arsonists and young fire setters. This survey included fire and rescue services, probation areas, youth offending services, forensic mental health units, several government departments, and the National Association for the Care and Resettlement of Offenders. The survey was followed by site visits to eight organizations to conduct interviews with relevant staff.

Results. The majority of interventions for children and adolescents were provided by fire and rescue services, often in conjunction with local youth offending services. Some forensic mental health units provided interventions, but no specialist provision for arsonists appeared to be available in either the prison or probation services. The site visits and interviews revealed areas of good practice across the organizations visited, and highlighted areas where developments might be made to improve services.

Conclusions. The findings are discussed in light of the available literature, and recommendations made for future practice.

Fires attributed to arson form the largest group of major fires within the UK (Office of the Deputy Prime Minister, 2003), with Home Office (2002) figures for 2001/2002 showing that approximately 52,800 incidents of arson were reported to the police. The cost of arson is high in both financial and non-financial terms. For example, in 1999, arson cost England and Wales an estimated £2.1 billion, and it is further estimated that in an average week arson costs society at least £40 million (Office of the Deputy Prime Minister, 2003). In non-financial terms, figures from the Office of the Deputy Prime Minister state that since the early 1990s, arson has led to 32,000 injuries and 1,200 deaths, and that in an average week, arson leads to 55 injuries and one death. Therefore,
arson is clearly a serious problem that merits attention from both policy makers and practitioners in order to effect a reduction in incidents.

The term arson is typically used when referring to a deliberate act of setting fire to a property, whereas fire setting is used, typically with regard to young people, without necessarily implying intent (Geller, 1992). Within the literature, interventions with arsonists and young fire setters typically use one of two approaches. First, educational approaches typically used with children involve the teaching of fire safety skills and providing participants with information and practical skills concerning fire recognition, the dangers and consequences of fire setting, making emergency calls, seeking assistance, and the safe use of fire (Pinsonneault, 2002; Pinsonneault, Richardson, & Pinsonneault, 2002). Second, psychosocial interventions seek to address the psychological and social factors associated with fire setting and arson. These interventions often involve cognitive-behavioural treatments and the enhancement of social skills (Kolko, 2002a).

**Adult arsonists**

The literature on interventions with adult arsonists is sparse and typically concerns cognitive-behavioural treatment conducted individually with psychiatric populations (Smith & Short, 1995). An illustrative case study is provided by Clare, Murphy, Cox, and Chaplin (1992) in which a young adult male arsonist with a mild learning disability and facial disfigurement underwent covert sensitization and cognitive-behavioural training, along with facial surgery. No recidivism was noted 48 months after discharge from a specialist in-patient unit. Taylor, Thorne, Robertson, and Avery (2002) delivered a 40-session cognitive-behavioural group-based intervention to 14 adult male and female fire setters with mild learning disabilities. At the completion of treatment, Taylor et al. observed reductions in fire interests, along with improvements in the attitudes associated with fire setting behaviour, risk management, and the development of new coping skills.

Case studies of four male fire setters with developmental disabilities who participated in a group-based intervention are described by Taylor, Thorne, and Slavkin (2004). The aims of this intervention were to provide participants with coping skills, increase self-esteem, increase understanding of risk and develop personalized plans to prevent relapse. Taylor et al. noted that all four patients completed the 31-session programme with few absences – which is an achievement in itself for patients with marked intellectual and cognitive deficits. However, scores on fire-specific measures did not show improvements after completion of treatment and no follow-up data were collected. The use of the same programme with six female fire setters with intellectual disabilities has been reported by Taylor, Robertson, Thorne, Belshaw, and Watson (2006). As with the male participants, the female patients all successfully completed the intervention. Participants’ scores on a range of fire-related measures did improve after completing the intervention, and at a 2-year follow-up none of the participants had set a fire.

One exception to this focus on adult psychiatric patients is an adaptation of the FACE UP (Fire Awareness Child Education UP) programme, initially developed in 1991 by the Merseyside Fire and Rescue Service for young offenders (Broadhurst, 1991). The adapted version of FACE UP was implemented in Her Majesty’s Prison Liverpool in 1998 with an adult population. However, this programme has yet to be evaluated in terms of its effectiveness in reducing reoffending.
Overall, the literature on interventions with adult arsonists is sparse and typically
details small-scale studies or case studies with psychiatric patients. As such, there is little
information about their outcomes and effectiveness.

Child and adolescent populations

Compared with adults, a great deal more literature is available documenting
interventions with young fire setters (for reviews, see Kolko, 2001b, 2002b). Empirical
studies evaluating the effectiveness of interventions using an educational approach with
young fire setters have shown some positive results. However, the outcome studies
typically report short follow-up periods, have difficulty in matching controls, and face
the usual problems in obtaining accurate follow-up information.

In North America, the Federal Emergency Management Agency (FEMA, 1983)
evaluated the impact of a juvenile fire setting intervention programme involving fire
safety assignments and educational discussions across eight sites. On completion of
the programme, a recidivism rate of 1.25% was observed at 11 months follow-up. A similarly
low rate of recidivism for arson (2.1%) using official records was reported in a separate
study by Faranda, Katsikas, and Lim (2001) that evaluated the effectiveness of attending
an educational fire safety workshop. However, a weakness of these studies was the lack
of control groups. Two studies that found positive effects on fire setting behaviours
among participants of educational interventions as compared with control groups are
reported by Franklin et al. (2002) and Williams and Jones (1989). Of 132 juveniles
attending the 1-day programme evaluated by Franklin et al., only one reoffended during
the follow-up period as compared with 37 recidivists in the control group of 102
juveniles. Using a different measure of outcome, Williams and Jones found
improvements in participant’s responses to emergency fire situations at 5-month
follow-up compared with a control group of fire setters who received no intervention.
Studies with child psychiatric samples have also shown positive results of educational

The use of fire and rescue service personnel for delivering educational intervention
programmes to children and adolescents has been advocated (e.g. Eglintine, Horn, &
Muckley, 1993). Pinsonneault (1996) recommends that the family unit should be
actively involved for the effective implementation of educational arson interventions.

An example of an educational approach in use with children and adolescents in a
number of fire and rescue services in the UK is the FACE programme implemented by
the Merseyside Fire and Rescue Service in 1988 (Canter & Almond, 2002). This
intervention has also been adapted in collaboration with Liverpool’s Youth Justice
Department to form the FACE UP Arson programme for young offenders aged from 10 to
17 years convicted of arson offences. However, no data are available as to the
effectiveness of these two interventions.

Another intervention approach that is used within the British fire and rescue services
was developed by the educational psychologist, Andrew Muckley. Taking more of a
counselling rather than an educational approach, this intervention targets individual
juvenile fire setters and attempts to change their behaviour through effective referral,
counselling, and psychological assessment (Muckley, 1997). It is estimated that around
one third of fire and rescue services use approaches in line with Muckley’s principles
(Canter & Almond, 2002).

Behavioural interventions for juvenile fire setters utilize satiation procedures and
aversive techniques to encourage appropriate behaviours incompatible with fire setting
(Hardesty & Gayton, 2000). Overcorrection is a behavioural approach that has been
used to satiate the interest of fire setters in fire-related behaviours (e.g. Kolko, 1983; Wolff, 1984). An approach involving individual and family therapies, which has been piloted by the Dallas Fire Department, is the ‘graphing technique’ where a visual representation of the personal and environmental context of the fire is generated (Bumpass, Brix, & Preston, 1985; Bumpass, Fagelman, & Brix, 1983). An evaluation of this technique by Bumpass et al. reported reductions in incidents of fire setting post-treatment.

Psychosocial interventions with young fire setters have incorporated cognitive-behavioural skills training techniques to encourage appropriate expressions of anger and emotional arousal (e.g. Kolk o & Ammerman, 1988), behavioural family therapy (e.g. Cole, Laurenitis, McAndrews, Matkoski, & Schwartzman, 1983; Cox-Jones, Lubetsky, Fultz, & Kolko, 1990), and contingency management strategies (Adler, Nunn, Lebnan, & Northam, 1994). An illustrative psychosocial programme for adolescent fire setters is Oregon’s Community Alternatives to Commitment Hazards (CATCH). Schwartzman, Stambaugh, and Kimball (1998) demonstrated the effectiveness of group work, delivered by fire service personnel, which incorporated coping skills, anger management, and assertiveness training, with only 7% of participants committing an arson reoffence at a 1-year follow-up.

There have been few systematic comparative evaluations of different intervention approaches with young fire setters. In Australia, Adler et al. (1994) randomly assigned 138 fire setters aged from 5 to 16 years to two conditions. The control condition participants received a home visit by a member of the fire and rescue service and educational fire safety material. The intervention condition incorporated three visits by a fire-fighter, education about fire safety, application of the graphing technique, and behavioural satiation and parental instruction in using negative consequences if further fire setting occurred. At a 1-year follow-up, there was a significant decrease in the frequency and severity of fire setting for both conditions, even taking into account the seriousness of the initial fire setting behaviour. These results led Adler et al. to conclude that the multicomponent intervention was no more effective than the fire safety educational package provided by the fire-fighter in the control condition.

A second comparative evaluation of intervention approaches was reported by Kolko (2001a) in which 46 boys aged from 5 to 13 years were randomly assigned to one of three groups. The fire safety education (FSE) group received fire safety skills training and discussed motives for fire setting with fire-fighters. The cognitive-behavioural (CBT) group received training in self-control, problem-solving, alternative coping skills, and prosocial behaviours. The third condition involved a brief home visit by a fire-fighter (HVF) to simulate routine fire service practice. Significant improvement post-treatment and at 1-year follow-up were noted in all three conditions on both self- and parent-reports of fire setting and matchplay. However, the CBT and FSE groups performed significantly better on the outcome measures than the HVF group, with the CBT group reporting a significant decrease in fire interest and the FSE showing enhanced fire safety skills.

It has also been argued that interventions that are collaborative across a range of community agencies have the greatest impact in reducing fire setting behaviour (Kolko, 2001b, 2002c; Lambie, McCardle, & Coleman, 2002). The realization that education, fire safety awareness, mental health issues, and the family unit all contribute to juvenile fire setting has led to comprehensive intervention packages which capitalize on the expertise of professionals from law enforcement, mental health, social services, juvenile justice, education, and the fire and rescue service (Kolko, 2001b, 2002c). There is some
evidence to support this claim in the USA (Porth, 2002; Schwartzman et al., 1998; Stadolnik, 2000), while in the UK, Canter and Almond (2002) reported that the effectiveness of the FACE programme in Merseyside is perceived to lie in its liaisons between professional agencies, social services, and mental health units.

Overall, the majority of interventions are aimed at young fire setters, rather than adult arsonists. However, few long-term evaluations of the effectiveness of interventions have been carried out with either population, making it difficult to draw firm conclusions as to ‘what works’ in reducing such behaviours. Furthermore, the evidence that is available is predominately North American in origin, and the results may not generalize to other countries. In light of this situation, the Office of the Deputy Prime Minister commissioned a study to establish the strengths and weaknesses of the current provision of interventions for arsonists and young fire setters in England and Wales.

**Method**

**Participants**

A national survey was carried out with a range of organizations in England and Wales to examine the provision of interventions with arsonists and young fire setters. The organizations contacted included fire and rescue services, probation areas, youth offending services, forensic mental health units (including special hospitals, secure units, and forensic services), the Home Office, Mental Health Unit, the Offending Behaviour Programmes Unit of the Prison Service, the Research Development and Statistics Directorate of the Home Office, and National Association for the Care and Resettlement of Offenders (NACRO), with a total of 327 organizations being contacted.

**Materials**

The survey asked open-ended questions about organization’s provision for intervening with arsonists and young fire setters. Information was requested about the intervention’s origin/development, target population, participant profile, referral sources, scheduling, programme intensity and dosage, approach taken by the intervention, staffing, training of facilitators, and availability of evidence of effectiveness.

**Procedure**

Questionnaires were sent by post to the head offices of the various organizations, along with a covering letter explaining the research and contact details of the principle researchers. Respondents were asked to complete the questionnaire and return it to the research team. An electronic copy of the questionnaire was available on request. Two written reminders were sent to organizations to attempt to maximize the response rate.

Following collation of the replies from the national survey, site visits were made to eight organizations on the basis that they were currently running interventions for arsonists and/or young fire setters. There were two visits to forensic mental health units and six visits to fire and rescue services. As some fire and rescue services work closely with youth offending services, site visits included three instances of such partnership working. During these visits, interviews were carried out following a detailed topic guide, asking questions covering the intervention’s development, target group, content, material, dosage and delivery, referral and targeting, integrity and monitoring arrangements, staffing, communication, accommodation, and partnership working.
Finally, the interventions provided by these eight organizations were evaluated with reference to their likely effectiveness, and strengths and weaknesses. The accreditation criteria of the Correctional Services Accreditation Panel (Correctional Services Accreditation Panel Report, 2004 April) were used as the benchmark against which the arson interventions were judged. These criteria, used by the prison and probation service, were formulated with reference to the literature on effective practice in reducing offending (Lipton, Thornton, McGuire, Porporino, & Hollin, 2000).

**Survey results**

**Response rate**

Questionnaires were sent to 327 organizations: 144 responses were received, giving a response rate of 44.0%. These responses were distributed across the range of organizations as follows: 35 (66.1%) of fire and rescue services, 22 (52.3%) of probation areas, 50 (32.2%) youth offending services, 27 (36.9%) forensic mental health units, the Offending Behaviour Programmes Unit of the prison service, NACRO, and eight unidentified organizations.

**Current interventions**

Interventions for arsonists and fire setters were reported in a number of organizations: 32 fire and rescue services, 28 youth offending services, and seven forensic mental health units. A summary of findings from the survey for these organizations is presented in Table 1. No systematic provision for arsonists and fire setters was reported by either the prison or probation services.

The main points to arise from the survey were that the majority of fire and rescue services were working with young fire setters and/or those deemed to be at risk of setting fires, often in partnership with youth offending services. Within forensic mental health units, a small number of interventions were reported for mentally ill and learning disabled populations. The prison and probation services do not have an accredited programme for arsonists and therefore no systematic approach to intervening with arsonists and young fire setters is available.

**Site visit results**

**Details of interviewees**

At the forensic mental health units, interviews were carried out with the clinical psychologist involved in developing and running the intervention. For each fire and rescue service visit, three fire officers were interviewed, ranging from officers who delivered the intervention to those in a management role. One member of the youth offending service was interviewed at each of the three sites where there was partnership working.

**Development of the intervention**

At the forensic mental health settings, the intervention had been initially developed by psychologists in response to the perceived needs of patients. In contrast, fire and rescue services had often been approached by other agencies or parents about the possibility of
### Table 1. Summary of survey results

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<tr>
<th></th>
<th>Fire and rescue services</th>
<th>Youth offending services</th>
<th>Forensic mental health units</th>
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<tbody>
<tr>
<td><strong>Origin</strong></td>
<td>Majority developed ‘in-house’</td>
<td>Majority developed ‘in-house’</td>
<td>Half developed ‘in-house’, half ‘bought-in’ from external sources</td>
</tr>
<tr>
<td><strong>Referrals</strong></td>
<td>Parents, youth offending services, social services, police, NHS organizations</td>
<td>Youth offending services, schools, health professionals, courts, social services, local education authorities</td>
<td>Mainly own organization; also prison service, courts, child and adolescent mental health services, social services, child protection teams</td>
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<td><strong>Target group</strong></td>
<td>Children and adolescents, mixed sex and ethnicity who show an interest in fire, exhibit fire setting behaviours, or deemed to be ‘at-risk’ of setting fires</td>
<td>Adolescents of mixed gender and ethnicity who are involved in arson and fire setting</td>
<td>Individuals over 15 years, mixed gender, convicted arsonists with mental illness or learning disabilities; reflects population of individuals units</td>
</tr>
<tr>
<td><strong>Approach</strong></td>
<td>Predominately educational, some incorporate cognitive-behavioural principles; two services use Andrew Muckley's model</td>
<td>Educational and cognitive-behavioural principles</td>
<td>Predominately cognitive-behavioural approach, some incorporate educational work</td>
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<tr>
<td><strong>Format</strong></td>
<td>One-to-one work with young children; one-to-one and group work with older children and adolescents</td>
<td>One-to-one and group work</td>
<td>One-to-one and group work</td>
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<td><strong>Intensity</strong></td>
<td>One visit to series of 10 sessions lasting 45 minutes to 1.5 hours</td>
<td>One visit to series of 13 sessions lasting 1–3 hours</td>
<td>One-off sessions to series of 43 sessions lasting 1–1.5 hours</td>
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<td><strong>Staffing</strong></td>
<td>Uniformed and non-uniformed staff; training workshops by programme developers; also some training in child protection issues, communication skills, and counselling skills</td>
<td>Youth offending services staff, training often received from fire and rescue services</td>
<td>Clinical psychologists</td>
</tr>
<tr>
<td><strong>Effectiveness</strong></td>
<td>No evidence</td>
<td>No evidence</td>
<td>Some basic evidence</td>
</tr>
<tr>
<td><strong>Programme literature</strong></td>
<td>Available in minority of services</td>
<td>Available in minority of services</td>
<td>Available in minority of units</td>
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providing help with children and adolescent fire setters, as well as fire officers perceiving a need for interventions. The implementation of the Crime and Disorder Act 1998 had also provided impetus to many fire and rescue services’ provision of service for young fire setters and arsonists.

All the organizations reported looking for established practice during the development phase of their intervention, however, there was little evidence of common practice across organizations or within the fire and rescue service. Some specific fire and rescue services were mentioned as being seen to have good practice and had been consulted. Most fire and rescue services had also drawn upon the work of the psychologist Andrew Muckley (Muckley, 1997), and one service had contacted an independent organization specializing in offending behaviour programmes for advice.

It was clear that there was a lack of established practice to draw on: ‘when we decided we needed to look at interventions for the fire setters... we did a literature review... we didn’t find very much about interventions’ (Forensic mental health unit); ‘it’s a matter of beg, steal and borrow... There are other brigades in the country who have done similar kind of projects’ (fire and rescue service).

**Intervention: Group profile**
The interventions in the forensic mental health units were targeted at the patients, male adults with mental illnesses and young males with learning disabilities, living in the units. In both units, the interventions were delivered on a group work basis. In the fire and rescue services, provision was targeted at young children and adolescents, with the youth offending services usually involved in the adolescent interventions. Although fire and rescue service interventions were available to males and females, the majority of participants were males. Interventions with young children were all delivered on a one-to-one basis, with two staff often participating in the visit. Among older children and adolescents, practice varied, with a mix of one-to-one and group work provision.

**Intervention: Content**
The interventions run in the forensic mental health units took a cognitive-behavioural approach, with some educational material within the sessions. As such, they attempted to reduce fire setting and arson by identifying a participant’s risk factors for their behaviour and providing strategies to avoid reoffending. Within the fire and rescue services, an educational approach was predominant, with participants receiving information about fire safety, the dangers and consequences of fire, and victim awareness. It was put that ‘we aren’t experts in behaviour, but we can educate on fire safety’, and ‘I think there is a little bit of CBT... I think there’s a little bit of person-centred counselling... I think the main thing is that someone’s put this all together, but hasn’t really thought about what kind of model it is, only whether it will work or not’ (fire and rescue service).

**Intervention: Material**
A range of materials, including videos, interactive games, discussions, role plays, and written work was used across the settings. These learning aids were used to engage participants and help maintain their motivation throughout the intervention.
**Intervention: Dosage and delivery**

The dosage of interventions varied across settings. Within forensic mental health units, one unit ran a programme lasting around 25 sessions, while the intervention at the other unit visited ran continuously for a period of months until participants had been discharged from the unit. It was said that ‘sessions were 1 hour; one session per week; some run longer sessions than that, but we really didn’t feel that our patients could tolerate that’ (forensic mental health unit). In the fire and rescue services, provision to young children typically consisted of a one-off home visit. More serious and older offenders participated in longer programmes, although participants often only attended a few sessions as decided by the fire and rescue service and youth offending service staff. It was reported that intervention consisted of ‘one-off visit with follow-up telephone calls, we have on occasion made two visits’; and ‘we normally work for 2 hours... this can be a very long time... so it might be cut down to 45 minutes or an hour’ (fire and rescue service). A programme of determinate length was available to young offenders at three of the fire and rescue services visited.

**Intervention: Referral and targeting**

In the forensic mental health units, referrals to the interventions were made by psychologists as part of their routine clinical work. At both the units visited, the interventions had some selection criteria, including the use of standardized questionnaires. Referral and targeting procedures were less standardized in the fire and rescue services where referrals came from a variety of sources, including parents, schools, youth offending services, and social services. However, particularly for young children, no selection criteria were applied and all referrals were accepted. In contrast, many youth offending services had their own selection criteria in place before referring young people on to the fire and rescue service, although decisions about accepting these referrals are often made on a case-by-case basis, rather than through the application of selection criteria.

**Integrity and monitoring arrangements**

No measures were in place to ensure programme integrity for any of the interventions in the forensic mental health units or the fire and rescue services. Within the forensic mental health units, the psychologists were aware of the concept of programme integrity but said that it was not relevant for interventions in psychiatric settings. ‘Programme integrity couldn’t be part of our programme... I don’t see how it would work with our client group’ (forensic mental health unit). However, fire and rescue service staff were not familiar with the concept: ‘not that I’m aware of... we’re not as sophisticated as that!’ (fire and rescue service).

General monitoring arrangements varied, with those in the forensic mental health units involving standardized measures. However, measures had not been uniformly collected pre- and post-intervention, meaning that there was little evidence for the clinical effectiveness of programmes. Further, there was no follow-up evidence available with respect to instances of arson. Within the fire and rescue service monitoring practices were generally not in evidence, with no evaluation of intermediate outcomes or reoffending. There was an acknowledgement that outcome needed to be addressed, with some fire and rescue services beginning to make use of information collected by other agencies such as youth offending services. Although the view was expressed that
‘as the programme has only been running over a year, I don’t think this [monitoring and evaluation] would be meaningful’ (youth offending service).

**Staffing**

Within the forensic mental health settings, the interventions were typically delivered by clinical psychologists along with assistant psychologists and nursing staff. Fire and rescue services used uniformed and non-uniformed staff to deliver interventions, often relying upon people to volunteer their time. In some services, fire and rescue services personnel would work alongside staff from the youth offending service. The issue of recruiting staff and the interaction of this with referral levels was also mentioned, ‘we would like more volunteers but when . . . go through a period of low referrals they don’t get the practical experience’ (fire and rescue service).

Staffing levels were perceived to be adequate, although it was stated that more staff would enable provision to be advertised more widely, which would generate more referrals. Management support was reported to be good at all sites, with arson prevention seen as being a priority with fire and rescue services. The two forensic mental health units provided staff training from the clinical psychologist who had initially developed the intervention. Almost all the fire and rescue services visited had staff trained by the late (he died recently) Andrew Muckley (Muckley, 1997), with training often cascaded down through the service. There was a willingness to allow staff to attend a range of relevant training with generous provision for funding these activities. Many fire and rescue services also mentioned training being provided in the area of child protection or in other areas of professional activity. From the youth offending services, the view was expressed that ‘the youth offending service staff already had experience from their general youth offending service and restorative justice training so . . . no need for separate training’.

**Communication**

The small teams working on the interventions within the forensic mental health units meant that communication was seen to be good, as was the case within the fire and rescue services. There did, however, appear to be a lack of systematic communication of practice between geographically distant fire and rescue services. Where appropriate, communication with partner youth offending services was reported to be working well, with e-mail and telephone conservations the most common form of contact.

**Accommodation**

Interventions in the forensic mental health units were delivered within the units in dedicated group work rooms. Fire and rescue service interventions with young children were conducted at the child’s home, allowing parents to participate. Interventions with older children and adolescents took place in fire and rescue service or youth offending service accommodation. In some areas, there were rooms dedicated for this purpose.

**Partnerships**

The forensic mental health units visited delivered their interventions in isolation from other organizations. In contrast, all fire and rescue service have links with a range of organizations, with youth offending services being mentioned by all services. Indeed, as
one interviewee stated, ‘the programme developed because of these links [between the fire service and youth offending service] and otherwise might not have been developed’ (youth offending service). The partnerships appeared to be working well, although turnover of staff in other agencies and information sharing had posed some problems.

**Summary**

Overall, all interviewees said that they were enjoying their involvement in this work and perceived the interventions to be having a positive effect. The commitment and enthusiasm of staff involved was clearly evident in the interviews and was obviously a key factor in the initial development and running of the interventions. The main problems that had been overcome typically involved issues of data sharing between organizations and reliance on external funding.

**Critical review of interventions**

The current CSAP accreditation criteria for programmes consist of ten criteria (see Table 2), informed by the research evidence relating to ‘what works’ with offenders, by which programmes are judged. The CSAP also requires programmes seeking accredited status to be fully manualized. The required manuals are a *Theory Manual* outlining the theory underpinning the programme and model for change together with a *Programme Manual* containing a detailed description of each programme session with links to the model of change, research evidence, and the theory underpinning the programme. An *Assessment and Evaluation Manual* is also required that describes the measures used for assessment and evaluation within the programme, including details about their administration and interpretation. A *Management Manual* is needed to describe procedures for the selection, training, and appraisal of staff, offender selection and assessment, operating conditions for the programme, monitoring and evaluation procedures for the programme, and the roles and responsibilities of all staff relating to the programme. Finally, a *Staff Training Manual* outlines the training for staff involved in the programme, procedures for assessing and assuring staff competence, and procedures for reviewing staff performance on a regular basis. As such, the CSAP criteria set a ‘gold

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<th>Table 2. Correctional services accreditation panel accreditation criteria</th>
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<td>Programmes should</td>
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<tr>
<td>• Have a clear model of change underpinned by theory and empirical evidence</td>
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<td>• Have clear criteria for selection of offenders</td>
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<td>• Target a range of dynamic risk factors</td>
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<td>• Use effective methods</td>
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<td>• Be skills oriented</td>
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<td>• Match dosage of programmes to offender in terms of number and frequency of sessions, and be appropriately sequenced with respect to offender’s needs</td>
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<td>• Engage and motivate offenders</td>
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<td>• Be provided within a coherent sentence planning process, with continuity of programmes and services offered</td>
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<td>• Have procedures in place to ensure programme integrity is maintained</td>
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<td>• Have ongoing monitoring and evaluation with respect to targets for change and reoffending</td>
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standard' against which to judge initiatives with offenders intended to reduce reoffending.

The interventions at the eight sites visited were all reviewed with respect to the CSAP criteria. Across all the interventions, none met the stringent criteria for an Accredited Programme as set out by the CSAP. The lack of a clear model of change underpinning interventions impacted on most areas covered by the criteria, particularly selection criteria, targeting of dynamic risk factors, use of effective methods, and dosage. There was also a lack of good practice with regard to monitoring and evaluation of interventions, particularly with respect to changes on risk factors and reductions in reoffending. On the positive side, the majority of interventions appeared to engage and motivate participants, as evidenced by low reported drop-out rates, and partnership working between fire and rescue services and youth offending services ensured that adolescents received interventions within a case management system.

There were mixed findings with respect to manuals. Those organizations whose interventions had been established for a longer period of time tended to have more documentation, although all fell short of the documentation required by the CSAP.

Discussion

The results of this national survey reflect the current state of the literature, with a greater number of interventions available for young fire setters than adult arsonists, and work with adult arsonists being typically carried out with mental health populations. As in the literature, there was also no single uniform, systematic approach used with arsonists and young fire setters across England and Wales. However, there was a clear distinction between the educational approach favoured by the fire and rescue service-led interventions and the cognitive-behavioural interventions favoured in the forensic mental health units.

It was clear that the majority of fire and rescue services were working with juvenile fire setters and/or those deemed to be at risk of setting fires. This work typically included partnerships with local youth offending services, with many fire and rescue services also working with local schools. The approach used in these interventions was predominately educational, with a wide range of dosage and intensity of service delivery. It was apparent (although perhaps predictable given the current state of the literature) that there was a lack of any systematic approach on the scale of an accredited programme. This conclusion is supported by the lack of robust monitoring and evaluation strategies that could provide information as to the effectiveness of these interventions. When youth offending services reported delivery of interventions, this work typically involved partnerships with local fire and rescue services. In these situations, the intervention was often run by the fire and rescue service with the youth offending service acting as a referral agency and/or providing co-tutors.

Within the mental health units, a different picture emerged, with a small number of interventions reported for learning disabled forensic populations. These interventions typically used a cognitive-behavioural approach, although educational work was sometimes included. Once again, intensity and dosage varied across interventions, and no wide-scale systematic approach was discernable with interventions typically provided on a 1:1 basis. Finally, no large-scale evaluations were available as to the effectiveness of the interventions reported.
Interventions with arsonists and young fire setters

The prison and probation service do not have an accredited programme for arsonists: it was said that neither organization has plans for such a programme in the near future.

The 44.0% response rate to the survey did not fully cover service provision across England and Wales. However, a good spread of responses was obtained across the different types of organizations, allowing some generalizations to be made about practice. It might be anticipated that responses would be more likely to have been obtained from those organizations with an intervention. The finding that 32 of the 35 fire and rescue services who responded had an intervention supports this point. Those working in the field, at central and local levels, were not aware of any significant work that eluded the survey. It is reasonable to conclude that the survey results will provide useful information to the Office of the Deputy Prime Minister as to the national picture regarding provision for arsonists and young fire setters.

The findings from the site visits supported the conclusions drawn from the national survey. In particular, practice in forensic mental health units and fire and rescue services is markedly different. Practice within the fire and rescue service appears to be widespread across the country, and predominately targeted at young children and adolescent. In contrast, practice in forensic mental health units is more sparse and targeted specifically at older adolescent and adult populations with mental illness or learning disabilities. Furthermore, in the forensic mental health units visited, the interventions were only run when required by patients, whereas the fire and rescue services reported continued use of their interventions.

In terms of assessment procedures, interventions in the forensic mental health units had good procedures in place to identify participants requiring intervention. Practice was more mixed in the fire and rescue services, with some having little routine assessment whereas others had established clear protocols. Where fire and rescue services did have good procedures in place, these often drew upon assessments used by partnership youth offending services. However, treatment integrity measures were not in place in any of the sites visited, with fire and rescue services and youth offending services often unaware of the concept. Staff in forensic mental health units were familiar with programme integrity, but typically saw it as not being relevant to mental health settings but the preserve of interventions within prisons. Some monitoring and evaluation procedures were in place within forensic mental health units: the small numbers of patients involved and long durations of patient stay had precluded outcome studies of the effectiveness of the interventions. Within fire and rescue services, monitoring and evaluation practice were mixed: hard outcome evidence was not available, although fire and rescue services acknowledged the need for this information.

Whereas the interventions within the forensic mental health units were unique to the unit visited, fire and rescue services often worked with local youth offending services. Where practice was at its best, good information sharing protocols were established between the fire and rescue services and youth offending services. The typical model of working involved the youth offending services’ staff making referrals and attending the sessions, with some fire and rescue services also delivering interventions jointly with staff from the youth offending services. This partnership working was often initiated by the fire and rescue service and appeared to be working well, although the need to establish protocols for sharing of information between agencies whilst working within the data protection legislation was stressed.

While the emphasis on educational approaches is likely to be appropriate as both a proactive and reactive approach to low level fire setting behaviours (Kolko, 2001b),
there is a distinct lack of a national provision for more serious arsonists, particularly those in adulthood. Thus, as well as increasing the standard of current interventions, there is a need to develop new state of the art interventions for serious adolescent and adult arson offenders, along with tools for accurate identification and assessment of these groups. The impact of fire setting and arson, in both financial and non-financial terms, is such that it is of paramount importance for services to be appropriately matched to individuals. It is only through achieving this that interventions will be effective at reducing fire setting and arson.

The development of any new programme should be informed by the principles of effective practice (e.g. CSAP criteria) and, critically, should be monitored and evaluated with respect to both process and outcome. Further, issues relating to effective implementation and delivery must be considered. The wider literature has consistently shown quality of treatment delivery to be a key issue in maximizing programme effectiveness with offenders (e.g. Gensheimer, Mayer, Gottschalk, & Davidson, 1986; Lipsey, 1995). This position is supported by research by the US National Juvenile Fire Setter/Arson Control and Prevention Programme (NJF/ACPP), which identified seven factors shared by successful juvenile fire setting interventions: these are good programme management, appropriate screening and evaluation procedures, intervention services, appropriate referral procedures, publicity, appropriate monitoring systems, and developing relationships with juvenile justice (FEMA, 1994).

In conclusion, there is a great deal of good practice in a range of settings in England and Wales, with fire and rescue services and youth offending services at the forefront of arson prevention with young fire setters and adolescent arsonists. If an offending behaviour programme is not to be developed, there are other steps to consider. Some thought might usefully be given to provision of more centrally organized assistance to those in the field running interventions. There are a number of common concerns, such as staff training, teaching materials, and organization of a central forum for practitioners to exchange ideas and knowledge about best practice, which could usefully provide a starting-point.

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