



National Offender  
Management Service

**CLOSE SUPERVISION CENTRE REFERRAL MANUAL**

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<b>For action by</b>	<p>All staff responsible for the development and publication of policy and instructions (<i>Double click in box, as appropriate</i>)</p> <p> <input type="checkbox"/> NOMS HQ  <input checked="" type="checkbox"/> All prisons  <input type="checkbox"/> High Security Prisons only  <input checked="" type="checkbox"/> Contracted Prisons*  <input type="checkbox"/> Probation Trusts  <input checked="" type="checkbox"/> Governors  <input type="checkbox"/> Heads of Groups  <input type="checkbox"/> Contract Managers in Probation Trusts  <input type="checkbox"/> Probation Trust Chief Executives         </p> <p><i>*If this box is marked, then in this document the term Governor also applies to Directors of Contracted Prisons</i></p>	
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<b>For information</b>	All prison custodial staff	
<b>Provide a summary of the policy aim and the reason for its development / revision</b>	<p>The Close Supervision Centre (CSC) Referral Manual informs staff of the role of the CSC system and sets out the processes and templates for referring a prisoner to the CSC system. The Referral Manual has been revised to include input from offender management, clarify the arrangements regarding disclosure of reports, and provide greater detail and improved clarity in respect of the processes and circumstances surrounding a referral to the CSC system.</p>	
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<b>Associated documents</b>	<a href="mailto:Closesupervisioncent@hmps.gsi.gov.uk">Closesupervisioncent@hmps.gsi.gov.uk</a> <a href="#">PSO 1810</a> - Maintaining Order in Prisons.
<b>Replaces the following documents which are hereby cancelled:-</b> PSI 29/2009	
<b>Audit/monitoring:-</b> The CSC procedures are subject to local audit in accordance with the agreed audit programme, and external Standards Audit by Internal Audit and Assurance Unit in accordance with Standard 5.	
This PSI introduces a revised Close Supervision Centre Referral Manual, which gives guidance on the identification and referral of prisoners to Close Supervision Centres who are managed within the High Security estate.	

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## **1. Executive Summary**

### Background

- 1.1 This PSI introduces a revised Close Supervision Centre (CSC) Referral Manual. The manual aims to inform staff about the role of the CSC system in the High Security Estate and to provide information and guidance to help to decide who may be suitable for CSC referral, and when and how to refer prisoners into the system.

### Desired Outcome

- 1.2 The aim of the referral process is to identify those prisoners who pose a significant risk of harm to others and fully document the risks to enable a decision to be made whether selection into the CSC system for assessment is necessary to prevent others from serious harm. It is vital the referral documents are completed in full and that reports are accurate, evidenced, use appropriate language, and reflect the current and/or potential risk that an individual presents.

### Application

- 1.3 This policy applies to adult male prisoners and young adult male prisoners reclassified to the adult estate only.
- 1.4 Outside the High Security Estate referrals to the CSC system are likely to be relatively infrequent, given that transfer into the high security estate may have followed earlier concerns with prisoners in other parts of the estate. Therefore, while all staff involved in contributing to the categorisation and allocation of adult male prisoners need to be aware of the CSC system and of this guidance, few staff will require a detailed knowledge of this manual for their day to day duties.
- 1.5 The main changes to the previous CSC Referral Manual are summarised as:
- Enhanced guidance is provided within the revised CSC Referral Manual including the process for disclosure of reports and the right for prisoners to make representations in respect of referrals to the CSC system.
  - The sections covering the assessment and de-selection of CSC prisoners have been removed and are now included within the CSC Operating Manual.
  - The requirement to record the prisoner's religion has been added to the referral forms.
  - The requirement for a report from the prisoner's offender supervisor has been added to the policy.
  - Referral forms have been amended to include confirmation of disclosure of reports to the prisoner, and the appropriate protective marking.
  - Improvements to communication with the introduction of a CSC functional mailbox.

- Removes the requirement for the Director of High Security Prisons to ratify the decisions of the CSC Management Committee (CSCMC), delegating the decision making authority to the CSCMC.

Mandatory actions

- 1.6 *Governors must ensure that local strategies for the management of prisoners drawn up under PSO 1810 – Maintaining Order in Prisons paragraph 2.5 and section 8 include consideration of referral to a CSC in appropriate cases where other measures have been exhausted (or exceptionally where other measures are considered inappropriate); and that staff involved in implementing these strategies are aware of the CSC Referral Manual.*

Resource Impact

- 1.7 Completing a referral to the CSC system will involve some work by holding prisons, as part of implementing their strategies for maintaining order in prisons under PSO 1810. However, cases will be fairly infrequent and in any event this is part of the core business of assessing and allocating prisoners.
- 1.8 The revised referral manual does not make changes that are assessed as likely to lead to significant changes in the volume of referrals, nor therefore to have significant resource impact.

(Approved for publication)

**Phil Copple**  
**Director of Public Sector Prisons, NOMS**



High Security Estate (HSE)

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**Close Supervision Centres (CSC)**  
**Referral Manual**  
**Section 1 Guidance**

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BelmarshFranklandFullSuttonLongLartinManchesterWakefield

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# 1. Guidance

## Introduction

This referral manual aims to inform you about the role of the Close Supervision Centre (CSC) system in the High Security Estate and to provide information and guidance to help you to decide who may be suitable for CSC referral, and when and how to refer prisoners into the system.

Accompanying this guidance document is a second section entitled 'CSC Referral Pack' which contains all the forms required to refer a prisoner into the system, which must be completed as thoroughly as possible in order to evidence risks, and inform the decision making process.

The Prison Service has a duty of care to both staff and prisoners. The aim of the referral process is to identify those prisoners who pose a significant risk of harm to others and/or to good order or discipline and fully document the risks to enable a decision to be made whether selection into the CSC system for assessment is necessary to protect others from serious harm and/or to maintain order or discipline. It is vital the referral documents are completed in full and that reports are accurate, evidenced, use appropriate language, and reflect the current and/or potential risk that an individual presents. Reports should also identify what measures have been taken to manage the prisoner thus far, along with the prisoner's response to such actions. Any supporting documentation should be submitted with the referral forms.

Where a course of action was planned but not delivered due to the prisoner's behaviour or other factors, the details should be included in the referral reports to help inform the decision making process.

## Overview and Aims of the Close Supervision Centres (CSCs)

### Background

Rule 46 provides the authority for prisoners to be held in a CSC. CSC units have been in operation since 1998 and are administered and managed under a national management strategy through 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 co-ordinated 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 them 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. 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 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.

### **Identifying the right Individuals**

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.

### **Principles of the referral:**

Before referring a prisoner to the CSC establishments must ensure the following:

1. That all options with regard to his management and control have either been sufficiently exhausted or are considered inappropriate in the circumstances, and the CSC is considered to be the most suitable option to reduce and/or manage the level of risk he poses. Appropriate management strategies include IEP, violence reduction/anti-bullying strategies, segregation, intervention programmes, specialist referrals to clinical teams and treatment providers, and management under the MCBS (within the High Security Estate only);
2. That the extent of his dangerous behaviour and risk towards good order, staff and/or other prisoners is clearly documented; and
3. Evidence is provided detailing how and why current management and control strategies are insufficient to protect others from harm or the establishment from significant threat to good order.

Referral to the CSC does not bypass the use of appropriate existing management tools already available in all establishments. Whilst evidence of attempts to manage problematic prisoners using some or all of these tools is normally required prior to CSC referral, there can be circumstances where this is not appropriate. For example, this may not be appropriate following a single, serious incident, which would also override the requirement to manage a prisoner under the MCBS (High Security Estate only) prior to referral. In such an instance it is recommended that referring establishments put a management plan in place, or use the MCBS process (High Security Estate only), to coordinate the prisoner's interim management and prevent further harm whilst the referral is under consideration.

### **Mental Health or Personality Disorder?**

When considering a referral to the CSC, staff must consider whether the individual suffers from a mental illness or other mental disorder, or shows signs of, or been diagnosed with, a personality disorder.

### **Mental Health Considerations**

Prisoners may present with persistently difficult, dangerous or disruptive behaviours for a number of reasons. One of those reasons could be the presence of an undiagnosed, or poorly

treated/managed, mental disorder such as schizophrenia, bi-polar disorder, schizo affective disorder, depression, anxiety, or personality disorder. Staff should always talk to their primary care or mental health teams where there are concerns about the presence of any mental disorder or where they suspect suicidal or self-harming intent in a prisoner. When considering the appropriate management of challenging prisoners it may be advisable to commission a report to exclude the presence of a mental disorder, or, where such disorder is present, to inform both the clinical management and complementary general management of such prisoners.

Where a team is considering a referral to the CSC they will need to record that they have considered whether a prisoner's mental health could be adversely affected by placement within the CSC, which is a restrictive environment, a factor which will be taken into account during consideration of any subsequent referral. Every referral to the CSC must include a report from the mental health team, or consultant forensic psychiatrist, to inform the decision-making of the CSC Management Committee (CSCMC), and should include details of any previous, current, or planned referrals or admissions into mental health services. The clinician providing the psychiatric report should consider and document:

1. Whether or not the prisoner has a formally diagnosed mental health disorder and, if a formal diagnosis has been made:
  - What that diagnosis is;
  - Who made the diagnosis;
  - When the diagnosis was made;
  - What treatment is currently being provided to the prisoner;
  - How any mental disorder present may contribute to the behaviours leading to referral to the CSC system?
2. Whether or not the prisoner is subject to the Care Programme Approach (CPA) and, if the prisoner is subject to CPA:
  - The name and contact details of the prisoner's CPA Care Coordinator (to enable contact to be made with the CPA CC to obtain the most recent CPA documents);
  - The date and location of the last CPA meeting (to enable CPA timescales to be adhered to if the CSC referral is accepted).
3. Whether or not the prisoner is subject to the aftercare requirements of section 117 MHA 1983 (as amended 2007)

Mental health teams writing reports for prisoners who are under the care of mental health in-reach services should consider the appropriateness or otherwise of a referral to a high secure hospital or personality disorder services when deciding whether a referral to the CSC is appropriate. A current referral to high secure hospital does not preclude a referral to the CSC.

Where referral to hospital mental health services or to either hospital or prison based DSPD or Personality Disorder services is underway or recommended at the point of referral, the central Case Management Group will liaise with the referring establishment and the services involved to ensure collaborative decision making in respect of the referral, and the subsequent care and management of offenders within the CSC system.

## What is the difference between DSPD and CSC?

It is possible that an individual meets the criteria for both the DSPD and the CSC; he may have one or more personality disorders that are linked to his offending pattern, thus making him suitable for a DSPD referral, whilst also presenting a serious control problem in his current environment. **Under these circumstances, it is necessary for this individual to be referred initially to the CSC system.** Reference should be made to the behaviours that also indicate referral to DSPD, as this can be used at a later stage, along with information regarding the progress of the DSPD referral. Once the individual is no longer causing daily control problems and can be sufficiently managed on normal location or judged to be able to be managed on normal location, a referral to the DSPD service can be initiated or progressed.

The CSC/MCBS Operational Manager will liaise regularly with the PD and DSPD treatment providers to ensure appropriate and timely decision making in respect of the care and management of offenders referred to and/or located within the CSC, particularly where the needs of an individual require joined up working between the CSC, PD and DSPD services.

If you are unsure which type of referral is appropriate contact your local CSC/MCBS manager (high security estate), PD or DSPD services, or a member of the central Case Management Group via the functional mailbox [Closesupervisioncent@hmps.gsi.gov.uk](mailto:Closesupervisioncent@hmps.gsi.gov.uk), to discuss your concerns.

### CSC Referral Process

The CSC referral process follows 4 stages; Referral for assessment, Assessment, Case Conference, and Decision. The initial referral can take place at any time, as soon as concerns are raised about an individual prisoner or following a serious incident. Referrals should be sent to the CSC functional mailbox ([Closesupervisioncent@hmps.gsi.gov.uk](mailto:Closesupervisioncent@hmps.gsi.gov.uk)), by the last day of the month for consideration at the next Case Management Group (CMG) meeting. **Urgent referrals following a serious incident may be sent at any time and will be considered by CMG as soon as possible following receipt.** At the CMG meeting a recommendation will be made and submitted to the next scheduled CSC Management Committee (CSCMC) meeting, (unless it is appropriate to delay consideration of the case), where a decision will be made whether to select for assessment. The CMG meets monthly on the first Tuesday of the month in advance of the CSCMC meeting, which also meets monthly, and which is chaired by the Deputy Director of Custody, High Security Estate, or nominated senior manager.

### Stage 1 – CSC Initial Referral

**There are 4 types of referral – Routine, Urgent, Re-referral/reconsideration, and Recall following de-selection.**

#### 1. Routine Referral Process

When a prisoner is identified as requiring a referral to the CSC system, based on the guidance provided above, the following procedure must be followed in order to safely manage difficult and dangerous prisoners and ensure a timely response for referred prisoners and establishments;

- 1) The Managing Challenging Behaviour (MCB) Lead at the referring establishment (High Security Estate only), or any suitable person in a non high security prison, will complete a CSC referral (*The referral forms are provided in Section 2 – CSC Referral Pack*), ensuring the following reports are completed as fully as possible:
  - i) CSC R1 – Referral

- ii) CSC R2 – Wing staff/management
- iii) CSC R3 – Psychology
- iv) CSC R4 – Mental Health/Psychiatric
- v) CSC R5 – Security and intelligence
- vi) CSC R6 – Offender Management
- vii) CSC R-Add – Additional reports as appropriate e.g. primary health, Chaplaincy, safer prisons reports or investigations

(Where a High Security prisoner is managed centrally under the MCBS and CMG consider that a referral to the CSC is necessary, CMG will complete forms R3 and R4 in conjunction with the holding establishment and will request the remaining reports from the current establishment).

- 2) All completed routine referrals must be checked for quality before being sent to the CSC/MCBS functional mailbox [closesupervisioncent@hmps.gsi.gov.uk](mailto:closesupervisioncent@hmps.gsi.gov.uk). Where CCTV exists arrangements should be made to send a copy to CMG, based at Woodhill, to accompany the referral.
- 3) Prior to submission to CMG the referring establishment must sign and disclose the referral reports to the prisoner. Where necessary sanitised reports will be disclosed (see below).

**Security reports must be sanitised prior to disclosure in order to protect the security of a third party or the establishment.**

*'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.*

- 4) Receipt of the referral will be acknowledged, the establishment informed of the date the case will be considered by CMG, and the referral will be logged on the central CSC database.
- 5) CMG will review the referral at their monthly meeting, seeking further clarification or information from the referring establishment where necessary, and draft a recommendation report for the CSCMC to consider.
- 6) Following review by CMG the referring establishment will be informed of the recommendation that will be put to the CSCMC and confirmation given of the date the case will be considered by the CSCMC. The establishment should inform the prisoner of the recommendation made by CMG and the date the case will be considered by the CSCMC, and a record made in the prisoner's NOMIS case notes. A copy of the CMG report will be disclosed to the prisoner. 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.
- 7) The case will be discussed at the next scheduled CSCMC meeting at which the CMG recommendations will be discussed and a decision made. The CSCMC will accept the

prisoner into the CSC system for assessment where this is regarded as necessary to ensure the safety of others and/or to maintain good order or discipline.

- 8) The prisoner will be notified of the decision of the CSCMC in writing.
- 9) If the CSCMC accepts the referred prisoner into the CSC system for assessment, arrangements will be made between the CSC/MCBS Operational Manager and the referring and receiving establishments to transfer the prisoner to HMP Woodhill or HMP Wakefield to commence assessment, or a Designated Rule 46 cell where operational, or other, factors prevent immediate transfer to a CSC assessment unit.
- 10) If selected for assessment the prisoner will be held under Prison Rule 46 to undergo either a full or compressed period of assessment. If a compressed assessment is deemed more appropriate the recommendation of such will be detailed within the CMG Recommendation report submitted to the CSCMC. The full assessment will normally take a 4 month period; however, during assessment the prisoner's allocation to a CSC will be reviewed at monthly intervals by the CSCMC in accordance with Prison Rule 46. The review process requires the submission of a monthly report to the CSCMC which will be disclosed to the prisoner with an opportunity to make representations prior to the meeting. The full assessment period may be extended when the assessment is delayed for operational reasons, or where decisions regarding charges or court cases are awaited and relevant to the decision making process.

## **2. Urgent Referral Process**

In the event that a prisoner is involved in an incident that is so serious, or whose behaviour is significantly dangerous and/or disruptive that the establishment considers that urgent removal under Prison Rule 46 is necessary for the maintenance of Good Order or Discipline or to ensure others' safety, forms CSC R1 and R5 must be completed by the establishment and forwarded to the CSC functional mailbox and copied to the CSC/MCBS Operational Manager, (or in their absence, the Deputy Director of Custody, High Security Estate). If the case is considered to be so serious, or the implications of his continued stay within the mainstream prison environment to be either unsafe or so disruptive, the CSC/MCBS Operational Manager will arrange for the prisoner to be transferred into either a CSC unit or a Designated Rule 46 cell at the earliest opportunity, subject to the approval of the Deputy Director of Custody, High Security Estate.

The remaining referral reports should be completed and forwarded to the CSC functional mailbox for consideration by the central Case Management Group (CMG) as soon as possible along with copies of incident reports and CCTV (where available) to assist the assessment process. Copies of reports must be disclosed to the prisoner as with routine referrals. The case will be formally reviewed at the next scheduled CSCMC meeting.

## **3. Re-referral/reconsideration**

A prisoner may be referred to the CSC and a recommendation made not to select for assessment; or the decision made that he not be selected following assessment. That prisoner may subsequently display behaviours that indicate that a significant risk to others remains, or that the risk management plan put in place following the decision not to select into the CSC was not adequate to manage the prisoner's behaviour. Thus a further referral or request for reconsideration of the case may be put to the CSCMC to review the decision and/or assessment reports, or to recommend additional assessments where appropriate.

**Re-referral:** If a period of more than six months has elapsed since the previous referral resulting in non selection for assessment, or the end of a completed CSC assessment period

which did not support selection into the CSC, a new referral should be submitted in line with the routine referral process.

**Reconsideration:** If the prisoner has been referred to the CSC or completed a CSC assessment resulting in non selection within the last 6 months, establishments should re-submit the previous referral reports with an updated report for each section to detail the reasons why reconsideration of the case is being requested, summarising risks and behaviour since the previous referral or completed assessment period. Additional referral reports may be submitted where relevant. The updated CSC referral forms and additional reports, along with a recommendation report by CMG, will be disclosed to the prisoner and be submitted to the CSCMC to reconsider their decision. The prisoner may make representations in respect of the reconsideration of his case. Representations will also be accepted from his legal advisor. 14 days are allowed for the submission of representations.

Copies of previous CSC referrals can be obtained from the CSC/MCBS Support Manager directly or via the functional mailbox.

Irrespective of the time elapsed between the first and any subsequent referral, information contained in previous referrals can be considered by the CSCMC along with updated or new referral reports in order to consider the overall risk that the individual presents and a decision made in respect of CSC placement. However the CSCMC must be made aware of any information in the previous referrals which has become out of date or has been shown to be inaccurate.

Where the prisoner is managed centrally under the MCBS (High Security Estate only) following the decision not to select for assessment or not to select following assessment and a re-referral to the CSC is considered necessary, CMG will complete forms R3 and R4 in conjunction with the holding establishment and will request the remaining reports from the current establishment.

#### **4. Recall following de-selection**

Following de-selection from the CSC a prisoner will be monitored centrally under the MCBS (High Security Estate) with a care plan in place to support his reintegration into mainstream or other location for a period of 6 months, reviewable thereafter. In the event that concerning behaviours begin to be observed that indicate paralleling risks to those previously exhibited, or an escalation in risks observed or identified through intelligence, the prisoner may be recalled to the CSC without the need for a full referral to be submitted in the 6 month period following removal from the CSC system. In such an instance the holding establishment should contact the CSC/MCBS Operational Manager to discuss the concerns and submit a report, which must be disclosed to the prisoner prior to submission, detailing:

- the specific concerns indicating a need to recall to Rule 46,
- how the prisoner has been managed,
- how he has responded,
- targets he is failing to achieve,
- any new charges as a result of an incident, and,
- any other relevant information regarding risk.

CMG will consider the report and formulate a recommendation for the next CSCMC. The referring establishment must record in the prisoner's NOMIS notes that he is being considered

for recall to the CSC and the date his case will be considered. In addition the prisoner must be informed of this and must be given the opportunity to make representations to the CSCMC.

Prisoners who are de-selected for the purpose of attending the DSPD service within HMPS or are transferred to a high secure hospital 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. De-selection in such instances will normally be for a specified purpose agreed by the CSCMC, as described in the prisoner's de-selection letter and as detailed below, and will normally result in further placement under Rule 46 on return, subject to consideration by the CSCMC.

This will apply to prisoners who:

- Do not meet the criteria for treatment at the end of the DSPD assessment period,
- Withdraw or are de-selected from the DSPD process resulting in the withdrawal of a place,
- Have concluded or withdrawn from treatment within a hospital setting, and consequently no longer require admission to hospital, or,
- Are being returned to custody due to their involvement in an incident or due to an escalation in their poor behaviour or risk.

Where the prisoner is located at a high secure hospital CMG will attend the Section 117 (MHA) meeting to agree a location and timeframe for his return to custody. CMG will attend a similar meeting within the DSPD units where necessary.

## **Actions Following Referral**

### **Stage 2 – Assessment**

If the prisoner is accepted for Assessment within the CSC (detailed information is provided within the CSC Operating Manual) he will undergo either a full or compressed assessment period, as set out below:

#### **1. Full Assessment:**

This is usually a four month assessment period during which a variety of specialist reports will be completed in order to fully identify and assess the risks the prisoner presents. The observation/assessment period lasts for 12 weeks with the final 4 weeks (totalling 4 calendar months) used for report writing, disclosure of the reports, and the Local Assessment Case Conference (LACC).

#### **2. Compressed Assessment:**

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. A LACC will be held as with a full assessment and a recommendation submitted to the CSCMC regarding placement within the CSC.

### **Stage 3 – Local Assessment Case Conference (LACC)**

The purpose of the LACC, chaired by the CSC/MCBS Operational Manager, is to discuss the content of the Assessment reports with the authors in order to formulate a recommendation which will be submitted to the CSCMC meeting on whether the prisoner should be selected fully into the CSC system. Assessment reports must be disclosed to the prisoner prior to the



LACC. The LACC recommendation must be disclosed to the prisoner following the case conference. The prisoner will have the opportunity to submit representations in respect of the assessment reports and recommendation to the CSCMC. The CSCMC will review the recommendation and make a decision on placement within the CSC system. If selection is not recommended, recommendations will be made on a suitable management plan which may include management under the Managing Challenging Behaviour Strategy (High Security Estate) or other HMPS management strategies.

#### **Stage 4 - Decision**

The minutes containing the recommendation of the LACC will be circulated to the membership of the CSCMC prior to the meeting to enable the Committee to reach a decision whether to select into the CSC. The prisoner will be informed of the decision of the CSCMC in writing.

#### **Selection**

If selected into the CSC a prisoner will undergo further assessments as required, interventions and 1:1 work to focus on, and work with, the behaviours and risks that resulted in the referral being made to the CSC. Every prisoner will have a structured care and management plan which is reviewed on a quarterly basis. The prisoner's placement in the CSC will also continue to be reviewed monthly in accordance with Rule 46.

The aim of the work is to reduce the risk that the prisoner presents in order to return him safely to normal location or to a more appropriate treatment provider. The threshold to be considered for a return to normal location is that the prisoner 'no longer requires the enhanced supervision of the CSC and a reduction in risk to others and/or to good order and discipline can be supported by evidence'. The de-selection process is detailed within the CSC Operating Manual.

### **Representations and Legal Representations**

Prisoners may make representations regarding their placement within the CSC system as follows:

- 1) Following disclosure of the Referral or Recall paperwork to the prisoner, or where he is informed that his case will be reconsidered by the CSCMC, the prisoner may make representations to the CSCMC. With the appropriate authority copies of reports will be provided to the prisoner's legal representative. Any legal representations should be sent to the CSC/MCBS Operational Manager via the functional mailbox in time for the next CSCMC meeting. Representations made by the prisoner should be delivered to the CSC Operational Manager. A period of 14 days from disclosure is normally provided for representations to be submitted unless an extension is sought and agreed.
- 2) Following completion of Assessment reports 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 CSC/MCBS Operational Manager via the functional mailbox in time for the next CSCMC. Representations made by the prisoner should be delivered to the CSC Operational Manager. A period of 14 days from disclosure is normally provided for representations to be submitted unless an extension is sought and agreed
- 3) Where a prisoner is not legally represented he may submit representations directly in respect of his referral, selection, reconsideration of his case, or recall to the CSC. Representations should be sent to the CSC Operational Manager.

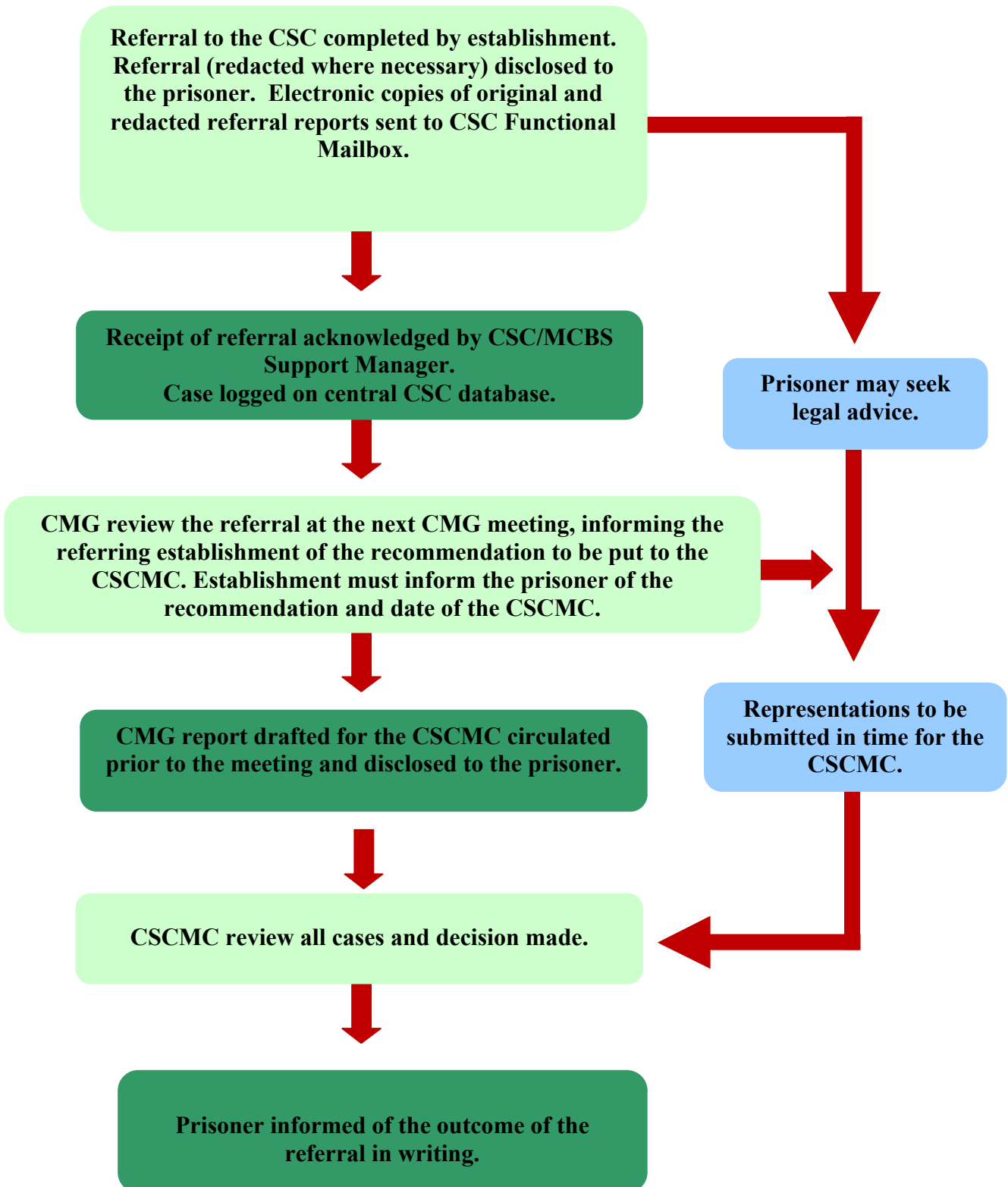
- 4) Where a Letter before Claim in respect of the Judicial Review pre-action protocol is received regarding the referral or selection of a prisoner to the CSC system, a response will be provided by the CSC/MCBS Operational Manager.
- 5) Representations are to be made in writing. Assistance can be made available to prisoners for whom this causes difficulties.
- 6) Prison Rule 46 requires the placement of prisoners to be reviewed monthly. Any extension agreed to allow extra time for representations to be submitted will not take the review beyond this period.

### **General Points**

- 1) When a prisoner is referred to the CSC his Rule 45 paperwork must be updated to record that he has been referred to the CSC, and following the decision of the CSCMC if selected. If selected he ceases to fall under the management arrangements for Rule 45 prisoners and will be subject to Prison Rule 46.
- 2) The IMB generally attend the CSCMC every month to ensure independent oversight of the decision making process and compliance with the published procedure, and to raise concerns regarding the process where required.
- 3) For referrals that are not accepted for assessment the CMG will provide recommendations to the referring establishment on an appropriate management plan which may include management under the Managing Challenging Behaviour Strategy or transfer into the high security estate.
- 4) Any incident reports and CCTV should be sent to the CSC/MCBS support manager via the CSC functional mailbox or, if advised, to CMG by post addressed to Case Management Group, c/o HU6, HMP Woodhill, for consideration alongside the Referral reports.
- 5) A pre-transfer form is required to be completed prior to the movement of any prisoner into the CSC for assessment.
- 6) The Psychology report at the point of referral does not require any risk assessments to be completed. The report should document what has or hasn't been done with regards to assessments, 1:1 work, programmes, and indicators of risk, including risk enhancing and protective factors where known.
- 7) The minutes of the CSCMC must be approved by the Deputy Director of Custody, High Security Estate.

**Full details of the management of prisoners held under Prison Rule 46 are contained within the CSC Operating Manual obtained from the CSC/MCBS Operational Manager, High Security Estate directly or via the CSC functional mailbox.**

## CSC Referral Process Flowchart



# **RESTRICTED – Once Completed**

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## **Close Supervision Centres (CSC)**

### **Referral Manual**

### **Section 2 Referral Documentation**

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**December 2012**

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## CSC R1

### Referral to the Close Supervision Centre System

To Central Case Management Group, High Security Estate

From: HMP ..... Date of referral: .....

#### Details of Prisoner being referred

C-NOMIS Number:		Full Name:			
Date of Birth:		Category:		IEP level:	
Index Offence:				Religion:	
Sentence:	Tariff (if applicable)				
NPD:		LED:		SED:	
Current location e.g. seg/HCC:				Ethnicity:	

#### Reason for Referral

Please tick (✓) the areas of concern for which the prisoner is being referred to the Close Supervision Centre system.

Repeated/escalating violence toward others		Repeated periods of Rule 45 GOoD	
Single serious incident e.g. murder, attempted murder, hostage in custody		Continuous period of segregation due to refractory behaviour exceeding 6 months (3 months for non high security prisons)	
Significant undermining of establishment's good order (actual)		Failure to respond to attempts to manage risk using existing processes, including MCBS	
Significant undermining of establishment's good order (intelligence)		Other (please specify below)	
Seriously threatening/intimidating behaviour towards others			
Repeated disciplinary offences			

Please tick (✓) the reports that have been submitted (reports must be typewritten)

R2 Wing Management		R6 Offender Supervisor	
R3 Psychologist		Other (please specify below)	
R4 Psychiatrist			
R5 Security			

#### (To be completed by CMG)

Recommendation by CMG	
To be considered at the CSC MC meeting on	
Decision by CSC MC	Select for Assessment/Not selected.

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### Background information on the prisoner:

*(Please provide a brief summary of the individual's offending history and background, including the details of the index offence).*

### Summary of custodial behaviour:

*(Please summarise the individual's offending behaviour during custody, clearly explaining the basis of the CSC referral eg a single serious incident, or continuous refractory behaviour, including the details of any incidents. Highlight evidence of any escalation in violence and detail what management strategies have been employed, eg courses/programmes, IEP, adjudication etc to deal with the problematic behaviour, and his responsiveness to such actions. Please include any information that will inform the decision making process).*

### Summary of segregated periods:

*(Please state dates and reasons for segregation and note whether the use of PPE has been routinely required during segregated periods. Please also note if high staffing levels have been required to unlock the prisoner).*

### Details of adjudication history *(if history is extensive i.e. above 20, please detail last twelve months):*

Date	Charge	Establishment	Outcome	Notes eg. reason for dismissal

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## Transfer/location history:

Date	From	To	Reason

Have/are any incidents, on which the referral to the CSC is based (please tick as appropriate);

Been/due to be referred to the Police?

Yes  No

Currently subject to internal investigation?

Yes  No

Please provide details:

Comments on the referral by CSC/MCBS Lead (High Security) or Governing Governor (non High Security establishment) of the referring establishment:

Name: ..... Signature: .....

Date: .....

Countersigned by Governing Governor (or nominated I/C)

Name: ..... Signature: .....

Date: .....

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I confirm that the CSC Referral Form (CSC R1) has been disclosed to the prisoner. Where it has been appropriate to sanitise the report, the original copy will retain a “RESTRICTED” marking and the sanitised copy disclosed to the prisoner will retain a “PROTECT – PERSONAL - PRISONER COPY” marking. The prisoner’s copy only must be signed. Electronic versions of original and sanitised reports must be sent to the CSC functional mailbox.

Name: ..... Signature: .....

Grade: ..... Date of disclosure: .....

Prisoner’s Signature confirming disclosure: .....

If the prisoner refuses to sign ‘tick’ here:

*Further guidance on the redaction of these forms can be obtained from  
Data Access and Compliance Unit – Information Management Section*



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## CSC R2

### Referral to the Close Supervision Centre System

### Wing/Personal Officer Report

**Please provide a summary of the prisoner’s behaviour in custody. Include details of NOMIS entries, IEP levels, attitude towards staff, prisoners, participation in the wing regime, any employment or work activities etc**

**Please include evidence substantiating the reason(s) for the referral.**

**Please type your report. You may use additional pages if necessary.**

Name: ..... Signature: .....

Grade: ..... Date: .....

I confirm that the Wing/Personal officer report (CSC R2) has been disclosed to the prisoner. Where it has been appropriate to sanitise the report, the original copy will retain a “RESTRICTED” marking and the sanitised copy disclosed to the prisoner will retain a “PROTECT – PERSONAL - PRISONER COPY” marking. The prisoner’s copy only must be signed. Electronic versions of original and sanitised reports must be sent to the CSC functional mailbox.

Name: ..... Signature: .....

Grade: ..... Date of disclosure: .....

Prisoner’s Signature confirming disclosure: .....

If the prisoner refuses to sign ‘tick’ here:

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Data Access and Compliance Unit – Information Management Section*



# CSC R3

## Referral to the Close Supervision Centre System

### Psychology Report

**Please provide a summary of the prisoner’s psychology file and any involvement you or a member of the psychology team have had with this individual. Indicate what, if any, assessments have been carried out (e.g. VRS, HCR-20, PCL-r) and assessments for programmes, along with any recommendations for further assessments. Note any offending behaviour courses that have been completed and/or recommended. Please indicate your opinion, as evidenced by your report, whether this CSC referral is appropriate in order to manage this prisoner, detailing any assessment of the risks this individual presents, and concerns you have regarding future risk.**

**Please type your report. You may use additional pages if necessary.**

Name: ..... Signature: .....

Grade: ..... Date: .....

I confirm that the Psychology Report (CSC R3) has been disclosed to the prisoner. Where it has been appropriate to sanitise the report, the original copy will retain a “RESTRICTED” marking and the sanitised copy disclosed to the prisoner will retain a “PROTECT – PERSONAL - PRISONER COPY” marking. The prisoner’s copy only must be signed. Electronic versions of original and sanitised reports must be sent to the CSC functional mailbox.

Name: ..... Signature: .....

Grade: ..... Date of disclosure: .....

Prisoner’s Signature confirming disclosure: .....

If the prisoner refuses to sign ‘tick’ here:

*Further guidance on the redaction of these forms can be obtained from  
Data Access and Compliance Unit – Information Management Section*

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## CSC R4

### Referral to the Close Supervision Centre System

### Mental Health/Psychiatric Report

**Please give a brief outline of the prisoner’s current or past contact with mental health services within and prior to custody. Please note whether the prisoner suffers from any mental health/psychiatric condition, whether he has previously received or is currently receiving treatment, and the relevance of his condition and/or treatment to managing his risk. Please record whether a referral to tertiary level MH services is currently being considered or has recently been declined, including details. Please also consider the impact that selection into the CSC may have on this individual’s mental health if selected for assessment.**

**Please type your report. You may use additional pages if necessary.**

Name: ..... Signature: .....

Grade/Role: ..... Date: .....

I confirm that the Mental Health Report (CSC R4) has been disclosed to the prisoner. Where it has been appropriate to sanitise the report, the original copy will retain a “RESTRICTED” marking and the sanitised copy disclosed to the prisoner will retain a “PROTECT – PERSONAL - PRISONER COPY” marking. The prisoner’s copy only must be signed. Electronic versions of original and sanitised reports must be sent to the CSC functional mailbox.

Name: ..... Signature: .....

Grade/Role: ..... Date of disclosure: .....

Prisoner’s Signature confirming disclosure: .....

If the prisoner refuses to sign ‘tick’ here:

*Further guidance on the redaction of these forms can be obtained from  
Data Access and Compliance Unit – Information Management Section*

# RESTRICTED – Once Completed

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## CSC R5

### Referral to the Close Supervision Centre System

### Security Officer's Report

**Please provide a summary of security and intelligence information surrounding this individual. Your report should detail any particular information relevant to this referral, e.g., names of prisoners with whom this prisoner should not associate, gang affiliation, involvement in drugs, escape information, threats, assaults, history of violence etc.**

**Please type your report. You may use additional pages if necessary.**

Name: ..... Signature: .....

Grade: ..... Date: .....

I confirm that the Security Report (CSC R5) has been disclosed to the prisoner. Where it has been appropriate to sanitise the report, the original copy will retain a “RESTRICTED” marking and the sanitised copy disclosed to the prisoner will retain a “PROTECT – PERSONAL - PRISONER COPY” marking. The prisoner’s copy only must be signed. Electronic versions of original and sanitised reports must be sent to the CSC functional mailbox.

Name: ..... Signature: .....

Grade: ..... Date of disclosure: .....

Prisoner’s Signature confirming disclosure: .....

If the prisoner refuses to sign ‘tick’ here:

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Data Access and Compliance Unit – Information Management Section*

**RESTRICTED – Once Completed**

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**CSC R6**  
**Referral to the**  
**Close Supervision Centre System**  
**Offender Supervisor’s Report**

Please provide a brief report outlining the sentence management arrangements for this prisoner, date of the most recent OASys, any relevant information regarding parole or recall dates/processes, public protection factors and key sentence planning objectives. Please draw any distinction or parallels between the reason for the referral to the CSC in relation to the offender’s history, index offence and progress with his sentence planning.

Please type your report. You may use additional pages if necessary.

Name: ..... Signature: .....

Grade: ..... Date: .....

I confirm that the Offender supervisor Report (CSC R6) has been disclosed to the prisoner. Where it has been appropriate to sanitise the report, the original copy will retain a "RESTRICTED" marking and the sanitised copy disclosed to the prisoner will retain a "PROTECT – PERSONAL - PRISONER COPY" marking. The prisoner’s copy only must be signed. Electronic versions of original and sanitised reports must be sent to the CSC functional mailbox.

Name: ..... Signature: .....

Grade: ..... Date of disclosure: .....

Prisoner’s Signature confirming disclosure: .....

If the prisoner refuses to sign 'tick' here:

*Further guidance on the redaction of these forms can be obtained from  
Data Access and Compliance Unit – Information Management Section*

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## CSC R-Add

### Referral to the Close Supervision Centre System

#### Additional report – If relevant

(e.g. Primary HCC, Chaplain, instructor, education, gym )

Provider: .....

Please provide a report regarding the suitability of a CSC referral for this prisoner, with information to support your recommendation.

Please type your report. You may use additional pages if necessary.

Name: ..... Signature: .....

Occupation/Grade: ..... Date: .....

I confirm that the Additional Report (CSC R-Add) has been disclosed to the prisoner. Where it has been appropriate to sanitise the report, the original copy will retain a “RESTRICTED” marking and the sanitised copy disclosed to the prisoner will retain a “PROTECT – PERSONAL - PRISONER COPY” marking. The prisoner’s copy only must be signed. Electronic versions of original and sanitised reports must be sent to the CSC functional mailbox.

Name: ..... Signature: .....

Role: ..... Date of disclosure: .....

Prisoner’s Signature confirming disclosure: .....

If the prisoner refuses to sign ‘tick’ here:

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## **EQUALITY IMPACT ASSESSMENT**

### **PSI 42 / 2012 – Close Supervision Centre Referral Manual**

## **Stage 1 – initial screening**

The first stage of conducting an EIA is to screen the policy to determine its relevance to the various equalities issues. This will indicate whether or not a full impact assessment is required and which issues should be considered in it. The equalities issues that you should consider in completing this screening are:

- Race
- Gender
- Gender identity
- Disability
- Religion or belief
- Sexual orientation
- Age (including younger and older offenders).

## **Aims**

### **What are the aims of the policy?**

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. Referrals will be submitted following a single serious incident, on-going or escalating violence, or when attempts to manage an individual using existing processes, or under the Managing Challenging Behaviour Strategy (MCBS) (High Security Estate only) have not achieved an appropriate level of risk reduction. The duty of care to all prisoners requires this policy to be in place. The CSC system applies to adult male prisoners only.

## **Effects**

### **What effects will the policy have on staff, offenders or other stakeholders?**

**Prisoners** – The CSC system removes men from mainstream location, restricting access to regime activities. Prison Rule 46 involves the close management and supervision of prisoners in small units, with increased staff to prisoner ratios which, in itself, can be stressful for some prisoners. Rule 46 does not provide access to mainstream offending behaviour programmes so consequently placement under Prison Rule 46 can impact on Parole decisions (HMCIP: Thematic Review – Extreme Custody). However, many of the prisoners referred to the CSC system have previously failed to engage with mainstream offence focussed work, thus the actual impact of reduced access to programmes is considered to be small. A specific programme tailored to address violent behaviour is delivered within the CSC unit at Whitemoor, entitled Violence Reduction Programme (VRP). The VRP can also be delivered on a 1:1 basis where necessary.

Location within the CSC system offers improved access to mental health and psychology services as part of the multi-disciplinary team, which enables assessments of key risks and needs to be completed, along with individual support and monitoring. Some prisoners held within the CSC system may receive a diagnosis of a disorder of personality or a mental illness. Where a mental disorder is identified through the assessments carried out within the CSC the clinical team will



make any necessary referrals to the appropriate treatment provider as appropriate. 1:1 support is also provided to prisoners agreed on an individual need basis. Referrals to mental health providers for admission will be progressed as expediently as possible and in line with Department of Health guidelines.

Some prisoners may be considered to be too disruptive or dangerous to be admitted to the high secure hospital estate for assessment or treatment, or DSPD services within HM Prison Service due to unwillingness to undergo assessment or treatment. As such they will continue to be managed within the CSC system if and until transfer to the most appropriate treatment provider can take place.

Staff – Staff working within the CSC system are selected in line with a published staff selection policy. All staff are required to complete the mandatory training to equip them with the skills and knowledge to manage this high risk group of prisoners. Working as part of a discrete unit puts additional pressures on staff, along with the risk of injury due to the violent nature of many of the prisoners held within the system. Staff are at a heightened risk of conditioning and manipulation. Additional support measures are in place in recognition of the particular nature of the work of CSC units.

Visitors – Visitors are able to visit CSC prisoners and visiting entitlements are unchanged. However, visits to prisoners held under Rule 46 are normally held in an area away from the main visits area, and with higher staffing levels. Given the nature of the prisoners managed within the CSC restrictions on the environment i.e. closed visits and use of protective equipment may be employed by staff escorting the prisoner to and from visits. These aspects may create anxieties for visitors. Visits access may also be restricted to the statutory minimum at times due to limited facilities available.

Other Stakeholders i.e. Legal Representatives, Parole Board, IMB, Director of High Security, High Security Governors, Prison based DSPD services, other Criminal Justice agencies, NHS High Secure Hospitals, Medium secure mental health units, Probation Service, Prison and Probation Ombudsman, Her Majesty's Inspectorate of Prisons, Ministers: - CSC prisoners attract both legal and political interest due to the highly restrictive nature of custody they are held within, and the high level of risk they offer to both themselves, other prisoners and staff. Legal representatives have access to their clients and are able to visit as necessary. There may be a higher level of challenge from this group of prisoners due to the nature of the unit within which they are being managed and the processes employed regarding selection, management and de-selection. Some prisoners held within CSC units may have a diagnosis of one or more personality disorders or a mental illness and will be referred to a high secure hospital or prison based personality disorder programme for assessment and/or treatment. Visiting clinicians are able to visit CSC prisoners for the purpose of making assessments and recommendations in liaison with the contracted mental health teams within the CSC units. Some prisoners diagnosed with personality disorders are deemed unsuitable for transfer to high secure hospitals and thus present unique challenges in respect of their management. CSC prisoners may also return from high secure hospital to the CSC system after a period of assessment or treatment. The CSC operational management liaises with the high secure hospitals to ensure appropriate information exchange and planning for onward care and management.

CSC accommodation is provided at HMP Woodhill, near Milton Keynes, HMP Wakefield, HMP Whitemoor, near March, Cambridgeshire, and temporary CSC accommodation at HMP Manchester, HMP Full Sutton, near York, HMP Frankland, near Durham, and HMP Belmarsh, near Woolwich, South London. Thus accommodation is geographically spread to enable family contact to be maintained; However, depending on the risks and needs of individual prisoners allocation will be made to a specific unit.

## Evidence

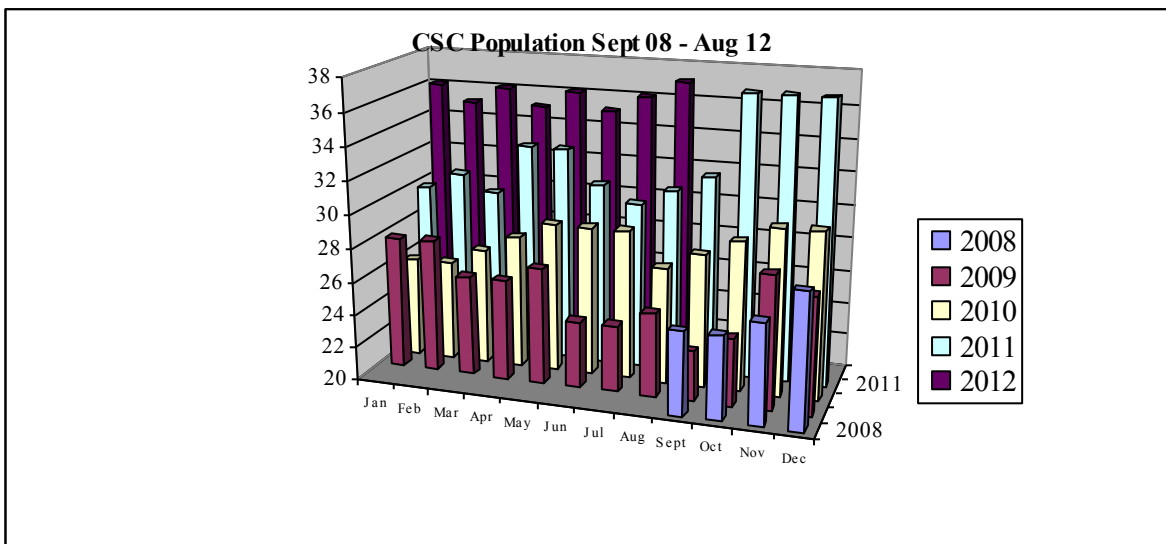
### Is there any existing evidence of this policy area being relevant to any equalities issue?

*Identify existing sources of information about the operation and outcomes of the policy, such as operational feedback (including local monitoring and impact assessments)/Inspectorate and other relevant reports/complaints and litigation/relevant research publications etc. Does any of this evidence point towards relevance to any of the equalities issues?*

The following statistics provide indicators to inform management but are limited in their interpretation due to the small numbers involved.

CSC Population from September 2008-August 2012:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2008	-	-	-	-	-	-	-	-	25	25	26	28
2009	28	28	26	26	27	24	24	25	23	24	28	27
2010	26	26	27	28	29	29	29	27	28	29	30	30
2011	30	31	30	33	33	31	30	31	32	37	37	37
2012	36	35	36	35	36	35	36	37	-	-	-	-



**Race** – The figures provided below do not reflect a disproportionate number of prisoners from a BME background located within the CSC system.

The number of prisoners held within the CSC system as a whole are small (35 nationally as of end February 2012) and consequently the percentage analysis of the ethnic mix varies month to month as shown below.

The figures as of the end of February 2012:

**Total – 35**

White 26 – 74%

Black – 6 – 17%

Mixed White/Asian – 1 – 3%

Mixed White/Black African – 1 – 3%

Asian Other – 1 – 3%

26% from a BME background

Comparison to previous months demonstrating fluctuations in data:

Figures as of the 30<sup>th</sup> September 2011 were:

**Total – 35**

*White – 27 – 77%*

*Black – 6 – 17%*

*Mixed White/Asian – 1 – 3%*

*Asian Other – 1 – 3%*

*23% from a BME background*

As of the end of December 2011:

**Total – 37**

*White 27 – 73%*

*Black – 7 – 19%*

*Mixed White/Asian – 1 – 3%*

*Mixed White/Black African – 1 – 3%*

*Asian Other – 1 – 3%*

*28% from a BME background*

Contrasting these figures with the national demographic figures taken from the November 2011 Population Report (High Security Prisons Group):

The National breakdown of the total male population was 63,201 white (73.6%) and 22,634 BME (26.4%). These figures do not include the "not stated" or "blank" fields.

The High Security Estate breakdown of the adult male population was 4,225 white (71.2%) and 1,708 BME (28.8%). These figures do not include the "not stated" or "blank" fields.

The overall figure shows a 2.4% drift from the national figure, i.e. that the HSE held a higher proportion of BME prisoners than the total prison estate.

(High security estate figures are referenced due to the fact that the majority of CSC referrals originate from within the high security estate).

The figures demonstrate that the CSC prisoner population is in line with both the national and high security demographics.

Referrals to the CSC:

In the 6 months from September 2011 to February 2012 there were 11 referrals to the CSC with the following outcomes:

White prisoners – 7 (64%) referred, 4 of which were selected for assessment (67% of the total selected for assessment).

BME prisoners – 4 (36%) referred, 2 of which were selected for assessment (33% of the total selected for assessment).

The number and ethnic mix of referrals to the CSC during this period demonstrates a slight disproportionate number of referrals for BME prisoners (36%) and those selected for assessment (33%) in contrast to the actual CSC population which does not demonstrate an over representation of BME prisoners. This indicates that although a higher percentage of BME prisoners are referred

to and assessed within the CSC, the number selected following assessment is in line with the demographic figures for the prison population, and High Security Estate in particular.

#### Violence Reduction Programme (VRP) -

The VRP is a programme delivered within the CSC at HMP Whitemoor, tailored to address high risk of and actual violence. 6 prisoners are allocated to the programme which runs for approximately 14 months. The current group consists of 3 white prisoners and 3 BME prisoners, demonstrating a disproportionate number of BME prisoners allocated to the programme. However, prisoners were identified for the programme on the basis of risk and direct application. This does not necessarily indicate an adverse over-representation but is a matter for consideration for subsequent courses.

#### **Religion or beliefs –**

Of the 35 cases held within the CSC as at end February 2012:

Church of England –	3 (9%)
Protestant –	1 (3%)
Roman Catholic –	3 (9%)
Muslim –	18 (51%)
Pagan –	1 (3%)
Hindu –	1 (3%)
Buddhist –	2 (6%)
Jehovah's Witness –	1 (3%)
Agnostic –	1 (3%)
Nil or not stated –	4 (11%)

This demonstrates an over representation of prisoners of Muslim faith within the CSC system. Questionnaires were distributed to all CSC prisoners to complete anonymously. Only 6 prisoners completed the questionnaire.

One of the 6 questionnaire respondents considered that their referral to and selection into the CSC had been due to their religion.

One respondent stated he was unable to practise his religion due to not being able to attend the Muslim service within the main prison. However, respondents did state that they had been able to meet with their relevant faith chaplain.

Two respondents felt that they had been discriminated against on the grounds of religion.

Respondents felt that chaplaincy members should contribute to care plans to enable consideration of religious needs. This aspect is included in the revised CSC Operating Manual.

As stated above the number of prisoners held within the CSC system is small in statistical terms and consequently small changes in population can lead to large changes in the percentage figures being reported.

Comparing the current CSC population (September 2012) and National population figures (taken from the Offender Location Tool July 2012) there is an over-representation of Muslim offenders held within the CSC system although reduced slightly from the figures in February 2012:

National population of Muslim faith – 13.2%

High Security Estate – 18.8%

Dispersal prisons – 11.1%

CSC Population 44.7%, a reduction from 51% in February 2012 despite a population increase of 3.

One Muslim prisoner is convicted of Terrorism Act offences but is yet to complete the CSC Assessment thus is not fully selected into the CSC.

As of September 2012 three Muslim prisoners are identified within the Security Threat Group, one of whom has engaged in violent behaviour with non Muslim prisoners.

The basis of the referral of all current Muslim prisoners held within the CSC is primarily as a result of a serious assault against another prisoner.

**Age –**

Age profile of the 35 CSC prisoners as of end February 2012:

<b>21-25</b>	3	9%
<b>26-35</b>	13	37%
<b>36-45</b>	8	23%
<b>46-55</b>	7	20%
<b>56+</b>	4	11%

Men aged 26-45 are more likely to fall within the CSC risk group and as such age related issues are not currently a concern. However, with some offenders sentenced to long custodial periods there is a possibility that age related matters will become more prevalent, and consequently age related issues, such as physical health, mental health e.g. dementia, and care facilities will need to be regularly reviewed, particularly in respect of CSC prisoners located at HMP Wakefield due to the fact that they are considered highly unlikely to progress out of the exceptional risk CSC unit.

**Disability** – Two prisoners who completed the questionnaire stated they had a diagnosed disability that had been diagnosed and appropriate adjustments made.

Learning disabled men may fall under the CSC system due to erratic or concerning behaviour. However, it would be anticipated that such individuals would be managed under the MCBS in the first instance where a diagnosis could be achieved before an escalation of problematic behaviour and a subsequent referral to the CSC. The CSC system at present does not cater for physically disabled prisoners and modifications to cells and access to equipment and regimes would need to take place in the event that a disabled prisoner was selected into the CSC; however, the presence of a disability at a point following selection may render continued location within the CSC unnecessary. In such circumstances a review of the placement under Prison Rule 46 would take place. To date no physically disabled prisoner has been selected into the CSC. One prisoner has recently had a diagnosis of Multiple Sclerosis confirmed although his ability to be disruptive is not mitigated by the diagnosis.

**Sexual Orientation** – Limited completion of prisoner questionnaires prevents specific analysis from taking place. 1 respondent stated his sexuality as homosexual and dissatisfaction that the regime meant he was unable to form a homosexual relationship. The remaining respondents reported their sexual orientation as heterosexual.

**Gender** - To date there is no evidence to suggest gender issues have arisen within the CSC system. However, the question was raised as to the absence of applicability to female prisoners during the consultation stage. The CSC system currently applies to adult male prisoners only.

**Gender Identity** – No concerns identified at this time.

## Stakeholders and feedback

**Describe the target group for the policy and list any other interested parties. What contact have you had with these groups?**

The target group for the policy is any prisoner who presents a significant risk of harm to others over a prolonged period of time, or following a single serious incident, or whose conduct considerably disrupts the 'normal' operation of a prison. Referrals to the CSC would normally arise following a single serious incident or a period of management under existing prison processes available for managing problematic prisoners such as Incentives and Earned Privileges scheme, adjudications, segregation, violence reduction strategies, and within the high security estate management under the Managing Challenging Behaviour Strategy.

Questionnaires were issued to all CSC prisoners during May and June 2011. A total of 33

questionnaires were distributed (1 duplicate); only 6 completed questionnaires were returned.

The CSC Referral Manual was sent to trade unions for consultation, high security IMB Chairs, members of the CSC Management Committee representing all 8 high security establishments, Governors and deputy Governors at all 8 high security prisons, diversity lead at Wakefield, HMCIP, and offender management staff at Whitemoor and Manchester. Feedback received has been incorporated into the policy document. No significant concerns were raised regarding the policy content.

**Do you have any feedback from stakeholders, particularly from groups representative of the various issues, that this policy is relevant to them?**

Questionnaires were sent out to all CSC prisoners during May and June 2011. Only 6 questionnaires were returned completed. No significant concerns were raised. Feedback has been incorporated into the final version and recorded within this EIA.

## Impact

**Could the policy have a differential impact on staff, prisoners, visitors or other stakeholders on the basis of any of the equalities issues?**

The policy could potentially impact on the Religion or Beliefs diversity strand with 51% of the CSC population recorded as Muslim, with the remaining 49% accounting for the other religions. However, cases referred to the CSC are based on incidents and levels of violence and religious denomination is not considered when assessing risk of violence to others. Further, the number of prisoners held within the CSC is statistically limited and broad fluctuations can be seen with relatively small changes in the population.

## Local discretion

**Does the policy allow local discretion in the way in which it is implemented? If so, what safeguards are there to prevent inconsistent outcomes and/or differential treatment of different groups of people?**

The CSC Referral and Operating Manuals provide clear guidelines on the criteria and processes required when referring a prisoner to the CSC system, and the processes required to manage prisoners following selection into the CSC after assessment.

The decision whether to refer a prisoner is based on local and individual discretion set against the documented referral criteria.

Assessments of risk can be subjective based on the interpretation of the facts available to the author; however, reports and assessments are completed by qualified professionals i.e. psychology and mental health, which should offer a professional assessment of the facts and related risks. Other reports provided for the referral and assessment process are provided by prison officers or managers, probation staff, and any other relevant person involved in the case such as healthcare, education, Chaplaincy, or an instructor.

All referrals to the CSC for assessment and de-selection are considered by the central case management group (CMG) which consists of the CSC/MCBS Operational Manager, a Senior Mental Health nurse and a Chartered Senior Psychologist.

Decisions regarding the selection/de-selection of prisoners are made at a multi-disciplinary case conference attended by all report authors, chaired by the CSC/MCBS Operational Manager. The recommendation from the case conference is presented to the monthly CSC/MCBS Management Committee meeting for a decision which must be agreed, or amended, by the Director of High Security. Thus a prescriptive process is in place to comprehensively consider individual cases and circumstances against clear guidelines, reducing the potential for variances or differential treatment for any particular group of prisoners.

Where specific procedural concerns exist, advice can be sought from the High Security Advisory Panel which has been established to provide qualified advice to the high security estate in respect of policies and procedures pertaining to the CSC and MCBS systems and meets two to three times per year.

## Summary of relevance to equalities issues

	Strand	Yes/No	Rationale
	Race	No	The ethnicity figures for the population held within the CSC system do not indicate an over representation of BME prisoners.
	Gender (including gender identity)	No	The policy only applies to Male prisoners. No evidence of trans-gender issues to date.
	Disability	No	No current physical disability issues requiring attention. May need to be reviewed in the future. Learning Disability – present for one of the current CSC prisoners. Rampton LD service is available to enable appropriate referrals and transfers to be made as necessary.
	Religion or belief	Yes	At present there is an over-representation of prisoners of the Muslim faith.
	Sexual orientation	No	No evidence to support a concern in this area.
	Age (younger offenders)	No	No concerns. All CSC prisoners are adult prisoners.
	Age (older offenders)	No	No concerns at present but will need to be reviewed regularly according to the population held within the CSC system to ensure age related matters are catered for, specifically in respect of the needs of older CSC prisoners primarily located at HMP Wakefield.

If you have answered 'Yes' to any of the equalities issues, a full impact assessment must be completed. Please proceed to STAGE 2 of the document.

If you have answered 'No' to all of the equalities issues, a full impact assessment will not be required, and this assessment can be signed off at this stage. You will, however, need to put in place monitoring arrangements to ensure that any future impact on any of the equalities issues is identified.

## Monitoring and review arrangements

Describe the systems that you are putting in place to manage the policy and to monitor its operation and outcomes in terms of the various equalities issues.

The policy is in place to protect others from serious harm and sets out the criteria on which cases are judged.

All cases referred are considered by a discrete team which assesses the risk each case poses to others. A recommendation regarding management is made to a national Committee which makes decisions regarding management.

All referrals to the CSC system are recorded in a revised database enabling reviews of the data to be carried out to identify any concerns relating to the equality strands.

The CSCMC will review data annually.

The religion of prisoners has been added to the CSC Referral Form to improve monitoring.

**State when a review will take place and how it will be conducted.**

The CSC Referral Manual and Operating Manual will be reviewed every two years or following a court judgment that necessitates an earlier review.  
The population demographics will be reviewed annually by the CSCMC.

	<b>Name and signature</b>	<b>Date</b>
<b>Policy lead</b>	Claire Hodson	24 September 2012
<b>Head of group</b>	Richard Vince	24 September 2012



## Stage 2 – full Equality Impact Assessment

*Where relevance to one or more equalities issues has been identified during the Initial Screening, a full equality impact assessment must be carried out.*

*This involves the collection of monitoring data and other relevant information and consultation with stakeholders with a view to producing a full account of the relevant equalities issues and an action plan to address them.*

### Summary of issues identified during initial screening

**Briefly identify which equalities issues you will be considering and the results of the initial screening.**

Religion or beliefs – The assessment has identified an over representation of offenders of the Muslim faith. However, as detailed above application of the policy is primarily in response to acts of serious violence or threats of serious violence. Any impact on the religion diversity strand is considered to be an indirect impact unrelated to the risk generating the referral.

### Management and monitoring

**Describe the systems in place to manage the policy and to monitor its operation and outcomes.**

*Comment on the adequacy of the systems and note any improvements that you will make to them. Include a description of and/or extracts from recent monitoring results and provide analysis of them.*

Detailed above. All decisions involve multi-disciplinary input with independence achieved through attendance at CSCMC meetings by the Independent Monitoring Board. The collation of data has and will continue to improve to enable improved monitoring.

### Evidence

**If you have not already done so in Stage 1, identify other sources of information about the operation and outcomes of the policy, such as operational feedback (including local monitoring and impact assessments)/inspectorate and other relevant reports/complaints and litigation/relevant research publications etc.**

*Summarise and discuss recent relevant evidence from these sources.*

Documented in Stage 1.

## Consultation

If you have not already done so in Stage 1, identify the target group and other interested parties.

*Explain how you have involved stakeholders, both generally in the development of the policy and specifically how groups representative of the relevant equalities issues (including 'hard-to-reach groups') have been engaged as part of the EIA process.*

*Capture main points of feedback from them.*

Documented in Stage 1.

Feedback did not highlight any significant areas of concern in respect of the diversity strands. Feedback regarding processes and improved information sharing have been incorporated into the policy document.

## Discussion

Consider and compare results from previous sections.

*Consider in particular issues of stakeholder confidence and local discretion.*

Local discretion has to apply to the decision whether to refer a prisoner to the CSC based on the criteria set out in the policy. The processes in place to consider cases provide safeguards in respect of decision making. Where concerns exist the CSC Management Committee can explore those concerns to establish any action which may be necessary.

## Conclusion

Summarise and make an overall assessment of the impact of the policy or function on the relevant equalities issues. Identify any adverse impact on any group.

*Highlight examples of success and good practice.*

*Describe the key issues that remain to be addressed.*

The overall impact of the policy may affect prisoners of the Muslim faith; however, as the policy is applied against a set criteria with referrals generated due to evidence of violence, with various people involved in the decision making process, and the numbers involved are small in relation to the overall population, no concerns exist regarding the application of the policy. This policy is in place to prevent others from serious harm and is focussed on the risk of violence as indicated by previous, continuing, or threats of violence.

## Action plan

Issue to be addressed	Action to be taken	Manager responsible	Target date
Over-representation of prisoners of the Muslim faith held within the CSC	Annual review of the CSC population demographics to monitor population changes.	CSC Operational Manager via the CSC Management Committee	End May 13, annually thereafter
As above	CSC units to review and ensure adequate access to all faith chaplains and inclusion of faith chaplains in the Care and Management Plan reviews.	CSC unit leads at Woodhill, Wakefield and Whitemoor.	End Dec 12

Issue to be addressed	Action to be taken	Manager responsible	Target date
As above	Questionnaire to be distributed to CSC prisoners every 2 years in advance of policy review. Policy reviewed and published every two years.	CSC Operational Manager	May 2014
			Oct 2014

## Publication

Describe the arrangements for making the document available to the various stakeholders.

The EIA will be published to all high security establishments and on the Ministry of Justice website.

## Review

Indicate method for reviewing progress on the action plan and proposed date for formal review of the EIA.

A review of progress on the action plan will take place annually at the CSC Management Committee meeting and will be recorded in the minutes. The CSC/MCBS Operational Manager will be responsible for taking actions forward. Formal review of the EIA will take place every 2 years in line with the review of the CSC Referral Manual and CSC Operating Manual. Additional reviews of the EIA will take place following key changes to the aims or application of the policy, changes to the accommodation and/or resources available, or following any court Judgments requiring the policies be reviewed.

	Name and signature	Date
Policy lead	Claire Hodson	24 September 2012
Head of group	Richard Vince	24 September 2012