**Women’s Estate Case**

**Advice and Support Panel (WECASP)**

**Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| To | **Women’s Estate Case Advice and Support Panel (WECASP)** | | | | | | | | | | | |
| Prison: |  | | | | | | Date of Referral: | | |  | | |
| **Case** | | | | | | | | | | | | |
| NOMIS | | |  | | | | Full Name: | |  | | | |
| D.O.B: | | |  | | Category: RS/PRS/IPP/YCS transition | |  | | IEP level: | |  | |
| Index Offence: | | |  | | | | Religion: | |  | | | |
| Date of Sentence/Sentence length/Remand | | | | |  | | Tariff (if applicable) | |  | | | |
| PED/CRD: | |  | | | | | SED: | |  | | | |
| Current location, CSU/HCC: | | | | |  | | Ethnicity: | |  | | | |
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| **Case Background** | | | | | | | | | | | | |
| **Relevant information:**  *(Please provide a brief summary of relevant background information on the individual, including offending history, index offence and any known information from services in regard to their time in the community.)* | | | | | | | | | | | | |
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| **Referral Information**   |  | | --- | | **Reasons for the referral:**  *(In accordance with the Policy Framework and the referral guiding principles, please provide a summary of the reasons for your referral)* |   **Areas of consideration** | | | | | | | | | | | | |
| | Please tick (√) the areas that are also applicable for this case | | | | | | --- | --- | --- | --- | --- | | Continuous or a history Dirty Protest |  |  | Post tariff Indeterminate Sentenced prisoners (ISPs) |  | | Held in a Care and Separation Unit or equivalent for a 42 days or more continuous period |  |  | Difficulty engaging with staff and regime |  | | ‘Stuck’ and not progressing with pathway plan |  |  | Any current or known history of self-harm and/or a suicide attempt?*If yes, please provide further details below.* |  | | New arrival in the women’s estate with recent experience of the youth / secure estate |  |  | Known to the Enhanced Case Management Team (ECMT). |  | | Historic or current ACCT management and has reached ‘Enhanced Case Management’ level in accordance with [PSI 64/2011](http://home.hmps.noms.root/Intranet/ShowBinary?nodeId=/Repo/HQ/internal_communications/psi/PSI_64_2011_Safer_Custody_Final__January_2012_(2).DOC) |  |  | Located on healthcare unit as an inpatient for more than 3 months |  | | | | | | | | | | | | | |
| **ACCT and Self Harm Additional Information**  *Where applicable, please provide further details in relation to ACCT’s and self-harm behaviour including previous or current open ACCT’s, ACCT reviews and support plans and please specify where* ***and*** *when any self-harm / suicide attempt incidents took place – e.g. in prison/police custody or in the community).* | | | | | | | | | | | | |
| **Segregation Additional Information**  *Where applicable, please provide a summary of time spent in segregation and details of any segregation reviews to support the resident*.    *Please attach copy of Segregation review form if 42 days or beyond:* Yes  No | | | | | | | | | | | | |
| **Please provide details of care team/clinicians who have assessed the individual:**  (*including name, email and role)* | | | | | | | | | | | | |
| **Summary of custodial behaviour and triggers** | | | | | | | | | | | | |
| Please provide an outline of the behaviour that is of concern and any known triggers | | | | | | | | | | | | |
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| **Details of Actions Taken** | | | | | | | | | | | | |
| Please provide an outline of what local action has been taken so far to support the individual and staff | | | | | | | | | | | | |
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| **Has the case been discussed at a local Safety Intervention Meeting (SIM):**  Yes  No  Date of last SIM meeting:  (*If yes, please attach SIM minutes with the referral form)* | | | | | | | | | | | | |
| **Is this case screened into the OPD pathway**:  Yes  No  *Please give details below:*  *(If yes and a case formulation has been completed, please attach with the referral form)* | | | | | | | | | | | | |
| **Does this person have a disability*:***  Yes  No  *Please give details below:* | | | | | | | | | | | | |
| **Details of adjudication history** *(please provide details of the last twelve months):* | | | | | | | | | | | | |
| **Date** | | | | **Charge** | | **Establishment** | | **Outcome** | | | | **Reason for dismissal** |
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**Establishment Referral Expectations**

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| Please provide a summary of what your expected outcomes are from the referral and outline the objectives you would like to achieve: |
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**Establishment Governor/Director Comments:**

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| **Name:** |  | **Signature:** |  |

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| *I confirm that the WECASP Referral Form has been disclosed to the individual.*  ***Only the individual’s copy must be signed.*** | | | | |
| **Name:** |  | | **Signature:** |  |
| **Grade:** |  | | **Date of disclosure:** |  |
| **Individuals signature confirming disclosure:** | | | | |
| Please tick here if they have refused, or are unable to sign | | | | |
| **Offender Manager’s Details**: | | | | |
| **Full name:**  *(Please include POM and COM where relevant)* | |  | | |
| **Email(s):** | |  | | |
| Please tick to confirm that the Offender Manager(s) is aware of and in agreement with the referral | | | | |

* **Please check that you have attached the following**:

1. Copy of Segregation review form, 42 days or beyond
2. Last SIM minutes
3. Any additional information that would enable the Panel to make an informed decision.

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| **Please return this form to:** | **WECASP@justice.gov.uk** |