

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION**

TODD ASHKER, et al.,

Plaintiffs,

v.

GOVERNOR OF THE STATE OF
CALIFORNIA, et. al.,

Defendants.

Case No.: 4:09-cv-05796-CW

CLASS ACTION

Judge: Honorable Claudia Wilken

EXPERT REPORT OF ANDREW COYLE, PhD

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I, Andrew Coyle, PhD FKC, declare

I. EXPERT QUALIFICATIONS

1. I have a PhD degree from the Faculty of Law in the University of Edinburgh awarded in 1986 for a thesis on the organisational development of the Scottish Prison Service with particular reference to the role and influence of the prison officer. This thesis charted the development of the Scottish Prison Service from its earliest days and identified the key role which has been played by prison personnel in the humane management of prisoners. I am a Fellow of King's College in the University of London (FKC); this Fellowship was awarded in recognition of "exceptional achievement and academic service."

2. Prior to becoming a full-time academic, I spent 24 years as a governor (warden) in the prison services of the United Kingdom. Between 1973 and 1991, I was a governor in the Scottish Prison Service, during which time I commanded three major prisons, including Peterhead Prison which held the most dangerous and difficult prisoners in the system and also Shotts Prison, the main prison for convicted prisoners serving long sentences. I also spent five years in the national prison headquarters, where I was responsible for the development of security policies at a national level. Between 1991 and 1997, I was governor of Brixton Prison in London which held up to 1,000 prisoners including some 300 who were being held for psychiatric observation and some 60 prisoners who were in the highest security category, including a number facing charges for terrorist crimes.

3. Between 1997 and 2005, I was Director of the International Centre for Prison Studies (ICPS) within the School of Law in King's College of the University of London, and from 2003, I was Professor of Prison Studies in the same School of Law. ICPS was founded in 1997 for the purposes of conducting research on prisons and imprisonment, developing and disseminating knowledge about how imprisonment should be used, and contributing to improved policy and practice in prisons across the world. Since then, it has contributed to

prison reform and advised on good prison management in countries in all regions of the world. As Director of ICPS and Professor of Prison Studies, I have been closely involved in advising on prison management and the reform of prison systems in all regions of the world. I have served as a consultant on prison matters to numerous governments including Brazil, Chile and Colombia; Russia, China and Cambodia; Poland, Sweden and Spain; South Africa, Uganda and Mozambique; Australia and New Zealand. From 1997 to 2000, I was an adviser on prison issues to the UK Secretary of State for Home Affairs. At various points during that time, I was also special adviser to UK Parliament's Select Committee on Northern Ireland for its inquiry into prisons in Northern Ireland and also to the Select Committee on Education and Skills for its inquiry into education in prisons in England and Wales. Since 2002, I have been a member of the UK Secretary of State for Foreign Affairs' Advisory Group on Torture Prevention. This group of experts meets on a regular basis to assist the Secretary of State to develop strategies for encouraging countries around the world to reduce the use of and ultimately to eliminate the use of torture within their jurisdictions. Between 2005 and 2010, I was one of the three panel members of the Public Inquiry into the murder of Billy Wright inside Maze Prison in Northern Ireland. This inquiry was set up under the terms of the Northern Ireland Peace Agreement to inquire into any possible collusion by state authorities in the murder of a loyalist prisoner by republican prisoners. My Curriculum Vitae is attached as Exhibit 1.

4. I have provided expert opinions and reports in numerous cases in the United Kingdom relating to prisoners and prison issues. In 2002, I provided an expert report for the Inter American Court of Human Rights in the case of *Hilaire, Constantine and Benjamin et al -v- The Republic of Trinidad and Tobago* and in 2004 I provided a report for the same court in the case of *Winston Caesar -v- The Republic of Trinidad and Tobago*. In 2007, I gave expert evidence before the Inter American Court of Human Rights in Costa Rica in the case of

Boyce et al -v- Barbados. In 2013, I gave expert evidence in Toronto, Canada, in the coronial inquiry into the death of prisoner Ashley Smith while in federal prison custody. My evidence focussed on the use of extended solitary confinement by the Correctional Service of Canada and described international good prison management practices in the treatment of prisoners who required special treatment. A complete list of the cases in which I have contributed testimony is included in my attached CV.

5. I have published numerous scholarly articles and book chapters on topics related to the use of imprisonment and prison management. These include *Governing, Leadership and Change* (2007), *Change management in prisons* (2007) and *The Prison: Its contribution to punishment, rehabilitation and public safety* (2013). Among the books I have published are *The Prisons We Deserve* (Harper Collins, 1994), *Managing Prisons in a Time of Change* (International Centre for Prison Studies, 2002) and *Understanding Prisons: Key issues in policy and practice* (Open University Press, 2005). My text book *A Human Rights Approach to Prison Management: Handbook for Prison Staff* (International Centre for Prison Studies, 2002 and 2009) has been translated into 16 languages and is an acknowledged international reference book on its subject. A list of the articles and books I have authored or edited is included in my attached CV.

6. In the course of my academic work I have lectured and given addresses in many countries and in a wide range of academic settings on criminal justice matters and on prison management. Most recently I have been invited to lecture on the new challenges in the management of extremist and terrorist prisoners and on the use of maximum security in prisons.

7. I have also advised and been an expert on prison issues for several intergovernmental organisations including the UN Office on Drugs and Crime, the UN Latin American Institute, the Organisation of American States, the Council of Europe and the

International Committee of the Red Cross. I was one of the main drafters of what became the European Prison Rules 2006 and was expert adviser to the United Nations on the review of the UN Standard Minimum Rules for the Treatment of Prisoners. These are standards agreed at regional and international levels respectively for the management of prisoners. The United States is an active participant in the United Nations on the review of the Standard Minimum Rules. I was the main drafter of what is now the European Code of Ethics for Prison Staff (2012). This Code sets out a recommended standard of professional behaviour for prison staff. I have been an expert member of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) in its prison inspection missions to several member states including Russia, Turkey and Armenia. The CPT has the right to inspect with complete independence all places of detention in the 47 member states of the Council of Europe. I was an expert member of the CPT's first two missions to Russia and had unhindered inspection access to numerous prisons and penitentiaries in large cities and in remote Siberia. My inspections with the CPT in Turkish prisons focussed on the management of terrorist and other maximum security prisoners. Details of all of this work are included in my attached CV.

8. During my time as a governor (warden) I served on a wide variety of commissions and groups developing operational standards for the management of high security prisoners. Most recently I have worked with the United Nations Interregional Crime and Justice Research Institute and the International Centre for Counter-Terrorism in developing strategies for the management of terrorist and violent extremist prisoners.

9. I have visited the United States on many occasions to speak at academic conferences and for consultations with bodies such as the American Correctional Association. I have visited federal, state and county prisons, jails and correctional institutions in Illinois, New York, North Carolina, Pennsylvania and Texas. I have not visited Pelican Bay or any

other correctional facility in California.

II. NATURE AND BASIS OF EXPERT OPINION

10. I have been retained by counsel for the plaintiffs in *Ashker v. Brown* to provide expert opinions on international and professional standards relating to confinement in Security Housing Units and equivalent confinement. I have also been asked to express opinions on the situation in which the prisoners are detained in the Pelican Bay Security Housing Unit (SHU) and specifically on:

- Proper identification / limitation of those prisoners for whom some form of solitary confinement or restrictive housing is justified
- Conditions of such housing, including duration, out-of-cell time, access to social interaction, programming, and rehabilitative plan
- Proper review of the continued need for such housing.

11. I am providing testimony in this case on a *pro bono* basis. I will be compensated by Plaintiffs for actual expenses incurred.

12. My opinions on these topics are based on a number of sources. In addition to my professional experience of managing prisoners who require the highest level of supervision, I have drawn on my international work with intergovernmental bodies including the United Nations, the Council of Europe, the International Committee of the Red Cross and the World Health Organisation. I have also made use of my experience in advising prison services in many countries, often in maximum security settings. I have extensive academic knowledge of issues to do with solitary confinement and the management of extremist and violent prisoners. All of these sources are listed in my attached CV. The Plaintiffs have supplied me with a set of documents that pertain to the use of solitary confinement at the Pelican Bay SHU. The documents that I reviewed include the Class Action Complaint for Injunctive and Declaratory Relief in *Ashker v. Brown*; the State of California Office of

Administrative Law Notice of Approval of Regulatory Action dated 10.17.2014 and the attached CDCR Regulations on Security Threat Groups; the Notices of Classification Hearings for Plaintiffs Cervantes B, Franklin J, Johnson R, Juarez A and Troxell D; and the Declarations of Dr. Terry Kupers and Professor Craig Haney.

A. International and regional standards relevant to confinement in a SHU

13. The use and nature of imprisonment in all jurisdictions are governed primarily by domestic legislation. In addition there are a range of standards which have been agreed upon either at an international level by bodies such as the United Nations or at regional levels by bodies such as the Inter American Commission on Human Rights and the Council of Europe. Some of these standards have treaty status and are accordingly binding on those states which have ratified them. Others are in the form of recommendations agreed by representatives of constituent member states.

14. The key standard in terms of general treatment of prisoners is

Article 10 of the International Covenant on Civil and Political Rights¹

All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person.

15. This standard is reaffirmed in

Principle I of the Principles and Best Practices on the Protection of Persons Deprived of Liberty in the Americas²

All persons subject to the jurisdiction of any Member State of the Organization of American States shall be treated humanely, with unconditional respect for their inherent dignity, fundamental rights and

¹ International Covenant on Civil and Political Rights. Adopted and opened for signature, ratification and accession by United Nations General Assembly resolution 2200A (XXI) of 16 December 1966, entry into force 23 March 1976

² Principles and Best Practices on the Protection of Persons Deprived of Liberty in the Americas. Approved by the Inter-American Commission on Human Rights during its 131st regular period of sessions, March 3-14, 2008

guarantees, and strictly in accordance with international human rights instruments.

16. The following standards have more direct relevance to SHU confinement:

UN Basic Principles for the Treatment of Prisoners, Principle 7³

Efforts addressed to the abolition of solitary confinement as a punishment, or to the restriction of its use, should be undertaken and encouraged.

UN Standard Minimum Rules for the Treatment of Prisoners, Rule 27⁴

Discipline and order shall be maintained with firmness, but with no more restriction than is necessary for safe custody and well-ordered community life.

UN Standard Minimum Rules for the Treatment of Prisoners, Rule 57

Imprisonment and other measures which result in cutting off an offender from the outside world are afflictive by the very fact of taking from the person the right of self-determination by depriving him of his liberty. Therefore the prison system shall not, except as incidental to justifiable segregation or the maintenance of discipline, aggravate the suffering inherent in such a situation.

Principle XXII of the Principles and Best Practices on the Protection of Persons Deprived of Liberty in the Americas:

The law shall prohibit solitary confinement in punishment cells.

Solitary confinement shall only be permitted as a disposition of last resort and for a strictly limited time, when it is evident that it is necessary to ensure legitimate interests relating to the institution's internal security, and to protect fundamental rights, such as the right to life and integrity of persons deprived of liberty or the personnel.

³ Basic Principles for the Treatment of Prisoners. Adopted and proclaimed by UN General Assembly resolution 45/111 of 14 December 1990

⁴ Standard Minimum Rules for the Treatment of Prisoners. Adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955, and approved by the UN Economic and Social Council by its resolutions 663 C (XXIV) of 31 July 1957 and 2076 (LXII) of 13 May 1977

In all cases, the disposition of solitary confinement shall be authorized by the competent authority and shall be subject to judicial control, since its prolonged, inappropriate or unnecessary use would amount to acts of torture, or cruel, inhuman, or degrading treatment or punishment.

In cases of involuntary seclusion of persons with mental disabilities it shall be ensured that the measure is authorized by a competent physician; carried out in accordance with officially approved procedures; recorded in the patient's individual medical record; and immediately notified to their family or legal representatives. Persons with mental disabilities who are secluded shall be under the care and supervision of qualified medical personnel.

17. The European Court of Human Rights in a number of judgements has found violations of the European Convention for the Protection of Human Rights and Fundamental Freedoms in respect of the use of solitary confinement in several member states.⁵ In a case against France in 2009⁶ the Court found that in that case: "Solitary confinement was not a disciplinary measure and mere reference to organised crime or some unsubstantiated risk of escape was insufficient. Likewise, the classification of a detainee as a dangerous prisoner, or his committing even a serious disciplinary offence did not justify placing him in solitary confinement."

18. The Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment of the Council of Europe (CPT) has the right to visit all places of detention in 47 member states of the Council of Europe spread geographically from Portugal to Russia and Norway to Turkey in order to assess how persons deprived of their liberty are

⁵ For example, *Labita v. Italy* Application no. 26772/95, *Indelicato v. Italy* Application no. 31143/96, *Messina v. Italy* Application no. 25498/94

⁶ *Khider v. France* Application no. 39364/05. European Court of Human Rights. Information Note on the Court's case-law No. 121. July 2009

treated. CPT delegations have unlimited access to all places of detention and the right to move inside such places without any restriction. After each country visit the CPT sends a detailed report to the State concerned with findings, recommendations, comments and requests for information. Reports are confidential in the first instance but with the approval of the State concerned they are subsequently published along with the State's response. The CPT has commented critically on arrangements in respect of the use of solitary confinement in a number of country reports; for example, on the Netherlands⁷ and on the United Kingdom.⁸

19. In its second General Report on its activities⁹ the CPT stated, "Solitary confinement can, in certain circumstances, amount to inhuman and degrading treatment: in any event, all forms of solitary confinement should be as short as possible."

20. The CPT has published a composite set of standards based on the findings of its State visits.¹⁰ In respect of solitary confinement it has this to say:

53. Solitary confinement of prisoners is found, in some shape or form, in every prison system. The CPT has always paid particular attention to prisoners undergoing solitary confinement, because it can have an extremely damaging effect on the mental, somatic and social health of those concerned. This damaging effect can be immediate and increases the longer the measure lasts and the more indeterminate it is...

54. The CPT understands the term 'solitary confinement' as meaning whenever a prisoner is ordered to be held separately from other prisoners, for example, as a result of a court decision, as a disciplinary sanction imposed within the prison system, as a preventative administrative measure or for the protection of the prisoner concerned. A prisoner subject to such a measure will

⁷ CPT/Inf (2002) 30 Report to the Authorities of the Kingdom of the Netherlands on the visits carried out to the Kingdom in Europe and to the Netherlands Antilles by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) in February 2002. Strasbourg, 15 November 2002. CPT Response of the Authorities of the Kingdom of the Netherlands (CPT/Inf (2003) 39).

⁸ CPT Reports to the Government of the United Kingdom CPT/Inf (2002) 6 and CPT/Inf (2003) 18

⁹ CPT/Inf (92) 3 2nd General Report on the CPT's activities covering the period 1 January to 31 December 1991. Strasbourg

¹⁰ CPT/Inf/E (2002) 1 - Rev. 2013. Strasbourg

usually be held on his/her own; however, in some States he/she may be accommodated together with one or two other prisoners, and this section applies equally to such situations.

21. The United Nations Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment submitted an interim report on torture and other cruel, inhuman or degrading treatment or punishment to the General Assembly of the United Nations in 2008.¹¹ In the exercise of his mandate, particularly in the course of visits to places of detention as well as by responding to allegations brought to his attention, the Special Rapporteur has expressed concern at the use of solitary confinement (i.e. physical isolation in a cell for 22 to 24 hours per day, and in some jurisdictions being allowed outside for up to one hour). In the opinion of the Special Rapporteur, the prolonged isolation of detainees may amount to cruel, inhuman or degrading treatment or punishment and, in certain instances, may amount to torture. In the opinion of the Special Rapporteur, the use of solitary confinement should be kept to a minimum, used in very exceptional cases, for as short a time as possible, and only as a last resort.

22. If the definitions offered by the CPT and the Special Rapporteur are accepted, the detention of prisoners in Pelican Bay SHU can accurately be described as solitary confinement. The international and regional standards relevant to such confinement as described above can be summarised in the terms of Principle XXII of the Principles and Best Practices on the Protection of Persons Deprived of Liberty in the Americas, “Solitary confinement shall only be permitted as a disposition of last resort and for a strictly limited time.” Solitary confinement in Pelican Bay is clearly not a ‘disposition of last resort’ nor is it used ‘for a strictly limited time.’ It therefore fails to meet international and regional standards.

B. England and Wales: An alternative model

¹¹ General Assembly 28 July 2008 Sixty third session Item 67 A/63/175

23. In England and Wales all prisons are administered by the National Offender Management Service (NOMS) within the United Kingdom Ministry of Justice. There are 118 prisons overall (equivalent to jails, prisons, penitentiaries and correctional institutions in the US), with a total of just over 84,000 prisoners, including pre-trial and convicted. Following individual assessment, all convicted prisoners are assigned to a security category which determines the degree of supervision to which they will be subjected. The security categories are A to D, with A being the highest. All prisoners in security category A are held in high security prisons. The vast majority of these prisoners are in general population. They are allowed to move within their living units and will be engaged during the day in organised work, education and cultural activities, always under direct staff supervision.

24. There are five Close Supervision Centres (CSC) with a total of 56 places for prisoners who have been identified as being too dangerous or disruptive to be in general population. NOMS describes the Close Supervision Centres as follows:

The overall aim of the CSC system is to remove the most significantly disruptive, challenging, and dangerous prisoners from ordinary location, and manage them within small and highly supervised units; to enable an assessment of individual risks to be carried out, followed by individual and/or group work to try to reduce the risk of harm to others, thus enabling a return to normal or a more appropriate location as risk reduces.¹²

25. The decision to admit any prisoner to a CSC is taken by the CSC Management Committee based in the national headquarters and is subject to approval by a senior Director. When such a decision is made the prisoner is advised of the fact and the reasons for it. He or his legal adviser have 14 days within which to submit representations about the decision. If the decision is confirmed, the prisoner is again advised in writing. On first admission to a CSC the prisoner is individually assessed by a range of specialists, usually over a four month period. Thereafter a structured care and management plan is drawn up and this is reviewed every three months. The CSC Management Committee reviews each case monthly and also

¹² National Offender Management Service High Security Prisons Group. October 2013. The full text of the Manual is attached as Exhibit 2.

receives the three monthly reports. The reports are disclosed to the prisoner who has the opportunity to make representations. Once a decision is made to move a prisoner out of a CSC back to the general high security population his progress continues to be monitored by the CSC Management Committee for a further six months. The work and decisions of the CSC Management Committee are overseen by a CSC Advisory Panel, chaired by an independent person and including a number of academics, psychiatrists, psychologists and others. This group meets three times a year and among other matters considers the monthly reviews of each prisoner's case.

C. The principles of good operational management in respect of prisoners who require to be held in conditions of the highest security

26. Extrapolating from my extensive personal experience as a governor (warden) with responsibility for the care of prisoners who require to be held in conditions of the highest security and from visiting high security prisons in almost 60 countries as detailed in my CV, as well as from my knowledge of the relevant international and regional standards described above, I am able to list the principles of good operational management in respect of prisoners who require to be held in the conditions of the highest security.

D. Humane treatment

27. In many prison systems there are likely to be a number of prisoners who will require to be held in conditions of the highest security. The management of these prisoners presents an important challenge to prison authorities, which have to achieve a balance between the threat that such prisoners would present to the public if they were to escape, the threat that they may pose to good order inside prisons, and the obligation that the state has to treat all prisoners in a decent and humane manner. It is sometimes said that the manner in which a society treats its prisoners is a reflection of its deepest values. This principle applies particularly to the management of prisoners in the highest security category.

E. Minimum number

28. The number of prisoners held under high security conditions should be kept to a minimum for several reasons. As a general rule prisoners should only be confined in high security conditions where their behaviour has demonstrated that they pose such a degree of threat to safety and security that they cannot be managed in any other way. High security prisoners require to be kept under close supervision at all times and their freedom of movement and contact with other people is likely to be kept under close surveillance. When implemented in a proper manner, high security supervision will be very resource intensive in financial, technical and staffing terms. In addition, staff are more likely to be able to provide the appropriate level of intense supervision if the label of high security prisoner is not applied indiscriminately. Prison systems which keep a smaller number of prisoners in high security conditions are likely to be safer for both prisoners and staff. Where the numbers are small, staff will be able to identify the prisoners who need to be kept in conditions of high security and to ensure they are properly supervised. If the number of prisoners in this group is too great, then it may be that staff will not be able to provide close enough supervision of those prisoners who are most likely to attempt to escape or to provoke disorder. The arrangements in England and Wales described above are an example of a system which attempts to keep the number of prisoners subject to the highest security to the essential minimum.

F. Individual assessment of risk

29. There should be a clear, well-defined system for identifying which prisoners require to be held in high security conditions. The degree of risk which they pose should be assessed individually on a continuing and regular basis. Individual assessment of risk can help to identify those prisoners who present a serious threat to staff, to other prisoners and to the wider community. In the absence of proper individual assessment, general criteria may be applied. This often leads to inappropriate assessment of the level of risk posed by an individual. One example of the consequences of applying generic criteria is to be found in the

Turkish prison system where all prisoners who were convicted under terrorism legislation were automatically classified as very high risk prisoners requiring close supervision. The legislation had a very broad definition of terrorism which extended from the most extreme acts of violence to shouting slogans in the street or pasting literature on public walls. When I inspected prisons in Turkey as an expert with the Council of Europe Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment in the early 2000s, almost 20 percent of all prisoners in Turkey were categorized as terrorists and were held in groups separate from other prisoners. There were two immediate operational consequences. In the first place, the task of identifying those who were actually the leaders of this group and who did indeed need very close supervision was made much more difficult. Secondly, those who were initially on the periphery of the group and who with proper management could have been encouraged to leave it were on the contrary sucked further into the group which paradoxically increased their risk.

30. Criteria for assessing the security risk posed by an individual have been developed in many countries. Issues to be taken into account will include:

- the potential threat to public if the prisoner were to escape
- any previous history of attempting to escape
- access to external assistance for escape
- in the case of pre-trial prisoners, any potential threat to witnesses
- the nature of the crime for which the prisoner was convicted
- length of sentence, which usually reflects the nature of the crime
- the potential for threat to other prisoners
- the potential for threat to the good order of the institution.

Care needs to be taken when assessing the extent and nature of an individual's involvement in groups which may constitute a threat to the institution. The example from Turkey

demonstrates this and parallels can be drawn with involvement of prisoners in SHUs who have gang affiliation. Low-level or historic involvement need not of itself be a determining feature.

G. Regular review of security level

31. Security levels for individual prisoners should be reviewed at regular intervals throughout the sentence. Prisoners who are classified as being high security risks early in their sentences may become less so as a result of good management during the sentence. The prospect of progressing to a lower security category during the sentence can also act as an incentive for good behaviour. The English practice of reviewing prisoners held in Close Supervision Centres on one monthly and three monthly cycles is an example of good practice.

H. Only necessary restrictions

32. It is the responsibility of a prison system to detain all prisoners in conditions which are decent and humane, regardless of the crimes of which they have been convicted or accused. This obligation also applies to the treatment of high security prisoners and the restrictions which are imposed on these prisoners should be no more than are necessary to ensure that they are detained securely and safely.

I. The balance of security

33. Security in a prison or correctional institution has three main elements:

- *Physical security* includes the architecture of the prison buildings, the strength of the walls of those buildings, the bars on the windows, the doors of the accommodation units, the specifications of the perimeter wall and fences, watchtowers and so on. They also include the physical aids to security such as locks, cameras, alarm systems, radios and such like.
- *Procedural security* refers to the variety of procedures which have to be in place to ensure that prisoners are supervised appropriately. They include regular searching, both of physical spaces and of individuals. There should be procedures

for regularly searching all places where prisoners live, work or congregate. These should include searches of living accommodation, such as cells and dormitories, to make sure that security features, including doors and locks, windows and grilles, have not been tampered with. Depending on the security category of the prisoner, his or her personal property should also be subject to search from time to time. There should also be procedures which govern the regularity of checking prisoner numbers and how these checks are carried out. The same applies to arrangements from movements of prisoners from one area of the prison to another.

- *Dynamic security* is based on what is sometimes called direct supervision. It is provided by staff who are alert, who interact with prisoners, who have a direct awareness of what is going on in the prison and who are experienced in working with prisoners. This kind of security is much more qualitative than static security measures of physical and procedural security. Where there is regular contact between staff and prisoners, an alert guard will be responsive to situations which are different from the norm and which may present a threat to security or good order. The strength of dynamic security is that it is likely to be proactive in a way which recognises a threat to security at a very early stage. It will operate best when staff are professional and well-trained.

34. In a well-managed prison there will be a balance between physical, procedural and dynamic security and the three elements will complement each other. This needs to be borne in mind when making arrangements for the management of high security prisoners. A system which uses the dynamic security which comes from staff interactions and intelligence is likely to be more effective than one which relies exclusively on very restrictive hardware, technology, conditions and procedures. When staff work directly with prisoners in a positive manner, they are more likely to be alert to changes in atmosphere in a unit and to changes in the behaviour or attitude of individuals. This is less likely to be the case when staff come into direct contact with prisoners in a formal or perfunctory manner.

J. Specially trained staff

35. Working with high security prisoners requires a special degree of professionalism and staff who work in this environment need to be given special training and

continuing support. The prison administration in England and Wales has developed a High Security Staff Well Being Strategy.¹³

K. Management of prisoners in special maximum security conditions

36. There are two general models for the management of prisoners in maximum security conditions. The first involves placing them in isolated conditions, either on their own or with one or two other prisoners. Under this arrangement, prisoners spend all day and night in their living accommodation. In the most extreme of these conditions, prisoners have no access to any activity or external stimulation and have nothing at all to do. They may be allowed an hour of solitary recreation in an empty outdoor exercise cage. They are strip-searched and shackled every time they leave their cell. In some jurisdictions prisoners can spend years in this kind of regime. This method of dealing with prisoners often arises from an absence of proper management techniques and will undermine any attempts at the reform or rehabilitation of individuals.

37. A much more positive model is that of housing this type of prisoner in small units of up to ten prisoners, based on the premise that it is possible to provide a positive regime for maximum security prisoners by confining them in small groups away from the general prison population rather than in individual segregation. The principle on which these units operate is that it should be possible for a professionally trained staff to develop a positive and active regime for even the most dangerous prisoners. The intention is that, within a secure perimeter, prisoners should be able to move relatively freely within the units and to have a normal prison routine. In such an environment, prisoners will only be placed in isolation when all else fails and then only for a short period of time. One of the best examples of this type of regime is the system of small units which were set up within the Scottish Prison Service with the following objectives:

¹³ Confer the CSC Operating Manual

1. To provide an additional option for the location of prisoners who present management problems, or the potential for management problems, within the mainstream prison system.
2. To hold such prisoners securely.
3. To provide a range of additional opportunities geared to the personal development of such prisoners within a small supportive environment.
4. To return prisoners to the mainstream better able to cope and to make progress towards release.
5. To provide settings within which it is possible to test alternative approaches towards the relationship between prisoners and prison officers, from which lessons may be drawn for the mainstream of the prison system.¹⁴

L. The situation in Pelican Bay

38. I have been shown the notice of regulatory action approved by the State of California Office of Administrative Law in October 2014. This action makes permanent a previous pilot project pertaining to the “management, disciplinary actions and housing of inmates and parolees found to be members, associates or suspects of security threat groups, as specified.” I have also been shown a number of notices of classification hearings and related documents concerning several of the plaintiffs in this case. I have assessed these documents in terms of what I have described above as the principles of good operational management in respect of prisoners who require close supervision.

M. Humane treatment

39. The treatment of prisoners over such a long period of time as described in the official documents with which I have been provided falls far short of the obligations of Article 10 of the International Covenant on Civil and Political Rights. I note that the United States has chosen to ratify this treaty.

N. Minimum number

40. From the documents which have been made available to me, it appears highly

¹⁴ Scottish Prison Service. 1990. Opportunity and Responsibility: Developing new approaches to the management of the long term prison system in Scotland. Edinburgh: Scottish Prison Service

unlikely that any real attempt is made by the California Department of Corrections and Rehabilitation to keep the number of prisoners held in the Pelican Bay SHU to the minimum necessary to guarantee good order and control in the Department's penitentiaries. The fact that the number of prisoners in the SHU is so large is likely to make it more difficult for staff to treat them in a humane and decent manner.

O. Individual assessment of risk

41. My conclusion from reading the various documents which have been made available to me is that in broad terms the Department of Corrections and Rehabilitation has applied a generic assessment in respect of gang affiliation, with the presumption that where there is any evidence of such affiliation, either current or historic, a prisoner will be held in the SHU. This has led to the situation where the proportion of prisoners held in such units in California is very high. There would appear to be a parallel here with the situation in Turkish prisons as described above. One of the important objectives of the Close Supervision Centres in England and Wales is to prepare prisoners to "return to normal or a more appropriate location as risk reduces." In other words, allocation to a CSC is not seen as permanent. The CDCR Regulations of October 2014 continue to apply a generic assessment of gang affiliation rather than an individual assessment of a prisoner's behaviour.

42. I understand that in October 2014 CDCR established a Departmental Review Board to consider the classification of all prisoners held in the SHU. While recognising that this is a positive step towards individual risk assessment, my reading of the new Regulatory Action is that it falls far short of what would normally be regarded as a proper assessment of the individual in terms of good correctional management. In particular, the definition of 'Security Threat Group' is so wide as to make it virtually impossible for anyone who has at some point been found to belong to such a group subsequently to demonstrate that this is no longer the case or that he as an individual is no longer a threat to security. It also appears that

one of the main routes out of such a group is for an individual to submit to what is described as “debriefing.” “Debriefing” is defined in the Regulatory Action as “the process by which a STG gang coordinator/investigator determines whether an inmate/parolee (subject) has dropped out of a STG gang.” The first step in this process is an interview, the purpose of which ‘is to provide staff with information about the STG’s gang’s structure, activities and affiliates.’ In other words, the key element in assessing an individual’s future risk is that he should be prepared to act as an informer. This is an inappropriate criteria to use.

P. Regular review of security level

43. The documents relating to the departmental review process describes the Step Down process for eventual transfer to general population. It does not appear to include any provision for regular reviews of individuals who have refused to enter the Step Down process.

Q. Only necessary restrictions

44. The restrictions placed on those held in the SHU go far beyond what is necessary in the interests of security and good order. In the Close Supervision Units in England and Wales, provision is made for family and legal visits (which are usually direct contact visits), telephone calls to family and friends, access to education, gym facilities, payment for work, association with other prisoners and in-cell activities. These do not appear to be provided for in the Pelican Bay SHU.

R. The balance of security

45. Security in the SHU is delivered by a combination of physical and procedural security which is far in excess of what is necessary to achieve the required outcomes. There is a very limited input of dynamic security.

S. Specially trained staff

46. It is not known to me whether the staff who work in the SHU are given specific training for their work. This contrasts with the situation in England and Wales where

staff working in CSUs are specially selected, provided with specific training and ongoing support.

T. Management of prisoners in special maximum security conditions

47. It would appear that management of the prisoners in the SHU can be described at best as reactive rather than proactive. The fact that so many individuals have been held for so many years in conditions which fail to meet basic standards of humanity betrays an absence of professional prison management. The documents which have been shown to me indicate that the Department of Corrections and Rehabilitation has made little if any effort to provide incentives to prisoners to reform themselves, even as they grow from middle age to old age. In my professional experience, when dealing with the most problematic prisoners there is an onus on prison management to create and develop an environment in which such prisoners will over the course of time be encouraged to begin the process of 'correction' and 'rehabilitation.' There is no evidence of such an approach in the Pelican Bay Security Housing Unit.

A handwritten signature in black ink that reads "Andrew Coyle". The signature is written in a cursive, flowing style with a long horizontal stroke at the end.

Andrew Coyle, PhD

Dated: March 12, 2015

Exhibit 2



National Offender
Management Service



**HM PRISON
SERVICE**

Public Sector Prisons

Close Supervision Centre's (CSC) Operating Manual

October 2013

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Section 1

Role of the CSC within the High Security Estate

Background

Prison Rule 46 provides the authority for prisoners to be held in a Close Supervision Centre (CSC). CSC units have been in operation since 1998 and are administered and managed under a national management strategy by the High Security Estate. The CSC system has continuously developed to provide a multi-disciplinary risk management approach to deal with highly disruptive and high risk prisoners who have demonstrated, or evidenced a propensity to demonstrate, violent and/or highly disruptive behaviour. The system integrates existing prison processes with others, such as the Care Programme Approach, for prisoners requiring such coordinated management, and works in liaison with other partner agencies.

Referrals are accepted both from within and outside of the high security estate, thus providing a service to the whole prison estate.

The principle behind the establishment of the CSC system is to enable prisoners an opportunity to develop a more settled and acceptable pattern of behaviour through a robust care and management approach.

Aims of the CSC system

The overall aim of the CSC system is to remove the most significantly disruptive, challenging, and dangerous prisoners from ordinary location, and manage them within small and highly supervised units; to enable an assessment of individual risks to be carried out, followed by individual and/or group work to try to reduce the risk of harm to others, thus enabling a return to normal or a more appropriate location as risk reduces.

Referrals will be submitted following a single serious incident, on-going or escalating violence, or when prisoners have not responded to attempts to manage those using existing processes, or under the Managing Challenging Behaviour Strategy (MCBS) (High Security Estate only).

Prisoners referred to, and located within, CSC units will often present with a range of complex and diverse behavioural, psychological, psychiatric, or security needs, and the decision to re-locate a prisoner to the CSC system is designed to provide an opportunity:

- To identify risks and develop risk management strategies for prisoners through psychological services;
- To diagnose and provide support and intervention for prisoners with mental health needs, referring on to suitable treatment providers where necessary;
- To encourage prisoners to address their disruptive and anti-social behaviour;
- To work with prisoners to motivate them to address their offending and/or custodial behaviour;
- To provide long term containment for those prisoners whose actions pose a significant threat to the safety of others, and/or the good order or discipline of an establishment;
- To disrupt an individual prisoner's activities where the activities are judged to pose a significant risk to others or the good order of the establishment, including where the risk has not materialised but is evidenced by substantial intelligence;
- To stabilise factors relevant to risk, evidence a reduction in risk, and prepare for a return to normal location where the provision of Close Supervision is no longer required

It should be noted that any one or more of the aims detailed above will relate to different prisoners at different times during the CSC process.

Legislative requirements - Prison Rule 46

Prison rule 46 states:

1. Where it appears desirable, for the maintenance of good order or discipline or to ensure the safety of officers, prisoners or any other person, that a prisoner should not associate with other prisoners, either generally or for particular purposes, the Secretary of State may direct the prisoner's removal from association accordingly and his placement in a Close Supervision Centre of a prison.
2. A direction given under paragraph (1) shall be for a period not exceeding one month, but may be renewed from time to time for a like period, and shall continue to apply notwithstanding any transfer of a prisoner from one prison to another.
3. The Secretary of State may direct that such a prisoner as aforesaid shall resume association with other prisoners, either within a close supervision centre or elsewhere.
4. In exercising any discretion under this rule, the Secretary of State shall take account of any relevant medical considerations that are known to him.
5. A close supervision centre is any cell or other part of a prison designated by the Secretary of State for holding prisoners who are subject to a direction given under paragraph (1).

Structure of the system

Management and Managerial Oversight – National

The CSC system operates as a national management strategy for managing some of the most challenging and dangerous prisoners within the Prison Service. The system operates under the authority of the Secretary of State, delegated to the Deputy Director of Custody (DDC), High Security Estate. The DDC has responsibility for the delivery of the system, which is overseen and managed on a daily basis by the Population and Specialist Unit manager working as part of High Security Prisons Group.

Key roles of the operational manager include;

- Writing and updating the CSC policies, Standard and audit baselines
- Managing the allocation of the population within designated Rule 46 accommodation, advising and coordinating essential moves around the system in response to procedural, operational, and treatment/intervention needs
- Ensuring quality care plans are in place for all prisoners held under Prison Rule 46
- Make decisions and arrangements to transfer CSC prisoners at short notice, outside of the CSCMC planned process, where operational factors necessitate such action
- Advising and supporting establishments in the management of CSC prisoners
- Checking compliance with the policy and audit requirements
- Liaising with internal and external partners and stakeholders to improve communication and service provision
- Responding to legal challenges and correspondence in respect of policy and selection or de-selection decisions



- Liaising with providers to ensure adequate clinical provision is in place to meet the needs of CSC prisoners
- Developing and supporting a proactive regime within the CSC units
- Working as part of a central Case Management Group which receives referrals to the CSC system and referrals for de-selection
- Making recommendations on the selection, management, and de-selection of prisoners
- Complete the Equality Impact Assessment for the CSC policies
- Monitor and take necessary action in respect of the developing needs of the CSC system.

The Population Strategy and Specialist Unit manager carries out regular visits to the three CSC units to provide managerial oversight and support as part of the responsibilities detailed above, and to speak to all prisoners located within the CSC units. A brief report will be provided to the local CSC manager and feedback will be given to the Governor or Deputy Governor at the end of the visit as necessary.

The CSC system is a national management system which requires a multi-disciplinary approach across the high security estate to ensure effective decision making, case management and information sharing. It is essential that all staff working within the CSC system consider their role as part of a national 'team' that collectively cares for and manages this difficult group of prisoners. A national collaborative approach seeks to assist the work of all high security prisons whilst maintaining a risk and evidenced based management strategy for prisoners held within the CSC system.

Local Management

Each of the CSC units will have a designated operational manager. The manager will be responsible for the management of the CSC unit, and/or designated cells, and all work and procedures required within it, and will either report to a member of, or form part of, the establishments' senior management team. The operational manager from each establishment must attend the monthly CSC Management Committee (CSCMC) meeting and be given sufficient authority to act on behalf of their Governor to enable them to make and agree decisions at the meeting.

In the event that the manager is unable to attend an appropriate and well briefed deputy should attend in their place.

The local CSC manager is responsible for quality checking the content and accuracy of reports and information submitted to the CSCMC meeting. The manager attending the CSCMC must ensure that individual feedback is given to prisoners regarding the decisions made by the CSCMC related to their individual management *within three working days*, and to staff regarding operational matters influencing and/or affecting overall and local management. They are responsible for ensuring actions are taken forward and information shared with the appropriate people.



Meeting Structure

For the purpose of Rule 46, the CSC Management Committee (CSCMC) will act in the place and with the delegated authority of the Secretary of State. All meetings will be minuted to record the decisions and the reasons for decisions, and actions points to take forward. Meeting minutes will refer to, and should be read in conjunction with, reports submitted for consideration by the attendees.

The CSCMC meeting is held monthly to:

- Decide whether a prisoner meets the criteria for assessment for CSC in accordance with the criteria set out in the CSC Referral Manual (PSI 42/2012);
- Decide, following assessment, whether a prisoner requires placement within the CSC system;
- Review and determine whether the legislative criteria continue to be satisfied to decide on the continued placement, or otherwise, of CSC prisoners, authorising the movement of prisoners between designated CSC accommodation as necessary;
- Consider the future management options for prisoners within the CSC system as informed by local multi-disciplinary teams;
- Review the cases of prisoners at the two year point from selection and every two years thereafter to review current management arrangements, responsiveness to intervention work and future plans;
- Make decisions regarding the de-selection of prisoners from the CSC system;
- Review and approve policy development for the CSC;
- Consider broader service wide factors that may influence and impact on the delivery and management of the CSC system;
- Monitor training provision and quality, and,
- Staff well-being measures to ensure the ongoing support of staff within discrete units.

The CSCMC is also responsible for reviewing and agreeing the Managing Challenging Behaviour Strategy (MCBS), and monitoring and making decisions regarding prisoners identified for management under the Managing Challenging Behaviour Strategy (MCBS).

Where an internal investigation or police enquiries are taking place with regards to an incident that resulted in a referral to the CSC there may be a delay in the ability or appropriateness of the CSCMC in reaching a decision regarding placement under Prison Rule 46. In such cases a decision may be deferred to await the outcome of enquiries or the submission of further information. During this period a prisoner may continue to be held within a segregation unit, designated Rule 46 cell, or CSC unit as appropriate and as agreed by the CSCMC.

In the event of a significant delay in reaching a decision regarding selection it is important that the multi-disciplinary team consider the prisoners' physical and mental well-being, agreeing short term targets and reviewing the regime available to him at the monthly meeting. Any concerns regarding a decline in either physical or mental health must be referred to the medical staff locally, and reported through the CSCMC. Any immediate concerns should be reported to the Population Strategy and Specialist Units manager.

Case Management Group (CMG)

CMG, which consists of an operational manager, senior Chartered forensic psychologist and a specialist mental health nurse, meet monthly to consider all referrals to the CSC for assessment or de-selection, and cases referred to CMG for central management under the MCBS. CMG ensure that all relevant information is provided with the referrals and draft recommendation reports for the CSC/MCBS Management Committee meeting (CSCMC). CMG also provide an outline of essential prisoner transfers for discussion at the CSCMC meeting to meet individual and operational requirements.

Arrangements are in place for CMG to attend Section 117 (Mental Health Act) meetings for CSC (and centrally managed MCBS) prisoners who are returning to prison in order to manage the return process, identifying a suitable location and ensuring an appropriate care plan is put in place.

CMG liaise directly with the prison based DSPD units to aid decision making in respect of prisoners referred to the CSC or CMG, or where CSC or centrally managed MCBS cases are transferred for treatment to ensure a handover of both behavioural and clinical information, and in particular current medication regimes, to ensure a safe and informed transfer.

Close Supervision Centre Accommodation

The CSC system is designed to provide accommodation for prisoners from the point of referral, through selection, to de-selection from the system to a mainstream or more suitable environment such as personality disorder (PD) services, Dangerous and Severe Personality Disorder Services (DSPD), a Therapeutic Community, PIPE (Psychologically Informed Planned Environment) unit, or high secure hospital.

Prisoners are allocated to CSC accommodation by the CSCMC; however, on occasions it is necessary for moves to take place outside of the formal meeting structure to address operational, clinical, and procedural or care planning needs. These moves will be managed by the Population and Specialist Units Manager and will be formally discussed at the next scheduled CSCMC meeting.

The CSC units are designed to accommodate small numbers of high risk and problematic prisoners who are deemed to be unsuitable for management within mainstream location. The smaller unit size and higher levels of staffing jointly provide a highly supervised protective environment to counter some of the risks that exist in a less restricted environment. This enables the delivery of individually tailored regimes that are designed to assess and work towards reducing the risks that lead to the selection of each prisoner into the CSC.

Following selection into the CSC each prisoner will have a care plan devised which identifies work required to reduce and manage the risk of harm to others that lead to the referral to the CSC, and other behaviours identified during the assessment process. The care plan will seek to provide short and long term goals and estimate the likely length of time the prisoner is anticipated to remain in the CSC, based on the work required. The care plan will be reviewed quarterly to monitor any progress, review targets and the initial anticipated timeframe for completion of the targets, which may change for a number of reasons.

For some prisoners de-selection may be an unlikely or long term prospect resulting in a care and management plan which focuses on long term containment which is decent, humane and constructive, providing opportunities for meaningful interactions and activities.



Alternative accommodation is available to locate CSC prisoners within high security segregation units when it becomes necessary to temporarily remove them from the main CSC units. These cells are termed Designated Cells as they are designated by the DDC with the delegated authority of the Secretary of State for the purpose of holding Rule 46 prisoners only. Whilst the aim of the system is to accommodate CSC prisoners within the units to carry out the work identified for them; if behaviour or risk becomes problematic to a level at which continued location within a unit is no longer appropriate, i.e. having a detrimental impact on others or the regime, he may be transferred to a Designated Rule 46 cell until a return to a CSC unit is possible and/or appropriate.

All prisoners held within the CSC system, whether in a CSC unit or a designated cell, will be held under Prison Rule 46. This includes those prisoners under-going pre-selection assessment and those waiting to transfer to a CSC unit to commence assessment.

HMP Woodhill – House Unit 6

‘A’ wing – Core role - Assessment and Management unit – capacity 10, normal operating level 8.

Statement of Purpose:

“To both carry out thorough assessments of risks and needs in respect of the areas of concern that lead to a referral to the CSC, taking into consideration past information, to inform future care and management options, and to manage those prisoners post selection who require a more controlled regime”

Woodhill operates as the primary assessment centre for prisoners who are referred to the CSC for pre-selection assessment.

Accommodation consists of normal cells equipped with standard prison issue furniture, high control cells (described in more detail on pages 15-16), a gated cell for constant supervision, and special accommodation.

Prisoners allocated to Woodhill ‘A’ wing will undertake a formal structured assessment period either lasting a total of 4 months for a full assessment, or shorter if a compressed assessment is recommended (See CSC Referral Manual PSI 42/12) during which time the prisoner will be expected to attend interviews with the multi-disciplinary team to enable a series of assessments to be completed. Reports are disclosed to the prisoner at the end of the assessment period when a Local Assessment Case Conference is held to discuss the content of the reports and to make a recommendation to the CSC Management Committee (CSCMC) regarding selection into the CSC (more details on the assessment process is contained in section 1, page 21). If a prisoner does not engage with the assessment process the reports will be completed based on collateral information, interactions and observations. A refusal to engage will not prevent the assessment from being completed but will not include the prisoners perspective on the content of the report.

Woodhill ‘A’ wing, (and sometimes ‘B’ wing), assesses prisoners who are transferred from the Exceptional Risk Management Unit. Prior to leaving the ERMU the Multi Disciplinary Team (MDT) at Wakefield will carry out a risk assessment to consider the suitability of a transfer from the ERMU, making necessary changes to the regime and management arrangements as part of the preparation process. Following transfer to Woodhill the MDT will assess and monitor the prisoner’s behaviour and interactions, carrying out any specific work identified in the ERMU assessment and reintegration plan, in order to assess whether his risk level enables continued management within the mainstream CSC units. Reporting, care planning and risk assessment will continue in line with routine CSC processes.

‘A’ wing also accommodates prisoners who have been selected into the CSC who require a higher level of supervision than that provided on ‘B’ wing and those prisoners who may



have been managed within Designated Cells for a period of time who require further assessment to inform decisions on future placement.

The regime has to regularly change to meet the varying risks and needs of the prisoners located there at any time. Individual and group risk assessments will inform the regime that can be delivered both individually and collectively within the framework of the planned overall regime. More details on the CSC regime are provided in section 2, page 31.

‘B’ wing – Core Role - Management Unit – capacity 8, normal operating level 8.

Statement of Purpose:

“To take forward actions relating to risk and behaviour management identified during the CSC Assessment period in order to work towards a reduction in the prisoners’ risk of harm, to enable progression through the CSC system.”

Prisoners will be allocated to the unit primarily from the two assessment units, located at Woodhill and Wakefield. ‘B’ wing accommodates prisoners who have been selected into the CSC under Prison Rule 46 following assessment. The CSCMC may also allocate prisoner to be assessed for suitability for placement within the CSC system to B wing where it is appropriate to do so.

Prisoners who are not fully engaged with the regime at other CSC sites or whom have been located in designated cells and require a review may also be allocated to the unit. Allocation to the unit will normally be through the CSCMC, as recommended by the Population Strategy and Specialist Units Manager; however, some moves may take place outside of the CSCMC process due to operational needs.

Following selection into the CSC a care and management plan is produced which details the work that needs to be carried out to reduce the risk posed to others (more details regarding care and management planning is contained in section 2, pages 25-29). The purpose of the unit is to work with prisoners on the areas of risk identified in the assessment reports, or following changes to their risk levels requiring a review, to enable them to progress within the CSC system or to a more suitable treatment provider.

The regime delivered on ‘B’ wing is structured to provide a broader range of activities reflecting the anticipated likelihood of prisoners being able to mix. Regime activities provided will comprise individual and group based activities aimed at improving motivation and engagement, providing meaningful engagement and supporting risk reduction work. Access to specific regime activities will be based on individual risk assessments and informed by care planning targets. The regime will also need to be flexible in order to enable the CSC system to respond to the dynamics and operational needs of the population at any given time, restricting or expanding the regime accordingly. Daily changes to the regime in response to individual changes in risk levels will need to be agreed and managed by local managers, ensuring, where possible, that the regime provided to the remaining prisoners is not unduly restricted. Where risk levels indicate the need to contract the regime over a longer period of time this should be discussed with the Population Strategy and Specialist Units manager to consider management options including the transfer of an individual where it is considered appropriate to do so, taking into account the individual needs of the prisoner and the operational management of the unit.

The pathway for progression from Woodhill would be to either Full Sutton or Whitemoor CSC units.



HMP Wakefield - F wing

Core Roles:

- **Exceptional Risk Management Unit capacity – 8**
- **Assessment unit - capacity - 4***

The CSC unit at Wakefield operates with a dual function, with an Exceptional Risk Management Unit (ERMU), housing the most dangerous, problematic, and/or high risk prisoners within the CSC system presenting with acute levels of risk, as well as conducting CSC pre-selection assessments following referral. Prisoners requiring a higher level of supervision during assessment will normally be allocated to Wakefield for the assessment period although prisoners will be allocated according to spaces available and other relevant factors. The regime and the management of prisoners held within the ERMU will take into account the long term containment requirements for particularly high risk cases, those who do not appear likely to progress from the CSC in the long term, the acute risk levels requiring intensive interventions and support, as well as the need for regime activities for those under CSC assessment.

Statement of purpose for the ERMU:

“The ERMU provides a secure and highly supervised environment for those CSC prisoners whom, by virtue of their risk, and/or behaviour within the CSC system, are unsuitable for location within a main CSC unit at any given time, whilst conducting assessments for those prisoners referred to the CSC system. The regime is focused on supporting the assessment process, working to reduce short term high risk, and providing a decent regime for those for whom a return to a mainstream CSC unit is deemed unlikely in the long term”.

Exceptional Risk Management Unit (ERMU)

The ERMU consists of 8 spaces identified for ERMU prisoners. The accommodation, facilities, pay structures and regime for those held within the ERMU take into consideration the long term and highly restricted nature of the unit, ensuring humane and decent living conditions are provided.

Prisoners located on the ERMU do not routinely come into direct physical contact with other prisoners but have access to a regime on a singular unlock basis, including 1:1 therapeutic interventions. Unlock levels reflect the level of harm that the individuals present to others.

The decision to transfer a prisoner to the ERMU will be made by the CSCMC as with all planned moves. Individual prisoners will be considered on the basis of risk assessment and will have demonstrated continued or escalating high risk and highly problematic behaviour whilst located within the CSC system; or been identified as presenting too significant a risk of harm to others during the assessment process or through care planning to enable allocation to a CSC unit where the regime provides for physical interactions with other prisoners. Each prisoner will have an individual risk assessment regarding unlock levels. When risk is reduced to a level that can be managed within mainstream CSC units prisoners can and will be transferred to continue work to address risk.

Assessment Unit

F wing provides a total of 4 cells for the purpose of carrying out pre-selection assessments. Resources permit two assessments to take place at any one time. Consequently the two remaining cells may be accommodated by prisoners waiting to commence assessment, awaiting onward allocation following assessment, or to facilitate accumulated visits or court visits. The 4 places available are dependent on the number of prisoners held in the designated cells located within the segregation unit to ensure that the overall capacity does not exceed 12.



Intervention

Prisoners located within the ERMU are able to undertake the Violence Reduction Programme on a 1:1 basis as part of the work to reduce risk. The suitability of VRP will be discussed with prisoners as part of their care planning arrangements.

* The overall capacity for Wakefield is 12 prisoners comprising any combination of up to 8 ERMU plus four others located either in the F wing unit or within the designated cells in the segregation unit.

HMP Full Sutton

Core Role – Management Unit – Capacity 10, Normal operating level 10

The CSC unit at Full Sutton operates as a management unit, accommodating prisoners who have been selected into the CSC system and who need to undertake 1:1 and group based work to reduce risk and enable progression within and from the CSC system. Prisoners may be progressed from Full Sutton to Whitemoor CSC unit or, if suitable, may be de-selected from the CSC system at Full Sutton.

The layout of the unit enables prisoners to be managed on separate regimes if required thus providing flexibility in the management of prisoners allocated to the unit. The unit also has provision for segregation within the unit, thus enabling prisoners to remain within the confines of the unit where segregation is required for a short period of time. Where segregation is required for a longer period or where the continued location of the prisoner within the unit is deemed unsuitable due to risk, behaviour or non-compliance with the regime, and their behaviour is having a detrimental impact on the running of the unit, a prisoner may be transferred to a designated Rule 46 cell within the segregation unit at Full Sutton in the first instance to enable the CSC staff to continue work to re-engage him, or to provide a short period of respite. In such circumstances the options for location will be discussed with the Population Strategy and Specialist Units manager and any move will be agreed at the CSCMC or by the Population Strategy and Specialist Units Manager where a move is required to take place sooner.

HMP Whitemoor - F Wing

Core Role - Progression and Intervention Unit – Capacity 10, Normal operating level 10

Whitemoor operates as the progressive unit within the CSC system providing a more open regime through which prisoners will normally be de-selected, if suitable. The more open regime provides a step towards a more integrated environment, and enhanced opportunities to test prisoners' progress towards de-selection. Allocation to the unit is normally made where compliance with the rules and regime and a reduction in risk are evident but prisoners may also be allocated to Whitemoor where the individual risk levels indicate that the prisoner can mix more freely with others.

Evidence of a reduction in risk is provided through a review of the original VRS assessment completed during the CSC assessment phase which should be reviewed annually. This review will be used to inform decisions regarding progression and management.

Prisoners who disengage from the regime or become problematic can continue to be managed at Whitemoor to attempt to re-engage or stabilise to enable continued location there. Where prisoners behaviour becomes too de-stabilising for the unit he may be transferred to Woodhill Management unit or temporarily to a designated cell.

The CSC unit at Whitemoor has provision for segregation within the unit, thus enabling prisoners to remain within the confines of the unit where segregation is required for a short period of time. Where segregation is required for a longer period or where the continued location of the prisoner within the unit is deemed unsuitable due to risk, behaviour or non-compliance with the regime, a prisoner may be transferred to a designated Rule 46 cell within the segregation unit at Whitemoor in the first instance to enable the CSC staff to



continue work to re-engage him, or to provide a short period of respite. In such circumstances the options for location will be discussed with the Population Strategy and Specialist Units Manager and any move will be agreed at the CSCMC or by the Population Strategy and Specialist Units Manager where a move is required to take place sooner.

Intervention – Violence Reduction Programme

A key aspect of the CSC unit at Whitemoor is delivery of the Violence Reduction Programme¹, a high intensity programme which is designed specifically for high risk and highly complex violent offenders. The programme operates as a hybrid programme within the CSC unit offering places for prisoners managed centrally under the MCBS in addition to those managed within the CSC system. Centrally managed MCBS prisoners will be allocated to the VRP according to need and will be located on a signed consent basis.

The overall regime and ethos of the unit is tailored towards a violence reduction model for prisoners on the programme and those located alongside programme members.

The programme is a three phase framework with the first three month phase entitled, 'Looking in the Mirror', followed by eight months core programme work entitled, 'Breaking the Cycle', and followed by a three month relapse prevention phase. De-selection from the CSC does not automatically follow completion of the programme as it is necessary to observe the skills learned by the participants. However, the VRP aims to enable prisoners to demonstrate a reduction in risk that can inform the de-selection process.

The VRP can be tailored to meet the specific needs of the group, hence actual delivery schedules may vary. More details on the VRP are available from the treatment team at Whitemoor or from the CMG psychologist.

HMP Manchester – E Wing

Specialist Intervention Unit (SIU) – Capacity 6, Normal operating level 6.

The SIU is available to CSC prisoners for whom specific care and management targets cannot, or are not suited to be, carried out within a mainstream CSC unit. The unit, which operates as part of the CSC system and the Managing Challenging Behaviour Strategy has up to 4 cells designated for the purpose of holding prisoners held under Prison Rule 46 to enable specific 1:1 work to be carried out in a highly supervised and constructive environment with high levels of staff support. Prisoners subject to central case management under the Managing Challenging Behaviour Strategy may be allocated to the unit alongside CSC prisoners. The authority for associating those prisoners subject to Prison Rule 46 and those not subject to Prison Rule 46 is permitted within the wording of paragraphs 3 and 5 of Prison Rule 46.

Statement of Purpose:

“The Specialist Intervention Unit aims to support the High Security Estate by providing individualised, time bounded, and risk based care and management for prisoners, subject to MCBS or CSC management, with specific needs that would be more suitably addressed and managed within a small and highly supervised environment. The SIU work with internal and external providers and staff across the Estate, to provide a range of assessment and treatment options, and to ensure continuity of care”

Allocation to the SIU is based on an agreed care plan that is time bounded in order to carry out specific work to reduce risk of harm to others. CSC prisoners will either return to the unit they transferred from or may be able to progress to an alternative CSC unit according to recommendations made on conclusion of the agreed work plan.

¹ Stephen Wong and Audrey Gordon
Close Supervision Centre's Operating Manual, High Security Prisons Group



Designated Rule 46 Cells

Designated Rule 46 cells in High Security segregation units are available for the temporary management of CSC prisoners. The CSCMC will authorise a prisoners' removal from a CSC unit to a CSC designated cell under Prison Rule 46 at the monthly CSCMC where moves are planned and agreed each month; however, the Population Strategy and Specialist Units Manager may authorise the transfer to a designated cell to address operational needs outside of the formal meeting arrangements. Such moves will be referred to the next CSCMC for review and formal confirmation.

The purposes of the designated Rule 46 cells throughout the high security estate are to provide temporary accommodation for prisoners:

1. Who within CSC units, either through disruptive, subversive, manipulative, or violent behaviour, refuse to comply with any regime or intervention offered to them, including passive refusal, and/or is disrupting the regime to the detriment of other prisoners located on the unit;
2. For whom a move would be in the best interests of their, or another prisoners' physical and/or mental well-being;
3. Who request a transfer due to difficulties with other prisoners;
4. For adjudication;
5. For punishment following a guilty finding at an adjudication;
6. For compassionate reasons;
7. To facilitate the reasonable management of prisoners within the system;
8. To enable a period of accumulated or inter-prison visits;
9. To complete assessments or preparatory work for particular courses or, programmes;
10. To facilitate attendance at court

Facilitating the 'reasonable management' of prisoners may include the need to transfer a prisoner due to conflicts with individual prisoners, or to enable another prisoner to be brought into the CSC system for assessment, treatment, or progression, to address staff well-being, to enable cells to be allocated to another prisoner where a priority need is identified, pending allocation to a CSC unit, or to manage witness conflicts where an offence has been committed within the CSC.

Aside from the operational management basis of a move to designated cells, time allocated to designated cells may provide an environment in which prisoners can reflect upon their refusal to co-operate, or their behaviour, or seek temporary respite from cycles of disruptive and/or violent behaviour.

Establishments with prisoners in designated cell accommodation for periods extending beyond one month will assume responsibility for that prisoner's management.

When a prisoner is allocated to a designated cell the sending establishment will provide a full brief on the prisoners' situation in a fully completed pre-transfer form (**Annex 1**), which explains the reason for the transfer. The reasons for the transfer and specific actions required by the receiving establishment will be discussed at the CSCMC and with the Population Strategy and Specialist Units Manager.

Key information, such as 'Know-your-prisoner' summaries, referral and/or assessment reports, and the first and most recent care plans, will be forwarded to the establishment.



In line with the information provided and the reason for transfer, staff will:

- Assess, monitor and review the risks and behaviours that the individual presents,
- Provide a regime in consultation with the sending establishment and the prisoners' regime level,
- Actively encourage prisoners to participate positively with their agreed management plan,
- Complete weekly behaviour monitoring,
- Complete monthly reports for the CSCMC,
- Complete quarterly Care and Management Plans in line with timeframes required,
- Monitor the mental health and physical well-being of prisoners in designated cells,
- Make recommendations to the CSCMC about the future management of prisoners held in designated cells,
- Inform the Population Strategy and Specialist Units Manager of any concerns regarding his continued location in a designated cell,
- Plan a return to the mainstream CSC units in liaison with the Population Strategy and Specialist Units Manager.

Where regime restrictions have been put in place by the sending establishment they must be discussed with the receiving establishment to ensure consistency and continuity of decision making.

There is no upper limit on the time prisoners may be held in designated cells. However, the CSCMC will, on a monthly basis, review each prisoner located in a designated cell and seek to locate the prisoner within a CSC unit as soon as is operationally possible. Where a prisoner refuses to engage with the CSC process and is located in a designated cell, he may be returned to a CSC unit to recommence efforts to engage him for an agreed period of time, after which it may be necessary to return him to a designated cell if operational factors dictate that his space is needed for another prisoner.

If local managers feel that a prisoner should be returned to a CSC from a designated cell, or have concerns about the prisoners' continued location within a designated cell, outside the normal process of the CSCMC they should contact the Population Strategy and Specialist Units Manager or, in their absence, the Chair of the CSCMC.

When the period of time a prisoner is allocated to a designated cell becomes extended i.e. beyond three months, and with no clear timeframe for a return to a unit or an inability to locate within a main unit for a specified reason, a local risk assessment should take place to determine a suitable regime that can be offered to lessen the impact of an extended period of segregation by virtue of placement under Prison Rule 46. Any regime activities should take into account the reason for placement under Prison Rule 46 and ensure adherence to the basis of the rule, its' aims and principles.

A prisoner will usually return from a designated cell to his previous location at the end of any period of punishment or following attendance at court etc, unless a recommendation to move him to a different location has been accepted by the CSCMC. Whilst segregated in a designated R46 cell, prisoners remain subject to R46 and all relevant processes for review and management. Prisoners held in designated cells will not move without the prior authority of the CSCMC, DDC High Security Estate, or the Population Strategy and Specialist Units Manager save in exceptional circumstances where an urgent transfer is necessary. In such instances the Population Strategy and Specialist Units Manager must be informed of the move as soon as is practicable.



Establishments that operate designated cells should include in their segregation unit policy document a section which covers the use of designated cells and the management of CSC prisoners. CSC issues should also be a standing agenda item for all local Segregation Monitoring and Review Group (SMARG) meetings.

Management of Prisoners held within Designated Cells – Key points:

- Prisoners are held under Prison Rule 46 and will be accommodated within cells designated for that purpose and clearly identified as such
- Decisions regarding their overall management are made by the CSCMC
- The reason for the move, anticipated timescale and specific care and management arrangements will be discussed with key people prior to the move taking place
- Day-to-day management is the responsibility of the holding prison
- Weekly reports should be completed and disclosed to the prisoner
- A Monthly report must be submitted to the CSCMC to inform on placement and management, disclosed to the prisoner
- If a Quarterly Care and Management Plan is scheduled for a review this must be completed by the establishment unless an alternative arrangement has been agreed with the previous establishment or the Population Strategy and Specialist Units Manager i.e. to delay the review if a return to the host establishment unit is expected within a month of transfer into a designated cell.
- If a prisoner is held for an extended period within a designated cell a local risk assessment should be completed to consider options for regime activities that the prisoner can access to limit the impact of a segregated regime, pending transfer to a CSC unit.

Temporary designation of a Rule 46 Cell

In exceptional circumstances it may become necessary to temporarily designate a cell for the purpose of holding a prisoner who is held under R46. For example, damage caused to existing R46 cells which reduce the overall capacity at that establishment, concerted indiscipline, facilitate Category A cell moves, evacuation, treatment as an in-patient within the prison healthcare unit, police investigation where a cell is sealed etc.

In such an instance the in-charge Governor should be contacted to authorise the temporary designation of a Rule 46 cell. The Population Strategy and Specialist Units Manager must also be contacted, (or in their absence, the DDC High Security Estate), to inform them of the need to temporarily designate an alternative cell and the location of the cell. If required the Population Strategy and Specialist Units Manager will arrange for the transfer of the individual to another prison where the temporary designation of a cell is not possible or a transfer is more appropriate.

The local in-charge Governor will provide written notification of the temporary designation to the DDC High Security Estate who must confirm his authority for the use of the cell(s) for the purpose of holding a Rule 46 prisoner. This authority may be delegated where appropriate to facilitate the provision of cells when required.

A signed and dated authorisation notice must be displayed outside the cell identifying that the cell has been designated for the purpose of holding a R46 prisoner.

As soon as the temporary need for the cell has ended, the cell will return to 'normal' use.



High Control Cells

High Control cells are provided within the high security estate for the management of highly problematic prisoners or those prisoners considered posing a high risk of harm to others, thus requiring additional management arrangements. Some of the Designated Rule 46 Cells within high security segregation units, (and some cells within the main CSC units), are equipped as High Control cells. Consequently they can be used for holding CSC prisoners for routine purposes i.e. court appearances, CC punishment, accumulated visits etc where the full capabilities of a High Control cell are not required to be employed, or alternatively for refractory or high risk of harm prisoners whereby the High Control cell is utilised in its full capacity to manage and mitigate the risk of harm to others, namely through the use of the hatch in the door.

When a prisoner becomes refractory it may be necessary to locate him initially in special accommodation for a short period of time, during which time de-escalation methods will be employed to try to facilitate a return to normal cellular accommodation as soon as it is safe to do so. Special accommodation is when one or more of the following items are removed:

- Furniture
- Bedding
- Sanitation

The Duty Governor must authorise the placement of a prisoner in special accommodation and record the authority on form OT013. The IMB must be informed and attend within 24 hours. Healthcare must also be informed and attend to complete the relevant paperwork. Use of special accommodation must be assessed every 60 minutes and the prisoner must be observed 5 times per hour at irregular intervals. A full search should not routinely be carried out on location to special accommodation but be based on risk.

Prisoners removed to special accommodation must be managed in line with PSO's 1600 and 1700, whilst also taking into consideration any suicide and self-harm risk as detailed within PSI 64/2011. Special accommodation should be used to manage refractory behaviour prior to consideration of the need to use a body belt.

However, some prisoners' behaviour is persistently refractory with frequent threats towards others; attempted assaults or actual assaults or disruptive behaviour, or their risk of harm to others is deemed to be significant such that the decision is taken to locate the prisoner within a High Control cell. A multi-disciplinary risk assessment must be in place to determine the need to locate a prisoner within a High Control cell (**Annex 3**) and signed by an operational manager minimum grade F/Band 7 to provide the authority for its use. The Duty Governor must be informed when a prisoner is moved into high control conditions.

A full search should not routinely be carried out on allocation to a high control cell but be based on an assessment of risk; with the reasons for the decision regarding the need, or otherwise, for a full search to be carried out to be clearly documented.

The risk assessment authorising placement within a high control cell must be reviewed no later than every 7 days. The removal from high control conditions must be accompanied by a signed multi-disciplinary risk assessment that sets out the reasons why High Control conditions are no longer required and the Duty Governor must be informed when the prisoner is removed from high control conditions.

High Control cells provide an opportunity to manage persistently refractory and/or high risk prisoners in a safe, controlled and risk managed way over a longer period of time, or where temporary, additional measures, such as handcuffing, are necessary to manage the risk; therefore providing essentially 'normal' accommodation with sanitation, furniture etc along with the use of the hatch to manage the risk presented. Thus where a prisoner is initially located in special accommodation and at the 24 hour review it is considered that the



prisoner may require a prolonged period of time in special accommodation in order to manage risk, consideration should be given to the use of a high control cell as a measure to aid the safe unlocking and management of high risk and refractory prisoners.

Where the cell is used in its' capacity as a High Control cell, the High control cell risk assessment (**Annex 3**) must be completed and signed authorising its use, and a sign displayed outside the cell stating that the prisoner is being managed in high control conditions.

If a prisoner is located within a designated Rule 46 cell that is equipped as a high control cell, but does not require the additional measures of a high control cell thus is used a normal accommodation, a sign must be displayed outside the cell stating that the cell is not being used as a high control cell but for the purpose of holding a prisoner subject to Prison Rule 46.

At times, and based on the specific risks of the individual, high control cells may also constitute special accommodation when it is deemed necessary to remove one of the three items listed above as well as the use of the hatch in the door. In such instances both High Control cell documentation *and* special accommodation documentation must be completed for the period that the hatch is used and one or more of the three items listed above are removed.

High control cells are normally equipped with:

- Bed and mattress
- Sink
- Toilet
- Furniture (table and chair) – risk assessed whether wooden or cardboard furniture

Any items removed due to self-harm or suicide concerns must be recorded in the prisoners ACCT document.



Application of the CSC System

Referral to the CSC

The CSC Referral Manual (PSI 42/2012) provides the necessary information on which to base a decision whether to refer a prisoner to the CSC system and should be read in conjunction with this manual.

Prisoners referred to the CSC system would normally be those who have carried out a single serious act of violence, or those demonstrating (or threatening to demonstrate), behaviours that are significantly dangerous to others, and as such they are deemed unsuitable to be managed on normal location or in a segregation environment. The decision whether to refer a prisoner to the CSC will take into account the need to protect others from the risk of serious harm posed by some prisoners. Previously he may have demonstrated violence and/or other control problems, and not responded sufficiently to alternative methods of control. Attempts to manage problematic prisoners using existing processes are usually required to evidence compliance with the requirements of PSO 1810, paragraph 2.5 and section 8. But all cases are judged on their individual merits, and there can be circumstances where CSC referral is appropriate without a history of such behaviours or failure to respond to other measures.

A prisoner may be referred to the CSC if any one or more of the following are evident:

Referral Criteria:

- Demonstrating repeated or escalating violence towards others;
- Carried out, or orchestrated, a single serious or significant act of violence or disorder, e.g. hostage taking, murder, attempted murder, serious assault, concerted indiscipline etc;
- Causing significant day-to-day management difficulties by undermining the good order of the establishment i.e. through bullying, coercion, intimidation, threats, regime disruption and subversive activity. Involvement in such activities may not always be overt but be supported by significant intelligence indicating that individual's involvement;
- Seriously threatening and/or intimidating behaviour, directed at staff and/or prisoners;
- A long history of disciplinary offences indicative of persistent problematic behaviour;
- Repeated periods of segregation under Prison Rule 45 - Good Order or Discipline;
- A continuous period of segregation exceeding six months (3 months for non-high security prisons) due to refractory behaviour;
- Failure to respond to attempts to manage his risk and behaviour using existing processes, or under the MCBS (high security estate only), and his risk to others or the safe operation of an establishment is deemed to be significant.

Referral to the CSC does not bypass the use of appropriate existing management tools already available in all establishments.

If the CSC Management Committee selects a prisoner for assessment within the CSC system he will be notified of the decision in writing with reasons for the decision and will transfer to a CSC Assessment centre as soon as is operationally possible to commence his assessment to determine suitability for placement under Prison Rule 46. Where operational, or other, factors determine that the prisoner cannot transfer and will remain in a Designated Rule 46 cell awaiting assessment, he will remain under Rule 46 and be reviewed monthly by the CSCMC. If at any point during the assessment his continued



placement under Rule 46 appears to no longer be necessary the CSCMC can decide, at their monthly meeting, to remove a prisoner from management under Rule 46. That decision will be documented within the minutes of the CSCMC meeting.

Pre-transfer forms and pre-transfer visits

To ensure the adequate handover of key information relevant to the prisoners' management a pre-transfer form must be completed and sent to the receiving establishment no later than 48 hours prior to the escort taking place. The purpose of the pre-transfer form is to ensure that key information such as unlock levels, medication, key risks, reason for transfer, expected actions, known triggers, de-escalation techniques, key dates, outstanding adjudications etc are communicated to the receiving establishment to ensure a briefing can take place with the multi-disciplinary team regarding the prisoners' management prior to his arrival. Decisions such as cell location, association group, unlock levels, prescriptions etc can be made in preparation for his arrival. It is also intended to avoid situations whereby a prisoner transfers on a medication regime that cannot be fulfilled at the receiving establishment thus resulting in practical difficulties, potential clinical concerns, a reduction in well-being, and potential elevation of risk to self and/or others in the days following transfer, and to ensure staff are not put at risk due to not having access to the information necessary to manage a prisoner. Pre-transfer reports should be completed as fully as possible, including risk pertinent medical information as required on the form.

Prior to a transfer taking place a member of the receiving team should visit the prisoner to introduce themselves and to explain the routines at the new establishment. The outcome of the visit should be shared with colleagues on return e.g. his response to the transfer.

To enable a thorough handover between multi-disciplinary teams it is advised that video link facilities be employed to enable key disciplines to attend and discuss the prisoner concerned thus negating the need to incur travelling expenses whilst broadening the multi-disciplinary input.

CSC transfers involve the movement of both Category A and B prisoners. Discretion regarding the move and prisoner details is essential in ensuring the safety and security of the escort, staff and prisoners. However, it is also essential that key staff involved in the care and management of complex and high risk prisoners have the information they require to make informed decisions regarding risk and management prior to discharging or receiving them.

Prisoners will be aware of a transfer and the location of the transfer due to the pre-admission/pre-transfer processes. The specific date of transfer must not be disclosed to the prisoner.

Pre-admission Case Conference

Prior to the arrival of a prisoner to commence CSC assessment a pre-admission case conference will be held by the receiving establishment to review the referral paperwork to ensure all relevant information is identified and shared with the staff who will be working with the prisoner. The meeting should consist of the CSC unit manager, psychology, mental health, security, offender management, a member of the wing staff and any other relevant person or department who may be involved in their care or management such as primary healthcare, chaplain. The case conference provides an opportunity for the multi-disciplinary team to identify key concerns or issues that will affect the prisoners' management, plan his unlock levels and regime, identify where he will be located on arrival, clarify and organise any medication where necessary, allocate key workers, and structure the assessment period. The pre-transfer report should be available along with feedback from the pre-transfer visit. As good practice the receiving team should liaise with staff who previously



worked with the prisoner to improve continuity of care and information sharing. This can be achieved efficiently through the use of video conferencing.

Pre-admission case conferences should also be held prior to receiving a CSC prisoner who has already been selected to review assessment reports, care plans and any current risk assessments and to plan as detailed above.

The Population Strategy and Specialist Units Manager will liaise with establishments to ensure all information relevant to the prisoners' management is handed over, e.g. specific risks, court dates etc and to direct where specific risk assessments are required as identified at the point of referral or during a subsequent care plan.

If the prisoner concerned is a Category A prisoner, discretion must be maintained to ensure that the fact of his transfer and the date of his transfer is not disclosed beyond those directly involved in the management of CSC prisoners.

Pre-selection Assessment

Following a routine or urgent referral to the CSC, and prior to full selection into the CSC, a prisoner will undergo a period of assessment to determine whether placement within the CSC system is required in order to manage the risk that he presents to others and to prevent further harm. During that time he will be held under Prison Rule 46 and will continue to be reviewed as regards continuation of his allocation to a CSC at monthly intervals in accordance with Prison Rule 46 and will be held in accordance with that rule.

The assessment period will either be a full assessment, comprising a 4 month period during which a series of tailored assessments will be carried out, or a compressed assessment where the recommendation is made that specified assessments are completed during a reduced period as a result of previous assessments having been completed. A compressed assessment period may be agreed by the CSCMC where the prisoner has been previously assessed within the CSC, has been re-referred for further, or review of, assessments, or managed centrally under the MCBS and formal risk and/or diagnostic assessments have been completed that would otherwise have been completed during the CSC assessment process.

The Population Strategy and Specialist Units Manager will write to the Governor of the relevant establishment and members of the multi-disciplinary team to formally request the CSC assessment reports and to inform the team of the proposed date for the local assessment case conference. The prisoner will also be informed of the date of the case conference.

Reports are required from the following:

- A1 Unit manager
- A2 Wing staff/personal officer
- A3 Psychology
- A4 Mental health/psychiatrist
- A5 Security
- A6 Offender supervisor
- A-Add Other e.g. primary healthcare, chaplain, education, court reports.

Guidance for completing the reports and templates for the reports are provided in **Annex 6**.

The assessment period provides an opportunity for the disciplines listed above to observe and monitor the prisoner's behaviour towards staff and prisoners on a 1:1 basis and within



a group setting, where appropriate. The multi-disciplinary team can assess his cognitive abilities and social interactions, and establish his level of engagement, all of which must be documented in a report for the end of the assessment period. Reports must be sent to the Population Strategy and Specialist Units Support Manager via the functional mailbox CloseSupervisioncent@hmps.gsi.gov.uk no later than three working days prior to the case conference and in line with the dates set out in the report request letter.

For cases requiring a four month assessment the first 12 weeks (three months) are set aside for interviews, engagement and observations. The last month is used to complete and disclose the reports to the prisoner, affording him an opportunity to comment on the report, and for a Local Assessment Case Conference (LACC) to be convened. The establishment must inform the prisoner that he may make representations to the CSCMC in respect of his assessment within the CSC directly or via his legal representative.

Disclosure must be made to the prisoner, and, if requested, the prisoner's legal advisor, with the requisite authority. The recommendation of the LACC must also be disclosed to the prisoner, and his legal advisor if requested. Legal representations should be sent to the Population Strategy and Specialist Units Manager via the functional mailbox in time for the next CSCMC. Representations made by the prisoner should be delivered to the Population Strategy and Specialist Units Manager. A period of 14 days from disclosure is normally provided for representations to be submitted unless an extension is sought and agreed.

The Population Strategy and Specialist Units Manager will raise any representations at the CSCMC and will reply to the prisoner and/or legal representative on behalf of the CSCMC.

Local Assessment Case Conference (LACC)

At the end of the formal assessment period a LACC will be convened, chaired by the Population Strategy and Specialist Units Manager, to discuss in detail the content of the reports with the report authors in order to evaluate the risk that prisoner presents and form a recommendation for the CSCMC to consider regarding the need and suitability of selection into the CSC. Recommendations will be made regarding management either within the CSC if selection is recommended, or outside the CSC where selection is not recommended.

All reports required as part of the assessment must be completed, signed and disclosed to the prisoner prior to the LACC, sanitised where necessary and with the appropriate protective marking added to the reports.

'Sanitising' is the process by which the provenance of the source of the information is protected, whether it is a human source or technical equipment. This allows intelligence - defined as evaluated information for management action - to be shared with others who have a genuine need to know the product of intelligence gathering. Sanitising generally takes the form of:

- i) Repeating the source content in the report but removing direct and indirect references to the source of the information; or***
- ii) Redacting - defined as blocking out information on a document leaving only information that can be shared with others.***

Members of the CMG will attend along with those from the local establishment who have provided a report for the case conference. Where the report author is not able to attend the LACC they should discuss their report with the Population Strategy and Specialist Units Manager prior to the LACC to highlight specific areas of concern or risk, and brief a colleague who can represent their department and speak with authority on the content of the report at the Case Conference.

If the psychiatrist has provided a report but is unable to attend the case conference a member of the CSC mental health team may present their report. This person must be



familiar with the report contents. Other staff may attend the LACC where they have a direct knowledge regarding the case that will assist the decision making process.

Further clinical assessments which are identified as necessary but were not completed during the assessment period, for example to clarify the existence or absence of neurological damage affecting the prisoner's functioning, or personality disorder assessments as they may take longer to complete, need to be noted and investigated at a suitable agreed time. Additional advice can be sought from the case management group psychologist or mental health nurse, or CSC mental health team.

In such circumstances the LACC will form a recommendation for the CSCMC based on the information provided and any outstanding actions must be carried forward to the prisoners' care and management plan either within the CSC or under the MCBS to ensure relevant actions are not omitted from his overall care and management arrangements. The CSCMC will decide whether to proceed with a decision or defer pending further assessment.

Potential changes to the decision making timeframes

Occasionally it may not be possible to reach a decision whether to select into the CSC system within the four month period. Examples may include;

- the illness of the prisoner involved,
- a refusal to engage in the assessment process, therefore requiring additional time or alternative specialist input,
- violent behaviour restricting assessment ability,
- delays with legal proceedings,
- The outcome of Police investigations, internal HMPS investigations, court cases, or obtaining past reports etc).

In these, or similar circumstances (this list is not exhaustive), the Population Strategy and Specialist Units Manager may authorise an extension to the assessment period, ratified by the CSCMC.

Equally, if a prisoner is so refractory or persists in his refusal to engage in the assessment process, the timeframe may be shortened and the case considered on written documentation and observations sooner than the four month period where it is considered necessary for the good order of the prison or CSC unit. The need for a shortened assessment period must be discussed with the Population Strategy and Specialist Units Manager who will authorise the change and will present the change to the CSCMC for discussion and ratification.

Where the prisoners' legal representative, or the prisoner himself, wishes to submit representations in respect of the decision making process they must be submitted to the CSC Functional Mailbox – CloseSupervisionCent@hmps.gsi.gov.uk or directly to the Population Strategy and Specialist Units Manager respectively in time for the CSCMC at which the case is scheduled to be decided. A period of 14 days from disclosure is normally provided for representations to be submitted unless an extension is sought and agreed

Selection into the CSC following assessment



If, following the assessment period, the CSCMC decides that a prisoner should be selected into the CSC he will be informed in writing of the decision of the CSCMC, including reasons for the decision, which will be authorised by the Deputy Director of Custody, High Security Estate. The prisoner will receive his letter as soon as is practicable following the decision.

He may remain in his present establishment unless the CSCMC decides that an alternative location is more appropriate to his care and management.

He will be provided with a copy of the local regime document that details the routines and regime that he will have access to. The local regime document must also be displayed within the CSC unit in an area that is accessible to prisoners. Where the prisoner cannot read, or understand English, arrangements will be made to ensure either that:

- He is provided with documentation in his own language, or,
- He is provided with information in an alternative format to ensure he is aware and understands the routines and entitlements, or
- A member of the wing staff will explain key aspects of the rules and processes to the prisoner. Staff should ensure that the prisoner is regularly informed of rules and processes to aid understanding.

In all such circumstances a written record will be made in his NOMIS case notes to record the fact that he has received a copy of the regime document.

Within four weeks of the decision to select into the CSC the prisoner will have an initial care and management planning meeting at which targets will be set to work to reduce risk. Details regarding the care planning process are provided in the following section.

Section 2 - Management of prisoners subject to Prison Rule 46



Communication

Prisoners who are being referred to the CSC will be informed of the referral by disclosure of the referral reports when the referral is submitted to the central Case Management Group (CMG). The referral will be disclosed to the prisoner by the referring establishment (or holding establishment if it has been necessary to transfer him whilst compiling reports), sanitised where necessary.

When the referral is disclosed to the prisoner he should also be issued with the Prisoner Information Leaflet (**Annex 6**). **If he is located within a segregation unit his Rule 45 paperwork must be updated to record that he has been referred to the CSC under Prison Rule 46 and a decision is awaited regarding future management.**

The holding establishment should inform the prisoner of the recommendation made by CMG and the date the case will be considered by the CSCMC. The establishment where the prisoner is held must also inform the prisoner that he may make representations to the CSCMC in respect of his referral to the CSC. Representations will also be accepted from his legal advisor. Prisoners will have a period of 14 days within which to submit representations. Following the CSCMC the prisoner will receive a letter informing him of the outcome of the referral.

Following the Assessment period the CSCMC will make a decision regarding selection into the CSC. The prisoner will be informed in writing of the decision, including reasons, of the CSCMC. Feedback should be given verbally to the prisoner within 3 working days of the meeting. Written notification will normally be provided within 7 working days.

Prisoners who are being considered for recall to the CSC will also be informed of the intention to recall by the holding establishment, who will submit a recall report for consideration by the CSCMC which must be disclosed to the prisoner prior to submission to CMG.

Meaningful Interactions

The CSC system is an intensive environment which is heavily controlled. For some prisoners the only contact they have with others is with staff. Staff play a vital role in providing a pro-social role model, in setting clear boundaries, being professional and working closely with prisoners to try to reduce their risk. Staff and managers within CSC units should provide opportunities for interactions with staff and prisoners (where risk assessed as suitable) and activities that are meaningful and engaging. More is covered in the section on Regimes.

Care and Management Planning – General

Prisoners are selected into the CSC due to the risk of harm they are considered to present to others, and for whom a restricted and highly supervised environment is necessary to manage that risk; and to provide an environment within which appropriate work can be carried out to try to reduce the risk to enable reintegration to mainstream or other suitable location.

Thus from the point of selection into the CSC the focus of the management of that prisoner within the CSC system is to translate the information contained in the CSC assessment reports, and gathered in on-going reports, into a bespoke care and management plan that identifies the risks and needs of the prisoner, and what work is required to reduce the risk to enable a decision to be made to de-select and return him to mainstream location or to a more suitable treatment provider. Targets will be set according to the individual needs of each prisoner; for example, following selection a period of motivational work to build relationships and engage with staff and prisoners, setting consistent boundaries, or crisis



management may be necessary before any formal intervention work can commence. Developing appropriate social interactions within an environment underpinned by the need for safety is essential to enable intervention work to be carried out. Intervention work may take the form of 1:1 or group work such as A-Z, Good Lives Model, more formal clinical assessment, diagnostic, support or intervention sessions. Target setting needs to focus on the overall plan to reduce risks, identifying specific work and an anticipated timeframe for work to be undertaken, with progress against the targets reviewed quarterly. The anticipated timeframe helps to structure both staff and the prisoners' expectations. Timeframes will be reviewed quarterly and as part of the on-going management of the prisoner. It is important that the risks and behaviours are documented in order to support decisions that need to be made. It is important that those involved in the care and management of CSC prisoners record positive and negative developments in order to inform the current and future management plan for that prisoner.

Crisis Planning

The care planning process should include the provision of a Crisis Plan which enables the team to discuss, during a settled period, how to manage a prisoner or situation when his risk elevates or the risk to him increases. Planning when the prisoner is settled will assist staff during a period of crisis as there will be a plan of things that may help and an agreed way of handling a situation, thus removing some of the emotional impact of a crisis and providing staff with a process that has been agreed by the wider multi-disciplinary team. Such plans are a guide as one plan will not always suit every incident. Crisis plans, as with care plans, should be readily available for staff in the event of an incident.

First Care and Management Plan

Within four weeks of the decision to select a prisoner into the CSC, or following a return from high secure hospital, an initial care and management planning meeting must be convened, chaired locally, to which the prisoner must be invited to attend. The first care planning meeting will draw on the information contained within the referral and assessment reports and should be attended by those who assessed or worked with the prisoner during the assessment period. The first care plan must set out a series of targets, which will be a mixture of short, medium and long term targets as well as identifying current unmet needs, with reasons why they cannot be met at present or within the CSC system, which aim to manage and reduce the risk of harm to others, along with any further assessments recommended. Targets must aim to address behavioural and risk concerns according to the specific needs of each individual prisoner, and an anticipated timeframe for completing the identified work should be documented to set initial expectations for both the prisoner and staff working with CSC prisoners. The quarterly review process reviews progress against the targets due during the previous quarter, making amendments to any targets and timeframes where necessary.

The multi-disciplinary team need to consider the following when setting targets and summarising behaviour at the first meeting:

- Key risks as detailed within the assessment reports;
- Triggers and protective factors;
- Any additional assessments that need to be completed;
- Any physical health needs;



- Key dates that may affect his behaviour and management i.e. anniversary of a traumatic event, court dates;
- Self-harm or suicide risk and coping strategies in place or needed;
- How he has settled into the CSC environment, reviewing the period spent under assessment;
- His response to his selection;
- His interactions with staff;
- His interactions with prisoners;
- How he has engaged with the regime;
- General behaviour and measures required to manage daily behaviour or risk e.g. type of accommodation used, unlock levels, use of Personal Protective Equipment;
- Ways to encourage the prisoner to reduce his risk of violent and/or disruptive behaviour including the Violence Reduction Programme and other interventions;
- Necessity/intention for referral to high secure hospital or personality disorder services within the NHS or Prison Service where a referral may be considered necessary but unsuitable at present due to risk;
- Long term goals should also be included to ensure they are set out on the initial plan to outline overall risk reduction needs;
- His comments and any representations.

On-going Care and Management Planning

Care and management plans are the tool with which risks and needs are recorded, managed and monitored to evidence a reduction in risk **and are reviewed quarterly or sooner if there is a need to do so to reflect a change in circumstances.** Meetings should be chaired by the local CSC manager, or a suitable nominated person, attended by the multi-disciplinary team, and including all relevant personnel involved in the care and management of the prisoner, such as;

- Psychology
- Mental health
- Primary Healthcare
- Wing staff
- Unit manager
- Chaplaincy
- Education
- Offender Manager or Supervisor
- Security
- Legal representative, (if requested or invited)

At the care plan review the current care plan should be available to those attending to enable progress of each target to be discussed and recorded; a new care plan for the next quarter should be produced and a copy given to the prisoner.

A prisoners' family may be invited to attend a care plan review where it is deemed beneficial to the overall care and management process. Such decisions will be made locally by the multi-disciplinary team, taking into account security considerations.



Each risk or need should have a corresponding action that is aimed at addressing the risk or behaviour. The care and management planning process provides a structure for both staff and prisoners with regards to managing the prisoners' time effectively.

CSC targets should reflect sentence planning targets, where appropriate and equally the sentence plan targets should be updated to reflect the change to Rule 46 status, ensuring the two processes are suitably aligned.

Prisoners should be invited to attend and contribute to quarterly reviews and the setting of targets, and must be given a copy of their care plan completed after each review. If they decline to contribute the fact should be recorded on the care and management plan form. If prisoners do not wish to attend in person they may be permitted to submit written contributions. However, a failure to attend and/or engage in the care planning process may be reflected in the IEP status of the prisoner as the prisoner has a responsibility to work towards reducing his risk of harm towards others.

Prisoners may request that their legal representative makes representations or attends his care and management plan reviews. Equally the MDT may feel that inviting the legal advisor to a review could help with the overall planning and communication process, thus potentially reducing unnecessary and misunderstood correspondence. Care plan reviews should not be unnecessarily delayed to facilitate the attendance of legal advisors. Written contributions from legal advisors are acceptable.

All High Security prisons are responsible for completing care and management plans for CSC prisoners held within their establishment, irrespective of whether they are located in a main CSC unit or within designated cells, and within the timescales required.

Things to consider during subsequent Care and Management Plan meetings:

- What is known about what works with regard to the prisoner's management?
- What has worked in the past? What has not worked in the past?
- What motivates the prisoner to do well?
- What prevents the prisoner from behaving dangerously?
- What is likely to trigger a negative reaction?
- What are the prisoner's areas of risk and what currently constitutes a high risk for him?
- What further assessments may be required?
- What does the prisoner have in terms of motivators, successful management styles, goals, plans, personal support, and contacts with outside?
- What behaviours and thoughts may indicate deterioration and trigger a review of the prisoner's risk?
- Any changes to sentence or conviction, including additional charges or convictions.

Further things to consider when setting targets:

- Break risks and needs down into simple, easy to understand targets for both staff and the prisoner. Complicated language, acronyms or terminology may make it difficult for all disciplines, including the prisoner, to understand what is required;
- Detail the specific work that needs to take place i.e. 6 week session looking at emotional coping. Stating 'work with psychology', or 'engage with staff' is not sufficient as it doesn't explain what the work is, why, how it relates to reducing risk, supporting or managing him, or how long it will take;



- Set realistic timeframes and include work that may not be met this quarter as the care planning process is essentially a developing 'story' detailing what has and will be done to manage and reduce risk. On-going monitoring will inform the length of time a prisoner spends in the CSC;
- Identify who will be doing which targets;
- Ensure regime activities are identified that enable the prisoner to be occupied when unlocked and during lock up periods;
- Consider activities that give staff an opportunity to interact with the prisoner and monitor for specific behaviours that will inform his overall management; for example, if a prisoner struggles to accept the views of others, structured activities that provide opportunities to learn skills and for staff to observe behaviour, i.e. a discussion group, will be beneficial.

Copies of care and management plans must be sent to the Population Strategy and Specialist Units support manager via the CSC functional mailbox when complete to ensure a central record can be maintained and a quality check carried out.

Wherever possible, prisoners should not be transferred when their quarterly review is imminent, although in some circumstances this may be unavoidable. Alternative arrangements should be made to complete the review sooner than planned if a planned transfer has to take place; alternatively staff from the sending establishment may attend the new location to take part in a care and management plan review with the receiving prison to ensure the review is relevant, meaningful, and contains an up-to-date summary of the previous quarter.

The Population Strategy and Specialist Units Manager will monitor care and management plans to ensure they are completed on time and to a good standard.

A care and management plan template is provided in **Annex 2**.

Tracking of completed targets

When MDT's are reviewing progress and considering suitability for de-selection it is important that completed targets are available at a glance in order to inform the risk assessment process. In order to maintain a log of all targets that have been completed, (and subsequently removed from the current care plan), completed targets **must** be copied and pasted onto the Completed Target Log form at the back of the Care Plan document. This way a running record is maintained for ease of reference to CSC teams when considering and setting targets without needing to read through all previous care plans.

Progression

When deciding whether a prisoner is suitable to progress between CSC units the local multi-disciplinary team will need to review existing information to consider the individual circumstances indicating risk reduction or a need to progress. A review of the VRS assessment completed during CSC assessment should be carried out annually to inform decision making, particularly where it is deemed appropriate to progress a prisoner from Wakefield or to Whitemoor. The outcome of the risk assessment should be discussed at the CSCMC as part of the establishment feedback and discussion on prisoners to inform overall management and transfer arrangements, and as part of the care planning process with the prisoner.



Reporting

Weekly reports

Weekly reports provide essentially the on-going record of the prisoners' attitude, behaviour and progress. They should draw together the daily observations made by staff on the behaviour monitoring sheets, (which are produced to reflect the care plan targets), and feedback from staff following 1:1 or group sessions, where appropriate. Weekly reports should be compiled by a personal officer who should meet with their allocated prisoners each week to provide feedback on conduct during that week. The weekly report and meeting provides an opportunity for the prisoner to discuss any issues with his personal officer in a structured way and for any concerns to be raised in a timely manner. Weekly reports are used to inform the monthly report.

Monthly reports

A monthly report is completed for each prisoner for submission to the monthly CSCMC meeting. The purpose of the monthly report is to provide information to the CSCMC to enable the committee to review and make decisions regarding location, placement and de-selection of each prisoner in line with Prison Rule 46.

The report essentially explains to the CSCMC why continued placement within the CSC is necessary, or otherwise, by highlighting areas of risk, progress, concerns regarding continued placement, and any relevant factor on which a decision can be based.

Monthly reports should be disclosed to the prisoner prior to the CSCMC to enable him to make comments on the report. Following the CSCMC the report should be updated to reflect any feedback from the CSCMC and an updated copy provided to the prisoner. Abusive or inappropriate remarks will not be accepted.

Annual Reviews

Annual reviews should take place every 12 months from selection into the CSC following assessment. The purpose of the annual review is to review key aspects of the prisoner's management such as any on-going referrals, re-categorisation reviews, parole hearings, outstanding charges, outstanding treatment, any changes in circumstances, and to consider the long term plans for the prisoner. It is essentially a checklist for CSC teams as opposed to a report and as such does not need to be disclosed.

Annual reviews must be completed by the holding establishment and forwarded to the Population Strategy and Specialist Units Support manager via the functional mailbox for discussion at the next scheduled CSCMC following the review, central filing and any follow up action. It is the responsibility of the holding establishment to ensure annual reviews are completed on time. The Population Strategy and Specialist Units Manager will prompt and check completion during operational visits.

Pre-transfer Arrangements

As detailed on page 20, a pre-transfer form must be completed prior to the transfer of all CSC prisoners. Where a transfer has to be completed urgently to meet operational needs a verbal handover of key information must take place with the receiving establishment covering key issues at point of transfer or during the first 24 hours such as:

- Reason for transfer
- Current unlock risk assessment and recommended unlock levels
- Current medication
- Overall risk of harm to others



- Suicide and self-harm considerations including details of current or recent ACCT's
- Any current physical health considerations

A member of the healthcare staff should discuss any key clinical considerations with the receiving healthcare team to ensure relevant information necessary to manage the prisoner is handed over. If the prisoner is prescribed medication or a regime that is not concordant with the formulary or dispensing regime at the receiving establishment, sufficient quantities of the current medication must be sent with the escort to ensure the prisoner continues with his current medication regime until such point as a review of his medication can be made and a decision reached regarding continuation of the current treatment regime or a suitable alternative where necessary.

Behavioural Monitoring

Prisoners are selected into the CSC due to their risk of harm to others and/or persistently disruptive behaviour. In order to monitor those risks and identify any progression or escalation, staff need to know what those risks are and then record their observations and interactions with the prisoner to inform decisions regarding the prisoner's management. It is also important that each prisoner knows what risks he is considered to present to others, and what is required to work towards reducing that risk, including how any reduction, or increase will be monitored and recorded.

A Behaviour Monitoring system is in place to guide staff in monitoring specific behavioural and risk concerns, and to ensure that observations made each day on the wing and within sessions are fed back into the targets set and reviewed at the quarterly care plan review.

Key risks and concerns will be identified at the care and management planning meeting. From that meeting specific behaviours and/or risks that need to be monitored will be agreed and documented in the behaviour monitoring sheets. Staff will then record and score interactions and observations on those sheets which will be reviewed at the monthly review meeting to inform the CSCMC on risk matters, and at the quarterly care plan review meeting to review targets.

Details of the use of the Behaviour Monitoring system are provided in **Annex 8**.

Regime and Interventions

All areas designated as part of the CSC System will operate in accordance with published regimes, approved by the Deputy Director of Custody, High Security Estate.

The regime offered in the CSC system is designed to provide a range of activities centred on positive and meaningful contact and engagement, breaking down barriers, building relationships, improving social skills, and support attempts to reduce risk.

The broad range of activities within the CSC system are designed to enable prisoners to engage in activities irrespective of their individual unlock and risk levels. The emphasis of the regime activities available is to:

- Engage prisoners in meaningful activities to constructively occupy their time
- Provide opportunities to engage with staff and others in both formal and informal settings
- Provide opportunities to monitor and manage individual and group risks
- Work towards reducing risk and enabling progression through the CSC system
- Develop self-awareness, insight, coping strategies, and alternative ways of behaving.



A Regime Matrix is provided at **Annex 4** illustrating the type of activities available across the CSC system. Specific regime matrices will be produced and published locally by each site clearly showing the regime activities available at that site. Prisoners will be encouraged to attend/carry out activities according to their risk level to ensure they use their time within the CSC as constructively as possible. Attendance at specific activities will be paid on a sessional basis in accordance with the local pay policy.

Specific activities may be included in the care and management planning process for each prisoner. Outside of the care and management planning process the wing staff, in conjunction with the wider Multi-Disciplinary team, will determine the regime that each prisoner will have access to, based on individual and collective risk, IEP level, level of engagement and operational provision.

Prisoners will have access to certain activities via application such as daily exercise, daily access to the shower and the use of the telephone.

Exercise is available to all prisoners daily for a minimum of thirty minutes. Time spent outdoors as part of a formal activity counts as meeting this requirement. Given the often long periods of time spent in cell or in restricted activities access to exercise will aim to exceed the minimum 30 minutes duration wherever possible. Prisoners on restricted regimes must have access to a minimum of 60 minutes of activity daily, of which at least 30 minutes must be in the open air.

To ensure clear information is available for both staff and prisoners each CSC unit will publish a regime document that is available to both staff and prisoners, and will be approved and certified by the DDC, High Security Estate annually.

The regime document must make provision for:

- Showers (daily where possible, minimum of 3 times per week,)
- Exercise (60 minutes activity should be provided daily of which a minimum of 30 minutes must be in the open air. Establishments will aim to provide daily exercise in excess of the 30 minutes minimum as a matter of routine)
- Visits, domestic and legal
- Telephone calls (prisoners are able to maintain contact with family and friends whilst in the CSC system)
- Education; in-cell, group and distance learning
- Library facilities on the unit with access to order books from the main library
- Access to gym facilities located on the unit and provided on exercise yards
- Pay arrangements and employment opportunities (based on IEP level)
- Association (subject to risk assessment)
- Activities (Regime Matrix - subject to risk assessment)
- In-cell activities (subject to risk assessment)

Prisoners will be provided with written information on local regimes and entitlements within 24 hours of arrival in a CSC unit as part of his induction.

Regimes must provide for avenues for progression, and prisoners should be encouraged to take part.



Movement of prisoners

Routinely the Population Strategy and Specialist Units Manager, as part of the central Case Management Group, will make a recommendation to the CSCMC of potential and planned prisoner movements. The CSCMC will consider the recommendations after taking all other moves and operational matters into consideration. Essentially moves will take place for one of the following main reasons:

- Operational reasons such as attendance at court, to commence CSC assessment, in response to security information, cell availability, in response to an incident;
- Sentence planning, progression or regression;
- Compassionate transfers.

Establishments should ensure that representatives attending the CSCMC are able to advise the Committee on any operational issues regarding or affecting the movement of prisoners subject to Rule 46, and have the authority to agree any moves.

Establishments should advise CMG in advance of their meeting (held on 1st Tuesday each month) of any proposed moves, including the basis of the request and any key information such as court date, care planning, or anniversary dates, to enable CMG to plan moves, where possible, across the estate. When the 'planned moves' list is circulated to establishments prior to the CSCMC, any factors affecting the moves indicated should be fed back to the Population Strategy and Specialist Units Manager prior to the meeting to enable consideration of alternative options to be considered prior to the CSCMC meeting and relevant contact with establishments.

Should it be necessary to move a prisoner within the CSC System where it has not been previously agreed at the CSC Management Committee the move will be authorised by the Population Strategy and Specialist Units Manager in consultation with the Governor/Deputy Governor at the receiving establishment. This move will be discussed and recorded at the next CSCMC meeting.

Escorts

- All CSC prisoners, irrespective of category, will be moved in a Category A vehicle. Authority for the use of a Category A vehicle is not required for each escort of a Cat B CSC prisoner as prior authority of the DDC is provided by virtue of the CSC Operating Manual.
- Staffing levels will be agreed by the sending establishment based on an assessment of risk.
- More than one CSC prisoner may be transported on a vehicle where it is risk assessed as suitable.
- Where a prisoner is transferred to a secure hospital under the Mental Health Act, good practice guidelines surrounding clinical care indicates the benefits of a member of the mental health team accompanying the prisoner on the vehicle during the transfer. Local risk assessments must consider the staffing arrangements in order to permit a member of the MH team to remain on the vehicle during the escort.
- Category A prisoners will not be given advanced warning of an escort taking place. In the interests of the safety and security of the escort, category B prisoners may not be informed in advance of the escort taking place, or the destination, where the risk assessment indicates that prior knowledge may affect the safety and security of the escort. Any such risks must be documented on the pre-transfer form.

- However, CSC prisoners, including Category A prisoners, will often be aware of a move taking place by virtue of the fact that they are informed in writing of the decision of the CSCMC to select for assessment or select following assessment; and if selected for CSC they will transfer to a CSC assessment centre to commence assessment, and as a result of Pre-transfer visits. Equally as part of the care planning process a discussion will take place to discuss options for progression or to undertake the VRP programme. Moves may also need to take place to facilitate a court appearance or for accumulated visits. In such circumstances telephone monitoring should be considered in the run up to the escort taking place to monitor for any communication that may compromise the security of the escort.
- Communication with the multi-disciplinary team is essential to plan the transfers of CSC prisoners effectively and to enable handovers to take place between multi-disciplinary teams.
- A pre-transfer form will be completed for all transfers between establishments and must include comprehensive and up-to-date information to assist the receiving establishment to safely manage the prisoner, including essential medical information (**Annex 1**).
- A Pre-transfer Discharge Pack (**Annex 9**) must also be completed for planned moves setting out key work or interventions been or being completed in order to aid continuity of care and management across the CSC system.
- Establishments will notify Cat A section of all movements of CSC prisoners to hospital, including during Out Of Hours to ensure centralised recording and knowledge of CSC prisoner locations when outside of an establishment.
- If a Category B prisoner is due for a re-categorisation review an up-to-date RC1 must be completed within the timescales required prior to transfer to ensure receiving establishments do not undertake an increased burden that may affect local performance monitoring measures or compliance with audit processes.
- If it is necessary to move a prisoner during the parole window the fact must be discussed between both establishments prior to the move taking place and appropriate measures put in place to ensure the timely completion and disclosure of the Parole dossier.

In the event of an urgent or emergency move **to outside hospital** the establishment must follow local procedures for managing the move and inform the Population Strategy and Specialist Units Manager as soon as is practicable.

In the event of the need for an urgent move out of the establishment for operational reasons or following an incident the establishment should contact the Population Strategy and Specialist Units Manager, who will assist in identifying a suitable location. If it is not possible to contact the Population Strategy and Specialist Units Manager prior to the move they should be notified as soon as possible following the move.

Sentence Planning and OASys Reviews

Prisoners held within the CSC are subject to the same sentence planning reviews as prisoners held in main locations. OASys reviews should be carried out when due and establishments should avoid transferring a prisoner when his OASys review is due, unless operational necessity takes priority. Where a move is planned ahead and coincides with an OASys review the holding establishment should seek to carry out the review prior to the move. If that is not possible the need for the OASys review must be communicated to the receiving establishment verbally to the offender management unit and through the pre-transfer form. If the prisoner is temporarily moving to a designated cell i.e. for accumulated visits, the holding establishment should arrange to complete the review on his return.

Eligible CSC prisoners will have an OASys completed which should be reviewed annually or following a significant event or milestone in line with PSO 2205. Care and Management Plans should reflect the content of OASys documents, and the risk relating to placement within the CSC must also be reflected in the OASys document. Specifically the sentence planning targets should be updated at the next scheduled OASys review following selection into the CSC or sooner if a review is more than 6 months away. In any event, Offender Supervisors and Managers must be included in the assessment and management process to ensure effective information sharing, decision making, and target setting.

Categorisation reviews

Prisoners held in the CSC are subject to categorisation reviews as with any other prisoner.

Category A

Category A reviews must take place annually and are coordinated by NOMS' Cat A section. Establishments must ensure that Cat A reviews for CSC prisoners are carried out within the timeframes requested.

Category B

Category B CSC prisoners must be reviewed as follows:

Prisoners serving indeterminate sentences will be subject to Sentence Planning and Review meetings, which must be held at least every 12 months, and in line with the OM III manual. The Indeterminate Sentence Prisoner's security category should be considered at each meeting. (See PSO 4700, Chapter 4).

The following have a six monthly review (non Cat A):

- Prisoners serving a determinate sentence of 12 months or more but less than 4 years
- Extended Sentence for Public Protection (EPP) prisoners with a custodial term of less than four years
- Prisoners in the last 24 months of their sentence

The following have an annual review (non Cat A):

- Determinate sentence prisoners with a sentence of 4 years or more
- EPP prisoners with a custodial term of four years or more

Prisoners may have their security category reviewed whenever there has been a significant change in their circumstances or behaviour which impacts on the level of security required, (PSI 40/11 refers) including:

- A prisoner is returned to prison custody from a medium or high secure Hospital.
- there is a change in circumstances or behaviour which indicates an urgent threat to prison security or the good order of the establishment
- intelligence indicating involvement in ongoing serious criminality
- Further charges of a serious nature indicate that the prisoner requires a higher level of security.

Prisoners returning from medium or high secure hospital must have their security category reviewed within 4 days of receipt of all the available information.



Any Category A prisoner returning to prison custody from Special Hospital *must* be reported into the HSE Category A Team at Headquarters.

Visiting Arrangements

CSC prisoners are entitled to the statutory minimum visits entitlement. Additional visits are permitted where operationally possible and in line with the prisoners IEP level.

Location of visits

Prisoners within the CSC units will have their visits within the visits area in the CSC unit and not the main visits hall within the prison. Visits will be open unless security assessments result in the decision to place the prisoner on closed or semi-closed visits. Visits will be staffed according to the individuals' risk assessment.

The exception to the above is the Exceptional Risk Management Unit where, subject to individual risk assessment, visits for prisoners presenting with significant risks to safety and good order will normally be held in semi closed conditions on the unit where bars separate the visitor from the prisoner. The semi closed arrangement is based on the fact that allocation to the CSC unit at Wakefield is based primarily on acute levels of risk towards others. Access to fully open visits in the main visits hall is not considered appropriate. Prisoners located at Wakefield under CSC assessment will be risk assessed to consider the suitability of having visits in the high risk visits area of the main visits hall.

As part of the process of progression from the ERMU the individual risk assessment may be reviewed to enable visits to take place in the high risk visits area of the main visits hall.

For prisoners held in designated cells within high security segregation units visits will normally take place in the high risk visits area within the main visits hall, or within closed visits facilities within the segregation unit where a risk assessment determines closed visits as necessary, or attendance within the main visits hall as unsuitable on the grounds of risk or operational need.

CSC prisoners will be full searched prior to and following social and legal visits due to the heightened risk of harm towards others.

Prisoners held in the SIU at Manchester will receive visits in the visits room on the category A unit located next door.

Accumulated Visits

CSC prisoners may apply for accumulated visits. Up to 26 statutory visits may be accrued during a twelve month period and prisoners may apply for accumulated visits every six months. Governors may refuse or postpone an accumulated visit if the transfer gives rise to risks to security, safety or order.

Inter-Prison Visits

Inter-prison visits are permitted between CSC prisoners in accordance with current prison service policy (PSI 16/2011). Inter-prison visits will be subject to security, availability of transport and availability of accommodation. The following will apply:

- The prisoners must be close relatives as detailed in PSI 16/2011.



- Each prisoner must surrender a visiting order in place of the inter-prison visit.
- The visit will be risk assessed by both establishments concerned to consider the impact on security, the Good Order of the establishment, and any public protection matters, and the conduct of the visit, i.e. open or closed in accordance with local security instructions and intelligence relating to both prisoners.
- Both establishments must agree the visit following risk assessment.
- The CSC MDT must be contacted to establish whether there are any key care concerns that may affect the visit.
- A video-link visit will be considered in the first instance based on security and risk.
- If a transfer is agreed to take place to facilitate a visit the non-CSC prisoner would normally be transferred; however, security category, risks and facilities will be risk assessed to identify the specific arrangements.
- If the family member is located outside of the high security estate the visit will take place in a high security prison where a face-to-face visit is agreed.
- CSC inter-prison visits will normally be held in the CSC visits area.

Complaints

Prisoners may submit complaints as per PSI 02/2012. Where a prisoner abuses the complaints system restrictions will be put in place in accordance with PSI 02/2012, paragraph 2.1.11.

CSC Pay Policy (PSO 4460 Refers)

Pay arrangements for CSC prisoners will be determined by each establishment's local pay policy and will be published within the local CSC Regime Document. Essentially prisoners will be paid for work carried out and for their participation in specific regime activities. Prisoners that are willing to work are risk assessed as suitable to work but for whom there are no employment opportunities will be paid the unemployment rate of pay.

When prisoners transfer between establishments their pay may be affected. As such the following arrangements are in place;

- If the prisoner has temporarily moved for non-disciplinary reasons i.e. accumulated visits, appearance at court, awaiting CSC assessment etc, he may remain on the current rate of pay at his 'home' establishment, if the rate is higher, for a period not exceeding two months. If the rate of pay at the receiving establishment is higher he may be paid at the higher rate following transfer. On return to his 'home' establishment he will revert back to his previous rate of pay received prior to his temporary transfer.
- If the prisoner has moved from a CSC unit for disciplinary purposes his pay will be paid at the lower of the two rates paid at the 'home' unit or designated cell location.
- If location within a designated cell extends beyond two months the prisoners' pay will revert to the pay policy of the holding establishment, save in exceptional circumstances such as a lengthy trial or an agreed extension of accumulated visits for compassionate reasons, as agreed by the local Governor.

CSC Behavioural Management System

The management of CSC prisoners is complex, with a need to balance the security risks, risks to self, risk to others, with the need to provide interventions and incentives for prisoners to address their behaviour, comply and progress through the CSC system in order to return to normal or other suitable location.

The CSC behaviour management system operates in three parts:

- 1 Behaviour Management – achieved through an IEP scheme**
- 2 Regime Risk assessment**
- 3 Unlock levels**

The CSC system will operate an Incentives and Earned Privileges Scheme in line PSI's 11/2011 and 30/2013.

The applicability of the requirements of PSI 30/2013 is currently being reviewed and this section will be updated shortly.

Behaviour Management - IEP scheme

The scheme will operate four levels – Basic; Entry, Standard; Enhanced.



Regime Risk Assessment

Prison Rule 46 permits the removal from association where required, thus association may be denied on the basis of risk as per selection into the CSC. However, all prisoners will be individually assessed for both suitability for activities, and for the risk they pose to themselves and others to consider the suitability for supervised and risk assessed association. Prisoners will be risk assessed as one of two levels:

- 1. Routine – mixed unlock**
- 2. Restricted – singular unlock**

‘Routine’ identifies that he may be unlocked with other prisoners. Further detail will be provided in the individual risk assessment carried out on arrival into the CSC and routinely after that according to individual circumstances.

A restricted regime may be imposed where the risk to others is considered too high to enable him to participate in mixed association or mixed activities. The consideration of risk may not be accompanied by the deterioration in behaviour and consequently the IEP level may not always change in relation to the regime risk management level.

The risk assessed regime must take into account the most suitable cellular accommodation i.e. normal or high control cell in order to minimise the risks present for staff and prisoners.

The regime assessment must be reviewed regularly and as a minimum monthly at the monthly review.

Unlock Levels

An assessment of each prisoner will be carried out on arrival to determine the staffing levels required to safely unlock him. Unlock levels prior to transfer will have been discussed at the pre-admission case conference. This assessment of risk will be a dynamic assessment, carried out regularly as circumstances dictate. Staff should not wait for a formal review to change the staffing levels as risks can fluctuate quickly and significantly.

Any changes to unlock levels, regime level or IEP level must be documented on CNOMIS and staff briefed on any changes.

IEP reviews

Appeal Process





Adjudications

Prisoners managed under Prison Rule 46 are subject to the same disciplinary procedures as those prisoners held within mainstream location. However, given the close working and complex presentations of CSC prisoners the threshold for placing a prisoner on report may, in practice, be higher than that within a mainstream location, where IEP is deemed to be more appropriate. Further, given the often persistent refractory nature of some prisoners, placing a prisoner on report for each infringement of prison discipline may be a considerably timely process and not serve much benefit to his overall management. Individual discretion should be applied, seeking advice from local managers as appropriate. The key point to note is that all behaviours should be recorded to inform risk management and reporting, irrespective of whether formal processes are employed in response to poor and/or inappropriate behaviour.

Where behaviours indicate behaviour paralleling the type of behaviours seen during his index offence or the incident that led to a referral to the CSC, this should be recorded and discussed by the local CSC team. Where the behaviour is deemed to have escalated to a criminal level, the matter should be referred to the Police Liaison/Intelligence Officer for consideration and advice. Depending on the circumstances it may be advisable to log all incidences of the behaviour which may be used to support a decision whether to pursue either a charge for an offence against prison discipline or for charges by the CPS.

Mental Health Transfers

Some CSC prisoners may, either during assessment or at a subsequent point following selection, be diagnosed with a mental illness or disorder of personality requiring treatment within tertiary mental health services such as a high secure hospital. The local consultant forensic psychiatrist will make any necessary referrals to the appropriate hospital, liaising with the local multi-disciplinary team for any supporting information and to inform them of a referral being completed.

Prisoners transferring to a high secure hospital will, wherever possible, be accompanied by a member of the CSC mental health team during the escort who will be present on the prison van throughout the journey. Where the risk assessment concludes that there is insufficient space on the transport to enable the nurse to be on the vehicle, arrangements will be made for the MHT member to follow behind in a car. On arrival at hospital a verbal handover can be given to the receiving team.

Prior to the transfer taking place a discharge summary will be provided for the receiving clinical team.

Transfers will take place in accordance with Department of Health Guidelines for S47/S48 Transfers (Policy can be found on the Department of Health website or from the CSC/MCBS Support manager via the CSC functional mailbox).

Clinicians from tertiary mental health services should also be contacted to provide an opinion where it is not clear whether a prisoner requires a referral to tertiary services. Enhanced engagement with clinical staff at the three high secure hospitals should serve to provide a more efficient referral and decision making process.

Returns from secure mental health services

Prisoners who transfer from the CSC system to secure mental health services and are subsequently identified to be returned to custody will be subject to a Section 117 (Mental Health Act (MHA)) meeting to discuss and agree ongoing care needs. Members of the central Case Management Group (CMG) will attend the S117 meeting to discuss the case



and to consider a suitable location and timeframe for the prisoners' return. Minutes of the S117 meeting will be provided to the receiving clinical team when a location is identified. Where a location is identified prior to the S117 meeting CMG will invite a member of the proposed receiving clinical team to attend the S117 meeting. CMG will consider whether a return to CSC conditions is appropriate given the reason for the return to custody, his current risks and presentation, and the length of time since his transfer to hospital, and will provide a recommendation for the next CSCMC to discuss and agree. Where a transfer is scheduled to take place prior to a CSCMC taking place the Population Strategy and Specialist Units Manager will make the necessary arrangements to allocate the prisoner to a suitable location which may include a return to a CSC unit. If a prisoner arrives back in custody without prior notification from the mental health hospital and it is known that he transferred to hospital from the CSC system the establishment must notify the Population Strategy and Specialist Units Manager who will advise on an appropriate interim management plan pending consideration of a suitable location. If the Population Strategy and Specialist Units Manager become aware of a former CSC prisoner who has returned to custody they will contact the receiving establishment to inform them and to advise on a suitable interim management plan pending consideration of the risks.

A prisoner returning to prison from secure mental health services due to increased violence, a serious incident, non engagement with treatment or after a short period of time in hospital will be returned directly to the CSC and placed under Prison Rule 46. This is the case irrespective of whether the prisoner is returning on the sentence he was previously serving at the point of transfer or whether he is returning having completed a previous sentence and is now serving a new sentence. The CSC system manages risk of harm and the prisoner's legal status is not a relevant factor in the decision regarding the management of risk. On his return he will be placed under the authority of Prison Rule 46 due to the fact that prisoners are not de-selected from Prison Rule 46 at the point of transfer to hospital but cease to be subject to Prison Rule 46 by virtue of the issuing of the mental health warrant and transfer to NHS services. Once the mental health warrant is rescinded and he is returned to NOMS custody, his placement under Prison rule 46 will resume.

If a prisoner is returned to custody following engagement in treatment or after a lengthy period of time in hospital he may be returned to the CSC. Depending on the circumstances of the return to custody a recommendation may be made for an assessment of risks to be carried out in order to inform whether continued management within a CSC unit is necessary or whether he can be managed outside of the CSC system, where it is not clear whether his circumstances have changed in terms of risk management considerations. There is no requirement for a formal referral to be made as the previous CSC and recent hospital information and S117 minutes will provide the necessary documentation on which a decision can be based.

If a risk assessment is considered necessary, CMG will recommend to the CSCMC whether a full or compressed assessment is required, with specified timeframes, as per the CSC Referral Manual (PSI 42/2012).

The receiving multi-disciplinary team will review documentation from the sending mental health service as part of the assessment period. A Local Assessment Case Conference will be held and the prisoner will be able to submit representations as set out in the CSC Referral Manual.

The prisoner will continue to be reviewed by the CSCMC with regards placement under Rule 46 at monthly intervals.

Category A prisoners returning to the CSC will be collected by HM Prison Service in accordance with the Department of Health Guidelines for S47/S48 Transfers.

Prisoners returning from medium or high secure hospital must have their security category reviewed within 4 days of receipt of all the available information.



Any Category A prisoner returning to prison custody from Special Hospital *must* be reported into the HSE Category A Team at Headquarters.

Returns from prison based DSPD service

Prisoners who are de-selected from the CSC to facilitate assessment and/or treatment within a prison based DSPD service will be referred back to the CSCMC for review and a decision on the most suitable location for them when a return is considered necessary, as detailed in the CSC Referral Manual. CMG will attend a clinical case review along similar lines to a Section 117 meeting to discuss the circumstances that have led to consideration for removal from the DSPD service. A recommendation will be made by CMG for the CSCMC with regards future management.

The DSPD service will ensure up-dated risk assessments and reports are provided as part of the decision making process to remove a prisoner from the DSPD programme, save in exceptional circumstances where a prisoner is involved in a serious incident requiring an expedited removal from the DSPD service. In such instances the prisoner should be located in a segregation unit and the case referred to CMG for consideration.

CSC Personality Disorder (PD) Strategy

Prisoners held within the CSC system will often present with complex personalities requiring formal assessment, specialist support and management. A highly skilled multi-disciplinary clinical and intervention team can carry out assessments to determine the presence or otherwise of any personality disorders, deliver 1:1 and group work to help offenders understand their PD and work towards reducing treatment blocking behaviours in order to enable progression within and from the CSC system. Referrals will be made to specialist tertiary PD services where necessary, according to clinical need.

Some prisoners may have been identified as having treatment needs that are best suited within a secure hospital or within NHS or HMPS personality disorder services, but are considered too disruptive or dangerous to be admitted at that time. Consequently the CSC will work to manage the individual until such point as his transfer can be facilitated. The referring clinical team, supported by CMG where required, will liaise with the relevant agency or department to ensure that the case is re-considered at an appropriate time.

Joined up working between agencies is essential to ensure the most appropriate care and management options for prisoners. In some instances some prisoners may not be ideally suited to any one particular service and may not be accepted under each of the relevant criteria for selection/admission. Where such cases exist a joint management arrangement is in place with the CSC system, NHS secure services and prison based DSPD services to review and agree on a 'best fit' management plan for individual cases which will then be referred back to the relevant agency to confirm selection/admission. This approach seeks to reduce delays in administrative processes and ensure prisoners are managed in the most suitable way, which may include multiple admissions with coordinated oversight to achieve the right outcome.

Details of the pathway for the identification and management of prisoners with personality disorders is contained in **Annex 5**.



De-Selection

A vital element of the whole process is that the exit arrangements from the CSC system are evidenced, documented, appropriate, and safely managed, based on thorough assessments of risk.

Following a referral to the CSC, the prisoners' needs will have been identified and a structured care and management plan will have been in place to work on the risks and behaviours that led to the referral. A prisoner will progress from the CSC system if the multi-disciplinary team assesses that, through the work that has been completed, the highly supervised and controlled environment and provision of multi-disciplinary support that the CSC system provides is no longer necessary. The necessity for progression may be due to a need to focus on offence based interventions, sentence planning targets, or the impending release date from custody, although an imminent release from custody will not automatically result in de-selection from the CSC where the risk to others is deemed too high to enable de-selection.

A prisoner will be progressed and de-selected from the CSC system where the risk he presents to others can be assessed, as far as is possible, to have reduced to a point where he can be safely managed within a mainstream prison or more suitable environment.

Process

The local multi-disciplinary team will raise the prospect of the de-selection of a prisoner with the Population Strategy and Specialist Units Manager and the case will be discussed at the CSC Management Committee meeting, providing a general overview of the reasons for consideration.

If the Committee considers the case is appropriate for consideration formal de-selection reports will be requested (as detailed below). The prisoner must be informed that de-selection reports have been commissioned and that he may submit representations directly or via his legal representative. Reports must be disclosed to the prisoner once completed, sanitised where necessary. A period of 14 days is permitted for the submission of representations.

When the reports have been completed the Population Strategy and Specialist Units Manager will convene a de-selection case conference, similar to the Local Assessment Case Conference, at which the multi-disciplinary team will meet to discuss the contents of the reports which must detail;

- the progression made and evidence of a reduction in risk enabling de-selection,
- suggested location for the prisoner,
- the suitability, appropriateness and priority of courses, training and programmes,
- specific assessments for any identified programmes to be completed as part of the de-selection consideration process to inform the decision,
- any areas of concern regarding the de-selection, difficulties he may encounter and any measures required to be in place to support his reintegration or transfer,
- remaining risks and recommendations for management, setting out why the risks can be managed outside of the CSC,
- the implementation of the de-selection plan,
- Any other relevant details affecting the de-selection process, including a recommendation on whether de-selection is suitable.



The reports, case conference minutes, and recommendation will be forwarded to the CSCMC for a decision.

If de-selected to a high security prison, the prisoner will be managed and supported by CMG for a period of six months, monitored by the local MCBS Panel. At the six month point he will be removed from central management, if no concerns have arisen, and he may continue to be monitored local under the MCBS.

Reports required for the de-selection process are as follows:

- DS 1** - Referral for de-selection
- DS 2** - Wing management
- DS 3** - Psychology
- DS 4** - Mental Health/Psychiatric
- DS 5** - Security and Intelligence
- DS 6** - Offender supervisor
- DS-Add** - Additional reports as necessary

De-selection report templates can be found in **Annex 10**.



Staff Well-being: Selection, Training, IPD and Tour of Duty

At the end of 2005, the then Director of High Security appointed a Well Being Advisor to look at how staff working in high risk jobs could be better supported. In September 2006, the **High Security Well-Being Strategy** was approved and published and should be read in conjunction with this policy document. Copies can be obtained from local CSC leads and the High Security Well-being Strategy lead.

The strategy considers a variety of ways that the well-being of staff can be enhanced for example:

1. Through good selection procedures (ensuring the right staff are in the right jobs) - The Discrete Units Staff Selection Manual was produced in September 2010;
2. Through high quality, targeted training (ensuring staff feel competent and skilled to do the jobs they've been asked to do) – Working with Challenging Behaviour Training consists of two modules, each module concentrates on a specific aspect of working in discrete units.
3. Through robust on-the-job support (to promote professional development in the job) – See below with regard to IPD
4. Through appropriate post-event recovery protocols (aiming to provide staff with the personalised support they need in the aftermath of an incident /Post-Event Recovery)

Each of these “domains” is based on research evidence for what works in taking care of people who work in highly demanding roles.

Staff Selection

All staff working within discrete units, such as CSC units and segregation units, must meet the published staff selection criteria to work within the unit. The HSE has a published Staff Selection policy which should be used by all High Security establishments to develop their local policy for the selection of staff.

Following selection the member of staff will be provided with written notification of their selection.

One of the requirements for being selected to work on a CSC unit is an agreement to attend an initial IPD (Individual Professional Development) session after commencing the role, as well as regular IPD sessions and the annual health check as described in the ‘Tour of Duty’ section below. The provision of IPD (see below) is a mandatory requirement to support staff working within CSC units as a preventative strategy rather than reacting once the staff member is struggling or suffering psychological harm.

Staff Training

Staff selected to work in CSC units will be required to attend a nationally approved training course entitled, Working with Challenging Behaviour (WCB). The course is delivered in a modular format and staff must have completed one module within two months of taking up post, and have completed the second module within 12 months of taking up post. Staff can be detailed to attend the first module following selection to work in a CSC unit and before taking up post. The responsibility for booking staff onto courses lies with local management and names should be forwarded to the CSC functional mailbox to book places. Priority will be

given to the establishments with a CSC unit to ensure compliance with audit criteria. CMG will regularly review the provision of training to ensure sufficient training places are available.

The national WCB course is delivered in 2 modules as follows:

Module 1 - Developing Personal Skills for Dealing with Challenging Behaviour – 5 days

Module 2 - Promoting Individual and Team Resilience – 5 days

Staff may complete either module first although it is recommended that module 1 be completed first.

There should be an on-going and appropriate local training programme to ensure staff are able to maintain the skills learned during national training, and feel confident and competent in carrying out their duties. Such training may consist of C&R training (mandatory including refresher training annually), including handcuffing, searching whilst under restraint, planned removals, de-escalation techniques, use of high control cells, anti-conditioning, professional standards, ACCT, VRS/ABS, 'Know-your-prisoner' training, understanding personality disorder and mental illness, the CSC system itself, and IEP etc. The better equipped staff are the more able they will be to work effectively within a CSC unit and may also be less likely to suffer stress.

Local records must be maintained to demonstrate that training has been undertaken.

Individual Professional Development (IPD)

The third domain of the Well Being Strategy (Practice) focuses on the “on the job” support of staff and one part of this is Individual Professional Development.

IPD has been designed to provide staff working in high risk jobs with an opportunity to discuss their work and its impact in a safe, non-judgmental and supportive environment.

High risk jobs are those that have the potential to place huge emotional and psychological demands on staff because of the nature of the work. They include working in our segregation, Protected Witness, DSPD and Detainee Units, in Close Supervision Centre's, MCBS work, with prisoners at risk of self harm or suicide, with families of those who have died in our custody and on therapeutic treatment programmes.

Sometimes, despite all the training, working in a great team or extensive experience, challenges can arise that would benefit from working through with an experienced and trained colleague not involved in the situation. Take for example, the officer who's been targeted by a prisoner but doesn't want colleagues to know the effect it's having; or the officer who has now encountered a third suicide attempt and feels responsible; or the officer who feels under pressure to sign for work that hasn't been properly completed, because of pressure to meet targets. These are very real workplace scenarios that can place a tremendous burden, not just on the individual, but also on the team, because of the effect it has on the individual.

What makes IPD different from Line Management or the Care Team?

Line managers clearly have a responsibility for the professional development of their staff, and to help resolve difficult situations. But sometimes, for a variety of reasons, staff prefer to not disclose concerns about work issues to someone they also know will be reporting on them at the end of year. Much easier to tell a manager about a difficult situation and how it was resolved!

Care teams are a resource to staff who may want to discuss personal issues or get emotional support through difficult times.



IPD is expressly designed to be preventative through the provision of operational support – that is, to try and stop potentially demanding situations becoming overwhelming. It will be primarily concerned with professional skills rather than emotional support, although developing professional skills has been proved to have a beneficial effect on emotional well-being.

IPD facilitators are trained to provide this specialist back-up by working alongside staff, enabling them to get a bit of a distance from the issues that may be vexing them and think through potential solutions. They provide an opportunity for staff to work out how to deal with and manage tricky situations that might otherwise escalate into unmanageable ones. They also provide a chance for colleagues to think about their work more objectively and develop professional skills based on their experience. Each IPD Facilitator will be responsible for providing individual sessions, of about an hour, to six colleagues.

IPD sessions are confidential. Facilitators have no obligation to record or report back to anyone nor is anyone expecting them to do so. The only exceptions to this are, if the facilitator considered the member of staff was a risk to their self or to another person or to prison security, then they are duty bound to pass this information on.

An IPD awareness session, either one to one or group, will be mandatory for all staff working in discrete units. Further sessions will be optional and staff will normally expect to attend a session about every 6 to 8 weeks.

Each Establishment should have an IPD Lead who should ideally be a Senior Manager.

IPD leads will need to support the work of the MCBS at a local level. Challenging Behaviour Managers (MCB Manager), along with the staff working with difficult and challenging prisoners, must be aware of, and understand the role of IPD as a tool to support all members of staff. MCB Manager's need to consider the pressures placed on staff both within the MCB Panel, and on those working directly with prisoners, when agreeing management plans for prisoners. The MCB Manager can discuss any concerns regarding the location and management of prisoners with Case Management Group to ensure the staff members, at a particular site, are not unduly burdened.

Staff Briefings

Staff will be collectively briefed at the beginning of each shift. Civilian staff must be briefed regularly on developments and should be encouraged to attend daily operational briefings. Local management must agree the most appropriate way of ensuring multi-disciplinary attendance. The briefings will cover prisoner behaviour, attitude, security and procedural matters, as well as general unit developments etc.

Staff will also be de-briefed at the end of their shift by the person who is I/C the unit. De-briefings should cover changes in prisoner behaviour, risk assessments, prisoner movements, regime issues, incidents and any matters requiring follow up action during the next shift period.

Tour of Duty

All establishments operate a local staff rotation policy in order to meet the operational, security and staffing needs of their establishment. The local policy must reflect the need to select and train suitable members of staff to work in the CSC unit, segregation unit, and with prisoners held in designated cells. However, exceptionally, where insufficient numbers of staff express an interest in working within the CSC system local management will need to ensure that the correct operational staffing levels are maintained by identifying staff that are suitably skilled, resilient, and able to cope with working within a CSC unit. Additional interviews and support should be provided to ensure individual well-being.



The HSE Well-Being strategy proposes that if the right staff are identified, selected, trained and supported, they will be able to work as part of a discrete unit without suffering detriment to their own well-being.

The Individual Professional Development (IPD) model is a critical element to the well-being of staff and if fully implemented locally can provide the clear benefits of happy, healthy, committed staff that are not absent on sick leave due to stress.

Ideally staff who are selected to work on the unit will be able to commence the WCB training course prior to, or soon after starting work. With the combination of the well-being strategy and an extensive training course, the upper time limit for staff working within a CSC unit is set at four years. However, this is dependent on the following:

1. The staff selection policy is adhered to;
2. Each staff member must attend the national Working with Challenging Behaviour training course – completed within 12 months of taking up post;
3. Staff support, in the form of IPD, to be available and staff enabled to attend regular sessions (all staff working within CSC units must attend an initial IPD session as part of the selection criteria);
4. Staff agree to attending an annual 'Health Check' as part of the selection criteria, with their line manager and a member of the Psychology team to assess their well-being, talk through issues and/or concerns, and to ascertain whether the staff member wishes/is able to continue working on the unit. The meeting also gives the line manager an opportunity to offer support and guidance to the member of staff. The member of staff will be provided with a letter annually confirming their suitability for continued placement within the CSC unit;
5. Mandatory monthly group supervision sessions for staff in the main CSC sites, which will act as a de-briefing sessions for those staff that are on duty. Staff may exchange shifts with colleagues to enable them to attend, in agreement with local management. Managers must ensure each individual staff member attends at least four times each year.

The above requirements also apply to managers working within discrete units.



Programmes and courses

Mainstream Offending Behaviour Programmes (OBP's) will not be offered on CSC units for a number of reasons; firstly, the number of prisoners held within the system does not make it viable to offer the range of courses that are available within normal location. Secondly, the group size required to run the programme is unlikely to be maintained to enable delivery in accordance with programme requirements, and finally, given the risks associated with CSC prisoners it is often the case that offending behaviour programmes available within mainstream location are considered to be unsuitable for this high risk group of prisoners, and that the treatment dose may be too low, particularly for those prisoners who have previously engaged with OBP's but have gone on to commit further acts of violence. However, it is recognised that, for some long term residents of the CSC system, their ability to address their offending behaviour is severely restricted by virtue of their location within the CSC system. It should be noted that many prisoners within the CSC would not be considered suitable for mainstream programmes on the basis of current risk towards others, thus the actual impact of not accessing mainstream OBP's is likely to be low. Assessments for courses in preparation for de-selection can be carried out whilst located on the CSC, and preparatory 1:1 work can be started. 1:1 work will seek to achieve a reduction in risk to enable progression whereby prisoners can be de-selected and access mainstream programmes.

To address the need for programme work a specific programme, the Violence Reduction Programme (VRP) which is aimed at high risk and violent offenders, is in place and delivered at the CSC unit at HMP Whitemoor. The VRP can be delivered on a 1:1 basis for prisoners located at the remaining CSC sites where the prisoner is unlikely to be able to access the group based programme at Whitemoor. 1:1 VRP support work can be carried out for prisoners who are temporarily transferred from the programme at Whitemoor.

1:1 work and the Multi-Disciplinary Team (MDT)

The multi-disciplinary team format provides the bedrock upon which prisoners are assessed, managed and supported within the CSC system. Decisions made in a multi-disciplinary way enable full consideration of the individual and their circumstances and provides support for the wider staff team when making difficult decisions that may have consequences for the prisoner and staff involved.

Staff undertaking work with CSC prisoners will operate on the principle of Open Reporting and sessions will be carried out face to face with a ratio that is risk assessed locally. Open Reporting means that prisoners have access to reports written about them and those reports will be shared with the CSC multi-disciplinary team. Medical matters that are unconnected to risk management may be held 'Medical in Confidence'. All other information that is relevant to care and management planning and risk management considerations will be shared with the CSC teams.

Interviews and sessions will take place face-to-face without the facility to tape record sessions. In certain circumstances sessions will be risk assessed to take place in closed or semi-closed conditions to enable interviews to take place with the appropriate person.

Tape recording is not employed within the CSC as such arrangements can inhibit the development of a therapeutic relationship, which needs to be built upon trust, and hinder the timeliness of sessions and the completion of notes and/or reports. The only exception to this is where a PCL-R assessment is being completed whereby prisoners are offered the opportunity for sessions to be video or tape recorded. Tapes are stored confidentially by psychology and are wiped on conclusion of the assessment.

Where a prisoner declines to engage on a face-to-face basis, despite efforts made by the MDT, written communication can be provided for the prisoner which sets out what the session is planned to cover and may include a set of questions requiring a response. The



prisoner can consider the information and either choose to attend, or submit responses in writing. It is not recommended that this process continues for an extended period as it is not conducive to a therapeutic working relationship and as such will be reviewed locally with regards the amount of time that this will be facilitated. A decision may be made to withdraw MDT sessions where the prisoner persistently refuses to engage. Regular offers to re-engage will be made.

The following pages detail some of the roles that the key members of the MDT carry out, as guidance to the wider MDT:

CSC Mental health team

1. Psychiatric assessment and support for prisoners including referrals to tertiary services, such as medium or high secure hospitals.
2. Carry out nursing assessments.
3. Contribute to ACCT care planning and interventions.
4. Developing and reviewing clinical care plans and CPA documents where necessary.
5. Contributing to and formulating multi-disciplinary Care and Management Plans.
6. Undertaking of one-to-one work identified in Care and Management Plans.
7. Providing crisis intervention/support, focussing on harm reduction.
8. Providing advice and support to management and staff in their dealings with particular prisoners and contributing to decision making.
9. Providing general advice and training about mental health issues, including delivery of the regime or its effect on the mental well-being of the prisoners.
10. Attendance at other case conferences and Section 117 (MHA) meetings as needed.
11. Attendance at local CSC management meetings (and national meetings when required).
12. Contributing to the development of local CSC policies.
13. Provide sessions/presentations for relevant external visitors.
14. Co-facilitate supervision for discipline staff.

Forensic Psychology

1. Undertake structured risk assessments such as HCR-20, VRS, VRS-SO, IPDE, PCL-r.
2. Preparation of reports, for example Sentence Plan Review's, Cat A, parole, and CSC Assessment and De-selection reports.
3. Contribute to Care and Management Plans
4. Undertake one-to-one work identified in Care and Management Plans
5. Provide advice and support to management and staff in their dealings with particular prisoners and contribute to decision making.
6. Input into multi-disciplinary working, for example aiding wing risk assessments and prisoner level reviews.
7. Attendance at other case conferences as needed.
8. Contribute to ACCT care planning and interventions.
9. Attendance at local CSC management meetings (and national meetings when required).



10. Contribute to the development of local CSC policies.
11. Co-facilitate monthly staff group supervision
12. Identify staff training needs and deliver monthly training to staff on the CSC.

Seconded Probation Officer/Offender supervisor

1. Contribute to Care and Management Plans ensuring sentence plan targets are aligned with CSC targets.
2. Complete OASys reviews as required.
3. Work with prisoners to meet their individual resettlement needs.
4. Contribute to Parole, Lifer and Cat A reports, and CSC assessment and de-selection reports.
5. Undertaking work required under MAPPA in relation to determinate sentenced CSC prisoners.
6. Complete additional reports as required.
7. Undertaking one-to-one work identified in Care and Management Plans
8. Attendance at other case conferences as needed.
9. Attendance at local CSC management meetings (and national meetings when required).
10. Contributing to the development of local policy with regard to the CSC.
11. Manage Offender Management phase 2 and 3 offenders according to national guidelines.

Chaplaincy

1. Provide advice, support and teachings to prisoners specific to their religious and spiritual beliefs.
2. Contribute to Care and Management Plans.
3. Complete reports as required.
4. Undertake one-to-one work identified in Care and Management Plans.
5. Attendance at other case conferences as needed.
6. Attendance at the local CSC management meetings.
7. Contributing to the development of local MCBS and CSC policies.

Education

1. Provide advice and educational work for prisoners based on individual risk assessments and need as identified in Care and Management Plans.
2. Provide managers with advice regarding the appropriate level and delivery of education.
3. Contribute to Care and Management Plans and reviews.
4. Attendance at or written contribution to other case conferences as needed.
5. Attendance at or written contribution to the Local CSC management meetings.
6. Complete reports as required.



Security

1. Provide information to the CSC management team in order to enable risks to be managed.
2. Offer advice and support for staff working within the CSC unit regarding the reporting of and management of incidents and information.
3. Provide technical assistance following incidents,
4. Provide CSC Assessment and de-selection reports as required.
5. Attend case reviews as required.

Discipline

Discipline staff have a key role as part of the MDT, providing support, advice, control, pro-social modeling, meaningful interactions as part of their day-to-day work. The range of tasks required of discipline staff is extensive and can be a highly challenging environment in which to work. Staff will be involved in supporting prisoners at risk of self harm and suicide, responding to acts of violence and threats, applying procedures in a fair and consistent way, whilst working to engage prisoners in constructive relationships. Discipline staff are required to complete weekly and monthly reports, behaviour monitoring, contribute to ACCT, Care and Management Plan, high control and special accommodation reviews, pre-admission case conferences and other reviews as necessary. Their views and experiences of the prisoner is vital in informing the decision making process.



Managing Challenging Behaviour Strategy and Central Case Management

'The High Security' Estate's Managing Challenging Behaviour Strategy (MCBS) provides a framework for the care and case management of prisoners whose behaviour is dangerous, disruptive, and/or particularly challenging to manage whilst in custody, and those considered to present a high risk of harm to others, to try to break the cycle and prevent further harm'.

The Managing Challenging Behaviour Strategy (MCBS) is a structured case management model for the management of difficult and challenging prisoners. By operating the MCBS across the high security estate some prisoners may be diverted into more appropriate treatment or management options, such as DSPD or secure hospitals, specific assessments or interventions, and may consequently address risks and difficult behaviour before they escalate to the CSC system. However, it is likely that a number of referrals to the CSC will result from Local Managing Challenging Behaviour (MCB) Panels when attempts to manage the behaviours are exhausted with no clear reduction in risk.

MCBS also provides a step down management process for prisoners who are de-selected from the CSC system, providing additional support and monitoring as they reintegrate into their new location. For prisoners who have transferred to high secure hospital the CSC system, via Case Management Group (CMG), will maintain contact and attendance at CPA meetings for as long as is mutually considered appropriate by the hospital and CMG. Where a former CSC prisoner is being considered for a return to prison CMG will attend the Section 117 (MHA) meeting to establish current risk and presentation and to inform on the timeframe and location for return to prison custody.

All referrals to the CSC should be submitted via the local MCB Manager. She/he will ensure that the referral is completed correctly and with sufficient, appropriate information and will forward the paperwork to the central Case Management Group (CMG).

CMG, a multi-disciplinary team who manage the MCBS across the HSE, will review the referral and provide recommendations to the CSC Management Committee regarding his management and possible selection into the CSC for assessment.

(More details regarding the selection and de-selection processes are contained earlier in this document and in the CSC Referral Manual (PSI 42/2012). A copy of the MCBS Policy is available from the MCBS lead within each high security prison or from the CSC/MCBS Support Manager via the CSC functional mailbox). The MCBS policy is published as Section three of the three part High Security Estate Population Strategy.

Applicability of National and Local Policies

National and Local policies apply except where CSC policies override the requirements as set out in the main body of the Operating Manual.

Security

- All CSC units, and designated cells, will comply with the requirements of the National Security Framework.
- All CSC units and designated cells will operate within their local security strategy and instructions.
- All Close Supervision Centres may hold High Risk Category A prisoners.
- In general, each prisoner in the CSC should be subject to the appropriate security restrictions set out in the NSF and LSS for prisoners of his category. For example, only high risk Category A prisoners in these Centres will be subject to high risk procedures.



- In certain areas, the CSC system requires common procedures for all prisoners, regardless of security category, such as hand cuffing, unlocking arrangements, recording and monitoring of information, sharing information with prisoners. These procedures are necessary to maintain order and control and should be considered as safe systems of work in each of the units.
- Any temporary non-compliance or alternative procedure will form part of the establishment LSS and should be agreed with the Deputy Director of Custody, High Security Estate

Population Management

Movement of CSC prisoners will be managed by the Population Strategy and Specialist Units Manager and the CSC Management Committee. Wherever possible moves will be planned in advance and agreed at the CSCMC to take into account operational, legal, progressive, or discipline moves. Where it is necessary to transfer a prisoner urgently or for operational reasons the holding establishment must contact the Population Strategy and Specialist Units Manager or if unavailable, the Deputy Director of Custody, High Security Estate.

Prisoners subject to Prison Rule 46 must not be moved without the authority of either the Population Strategy and Specialist Units Manager, the chair of the CSCMC or the DDC, save in the event of an urgent operational or the need to provide medical treatment.

Safer Custody – management of Prisoners at Risk of Suicide and Self-Harm

Prisoners held within the CSC system, either within a CSC unit or within a Designated Rule 46 cell, identified as being at risk of suicide or self-harm must be managed under the ACCT process. The following chapters of PSI 64/2011 refer to key aspects of prisoners' management; the PSI should be read in conjunction with this section;

Chapter 5 – ACCT processes and support.

Chapter 6 – Constant Supervision

Chapter 8 – Enhanced case management

Constant Supervision

Constant supervision is where a prisoner is under constant supervision by a member of staff who provides appropriate levels of support in order to reduce the risk of suicide or potentially fatal self-harm. Constant supervision should be used for acute periods of risk and should be used for the shortest time possible. The process of being constantly supervised by a member of staff can be de-humanising which may increase risk.

The nature of the CSC population will often result in extended use of constant supervision due to persistent statements of intent to self-harm or to die, or due to persistent or escalating acts of self-harm or attempts to take his own life. The impact of extended periods of constant supervision on both the prisoner and staff, and the nature of the risks the individual prisoner presents, must be taken into consideration when carrying out ACCT reviews and staffing constant supervision duties.

The Need for Constant Supervision

Constant supervision is a response to an immediate suicidal crisis and therefore is intended to be in place for the shortest time possible. An acute suicidal crisis is often temporary.



The following reasons for the use of constant supervision are intended as guidance only as each case should be considered individually by the Case Management Review Team and not in isolation by any one person:

- Serious attempts and/or compelling preparations for suicide e.g. making a ligature, hoarding medication and/or writing a suicide note
- Credible expression of a wish to die
- A recent and credible attempt to take own life e.g. both in prison and recently prior to imprisonment

Constant supervision may be used on an interchangeable basis. For example, a prisoner could be placed on constant supervision overnight and on less frequent observation during the day while involved in activities.

Constant supervision can only be authorised by the Daily Operational Manager or the Senior Clinical Manager after consultation with each other and the decision documented in the ACCT Plan.

During periods where the Duty Operational Manager and/or the Senior Clinical Manager are not in the prison (i.e. night state), authority for constant supervision can be given by the Night Operational Manager or Senior Nurse following consultation with each other. The Daily Operational Manager must be informed at the earliest opportunity.

Where the prisoner is already under the care of the Mental Health team, the lead clinical consultant must be notified at the earliest opportunity in order that they can engage therapeutically and advise of any clinical support needed.

ACCT Case Reviews

One aim of the case review is to reduce the level of supervision required progressively, substituting alternative supports, as the prisoner's condition improves. When a decision is taken to place a prisoner on constant supervision, a case management review must be undertaken as soon as practicable, unless the decision was taken as part of a case management review.

For the first 72 hours, a multi-disciplinary case management review must be held daily. The review must be chaired by a competent manager who has the appropriate authority to make decisions. The Daily Operational Manager or Residential Manager and a member of the nursing staff (or senior clinical manager) must be in attendance, as well as any other relevant staff. Given the acute crisis that the prisoner will be experiencing continuity of membership of the review team will be an important consideration in order to reduce the prisoner's distress.

If a prisoner remains on constant supervision for longer than 72 hours, the case management review team will decide upon the regularity of future reviews and record this in the ACCT document.

If a prisoner's behaviour is particularly challenging, or is subject to constant supervision for 8 days or more, they will be managed with the additional input of an Enhanced Case Review

Emergency Access Plan

The Case Review team will provide authority, in the form of an Emergency Access Plan, for staff to intervene when a prisoner who is under constant supervision engages in potentially fatal self-harm or attempts suicide. The plan must detail actions for the supervising member



of staff to take, including how to raise the alarm, entering the cell during the day and night, use of force to prevent self-harm and the provision of Personal Protection Equipment (PPE). Emergency Access Plans must be tailored to the individual and not provided from stock.

Interaction

The member of staff conducting supervision must actively engage with the prisoner, encouraging them to talk and participate in activities, where appropriate. Talking, playing games, accompanying the prisoner outside to the exercise yard (subject to risk assessment) should all be considered.

Access to Regime Activities

Constant Supervision does not mean that the prisoner remains locked up on an isolated regime prevented from taking part in activities or engaging with others where the risk assessment permits such engagement. The local review team must consider and document what activities the prisoner will be permitted or restricted from taking part in and record the decisions in the ACCT document.

In-cell CCTV for Prisoners at Risk of Suicide and/or Self-harm

Governors may authorise the use of overt CCTV for the constant supervision of prisoners where it is deemed necessary for:

1. the health and safety of the prisoner or any other person
2. the prevention, detection, investigation or prosecution of crime or
3. securing or maintaining prison security or good order and discipline in the prison, And,

It is proportionate to what is sought to be achieved.

(Further information is detailed in Chapter 6 of PSI 64/2011.)

Chapter 8 Enhanced Case Management

When prisoners display any of the types of behaviour listed below, they should be managed under the enhanced case review process:

- Prolific, sustained and/or extreme incidents of self-harming behaviour (usually requiring medical intervention)
- Prolonged active suicidal intent - from time to time being managed on constant supervision
- Extreme and persistent demonstration or assessment of risk to staff and/or other prisoners
- Continual offences against discipline
- Managed on enhanced levels of unlock.

And/or

- Have been subject to constant supervision for 8 days or more
- Have been involved in multiple incidents of fire-setting

The nature of prisoners held under Prison Rule 46 is such that the use of enhanced case reviews is likely to be employed on a frequent basis.



Attendance at an Enhanced Case Review

- A member of the CSC mental health team or doctor (where the prisoner is already being managed by secondary mental health services, and wherever possible it should be their mental health care co-ordinator)
- The CSC unit or segregation unit Manager in which the prisoner is located
- An appropriate psychologist. Psychologists, both clinical and forensic, often have valuable expertise in assessing and managing people with personality disorder and/or in behavioural management
- All specialists (e.g. education, Offender Manager/Supervisor) who work with the prisoner including, where involved, CARATS.
- Offender Supervisor/key worker
- An appropriate member of the chaplaincy team.
- A member of the Independent Monitoring Board (IMB).

General Points

- Prisoners will not have direct access to a Listener due to the risks they present to others.
- Prisoners may be permitted access to the Samaritan's phone; however, abuse of the phone will result in access being removed. Where use of the Samaritan's phone is denied the decision must be recorded in the ACCT document.

Public Protection Procedures

Staff working within the CSC system will ensure that procedures pertaining to public protection measures are strictly adhered to in accordance with the Public Protection Manual.

CSC prisoners may be subject to the MAPPA process. Staff at the establishment where the prisoner resides must attend MAPP Panels where appropriate. If a prisoner is likely to transfer to another high security prison for release both the current and the future establishment should be involved in the MAPPP meetings. Where a prisoner may move frequently the Population Strategy and Specialist Units Manager will attend MAPPP meetings to assist in continuity of information and decisions.

Parole

Where possible, CSC prisoners should not be moved when they are within their parole 'window', (6 months prior to their parole hearing). However, given the nature of the prisoners held within the CSC restricting moves is not always possible or appropriate for operational, legal, compassionate or progressive reasons.

Where a move is being considered a check of the prisoners Parole date will be made prior to the move being carried out and the information provided to the CSCMC or Population Strategy and Specialist Units Manager when planning moves.

Where a prisoner needs to move, the establishment that has requested or is collating reports maintains responsibility for completing and disclosing the parole dossier. All reports must be sent to the present establishment within the timeframe required. It is advisable for the holding establishment to liaise with the originating establishment to ensure reports will be completed on time.



Section 3

Internal Management

An operational manager must visit the CSC unit daily. This check may be carried out by the designated operational manager for the CSC, or in his or her absence, the duty governor. The operational manager must sign to say they have visited and note any concerns or issues in the wing/unit observation book.

A record of visits by an operational manager, chaplain and doctor must be maintained.

The Deputy Director of Custody, High Security Estate will visit the CSC units as part of his/her scheduled visits rota.

Governing Governors should visit the CSC unit weekly and a note recorded of the visit. In the Governors' absence the person in charge of the prison should carry out the visit.

Monitoring Data

Data will be collected on a monthly basis from all CSC sites and submitted to the CSC/MCBS Support Manager via the CSC functional mailbox. A quarterly report will be produced by the Population Strategy and Specialist Units Manager detailing key aspects of the CSC system.

This information will be discussed at the CSCMC meeting and will be used to monitor and manage the CSC system and to inform policy and procedures.

Role of the Independent Monitoring Board (IMB)

The role of the IMB is to provide independent oversight and to monitor the welfare of staff and prisoners living and working within the CSC system respectively. Members have unrestricted access to all parts of the prison, including the CSC (PR 79(2)); however given the nature of the CSC population it is imperative that IMB members liaise with CSC unit staff prior to entering the unit. The Board member should report to the wing office in the first instance in order to receive any briefings or specific security information in order to safeguard their safety.

A member of the IMB should visit the CSC unit as part of their rota visits to meet with the staff and to discuss any relevant issues affecting the unit. IMB members may wish to observe the serving of a meal during their visit, or a specific activity such as exercise or a classroom based activity. This provides an opportunity for IMB members to engage with CSC prisoners. The IMB member will seek to satisfy themselves that prisoners' welfare is being adequately maintained. However, if prisoners have specific issues they wish to raise with the Board, an application should be submitted. The rota visit is not an opportunity for prisoners to circumvent the application process.

Board members will raise prisoner and staff concerns with management, the Governor, Deputy Director of Custody, High Security Estate, Headquarters or Ministers, and the Secretary of State for Justice.

A member of the local IMB should routinely be invited to attend care are management planning meetings and monthly reviews.

In the event of a serious incident in a CSC, a Board member must be invited to observe the management of the incident.

In order to offer independent oversight nationally, the IMB branches across the High Security Estate will attend the national CSC Management Committee on an agreed rota



basis. IMB chairs will decide on the schedule of attendance and inform the CSC/MCBS Support Manager accordingly. Relevant documents will be made available to IMB members via secure e-mail prior to the meeting.

The purpose of the IMB attendance at the CSCMC is to provide independent oversight of the process, ensure correct processes are adhered to, witness the basis of decisions made at the meeting, and to raise any concerns generally or specifically regarding policies, processes or individual prisoner management.

Audit and Compliance

All CSC units will comply with the national CSC performance standard, Standard 5 which will be audited locally in line with the agreed audit programme, and by Standards Audit Unit of Audit and Corporate Assurance Unit.

All high security establishments holding CSC prisoners must adhere to the requirements of the CSC Referral Manual (PSI), the CSC Operating Manual, the National Security Framework, and Local Security Instructions.

European Committee for the Prevention of Torture

The ECPT has unfettered access to all establishments within HM Prison Service. On arrival at an establishment they must be permitted access to CSC prisoners if they request to speak to them. Staff must ensure they are briefed on essential security matters and specific issues relating to the prisoners concerned in order to safeguard their safety.

Her Majesty's Inspectorate of Prisons (HMIP)

HMIP inspect the CSC units as part of the full inspection of an establishment and will also carry out an inspection of the CSC system as a whole. Inspections will be unannounced. HMIP also conduct thematic reviews of particular aspects of the prison service which has, in the past, included a thematic review of the CSC system (last published – 'Extreme Custody', 2006). It is important that high security prisons are aware of the 'Expectations document' set out by HMIP with regards to the management of CSC prisoners and a copy displayed in staff areas.

Copies of Inspection reports, including Thematic Inspections, are available on the HMIP or MOJ websites accessed directly or via the NOMS Intranet.

The Prisons and Probation Ombudsman (PPO)

The Prisons and Probation Ombudsman investigates complaints from prisoners, those on probation and those held in immigration removal centres. The Ombudsman also investigates all deaths that occur among prisoners, immigration detainees and the residents of probation hostels.

The Ombudsman, Nigel Newcomen CBE is appointed by the Secretary of State for Justice and is completely independent of the Prison Service, the National Probation Service and the Border and Immigration Agency.

He is supported by a team of deputies, assistants, investigators and administration staff.



Advisory Panel

In 2012 an expert Advisory Panel was established to provide independent, qualified, and professional advice on the management of the high risk group of prisoners managed within the CSC system, and under the MCB strategy. The Panel meet 3 times per year and consider the strategic management of the CSC and MCBS systems. They can also review specific issues with particular cases where appropriate and advise the High Security Estate on service developments.

Links with Other Service Providers – High Secure Hospitals

The CSC system links with other service providers such as high and medium secure hospital services to ensure effective communication and joined up management of cases. Where a referral to high secure services is required the consultant forensic psychiatrist will be responsible for submitting a referral. A prisoner will not normally be moved whilst a referral is under consideration.

Where a case essentially falls outside of the hospital criteria and the needs of the prisoner are considered to be unsuitably managed within the CSC system the case can be taken to the joint meeting of the high secure hospitals and the CSC and DSPD services to discuss and agree the most suitable treatment and management plan for him.

Former CSC prisoners returning to prison service custody from high secure hospital services will be subject to a Section 117 hearing at which Case Management Group will plan to attend to ensure an up-to-date view of the prisoner is obtained and to inform the return process. HMPS are responsible for collecting category A prisoners from high secure hospital in accordance with S47/48 guidelines issued by the Department of Health.

Correspondence and Legal Challenge

Correspondence regarding individual CSC prisoners will be dealt with by the receiving establishment and must be completed within the required timescales. Where necessary correspondence may be forwarded to the Population Strategy and Specialist Units Manager where the correspondence relates to national policy matters or matters beyond the control of the individual establishment.

Where a prisoner judicially reviews or legally challenges matters associated with his placement within the CSC system, the Population Strategy and Specialist Units Manager will respond on behalf of HM Prison Service and will liaise directly with the Treasury Solicitor to ensure they are instructed as necessary and provided with all information and documentation regarding the case. The Population Strategy and Specialist Units Manager will keep the local establishment informed regarding progress of and developments with the case.

Policy Monitoring and Review Arrangements

The CSC Operating Manual will be reviewed every four years by the Population Strategy and Specialist Units Manager, agreed by the CSCMC and Deputy Director of Custody, High Security Estate, or following a Court Judgment that requires the policy to be amended. Both the Referral Manual and Operating Manuals will be forwarded to the Trade Union Side, Governing Governors, Deputy Governors, CSC leads, IMB chairs, Advisory Panel, HMIP, and legal advisors section for consultation, along with all relevant policy leads.



Operational Policy Group must approve the CSC Referral Manual prior to publication as a Prison Service Instruction (PSI).

The Operating Manual applies to the High Security Estate only and will be published to the high security estate only.

An Equality Impact Assessment (EIA) will be completed for the National CSC Policies to consider the impact of the policy on prisoner management which will be reviewed and monitored by the CSCMC, with any relevant actions taken forward accordingly. The EIA will accompany the Operating Manual and CSC Referral Manual (PSI 42/2012)

A local impact assessment will also be completed by the three main CSC sites to ensure all diversity aspects have been considered regarding the management and delivery of the regime and processes within the CSC unit at that prison.



Links to Other Policies

In order to safely and effectively manage complex prisoners, staff must be aware of their roles and responsibilities under relevant related policies and procedures, including:

PSO 1600	Use of Force
PSO 1700	Segregation Units
PSO 1810	Maintaining order in prisons
PSO 2205	Offender Assessment and Sentence Management
PSO 4615	Prolific and Priority Offenders
PSO 6200	Transfer of Prisoners
PSI 09/2011	Cell Sharing Risk Assessment
PSI 11/2011	Incentives and Earned privileges
PSI 30/2013	Incentives and Earned Privileges
PSI 40/2011	Categorisation and Re-categorisation of adult male offenders
PSI 47/2011	Prison Discipline Procedures
PSI 58/2011	Physical Education for Prisoners
PSI 64/2011	Safer Custody
PSI 75/2011	Residential Services Specification
PSI 02/2012	Prisoner Complaints
PS Standard 5	Close Supervision Centres
PS Standard 25	IEP
PS Standard 53	Violence Reduction
PS Standard 55	Segregation unit
PS Standard 57	Sentence Management
PS Standard 60	Suicide and Self-harm
PS Standard 61	Use of Force
CSC Referral Manual (PSI 42/2012)	
HSE Managing Challenging Behaviour Strategy 2012	
CSC Equality Impact Assessment (2012)	
Service Specification for Conduct of Visits	
National Security Framework	
LSI's for individual establishments	
HMIP 'Expectations' document	
HMIP Thematic Review – 'Extreme Custody' (2006)	
Manchester SIU Policy Document 2012	
TASA – HMP Belmarsh	
Woodhill MCBS Unit Policy 2011	
HSE Well-being Strategy (2006)	
Specialist Units Specification (MOJ Website)	
Category A Tactical Management Protocol	



Interventions Directory – (Intranet home Page>Communities>R>Rehabilitation Services Group>National Interventions Directory)

The NOMS Practitioners Guide to Working with Personality Disordered Offenders (January 2011)

Glossary

CSC	Close Supervision Centres
ACCT	Assessment, Care in Custody and Teamwork
MCBS	Managing Challenging Behaviour Strategy
CMG	Case Management Group
CSC MC	Close Supervision Centres Management Committee
HMIP	Her Majesty's Inspectorate of Prisons
MDT	(in this context - Multi-Disciplinary Team)
ACU	Audit and Corporate Assurance
HSE	High Security Estate
CMP	Care and Management Plan
VRP	Violence Reduction Programme
PSI	Prison Service Instruction
PSO	Prison Service Order
LSI	Local Security Instruction

