



Ministry
of Justice



HM Prison &
Probation Service

Policy name: Women's Estate Case Advice and Support Panel (WECASP) Policy Framework

Issue Date: 11 May 2021

Implementation Date: 11 May 2021

Replaces the following documents (e.g. PSIs, PSOs, Custodial Service Specs) which are hereby cancelled: PSI 23/2015 – Centralised Case Supervision system for Restricted Status women and women with complex needs.

Action required by:

| | | | |
|-------------------------------------|---|-------------------------------------|--|
| <input checked="" type="checkbox"/> | HMPPS HQ | <input checked="" type="checkbox"/> | Governors |
| <input checked="" type="checkbox"/> | Public Sector Prisons | <input checked="" type="checkbox"/> | Heads of Group |
| <input checked="" type="checkbox"/> | Contracted Prisons | <input type="checkbox"/> | Contract Managers in Probation Trusts |
| <input checked="" type="checkbox"/> | National Probation Service | <input checked="" type="checkbox"/> | Community Rehabilitation Companies (CRCs) |
| <input type="checkbox"/> | HMPPS Rehabilitation Contract Services Team | <input type="checkbox"/> | HMPPS-run Immigration Removal Centres (IRCs) |
| <input type="checkbox"/> | Other providers of Probation and Community Services | <input type="checkbox"/> | Under 18 Young Offender Institutions |

Mandatory Actions: All groups referenced above must adhere to the Requirements section of this Policy Framework, which contains all mandatory actions.

For Information: By the implementation date Governors of Public Sector Prisons and Contracted Prisons must ensure that their local procedures achieve the required outcomes and comply with the requirements as set out in this Policy Framework.

Governors must ensure that any new local policies that they develop because of this Policy Framework are compliant with relevant legislation, including the Public Sector Equality Duty as prescribed in the Equality Act 2010.

Section 7 of the Policy Framework contains guidance to implement the mandatory requirements set out in section 5 of this Policy Framework. Whilst it will not be mandatory to follow what is set out in this guidance, clear reasons to depart from the guidance should be documented locally. Any questions concerning departure from the guidance can be sent to the contact details below.

How will this Policy Framework be audited and monitored? HMPPS Prison Group Directors (PGD) and Regional Probation Directors (RPD) will monitor compliance with the mandatory requirements set out in this framework. For privately managed prisons, monitoring of compliance will be through the standard contract management processes and any other providers of probation services will be monitored by the senior contract managers.

Quality assurance is provided by the HMPPS Operation & System Assurance Group.

The WECASP or MoJ may seek to commission further auditing, monitoring or qualitative exercises.

Resource Impact: The majority of the requirements laid out in this Policy Framework are designed to have a minimal impact on resources and do not place new obligations on Prisons or Probation staff. Rather, the Policy Framework confirms an existing obligation to consider the opportunity of

referrals to this arrangement. Referring an individual to the WECASP will involve the prison in which they are accommodated completing the referral form and participating in multidisciplinary case conferences. Case conferences will be part of the core business of assessing and supporting individuals.

Contact: WECASP@justice.gov.uk.

Deputy/Group Director sign-off: Steve O'Connor, Deputy Director of Vulnerable Offenders, MoJ

Approved by OPS for publication: Sarah Coccia, Ian Barrow – Joint Chairs – Operational Policy Sub-board, April 2021.

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1. Purpose

- 1.1 The purpose of this Policy Framework (PF) is to set out the mandatory requirements which HMPPS staff, including prisons and probation providers, must complete for those individuals who are being considered for a referral to the Women's Estate Case Advice and Support Panel (WECASP). It also sets out the mandatory requirements that are expected of the core members who form the WECASP Board. This Policy Framework aims to ensure that there is an effective process in place to support prisons in the management of individuals displaying complex and challenging behaviour.
- 1.2 The Women's Estate Case Advice and Support Panel guidance provides further detail and clarity on the role of the WECASP and sets out the processes and templates for referring those within the women's estate to the WECASP for discussion. The guidance also offers additional information on the WECASP boards, the disciplines who are closely aligned and involved in this process and information sharing and recording actions.

2. Principles

- 2.1 The underpinning principle of the WECASP is to provide multidisciplinary support to prisons in the management of a small number of complex individuals within the Women's Estate, who are not progressing in their sentence plan; with the aim of stabilising their behaviour, improving their wellbeing and supporting the surrounding staff groups; to help reduce their risk accordingly, as well as enabling them to progress.

The WECASP is:

- A resource to provide additional advice and support to staff in relation to the complex needs of individuals where current care and management approaches are not seeing progression through sentence.
- A multidisciplinary opportunity to share good practice and ideas in the effective management of identified individuals.
- A resource available to all those located in the women's estate irrespective of sentence length or recall status, in line with the referral guiding principles.

The WECASP does not:

- Replace the prison's role in the care and management of individuals under existing offender management/prison structures.
- Replace the provision for key work or Prison Offender Manager (POM) activity under OMiC.
- Replicate the Women's Offender Personality Disorder (WOPD) Pathway but rather complements it. Many of the those who are screened in to the pathway will be working towards stabilisation through their participation in WOPD services.

The underpinning principles of this framework are:

- The Prison Group Director (PGD) Women's Estate is responsible for the placement of individuals throughout the Women's Custodial Estate.
- The PGD will be supported by advice and recommendations from the WECASP Board
- The recommendations will be focused on considering the wellbeing and progression of the WECASP caseload and supportive measures for staff groups.

- The HMPPS Women’s Team will coordinate the multidisciplinary WECASP Board meetings, undertake a secretariat function and provide relevant data to the PGD and Regional Probation Directors, as required.
- The operational management of individuals referred to the WECASP will remain the responsibility of the Governor/Director. The roles and responsibilities of other staff involved in managing the individual (e.g. POM and Community Offender Manager (COM)), will be clearly specified in WECASP minutes and the individual case record.

3. Outcomes

3.1 The framework aims to achieve the following:

- A central support oversight mechanism that is in place for those with complex needs, who are not progressing in their sentence plan, that provides advice and direction for their care and management, and ensuring those categorised as Restricted Status (RS) have access to the most appropriate regimes and interventions in line with their security status;
- Staff are able to access additional collaborative support through the WECASP process to ensure the safety and wellbeing of individuals referred into the arrangements and that professionals work in close partnership on the case;
- To ensure that movement around the women’s estate, for individuals on the WECASP caseload, balances both the best interests of the individual and operational requirements. Individuals within the women’s estate should be held as close to home as is possible, with access to the right interventions and opportunities for meaningful resettlement;
- Care and management approaches for individuals on the WECASP caseload are formulation focused and trauma responsive, and informed choices are made about the most appropriate means of progressing cases;
- There are effective transitions between prison and community staff, to ensure continuity of support; records are efficiently transferred; and plans consider diversity and inclusion needs of individuals;
- Positive relationships with stakeholders, such as the Parole Board, NHS and devolved services in Wales, are formed and maintained to support the delivery of the outcomes from the WECASP process.

4. Structure

4.1 The WECASP meeting is accountable to both the PGD, who is responsible for the placement of individuals throughout the women’s estate, and to the HMPPS Deputy Director for Women who is responsible for ensuring that women’s needs are responded to appropriately across Probation, Prisons and HQ.

4.2 The Secretariat function is provided by the HMPPS Women’s Team.

4.3 The core members of the WECASP Board are:

- The Head of HMPPS Women’s Team (Chair)

- Prison Group Director representative
- Women's Estate Psychology Service, Lead Psychologist
- Head of Enhanced Case Management Team
- HMPPS Health and Care Partnerships Team, including NHS England & Improvement partners from the Joint OPD Team
- WECASP case manager and operational support
- Long Term and High Security Prison Group (RS women only)

4.4 Public and Private Sector Prison Representatives, with decision making authority, attend every Board for their case specific discussions and where possible, are encouraged to remain and contribute their knowledge and experiences to other case discussions.

5. **Requirements**

5.1 Referrals

| Referrals | | Action By |
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| 5.1.1 | Governors/Directors must ensure that individuals who meet the principles outlined in <u>Section 7.10</u> of this Policy Framework are considered for referral to the WECASP and that staff involved in referring potential cases are aware of the adjoining guidance. For young people under the age of 18 transitioning from the youth estate and those categorised as Restricted Status or Provisional Restricted Status, no referral form is required. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |
| 5.1.2 | Governors/Directors must ensure that a referral to the WECASP does not bypass the use of appropriate existing offender management and safer custody arrangements already available in all establishments, but a referral can complement this. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |
| 5.1.3 | The decision to refer an individual to the WECASP must be taken by the Governor/Director, supported by the Head of Safety as appropriate, of the prison in which they are accommodated. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |
| 5.1.4 | Prior to the referral submission, the referring prison must consult with and disclose the referral form to the individual being referred and this action recorded on NOMIS. Consultation and disclosure should be approached in a way that is suitable to the individual's needs. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |
| 5.1.5 | It is at the Governor's/Directors' discretion to refer an individual earlier than any suggested time scales outlined in the referral principles, should they conclude that the additional resource and the benefit of having a national conversation is needed sooner to prevent the escalation of behaviour or risk to self or others. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |
| 5.1.6 | The referral documentation (<u>Annex A</u>) must be completed in full and provide clear evidence of action already taken, the expected | Governors / Directors / |

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| | outcomes, why the individual is unable to progress in accordance with their sentence plan and/or intervention programme and a detailed account of the presenting risks to self. Supporting documentation should be submitted with all referrals. | Nominated Staff in Public Sector and Contracted Prisons |
| 5.1.7 | The referring prison must ensure that the Offender Manager (Prison and/or Community) is aware of the referral and confirmation of this must be included in the referral documentation. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |
| 5.1.8 | The prison must update the individuals NOMIS record to reflect the submission of a referral and any views or comments of the individual being referred. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |
| 5.1.9 | All referrals and supporting documentation must be sent to the functional mailbox WECASP@justice.gov.uk at least 8 business days before the next board for consideration. Upon receipt of a referral, an acknowledgement email will be sent to the sender. In the case of an urgent referral , the Women's Team should be immediately notified of the individual for listing at the next Board and the referral documentation to be sent to the functional mailbox as soon as possible. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons / HMPPS Women's Team |
| 5.1.10 | All referrals will be subject to an internal review and screening process to ensure policy compliance and where relevant, to identify any early potential signposting options. | HMPPS Women's Team / WECASP Board Members |
| 5.1.11 | All referrals and supporting documentation must be sent to the core board members at least 5 business days prior to the board sitting. | HMPPS Women's Team |

5.2 Case Acceptance

| Case Acceptance | | Action By |
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| 5.2.1 | If the Board takes the decision that the individual is suitable for inclusion for the WECASP, the Chair and PGD will send a joint letter to inform the Governor/Director, in writing within 5 business days . | WECASP Chair / Prison Group Director (PGD) |
| 5.2.2 | When a referral is not suitable for the WECASP process, the Board may recommend other relevant interventions available at the prison to accommodate the individual and meet their needs. In this instance, a letter will be sent to the Governor/Director and Head of Safety detailing the recommendations and the alternative course of action that may be overseen by the local SIM meeting. | WECASP Chair / Governor/Director |
| 5.2.3 | The prison will be responsible for notifying the POM/COM and the individual of the recommended decision in an appropriate manner | Governors / Directors / Nominated Staff in |

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| | that takes account of accessibility issues, in writing or in person, and recording this decision on the individuals' NOMIS case notes. | Public Sector and Contracted Prisons |
| 5.2.4 | Following acceptance, arrangements will be made between the WECASP case manager and the referring prison to hold an initial multidisciplinary meeting within two weeks (or where operationally possible) of the Board's acceptance decision. This is to provide an opportunity to gather further information about a case to support the development of the care and management plan, consider the views and wishes of the individual and to promote a collaborative and consistent approach when working to meet the needs of the individuals. | HMPPS Women's Team |
| 5.2.5 | The WECASP case manager will work with prisons and probation staff to ensure that each individual has regular multidisciplinary case reviews, up-to-date sentence plans, care plans and OASys assessments. Each of these are opportunities to seek and record the views of the individual on the WECASP. | HMPPS Women's Team |
| 5.2.6 | Cross departmental working within prisons is significant in identifying, managing and supporting those with challenging and complex behaviours who are not progressing in their sentence plan. Professionals from different disciplines can bring positive contributions to risk management, safeguarding, resettlement and desistance; therefore, it is expected that prisons will ensure multidisciplinary meetings are fully represented with a feedback loop sharing into the WECASP Board. | Public Sector Prisons / Contracted Prisons |
| 5.2.7 | When the Board deem that a case no longer requires input from the WECASP, a notification will be sent by the Women's Team to the Governor/Director and Head of Safety. It is expected that a local decision can be made as to whether the SIM meeting will pick up oversight in the initial stages for consistency. The Governor/Director and/or Head of Safety are responsible for identifying and informing all staff working with the individual that they are no longer a case on the WECASP caseload. | HMPPS Women's Team / Governors/Director |

5.3 Re-referrals

| Re-referrals | | Action By |
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| 5.3.1 | Any case can be re-referred following a significant change in circumstances as reflected in the referral guiding principles in <u>Section 7.10</u> . In these instances, the prison is required to contact the HMPPS Women's Team via the functional mailbox for advice on how to take the case forward. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |
| 5.3.2 | If more than 6 months has elapsed since the case was last known to the WECASP, a re-referral addendum form will be required to provide the Board with updated information. This applies in all cases. The re-referral form is located as <u>Annex B</u> . | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |

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| 5.3.3 | All re-referrals and supporting documentation should be sent to the functional mailbox WECASP@justice.gov.uk . Upon receipt of a referral, an acknowledgement email will be sent. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |
| 5.3.4 | All re-referrals will be subject to an internal review and screening process to ensure policy compliance and where relevant, to identify any early potential signposting options. | HMPPS Women's Team / WECASP Board Members |

5.4 Offender Management

| Offender Management | | Action By |
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| 5.4.1 | Probation providers and prison Governors/Directors must appropriately manage resourcing to enable and ensure the early involvement of an Offender Manager (community and/or prison) to enhance discussions and aid a collaborative approach to risk management and rehabilitation. | Regional Probation Director's / Nominated Senior Probation Staff / Governors / Directors |
| 5.4.2 | Where suitable interventions have been identified, the WECASP case manager will make contact with the Offender Manager (community/prison) to ensure that an updated OASys is available. Offender Managers are required to ensure sentence plans accurately reflect any agreed intervention focused outcomes. | HMPPS Women's team / Probation Staff |
| 5.4.3 | For indeterminate sentence prisoners (ISPs) on the WECASP caseload and who enter their parole window, a multidisciplinary meeting must be held within a timely manner, involving the COM, POM, the site-based WEPS representative, the ECMT caseworker, the Women's Team representative and all other relevant staff to ensure there is adequate information sharing. | HMPPS Women's Team / Probation Staff |
| 5.4.4 | Those responsible for resettlement in prison will continue to co-ordinate the resettlement plans for sentenced individuals, but COMs remain responsible for community-based risk management. | Probation staff |
| 5.4.5 | For indeterminate public protection (IPPs) individuals who are known to the WECASP during custody and at their point of release, the Women's Team and site-based WEPS representative should be invited to custody and/or community IPP progression panels to help ensure clear lines of communication and information sharing. Where it is not possible to attend, efforts should be made by the POM/COM to have a discussion with them prior to the panel. | Regional Probation Director's / Nominated Senior Probation Staff |
| 5.4.6 | For those serving a life sentence on the WECASP caseload at the point of release, the Women's Team and the member of the WEPS team who wrote the most recent psychological risk assessment must be invited to attend the initial lifer panel in the community to encourage continuity in management plans. Where it is not possible | Regional Probation Director's / |

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| | to attend, efforts should be made by the COM to have a discussion with them prior to the panel. | Nominated Senior Probation Staff |
| 5.4.7 | Offender Managers must consider where faith or belief is identified as a protective factor for sentencing planning and resettlement purposes. This can have a positive contribution to risk management, safeguarding, resettlement and desistance for some of the most complex individuals. | Probation Staff |

5.5 Restricted Status

| Restricted Status (RS) including Provisional Restricted Status (PRS) | | Action By |
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| 5.5.1 | The HMPPS Women's Team must be informed of all those categorised as restricted status (RS), or provisional restricted status (PRS) for automatic inclusion onto the WECASP caseload. | HMPPS Long Term and High Security Prison Group (LTHSPG) |
| 5.5.2 | Once a notification has been received from LTHSPG of an individual with the provisional restricted status (PRS) or restricted status (RS) category, the HMPPS Women's Team will contact the respective establishment to undertake an assessment of the individual to establish if there is a presence of any additional complexity components to determine the level of WECASP resource that is needed. Not all RS/PRS cases will present with the additional complexity factors identified in Section 7.10. | HMPPS Women's Team |
| 5.5.3 | The HMPPS Women's Team will attend RS/PRS reviews coordinated by the LTHSPG to ensure that relevant information from the WECASP is fed in as necessary. | HMPPS Women's Team |
| 5.5.4 | The Deputy Director of LTHSPG, in consultation with the PGD, is responsible for decisions relating to RS individuals being located at another prison to access necessary interventions. | HMPPS Long Term and High Security Prison Group (LTHSPG) / Public Sector Prisons / Contracted Prisons |

5.6 Mental Health and Women's Offender Personality Disorder (WOPD)

| Mental Health and WOPD | | Action By |
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| 5.6.1 | For all cases being referred to the WECASP, the referrer should consider whether the individual screens in to the WOPD pathway (for advice, refer to Offender Management Unit or consult with the allocated POM / COM). | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |

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| 5.6.2 | In cases where there is thought to be the presence of a mental illness (including neurodevelopmental and learning disabilities), staff must ensure that the NHS England commissioned mental health provider is involved in the management plan where appropriate. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |
| 5.6.3 | Procedures set out in <u>PSI 50/2007 Mental Health Transfer</u> must be followed regarding transfers under the Mental Health Act 1983. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |
| 5.6.4 | The WECASP does not replace or override existing arrangements for those who have been assessed and/or accepted for mental health transfer to a secure hospital for treatment under the Mental Health Act 1983. The responsibility for such decisions will remain with MHCS in consultation with NHS England and its commissioned mental health providers. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |
| 5.6.5 | If during the management of the case there is a transfer to a specialist hospital under the Mental Health Act, the case will no longer be considered by the WECASP and will be managed under mental health procedures, <u>PSI 50/2007 Mental Health Transfer</u> . | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |
| 5.6.6 | If an individual has been returned to custody from a specialist psychiatric hospital after an assessment or as an inpatient and the prison still requires support from the WECASP, then a (re)referral can be made, unless a subsequent transfer under the Mental Health Act is appropriate. | Governors / Directors / Nominated Staff in Public Sector and Contracted Prisons |

5.7 Location / Relocation

| Location / Relocation | | Action By |
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| 5.7.1 | All Board members are expected to support and contribute to discussions in identifying and making recommendations on suitable locations that are relevant to an individual's pathway and sentence plan but additionally balance any clinical and operational need. | All WECASP Board members |
| 5.7.2 | The Board may request further clinical assessment or input to help identify what the short-term and long-term individual needs may be to support the Board's role in assisting with the recommendation on a suitable location for an individual. The Board must ensure that their recommendations are robust and defensible considering the unsettling and distressing impact that a move can have for individuals. All decisions will be recorded in the WECASP minutes. | All WECASP Board members |
| 5.7.3 | In the event that it is necessary for a transfer to take place, the establishment must ensure that case records include all diversity and inclusion needs, a psychological formulation of the individual's problematic behaviour, and a care and management plan that details what individual strategies have / have not worked in supporting the individual (e.g. StEM). An in-depth handover takes | Governor / Director/ Nominated Staff in Public Sector and Contracted Prisons |

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| | place, including via email/phone/in person, where possible. It is good practice for the sending establishment to make contact with the individual and/or staff team at the receiving establishment following the relocation, to support continuity of care. | |
| 5.7.4 | Following a recommendation for the relocation of a WECASP case, Governors/Directors are expected to follow the standard operational transfer process with other establishments. For further information see PSI 33/2015 External Prisoner Movement . | Governor / Director/ Nominated Staff in Public Sector and Contracted Prisons |
| 5.7.5 | If an individual on the WECASP caseload has been re-located in order to undertake a specific intervention and that intervention ceases because of disengagement or deselection, the individual will ordinarily return to the sending establishment and a review of the pathway plan should take place. This can be coordinated internally by establishments with a notification sent to the Women's Team. | Governor / Director/ Nominated Staff in Public Sector and Contracted Prisons |

5.8 Transitions from the Youth Estate

| Transitions from the Youth Estate | | Action By |
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| 5.8.1 | All young people who are transitioning into the adult women's estate will be automatically placed onto the WECASP caseload approximately six months ahead of their 18 th birthday to ensure the transfer handling arrangements are agreed by the Board and women's estate prior to their arrival. | Youth Custody Service (YCS) / HMPPS Women's Team |
| 5.8.2 | The YCS central management team (CMT) will undertake the initial identification of cases who are aged 17 years and 6 months that will require a transition into the adult women's estate. The YCS CMT will send an initial identification notification to the Women's Team via the functional mailbox: WECASP@justice.gov.uk . | Youth Custody Service (YCS) |
| 5.8.3 | An initial meeting, with both YCS Critical Case Panel (CCP) and WECASP professionals, will take place to gather all necessary information, including sentence planning and offending behaviour needs, regarding the identification of a suitable establishment that would meet the young person's needs. It is important to ensure that the young person's voice is fed into any professionals' meetings. This would usually be achieved by contributions from the young people's secure estate and / or relevant YOT worker. | Youth Custody Service (YCS) / HMPPS Women's Team |
| 5.8.4 | Following the initial meeting, the case will be listed for consideration at the next WECASP Board where a recommendation about location within the women's estate will be made. | HMPPS Women's Team |
| 5.8.5 | The WECASP will retain all cases of young people who transition into the women's estate for at least six months post transfer. A decision about the longer term need of the young person and any | HMPPS Women's Team |

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| | ongoing involvement from the WECASP will be made after six months. | |
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5.9 Information requirements

| Information requirements | | Action by |
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| 5.9.1 | All core board members and prison establishments will be required to sign a confidentiality statement (Annex G). | HMPPS Women's Team |
| 5.9.2 | WECASP meeting minutes will be marked with the confidentiality statement and circulated within 10 business days of the meeting to all core and relevant attendees and the PGD. | HMPP Women's Team |
| 5.9.3 | For multidisciplinary meetings in which the Women's Team are responsible for the secretariat function, a brief note will be circulated within 3 business days of the meeting. | HMPPS Women's Team |
| 5.9.4 | The WECASP caseload will be circulated on a monthly basis to the Women's Estate Office, in addition to senior Probation managers. | HMPP Women's Team |

6. Information Management Standards

- 6.1 Sharing information is a fundamental factor in risk management and the safety of the individuals. The sharing of knowledge is essential to facilitate decision-making, collaborative working and efficient communications in the care and management of those within the women's estate.
- 6.2 An information sharing protocol, including WECASP minutes, is detailed in the Information Sharing Agreement (ISA). The ISA is located within this guidance at [Annex H](#).

Guidance

Part A - WECASP

7.1 Introduction

- 7.1.1 This guidance provides information on the role of the Women's Estate Case Advice and Support Panel (WECASP), formally known as the Centralised Case Supervision (CCS) system for individuals located in the women's estate. It provides guidance on the mandatory requirements above which includes what consideration should be given to make informed decisions when making a case referral, and how to complete a referral. Additionally, it provides an overview of the disciplines that contribute to this arrangement and considers how it is aligned to other operational management processes.
- 7.1.2 Accompanying this guidance are the necessary referral forms which must be completed as thoroughly as possible in order to evidence needs and risks and inform the decision-making process.

7.2 Background Information

- 7.2.1 Approximately one percent of those within the women's custodial estate exhibit the most challenging behaviour, have the most complex needs and/or pose a significant risk to themselves or others. The creation of a centralised system enables a needs-led approach to the supervision of individuals, improving care and progression whilst also making women's prisons safer for other individuals and staff. It provides support for staff from a central multidisciplinary panel and assists with care planning and progression.
- 7.2.2 Although still limited in comparison with men in custody, there are a growing range of specialist interventions and treatment programmes available in the women's estate. However, those with complex needs, including individuals categorised as RS, can find it difficult to access or engage with these services to support their risk reduction work.
- 7.2.3 The initial CCS system replaced the "Register of women whose behaviour is disruptive to the regime". The "Register" was maintained by the previous NOMS HQ Women's Team and was intended to ensure that individual prisons in the women's estate were not holding a high number of those with extremely challenging needs without the resources to effectively manage them. The "Register" did not however, provide an enhanced care planning approach to the management of these individuals. Rather, it was an accommodation and transfer plan.
- 7.2.4 The Centralised Case Supervision (CCS) system was established in 2015, with the first Case Referral and Review Board (CRRB) being held in October 2015. The early caseload contained legacy cases that were previously known to the "Register" and still presented behaviours that were challenging and complex. Since that date, there has been an increase in the number of cases referred and disciplines represented at each meeting.

Women's Custodial Estate Review 2013

- 7.2.5 The Women's Custodial Estate Review¹ was published on 25 October 2013 and recommended that the women's prison estate should be reconfigured to make sure that those within the women's estate were held closer to home, with access to the right interventions and opportunities for meaningful resettlement.
- 7.2.6 The review recognised that women in custody have different needs to men in custody and these needs were reflected throughout the recommendations. Implementation of the review's recommendations would allow those sentenced to custody and held in the women's estate, where appropriate, to be held as close as possible to where they will live on release and provide interventions to reduce the risk of re-offending.
- 7.2.7 The current arrangements and the former CCS system, aim to meet the following recommendations from the Women's Custodial Estate Review:
- **Recommendation 6.** A central case management system for women with complex needs should start work as soon as possible to provide direction for the care and management of these women ensuring that they benefit from the most appropriate interventions and regimes available for their particular needs.
 - **Recommendation 7.** Restricted Status (RS) women should be included in the central case management system for women with complex needs which will ensure their

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/252851/womens-custodial-estate-review.pdf

access to the most appropriate regimes and interventions taking into account their security status.

- **Recommendation 8.** RS review reports should focus on reporting behaviour and progress made by the women in the context of their risk factors and offending.
- **Recommendation 9.** RS women should be assessed for their suitability to access relevant interventions to enable them to evidence a reduction in risk where this has been the case.

7.3 Overview of the WECASP

7.3.1 Compared with the male prison population, the population across the women's estate is a small group, and historically it has been a challenge to allocate across the women's estate to prisons where their needs can be comprehensively addressed by the most appropriate interventions and support services.

7.3.2 It is accepted that those within the women's estate, both those on remand and those sentenced, often present with a wide range of needs. These can be a combination of emotional, psychological, mental health, substance misuse and physical issues often compounded by vulnerability, victimhood, neglect and the impact of caring responsibilities. The significant needs presented by a large percentage of the women's prison population can be effectively managed using existing offender management and prison processes and are addressed by establishments working in partnership with co-commissioned services, such as NHS England commissioned healthcare providers, or with other professionals working within the prisons, such as WEPS.

7.3.3 The WECASP is a multidisciplinary resource that has been developed to provide advice, guidance and support to prisons and staff for those individuals in the women's estate who present with additional complex and challenging behaviours and who are not progressing in their sentence plan. The WECASP aims to help achieve better outcomes through supporting stabilisation of behaviour, improving wellbeing and supporting the surrounding staff groups; to help reduce risk accordingly, as well as enabling progression. We estimate that this cohort, with additional complex needs, represent approximately one percent of the women's prison population - around 40 individuals in total.

7.3.4 The WECASP is designed to ensure that those accepted onto the caseload benefit from a multidisciplinary and centralised approach to enable access to the most appropriate interventions and regimes available to meet their particular needs; with the aim of stabilising behaviour, supporting progression, and improving wellbeing for both individuals and staff.

7.3.5 Working alongside existing offender management, prison processes and Offender Personality Disorder Pathway services, the WECASP will provide a co-ordinated approach to women's care, management and progression. The aim is that individuals in the women's estate will be accommodated in the most appropriate place to access the specific interventions they need to reduce their risk of harm to self or others and to reduce re-offending. This will take place within appropriate security conditions and with all necessary control measures.

7.3.6 The WECASP is not designed to address health and social care issues which should be addressed by existing health and social care provision within the establishment. However, it is recognised that some individuals referred to the WECASP may have some secondary health and social care issues alongside complex needs as described in the referral criteria. Decisions to transfer individuals to secure hospitals will continue to be made by officials in the Mental Health Casework Section (MHCS) under the relevant provisions of the Mental

Health Act (MHA) 1983. The responsibility for such decisions will remain with MHCS in consultation with NHS England / NHS Wales and its commissioned mental health providers.

- 7.3.7 The decision to refer an individual to the WECASP must be taken by the Governor/Director of the prison in which they are accommodated. It is recognised that there are many individuals with complex needs who are settled and stable in a prison that is able to provide the appropriate interventions or make use of the existing processes, such as SIM meetings, to enable access to appropriate interventions across the estate. In these cases, there would be no benefit in making a referral.
- 7.3.8 Whilst the management of those referred for case support under this system will remain the responsibility of the Governor/Director, they will be expected to consult with HMPPS departments, such as psychology, OPD, PPCS and partner agencies to improve access to the existing interventions and services needed by the most difficult and complex cases in the women's estate.
- 7.3.9 There is an expectation that offender managers (community and/or prison) are engaged and supportive of the referral to promote and support effective collaboration in risk management.

7.4 Role of the WECASP

7.4.1 Restricted status (RS)

- WECASP provides an overarching forum to review the individualised needs of those who are categorised as RS. All elements will be implemented in trauma informed and responsive ways;
- Where required, to support the assessment of regimes and protocols to ensure these complement security requirements, control measures and offending behaviour needs of those who are categorised as Restricted Status. This will ensure individuals are supported in addressing risk and offending behaviour while being held in conditions appropriate to their security requirements;
- To support staff in safely managing and identifying bespoke local packages of support to improve the services available.

7.4.2 Complex needs

- To ensure that individuals with the most challenging and complex behaviour, both on remand and sentenced, have access to the interventions and support they need to reduce their risk of harm to self or others and that appropriate interventions are accessed in response to the identified need.
- To facilitate multidisciplinary case conferences jointly with the prison and offender management. Case conferences will focus on strategies, interventions and, where required, access to Offender Personality Disorder (OPD) Pathway Services in prison and the community to be included on sentence plans, care plans and OASys assessments.
- Where needed, the WECASP can assist in projects that inform future commissioning decisions for those in the women's estate with complex needs.
- The WECASP does not replace or override existing arrangements for those who have been assessed and/or accepted for mental health transfer to a secure hospital for treatment under the Mental Health Act 1983. The responsibility for such decisions will remain with Mental Health Casework Section (MHCS) in consultation with NHS England / NHS Wales and its commissioned mental health providers.

- For all cases being referred to the WECASP, the referrer should consider whether the individual screens in to the WOPD pathway.
- To operate in a way that complements other case management approaches, including the Offender Personality Disorder (OPD) pathway for Women, and in a trauma informed and responsive way.

7.4.3 It is acknowledged that individuals referred to the WECASP may also have a range of needs that require involvement from a variety of departments, interventions and co-commissioned services in the prisons. Those most likely to be involved in the management and care of individuals referred to the WECASP are:

- NHS England commissioned Primary Care, Substance Misuse and Mental Health providers
- Offender Management (prison and community)
- Safer Custody teams
- WEPS site-based staff
- Offender Personality Disorder (OPD) services
- Accredited interventions
- Substance misuse teams
- Probation services such as resettlement teams
- Regional Forensic Psychology Services
- Chaplaincy
- Health and Social care, including devolved services in Wales
- Adult / Children Safeguarding (where applicable)

7.4.4 Cross departmental working within prisons is significant in identifying, managing and supporting those with challenging behaviours. Professionals from different disciplines can bring positive contributions to risk management, safeguarding, resettlement and desistance; therefore, it is expected that prisons will ensure multidisciplinary meetings are fully represented with a feedback loop sharing into the WECASP Board.

7.4.5 Faith or belief is a protective factor for many individuals, and faith and pastoral support is accessible to all individuals of faith or of no belief at all within the women's estate. This level of support is one that can help people on their way back to leading positive lives on release and the links between local groups and chaplaincy projects should be encouraged and strengthened, where appropriate, to support wellbeing and the stabilisation of behaviour. The correct faith support can be critical in de-radicalisation treatment which may well be part of an individual's complex needs. Offender Managers must consider where faith or belief is identified as a protective factor for sentence planning and therefore it is expected that care and management plans of those with complex needs should also ensure this has been considered.

7.4.6 The WECASP case manager will work with prisons to ensure that each individual has regular multidisciplinary case reviews, up-to-date sentence plans, care plans and OASys assessments.

7.4.7 Additionally, the WECASP Board will work collaboratively in helping to identify key themes and gaps in provisions to inform future commissioning opportunities that will support the national picture of accessible, integrated and holistic services. The aim is to maximise access to, and outcomes of interventions and services aimed at reducing their risk of re-offending and harm to themselves and others.

7.5 Desired outcomes of the WECASP

7.5.1 The desired outcomes of the WECASP are as follows:

- Prisons identify those individuals who meet the referral principles;
- HMPPS have a fully documented consideration process to support a decision by the Women's Estate Case Advice and Support Panel (WECASP) as to whether to accept the individual onto the caseload;
- To provide prisons with advice, support and direction in managing those with the most complex needs who are not progressing in their sentence plan, without disruption to existing processes under the Mental Health Act (MHA) 1983;
- To provide an overarching forum to coordinate the work being undertaken in relation to the individualised needs of those who are categorised as Restricted Status (RS);
- That each individual on the caseload has regular multidisciplinary case reviews, up-to-date sentence plans, care plans and OASys assessments;
- The development of integrated holistic services which maximises access to and benefit from interventions and services that will reduce their re-offending and meet their individual needs;
- That staffing groups within the women's estate, and involved with the individual(s), are fully involved in the WECASP process;
- Prisons make use of mentoring and/or advocacy services provided within the prison, or regionally, to offer support to individuals;
- Positive staff / individual engagement is in place;
- To ensure the sharing of information and strategies between custody and community takes place to support consistency in the transition to the community.

7.6 Members of the Women's Estate Case Advisory and Support Panel (WECASP)

7.6.1 The core members of the Board are:

- The Head of HMPPS Women's Team
- Prison Group Director representative
- Women's Estate Psychology Service (WEPS), Lead Psychologist
- Head of Enhanced Case Management Team
- HMPPS Health and Care Partnerships Team, including NHS England & Improvement partners from the Joint OPD Team
- Long-Term and High Security Prisons Group (RS individuals only)

Public and Private Sector Prison Representatives, with decision making authority, attend every Board for their case specific discussions and where possible, are encouraged to remain and contribute their knowledge and experiences to other case discussions.

7.6.2 The Board will invite other HMPPS or partner agency representatives that is deemed necessary, to provide more specialist advice or views on behalf of the individual, on a case by case basis:

- Offender Managers (Community and/or Prison), personal officers or key workers
- WEPS prison-based psychologists
- Mental Health Casework Section

- Health and Social Care Lead for Women's Estate
- Safer Custody Representative from Women's Estate regional office team
- National Transgender Lead
- Chaplaincy
- Diversity and Inclusion representatives
- Learning Disability representatives
- Treatment and / or Intervention managers
- WOPD operational and clinical practitioners
- Specialist Practitioners including those with specialisms in areas such as autism or neurodiversity
- Consultant Psychiatrists
- Safeguarding representatives
- Health and Social Care representatives
- HMPPS Residential (AP/BASS) and Accommodation Support Services
- National Approved Premises Team
- Representatives from Welsh service deliveries, where applicable
- Social Workers for care leavers
- Youth Custody Service (YCS), YCS transition cases only
- Youth Offender Team (YOT) workers, YCS transition cases only
- Representatives from Secure Training Centres (STC) or Secure Children's Home (SCH), *YCS transition cases only*
- Any other professionals or advocates involved in the case management and/or support

7.7 WECASP Board meetings

- 7.7.1 The WECASP Board meets monthly and is chaired by the Head of the Women's Team, or another nominated senior manager.
- 7.7.2 Attendance in person is encouraged, but for people for whom this is not possible, teleconference or virtual meeting attendance facilities will be provided. In exceptional operational situations where a physical meeting is not possible, remote meetings will take place using teleconference or other virtual meeting facilities.
- 7.7.3 Invitations to all Board meetings will be sent to identified representatives, in addition to all Heads of Safety who hold the expertise of local level SIM meetings and can therefore access the central support to aid this role.
- 7.7.4 Where operational duties allow, establishments are encouraged to send a nominated representative of an appropriate senior level to attend in person. Where this is not possible, establishments must ensure that the meeting is attended remotely.
- 7.7.5 Those involved in the care and management of an individual can be invited to send in any contributions of their progress. Where appropriate, this may include an invitation to attend the review, either in person or via teleconference. The prison will be responsible for identifying and coordinating which professionals involved in the case are required to contribute. Where an individual is participating in a WOPD service, then a representative from that service should be invited.

- 7.7.6 An aide memoire of each case will be attached to the meeting agenda to aid discussions and support contributions from all attendees.
- 7.7.7 Following acceptance, the Board will review each case and set an appropriate review period. If there are new concerns or issues regarding the complexity of a case, then an earlier review date can be considered.
- 7.7.8 Reviews will examine how the individual is progressing in line with the management plan, and/or on the identified intervention and/or specialist treatment programme.
- 7.7.9 All meetings will adopt a collaborative and trauma informed approach, in line with the principles of the WECASP and the Board will look to seek the views of those who are on the WECASP caseload to help create better engagement with those in our care.
- 7.7.10 At the meeting, the Board will assess and triage new referrals to decide if the individual should be considered for support through this process. The Board will consider the following:
- What local options have, or are, being explored to support the case;
 - The individual's needs and how best to progress the sentence plan;
 - Assessment of the provision of interventions and/or treatment programmes across the women's estate which are best suited to meet the identified needs;
 - Whether additional staff support can be drawn upon at the current location to meet the expected outcomes;
 - If the referral is accepted into the WECASP, the Board will assess its priority rating to inform the frequency and format of reviews.
- 7.7.11 Meeting minutes that capture decisions and recommendations are to be circulated within **10 business days** of the meeting, to all core and relevant attendees and the PGD, to ensure that actions are progressed as quickly as possible.

7.8 Trauma Informed and Responsive Approaches for WECASP Boards

- 7.8.1 Trauma Informed Approaches can be defined as “a system development model that is grounded in and directed by a complete understanding of how trauma exposure affects service-user's neurological, biological, psychological and social development” (Paterson, 2014²).
- 7.8.2 For a service to be considered 'trauma responsive', as well as the staff needing to be trained (i.e. trauma informed), the systems and processes and policies which exist within the service must be reviewed and adapted. This is to ensure that individuals accessing the services are not re-traumatised or triggered by aspects of the way the service is run.
- 7.8.3 There are five guiding principles of trauma informed care: **safety, trustworthiness, choice, collaboration** and **empowerment**. Additionally, self-care for staff is an underpinning principle of a trauma responsive service.
- 7.8.4 It is the aim of WECASP that all elements of this policy framework will be implemented in trauma informed and responsive ways. The Board will attempt to ensure the physical and psychological safety of the individual in the decisions and recommendations made. The

² Paterson, B. (2014) “Mainstreaming trauma”, paper presented at the Psychological Trauma-Informed Care Conference, Stirling University, Stirling, 4 June

Board will adopt transparency and open communication about decisions made, in order to maximise the extent to which the individuals being supported via WECASP feel that they can trust the system and the staff involved in it. If appropriate, the individuals and staff can be offered choices about how to progress their cases. In some instances, services are available at multiple sites and therefore individuals can express a preference as to where they would like to be located. Where there are several, equally important, needs that relate to offending behaviour and / or wellbeing, individuals and staff should be encouraged to contribute their views on the sequencing in addressing these factors. The focus is around the engagement of staff and individuals and the ability to present a range of options, if available, in how the Board feel that individual's needs could be met.

7.8.5 Additionally, WECASP Board members will work with individuals and staff as far as possible in exploring how best to take their cases forward. Prison staff will be empowered to take responsibility for their own case management and will also be encouraged to support and empower the individuals to make changes for themselves, where they have the resources and skills to do so. Alternatively, individuals will be enabled to apply for, and where appropriate, access services or interventions which will provide support to develop their skills and strengths in self-care and self-management. At all stages the WECASP Board will provide support to staff working in sites who are managing these complex cases.

7.8.6 What is 'Trauma Informed' in a WECASP context?

- Awareness of the high prevalence of traumatic experiences in the lives of individuals within the women's estate.
- All work includes consideration of trauma histories and impact.
- Use objective, neutral language which is not judgemental when describing the behaviour or perceived attitude of individuals.
- Recognition of culture and practices that are re-traumatising.
- Recognise which aspects of prison life tend to be the most triggering or re-traumatising for women's estate individuals (e.g. transfers, early days in custody) and make attempts to overcome these when problem solving and suggesting ways forward with each case.
- Be clear that the WECASP Board is an advisory and support process and does not hold the power to direct prisons or move individuals – which is a responsibility of the women's estate.
- Maximise the extent to which staff and individuals have choices and can work to seek solutions and move towards implementing them.
- Understanding that all behaviour has meaning.
- Thinking "what happened to you?" not "what's wrong with you?" (Harris & Fallot, 2001³).

7.8.7 What is 'Not Trauma Informed' in a WECASP context?

- Where Board members lack understanding about the prevalence and nature of trauma within the women's estate population.
- Labelling or punishing and judgemental language is used (in conversations, case notes, assessments and reports) to describe an individual's behaviour or engagement.
- Where discussions about formulations of an individual's prison behaviour occur, these do not include an exploration of the impact of trauma on that individual.

³ Harris, M. & Fallot, R.D. (2001) *Using Trauma Theory to Design Service Systems*. Jossey-Bass: San Francisco

- Rule enforcement focuses only on punishment or attempting to seek compliance, without trying to make informed choices about the most appropriate means of progressing cases.

7.9 Restricted Status (RS)

- 7.9.1 The definition of Restricted Status within this policy framework is defined in PSI 2015/09 The Identification, Initial Categorisation and Management of Potential and Provisional Category A / Restricted Status Prisoners. 'A Restricted Status prisoner is any female, young person or young adult prisoner, convicted or on remand, whose escape would present a serious risk to the public and who is required to be held in designated secure accommodation'. Separate procedural security arrangements apply to Restricted Status individuals.
- 7.9.2 The Long Term and High Security Prisons Group (LTHSPG) is responsible for the categorisation of RS individuals and informing the HMPPS Women's Team when an RS and provisional RS (PRS) status is allocated.
- 7.9.3 All RS/PRS individuals are automatically included on the WECASP caseload and considered for discussion by the WECASP Board. A referral form is not required. Only once an individual is downgraded, and no longer RS, can they be removed from the WECASP caseload, unless they are also assessed as having complex needs.
- 7.9.4 Individuals with RS status are currently only accommodated at HMP/YOI Bronzefield, HMP/YOI Low Newton, HMP/YOI Peterborough and HMP/YOI New Hall.
- 7.9.5 The Deputy Director of LTHSPG, in consultation with the PGD, is responsible for decisions relating to RS individuals being located at another prison to access necessary interventions.
- 7.9.6 Individuals who have been both categorised as RS and convicted of an offence set out in the Terrorism Act 2000, are managed collaboratively through the Pathfinder structure and do not require additional discussion at the WECASP unless there are additional complex needs which are not related to their TACT status. Additionally, this small cohort will be managed through their local Probation National Security Division (NSD), rather than their local Offender Management teams. For further guidance on the NSD, please refer to section 7.22 of the guidance.

Restricted Status and the WECASP

- 7.9.7 While not all RS individuals will have additional complex needs, their security status may restrict their ability to access interventions and regimes that are aimed at addressing their offending behaviour and demonstrate a reduction of risk of harm towards others.
- 7.9.8 The priority of the LTHSPG and RS categorisation is to prevent escape whilst the WECASP will focus its attention on sentence progression and supporting access to services required to meet their needs. RS downgrade is achieved through evidence of a reduction in the risk of harm towards others and completion of interventions leading in some cases, to a successful parole hearing and a subsequent progressive move. Where RS downgrade is achieved, and there are no additional complexities that require WECASP support then the case will be removed from the WECASP caseload.

- 7.9.9 The WECASP will work with LTHSPG, PGD Security Lead and prisons holding RS individuals to support and enable access to interventions, programmes or services. The WECASP provides a forum that supports the coordination of the services needed to work towards the goals of risk reduction and RS downgrade.
- 7.9.10 Once a notification has been received from LTHSPG of an individual with the provisional restricted status (PRS) or restricted status (RS) category, the HMPPS Women's Team will contact the respective establishment to undertake a review of the individual's case to establish if there is a presence of any additional complexity components that may require the full WECASP resource.
- 7.9.11 The WECASP will determine whether it is necessary for the case to be considered at the monthly WECASP Board meetings. There is no requirement to routinely or regularly discuss RS individuals at the WECASP meetings, unless there are additional complexity components. However, as a matter of course all RS cases will be reviewed annually by the Board.
- 7.9.12 Where there are no elements of the management plan that require additional input, the case will remain open on the WECASP caseload for oversight only. The case will continue to be reviewed by the LTHSPG to assess whether an RS downgrade is appropriate or not. The HMPPS Women's Team and the WEPs Lead Psychologist will attend the annual RS reviews coordinated by LTHSPG to ensure that relevant information from the WECASP is fed in as necessary.
- 7.9.13 If during an RS review there are noted concerns due to a change in behaviour or for the need to explore bespoke services to support the individual in achieving RS downgrade, then the HMPPS Women's Team representative will feed this back to the WECASP Board for consideration and discussion.

Part B - Referrals and Acceptance

7.10 WECASP Referrals: Guiding Principles

- 7.10.1 There is no specific definition of 'complexity' that fully reflects what complex may look like in a prison practice context for the women's estate and our stakeholders. Sometimes complexity may be about behaviours displayed, and sometimes it may be about characteristics of individuals which contribute to requiring additional services or support.
- 7.10.2 Factors indicative of complexity may not always be directly linked to drivers of offending but unless understood and / or addressed, can make tackling offending related needs difficult or impossible. In other words, complexity factors may be barriers to engaging individuals with features of their sentence and in addressing their offence related needs creating difficulty in accessing the services they may require for their care needs. The challenging behaviour that is presented might impact the operational running of an establishment, such as the amount of staff input and therefore resource an individual requires. Factors indicative of complexity are also, often, very likely to cause individuals high levels of psychological distress.
- 7.10.3 Within these arrangements, the following factors are examples of what may indicate that an individual is complex and a combination of multiple factors, rather than one factor alone, may lead to a decision to refer to the WECASP:

- Multiple 'personality disorder' diagnoses or traits or long-standing behaviours indicative of the presence of one or more personality disorders
- Severe and/or enduring mental illness, that impacts daily functioning
- Learning difficulties or disabilities
- Specific physical health condition or disabilities requiring enhanced support / supervision
- Prolific or risky self-harming behaviour and/or high-risk violent offending in custody
- Over tariff ISPs with multiple 'knock-backs' and no progression
- Evidence of cognitive impairment impacting on consequential thinking
- Stalking or obsessive behaviour towards staff or other residents

7.10.4 The list of factors is indicative and not exhaustive, and complexity is not always indicated by factors such as those above or approached with a rigid set of 'criteria'. Multidisciplinary staff inputting into the case should be consulted before an individual is assessed as having complex needs to ensure all available evidence has been holistically reviewed.

7.10.5 As a result of the above factors, the following events or management processes may also be in place, and the following thresholds would support a referral to the WECASP:

- Currently or previously known to a local Safety Intervention Meeting (SIM) ;
- Segregation: a 3-month continuous period or cumulative period of 180 days in a 12-month period;
- ACCT management combined with additional complexity factors: those who may have reached 'Enhanced Case Management' level in accordance with PSI 2011/64 - Management of Prisoners At Risk of Harm to Self, to Others and From Others;
- Location in a prison healthcare unit as an inpatient: in excess of six months (Individuals held on healthcare for long term physical health reasons only would not normally be considered for a referral);
- Post tariff Indeterminate Sentenced prisoners (ISPs) who may be known to the PPCS Enhanced Case Management Team (ECMT);
- Consideration being given for placement on the EOS service caseload (OPD service available at HMP Bronzefield);
- Individuals who arrive in the women's estate from Court, but who have recently had experience of the youth / secure estate.

7.10.6 All young people who are transitioning into the adult women's estate will be automatically placed onto the WECASP caseload, ahead of their 18th birthday, to support the transfer handling arrangements and to ensure the identification of location is best for their individual care and clinical needs. For further guidance on the transitions of young people, see section 7.22.

7.10.7 Individuals held on a remand are suitable for a referral to the WECASP.

7.10.8 If an individual has previously been known to the transgender Complex Case Board (CCB), this would not prevent a local decision being made to refer to a WECASP if additional input is required to support the management of challenging behaviour and individual progression.

7.11 Referrals

7.11.1 HMPPS has a duty of care to both staff and those serving a custodial sentence, or on remand. The aim of the referral process is to identify appropriate or relevant individuals, in line with the referral guiding principles, and fully document the relevant information to enable a decision to be made regarding selection onto the WECASP caseload.

7.11.2 The decision to refer an individual to the WECASP must be taken by the Governor/Director, supported by the Head of Safety as appropriate, of the prison in which they are accommodated. A referral can take place at any stage of the custodial journey where additional complexities are present and problematic, should the establishment conclude support may be needed sooner to prevent the escalation of behaviour or risk to self or others.

7.11.3 In some instances, earlier intervention or a case notification of a relevant case can achieve better outcomes for both staff and the individual. Staff should continue to access local processes available to them but are able to refer into the WECASP for the additional consultation on the case where relevant.

7.11.4 It is vital that the referral document is completed in full and that information provided is accurate, evidenced, that appropriate language used, and that it reflects the current and/or potential risks to self or others and issues that the individual presents. Reports should also identify what measures and actions have been taken so far, along with the individual's response to such actions. Any supporting documentation should be submitted with the referral form.

7.11.5 Supporting documentation can consist of any of the following:

- Psychological assessment reports
- Care and management plans
- StEMs
- Sentence plans and objectives
- Relevant risk assessments
- Safety Intervention Meeting (SIM) minutes
- Health and Social care reports
- Specialist assessments such as autism or neurodevelopmental
- Case formulations / Psychologically Informed Plans (PIPs)
- Reintegration plans
- Documentation from the youth estate / Youth Custodial Service (YCS) relating to a transition of a young person.

7.11.6 For all cases being referred to the WECASP, the referrer should consider whether the individual screens in to the WOPD pathway and that relevant information is included on the referral form. For advice, refer to Offender Management Unit or consult with the allocated POM/COM.

7.11.7 The referral form has been designed to capture the relevant information to support the Board in the identification of the appropriate care, supervision and management required to address the needs. A referral should not be a mechanism for a transfer, unless it relates to support in access to interventions that are not available at that establishment and support is needed to stabilise the individual, so they are ready for move on services.

7.11.8 All referrals are required to outline the following information:

- Summary of custodial behaviour and triggers
- Details of what action has been taken so far to support the individual, from operational meetings such as Safety Intervention Meeting (SIM), ACCT reviews or segregation reviews
- OPD screening information
- Expected plans for the future
- Expected outcomes of the referral
- Support expected from the WECASP process
- Any views or comments from the individual to be shared with the Board

7.11.9 To encourage a collaborative approach, all individuals being referred to the WECASP must be consulted with, to make them aware of the referral, prior to the referral being submitted. This includes disclosure of the referral form which should be signed by the individual; in this scenario this will act as the record of consent in this arrangement. This action must be recorded on NOMIS. Where there may be factors such as learning disabilities, physical disabilities or mental illness present that limits their ability to consent to the referral, then a conversation with the individual being referred, at an appropriate level to their needs, should still take place to evidence their awareness of the referral being made. The member of staff completing the referral is then able to confirm that the individual has been informed of the referral.

7.11.10 The referring prison must ensure that the Offender Manager (Prison and/or Community) is aware of and in agreement with the referral and confirmation of this must be included in the referral documentation.

7.11.11 All referral forms and supporting documentation must be submitted to the functional mailbox; WECASP@justice.gov.uk. A prison can and should contact the HMPPS Women's Team for advice or to consult on a case they are considering referring in the first instance.

7.11.12 All referrals will be subject to an internal review and screening process to ensure policy compliance and where relevant, to identify any early potential signposting options. As part of the screening process, Board members may be consulted with.

7.11.13 Where referrals are not required, the Board will still need sight of relevant paperwork to inform their support with the case. Referrals are not required for the following cohorts:

- Those categorised as Restricted Status (refer to section 7.7)
- Young people who transition from the youth estate to the adult estate (refer to section 7.21)

7.11.14 The referral form template is located within this guidance located in Annex A.

7.11.15 Referral Process (Annex C)

The referral process follows four stages:

- Referral submission
- Internal review
- Board consideration
- Decision

7.11.16 Referral submission

The initial referral can take place at any time. The referring prison must ensure that all documentation is fully completed and that the prison and/or community offender manager is involved and supportive of the referral as soon as concerns are raised. For young people under the age of 18 transitioning from the youth estate and those categorised as RS, no referral form is required.

Where a course of action was planned but not delivered due to behaviour or operational factors, the details should be included in the referral to inform the decision-making process.

Referrals should be sent to the functional mailbox WECASP@justice.gov.uk at least **8 business days** before the next Board for this to be considered.

All referrals and supporting documentation should be sent to the core board members **at least 5 business days** prior to the board sitting.

In the case of an **urgent referral**, the Women's Team should be immediately notified of the individual for listing at the next Board and the referral documentation to be sent to the functional mailbox as soon as possible.

Upon receipt of a referral, an acknowledgement email will be sent to both the custody team and in sentenced cases, the relevant Probation provider.

In cases where there is thought to be a mental health disorder, staff must ensure that the NHS England commissioned mental health provider is involved. If it is decided that the individual requires a transfer to a specialist psychiatric hospital, arrangements must be made in line with [PSI 50/2007 Mental Health Transfer](#). This does not exclude a referral being made to the WECASP if it is unlikely that a transfer will take place.

If an individual has been returned to custody from a specialist psychiatric hospital after an assessment or as an inpatient and the prison still requires support and advice from the WECASP then a referral can be made. Unless a subsequent transfer under the MHA 1983 is appropriate.

7.11.17 Internal Review

Following receipt, the referral form will be reviewed by the Women's Team to ensure all necessary information and documentation has been included. Further information may be requested to support the referral.

All cases will be screened by the Board's operational support role to ensure policy compliance and identify where local processes and options have not yet been accessed. On occasions where local support or resource has not yet been considered, establishments may be advised to seek this support in the first instance before the referral is proceeded with. There may be circumstances whereby both resources are pursued simultaneously.

For cases that may have recently been located in the youth estate, but returned to women's estate from the community, then the YCS will be consulted for further information.

7.11.18 Board consideration

All referrals will be discussed at the next convened board meeting.

The prison will be responsible for coordinating the invitation list for those staff members who it would be beneficial to contribute to discussions.

Following the referral documentation review, the HMPPS Women's Team will ensure that all relevant professional disciplines are represented at the meeting, should they not already be part of the core membership.

During the WECASP meeting, the referring prison will be expected to present the case and explain the reasons for the referral and case context, any significant changes, and their expected outcomes from the additional support.

7.11.19 Decision

The Board will decide whether the case is suitable for consideration by the WECASP. All core board members will be expected to make representations. Where a unanimous decision cannot be reached, there will be further discussion and the Chair will ensure additional actions are set to provide assurances to all Board members to reach a consensus and final decision.

If the Board takes the decision that the individual is suitable for inclusion under this arrangement and added to the WECASP caseload, then the Chair and PGD will inform the Governor/Director, in writing, as to whether the case has been accepted.

The prison will be responsible for notifying the individual of the recommended decision in an appropriate manner, in writing or in person, and recording this decision on the individuals NOMIS case notes. It is important that the individual fully understands what this process means to them and why certain decisions and / or recommendations have been made.

7.12 Actions following acceptance

7.12.1 Following acceptance, arrangements will be made between the WECASP case manager and the referring prison to hold a multidisciplinary meeting within two weeks (or as soon as it is operationally possible) of the Board's acceptance decision. On occasions, a multidisciplinary meeting will have taken place prior to the Board meeting depending on the point in which the referral was received. The purpose of this is to ensure that support is offered early on, potentially to prevent a situation escalating.

7.12.2 The multidisciplinary meeting is focused on providing direction for the care and supervision of the individual, ensuring that they benefit from the most appropriate interventions and regimes available for their needs with the aim to achieve better outcomes and progression for them.

7.12.3 Where the relocation of an individual is being considered to enable them to progress with their pathway plan, all Board members are expected to support and contribute to discussions in identifying and making recommendations on suitable locations that are relevant to both their pathway and sentence plan. The importance of family ties and closeness to home, as

highlighted in the Lord Farmer Review 2019⁴, are also central to discussions when identifying suitable locations whilst balancing therapeutic needs.

- 7.12.4 Where suitable interventions or resources have been identified but are not available at the current establishment, the WECASP Board will make recommendations to the PGD, based on risk assessments and clinical needs, of where an individual is best located. The PGD is responsible for all operational decisions relating to prison transfers. The Board may request further clinical assessment or input to help identify what the short-term and long-term individual needs may be to support the Board's role in assisting with the recommendation on a suitable location for an individual. The Board must ensure that their recommendations are robust and defensible considering the unsettling and distressing impact that a move can have for individuals.
- 7.12.5 Following a recommendation for the relocation of a WECASP case, Governors/Directors are expected to follow the standard operational transfer process with other establishments (PSI 33/2015 External Prisoner Movement). In the event that it is necessary for a transfer to take place, the establishment must ensure that case records include all diversity and inclusion needs, a formulation of the individual's problematic behaviour, and a care and management plan that details what individual strategies have / have not worked in supporting the individual (e.g. StEM).
- 7.12.6 Where suitable interventions have been identified, the case manager will make contact with the Offender Manager (community and/or prison) to ensure that an updated OASys is available and that the sentence plan reflects intervention focused outcomes. In cases where an individual is screened into the WOPD Pathway, the WECASP case manager will contact the offender manager (community and/or prison) to ensure that appropriate support is being accessed from the WOPD pathway.
- 7.12.7 If an individual on the WECASP caseload has been re-located in order to undertake a specific intervention and that intervention ceases because of disengagement or deselection, the individual will ordinarily return to the sending establishment and a review of the pathway plan should take place. This can be coordinated internally by establishments with a notification sent to the Women's Team.

7.13 Multidisciplinary Meetings

- 7.13.1 Multidisciplinary meetings (MDM) that are actioned by the WECASP Board will be convened by the Women's Team, who will also provide the secretariat function. An MDM brief note will be circulated within 3 business days to all attendees by the Women's Team.
- 7.13.2 The Women's Team will attend all multidisciplinary meetings either in person or via telephone conference. MDMs can either be chaired by the WECASP case manager, or a relevant member of prison staff.
- 7.13.3 Following a new referral, the initial multidisciplinary meeting will provide an opportunity to gather further information about a case to support the development of the care and management plan and to promote a collaborative and consistent approach when working to

⁴ 'The Importance of Strengthening Female Offenders' Family and other Relationships to Prevent Reoffending and Reduce Intergenerational Crime: <https://www.gov.uk/government/publications/farmer-review-for-women>

meet the needs of the individuals. It is expected that all staff involved will attend to familiarise themselves with the case in order to gain a better understanding of how the prison are able to meet, address and support the identified needs. Decisions around the location of an individual cannot be made at the initial multidisciplinary meeting, but the meeting can utilise the opportunity to collectively identify the needs of the individual, and current gaps in provision or available services.

- 7.13.4 The multidisciplinary meeting will inform the individual's care and management plan whilst they remain in custody; this should be developed by the POM in conjunction with relevant partner agencies. The POM is responsible for writing the plan in line with the Offender Management model. A copy of the care and management plan will be shared with the WECASP and reviewed by the case manager on a regular basis to ensure that the plan is being put into action.
- 7.13.5 Early multidisciplinary meetings may also identify gaps in the knowledge of the individual or recommend outstanding clinical assessments that are required to support the development of a care and management pathway plan. These actions must be completed in the first instance to enable sufficient identification of risks and needs to be established, creating a greater opportunity to meet the desired outcomes and progression of the case, including relocation where necessary and appropriate.
- 7.13.6 In some cases, multidisciplinary meetings will continue to operate outside of Board meetings, as needed, throughout the course of an individual's sentence to continually review the care and management plan in line with changes in behaviour and resources. Additional MDMs can provide a more in-depth opportunity for input from both internal and external stakeholders who can support in the navigation of discussions and contribute to dialogue around case specific needs.
- 7.13.7 Where there has been a recommendation for an intervention or service elsewhere in the estate, a multidisciplinary meeting will be coordinated by the WECASP case manager ahead of a move to the new establishment to support the handover and flow of information and management approaches. It is expected that a Women's Team representative, the Offender Manager (community and/or prison) will attend, in addition to the previous establishment who hold the most current knowledge of the individual.

7.14 Re-referrals

- 7.14.1 In some cases, where a referral does not meet the criteria for the WECASP, the Board may suggest relevant interventions available at the prison which have the potential to meet the needs of the individual and can be overseen by the local SIM meeting. In this instance, a letter will be sent to the Governor/Director and relevant Head of Safety explaining the reasons for the decisions and outlining the suggested way forward. The Governor/Director and Head of Safety should consider the reasons when producing an alternative plan within the prison and are responsible for identifying, recording and informing all staff working with the individual of the decision as soon as possible.
- 7.14.2 Re-referrals are considered by WECASP and can occur in situations such as; recalls to custody, further offences, change of circumstances or behaviour and hospital transfer returns.

7.14.3 If a case needs to be re-referred due to a significant change in circumstances, then a prison can contact the HMPPS Women's Team for advice or to consult on a case. This can be done via the functional mailbox; WECASP@justice.gov.uk.

7.14.4 If more than 6 months has elapsed since the case was last known to the WECASP, an addendum to the referral will be required in all cases, to provide updated information along with supporting documentation. This applies in all cases. All re-referrals will be subject to an internal review and screening process to ensure policy compliance and where relevant, to identify any early potential signposting options.

7.14.5 The re-referral addendum template is located at Annex B.

7.15 Exiting the WECASP

7.15.1 In some circumstances, an exit from the WECASP will be determined by the Board following evidence of stabilised behaviour and access to necessary interventions and services. The following are also examples of when an individual may no longer be on the WECASP caseload:

- Transfer to a specialist hospital under the Mental Health Act (MHA) and managed under mental health procedures, [PSI 50/2007 Mental Health Transfer](#).
- Restricted Status (RS) downgrade and no additional complexities that require WECASP support.
- Recategorisation and progression to open conditions.
- Release into the community on either licence, or at their sentenced expiry date.

7.15.2 Where the Board has unanimously agreed that it is no longer necessary for the individual to remain on the WECASP caseload, the WECASP case manager will contact the relevant offender manager (POM and/or COM) to ensure that all other identified agencies are fully involved in the management of the individual to ensure any continued support is available and accessible.

7.15.3 Whilst the above are examples of when the support of the WECASP is deemed no longer necessary, it is of utmost importance that decisions are considered on a case by case basis. In some instances, for example where those who have spent a significant proportion of their life in custody and the Secretary of State accepts the Parole Board's direction for a progressive move to open conditions, or release into the community, their complex personality traits mean they will continue to present with some challenging behaviours. Whilst a move may be a positive outcome for individuals, it is likely to cause a level of anxiety around what to expect and the adjustment to a new environment and different regime. In these circumstances, the WECASP may decide it would be beneficial to continue to provide oversight and support to professionals through the transition period of open conditions or release in to the community. This mechanism will provide continuity to new professionals and a mechanism for sharing information and management strategies that will feed into ongoing risk management plans.

7.15.4 When the Board deem that a case no longer requires input from the WECASP, a notification will be sent by the Women's Team to the Governor/Director and Head of Safety. It is expected that a local decision can be made as to whether the SIM meeting will pick up oversight in the initial stages for consistency. The Governor/Director and/or Head of Safety are responsible for identifying and informing all staff working with the individual that they are no longer a case on the WECASP caseload.

Part C - Consideration to other disciplines

7.16 Offender Management

- 7.16.1 The HMPPS vision is to prevent victims by changing lives and Offender Management is at the heart of this. HMPPS strives to “provide effective and humane prison, probation and youth custody services which protect the public from harm and help people who have been convicted of offences to desist from future offending so they can contribute positively to society”.
- 7.16.2 Offender Management in Custody (OMiC) moves the responsibility for offender management from the community probation teams into the custodial setting for those serving longer term sentences. From 30 April 2021, OMiC will start to be rolled out across the women’s estate which will include the allocation of a key worker for women on remand and those women assessed as having a low or medium complexity of need. For further information or guidance on the OMiC model, please refer to the [OMiC Blueprint](#).
- 7.16.3 A referral to the WECASP does not bypass the use of appropriate existing offender management arrangements already available in all establishments. The WECASP case manager will work closely with those involved in the care of the individual and those allocated to the case to undertake resettlement planning. The early involvement of an Offender Manager (community and / or prison) will enhance discussions and aid a collaborative approach to risk management and rehabilitation. It is expected that the COM/POM and/or key worker will provide input into the WECASP, either through written updates or attendance in order to share valuable insights into the face to face work they are completing.
- 7.16.4 For indeterminate sentenced prisoners (ISPs) who are within their parole review window, the case will be allocated to a COM who will be supported by the POM in the completion of the parole reports. In these circumstances and to ensure there is continued effective engagement, it is expected that both Offender Managers will take responsibility for actively engaging in the WECAPS process.
- 7.16.5 When an individual enters their parole window and the COM is allocated, a multidisciplinary meeting must be held involving the COM, POM, Enhanced Case Management Team (ECMT) caseworker (where applicable), the Women’s Team representative and all other relevant staff. This is an opportunity to share the knowledge of the case and to discuss the direction being considered.
- 7.16.6 It is recognised that access to, and the provision of resettlement services are a vital part of the custodial experience to enable effective continuity of support into the community. This includes receiving resettlement services and starting to engage with Community Offender Managers in preparation for release. This phase provides a chance for prisons to concentrate resources, skills and activities around the needs of individuals including those with complex needs.
- 7.16.7 The WECASP case manager can also be invited to attend Multi Agency Public Protection Arrangements (MAPPA) meetings, where needed, to support the development of the community risk management plan by sharing relevant information and strategies that were adopted throughout the custodial sentence to manage the complexities and challenging behaviour.

Post release

- 7.16.8 When an individual is released from custody into the community, it is no longer necessary for the WECASP to be involved and the individual can be removed from the caseload. However, we know that many of those held in the women's estate are likely to be vulnerable, with complex needs such as mental health, alcohol or drug dependency, history of trauma and self-harm difficulties. These factors can make the transition into the community, in a pro-social manner, difficult and can result in high levels of non-compliance; which consequently increases the chances of recall back to custody. It is expected that Community Offender Managers (COM) make use of the guidance issued surrounding alternatives to recall.
- 7.16.9 Additionally, for those serving indeterminate sentences, some of whom are significantly over tariff and have spent most of their adult lives within a custodial establishment, the concept of release is extremely daunting and can be emotionally overwhelming. The notion of being institutionalised is apparent and breaking down this barrier can be quite challenging for all professionals involved in the case.
- 7.16.10 Early involvement of the COM will be a huge benefit in ensuring that community teams have the knowledge to take forward the care and management approaches that were adopted in custody to meet the needs of the individual, into the community risk management plans.
- 7.16.11 We know that continuity for those within the women's estate is extremely important. The continued and early involvement of the COMs would allow for and support the continuation of information sharing with outside agencies being ready for release without setting up a new support package; additionally, it reduces the need for those who are vulnerable to re-tell their story which can be linked to disengagement in some cases.
- 7.16.12 It is expected that for eligible cases, where there are risk escalation concerns, a MAPPA screening will be undertaken in the first instance. This remains a COM responsibility. The WECASP may be able to offer additional support or broker arrangements, where it is felt necessary, for the initial months during the early transitional stage and for those placed in an Approved Premises (AP). The case manager within the HMPPS Women's Team can provide an optional outreach service to COMs to ensure that in necessary cases there is a continuation of the package and that trauma responsive approaches are embedded in release plans during a period, in what can be a high-risk time for recalls for those with complex needs. This will be considered on a case by case basis and the WECASP Board can be contacted, via the Women's Team, for support on recall decisions if required.
- 7.16.13 For indeterminate public protection (IPPs) individuals who are known to the WECASP during custody and at their point of release, the Women's Team and site-based WEPS representative should be invited to custody and/or community IPP progression panels to help ensure clear lines of communication and information sharing. Where it is not possible to attend, efforts should be made by the COM to have a discussion with them prior to the panel.
- 7.16.14 For those serving a life sentence on the WECASP caseload at the point of release, the Women's Team and WEPS should be invited to attend the initial lifer panel in the community. Where it is not possible for a Women's Team representative to attend a panel, efforts should be made by the COM to have a discussion with them prior to the panel.
- 7.16.15 Where those from the women's estate have previously been known to the WECASP, it is good practice for COMs to contact the Women's Team via the functional mailbox for historic information and guidance.

7.17 Mental Health Considerations

- 7.17.1 According to Equality Act 2010, any individual has a disability if they have a mental impairment that has a substantial, adverse, and long-term effect on their ability to carry out normal day-to-day activities. Mental health conditions that are considered as disability are: depression, schizophrenia and bipolar affective disorder among others. Consideration will also be given to mental health of those related to post-natal depression, suicide and self-harm, and those suffering from dementia and Alzheimer's (e.g. displaying aggressive behavioural issues).
- 7.17.2 The WECASP is not designed to address health and social care issues which should be addressed by existing health and social care provision within the establishment. However, it is recognised that some individuals who are referred to the WECASP may have the presence of some secondary health or social care issues alongside complex needs as described in the referral criteria, and therefore other departments will also be involved and responsible for the management of their needs. Decisions to transfer an individual to secure hospital will continue to be made by officials in the Mental Health Casework Section (MHCS) under the relevant provisions of the Mental Health Act (MHA) 1983.
- 7.17.3 The WECASP does not replace or override existing arrangements for those who have been assessed and/or accepted for mental health transfer to a secure hospital for treatment under the MHA 1983. The responsibility for such decisions will remain with MHCS in consultation with NHS England and its commissioned mental health providers.
- 7.17.4 In cases where the individual is thought to have a mental health disorder, staff must ensure that the NHS England commissioned mental health provider is involved. Should it be decided that they require a transfer to a specialist psychiatric hospital, arrangements must be made in line with PSI 50/2007 Mental Health Transfer. This does not exclude a referral being made to the WECASP if it is unlikely that a transfer will take place.
- 7.17.5 Staff must ensure that they follow the procedures set out in PSI 50/2007 Mental Health Transfer and that the NHS England commissioned mental health provider is involved in any assessment of an individual.
- 7.17.6 Where a referral to a secure hospital under the MHA 1983 is underway or recommended, a WECASP referral can still be considered but consideration should be given to if/when it is likely that they will be transferred to a secure hospital.
- 7.17.7 If an individual has been returned to custody from a specialist psychiatric hospital after an assessment or as an inpatient and the prison still requires support from the WECASP, then a (re)referral can be made, unless a subsequent transfer under the Mental Health Act is appropriate.
- 7.17.8 Annex H provides an overview the process for Section 47/49 prison transfers for those sentenced to custody and Sections 48/49 prison transfers for those on remand.

7.18 Women's Estate Psychology Service (WEPS)

- 7.18.1 WEPS aims to provide timely, high quality psychology services to individuals in women's prisons, which are trauma informed and evidence-based. The range and nature of the services provided across the women's estate are available to meet the needs of individuals, senior managers and other staffing groups.

7.18.2 The WEPS Lead Psychologist will continue to attend or be represented at the monthly WECASP Board to advise and support sites in the management of those individuals presenting with the most complex behaviour within the women's estate.

7.18.3 The WEPS representative at the WECASP Board will aim to assist the development of clinical understanding of the individuals within the caseload. They will also support the consistent management of the case and ensure that recommendations made by the Board are trauma responsive as well as being clinically appropriate.

7.18.4 WEPS prison-based staff will provide local support and advice to staff and managers about WECASP cases. As well as supporting individuals to engage in relevant accredited interventions or OPD Pathway services, WEPS staff may also engage in specific, tailored and bespoke work with WECASP cases, where necessary, and where no alternative resources or services already exist. This work would aim to drive behaviour change and / or skills development to reduce or enable more effective management of any problematic behaviour presented by the individual (e.g. violence or self-harm).

7.19 Women's Offender Personality Disorder (WOPD) pathway

7.19.1 Women's Offender Personality Disorder (WOPD) services are delivered as a joint operation between criminal justice, health and third sector service providers in line with the OPD pathway strategy. WOPD services aim to contribute to the delivery of the four high level outcomes:

- reduce repeat serious sexual and/or violent offending;
- improve psychological health, wellbeing, pro social behaviour and relational outcomes;
- improve the competence, confidence and attitudes of staff working with complex offenders who are likely to have personality disorder increase the efficiency, cost effectiveness and quality of offender personality disorder pathway services

7.19.2 The remit of the WECASP is not to replicate the WOPD pathway but rather, operate in a way that complements it. Many of those who are managed through WECASP will be screened in to the pathway, will be working towards stabilisation through their participation in OPD services, or will have participation in OPD services as one of their future targets.

7.19.3 A representative from the OPD Programme Team will attend the monthly WECASP meeting, to provide support and guidance in relation to the WOPD pathway in prison, probation, community and health settings. For more information about WOPD services, please see the [Brochure of WOPD Services](#). If you do not have access to the HMPPS intranet you can request the Brochure by emailing health@justice.gov.uk.

7.19.4 For further information relating to NHSE/I commissioning and HMPPS, please refer to [Annex I](#) in this guidance.

7.19 Indeterminate Sentence Prisoners (ISPs)

- 7.20.1 Managing Indeterminate Sentence Prisoners (ISPs – lifers and IPPs) and supporting them in progressing their sentences is a fundamental responsibility for HMPPS, as per the joint HMPPS and Parole Board IPP Action Plan. The IPP action plan is aimed at helping IPP prisoners, not all ISPs, to progress safely, and pulls together the multidisciplinary work strands affecting the cohort. This includes Central Psychology Reviews, IPP Panels in the community led by Probation, and the implementation of Progression Regimes (PRs) in men's prisons. Additionally, the Women's Estate Psychology Service (WEPS) have an ISP Strategy that is aimed at helping all ISPs to progress.
- 7.20.2 The HMPPS Indeterminate Sentence Operational Support Team (ISOS) has developed a variety of practical operational policy resources to help staff provide effective and meaningful care and management with this group. For example, FAQs for staff and prisoners, a functional mailbox that can be used to request operational advice from the centre. The package can be found on the ISOS [intranet page](#), along with the relevant policy and operational guidance documents including a comprehensive guidance in '[Managing Indeterminate Sentence Prisoners: Indeterminate Sentence Operational Support](#)' for operational staff.
- 7.20.3 The Enhanced Case Management Team (ECMT) in the HMPPS Public Protection Case Work Section (PPCS) is dedicated to progressing particularly challenging parole eligible cases, and therefore works closely with ISOS on the ISP cases that come to their attention. They too provide resources on their [intranet page](#).
- 7.20.4 For some individuals, who are over tariff and require support with progression, ECMT can provide additional case work support, advice and operational consultancy with a view to identifying and unblocking barriers to safe progression.
- 7.20.5 The collaborative work undertaken by ECMT aims to focus on possibilities and capabilities, as opposed to problems and barriers. ECMT encourage reflective practice and supports case managers with defensible decisions between public protection and rehabilitation.
- 7.20.6 The Head of ECMT will continue to attend, or be represented at, the monthly WECASP's to advise and support in the management of those residents, with complex behaviour, who are going through their parole reviews. ECMT representatives will ensure there remains close working with all relevant partners to support progression pathways and to facilitate compliance with complex Parole Board Directions.
- 7.20.7 ECMT representatives will attend, where appropriate and necessary, any multidisciplinary meetings on for indeterminate sentenced prisoners who remain on both the ECMT and WECASP caseload.

A gender-responsive individual needs led approach

- 7.20.8 The management of indeterminate sentence prisoners (ISPs) presents a variety of challenges, and operational staff play a key role in supporting this cohort to evidence to the Parole Board that their risk has reduced, and they can be managed safely in the community.
- 7.20.9 Throughout the duration of their sentences, ISPs are likely to experience a range of emotions following the initial shock and adjustment period to the reality of their situation. It is common for ISPs to experience feelings of hopelessness and therefore staff may be required to spend

proportionately longer periods of time helping them to find motivation to engage. Factors such as maintaining family relationships, future hope, mental resilience, access to support and good relationships with prison staff are all common factors found in ISPs who effectively adjust to their sentence.

7.20.10 The Managing Indeterminate Sentence Prisoners: Indeterminate Sentence Operational Support guidance document highlights that: “There are also differences in how men and women experience a new indeterminate sentence. When comparing their self-reported experiences, women have described the impact of reduced or lost contact with friends and family as having a particularly traumatic impact on their wellbeing, more so than reported by men. Often women are the primary carers for children and the impact a long-term sentence can have on such a relationship is great. Alongside this, women have described the increased feelings of trauma that receiving visits from their children can cause, and the feelings of additional loss brought about by the ending of visits and the emotional separation that follows. The experiences of women prior to coming into prison, in terms of the complexity of the abuse that many of them have suffered, may exacerbate this.” As a result of these differences, the advice is to approach progression support for ISP women on an individual basis at case management level. WECASP can aim to add value at this level.

7.20.10 ISPs on the WECASP caseload may be known to either an IPP Progression panel, or a community lifer panel coordinated by the community Probation team. To help ensure clear lines of communication and information sharing, both panels need to ensure they consult with relevant professionals in the cases of those on the WECASP. Further guidance is available on both lifer and IPP panels.

7.21 Transgender Complex Case Boards (CCB)

7.21.1 For some WECASP individuals, the case may have recently or historically been known to the national Complex Case Board (CCB), as identified within The Care and Management of Individuals who are Transgender Policy Framework. CCBs are centrally convened boards, chaired by Prison Group Directors (PGD), that support the safeguarding and decision-making processes that relate to the care and management of transgender individuals in Prisons, Private Prisons, Youth Secure Estate, Approved Premises (AP) and Probation and private providers. Further support and documents on gender identity, such as the operational guidance, can be found on the intranet page.

7.21.2 Not all individuals who identify with different genders within the women’s estate need to be referred to the WECASP. Cases referred to the WECASP should be those individuals who present with significant levels of complexity notwithstanding their gender identification. If an individual has previously been known to the CCB, this would not prevent a local decision being made to refer to a WECASP if additional input is required to support management and individual progression. For further information around referral processes and the WECASP guiding principles, please refer to section 7.10 of this document.

7.21.3 The CCB remain responsible for placement decisions and therefore in cases where there continue to be difficulties and risks that relate to their placement, then the case should be re-referred to the CCB for reconsideration and not the WECASP.

7.21.4 If case specific support is required, the National Transgender Lead (contacted via the team’s functional mailbox: HMPPStransgender@justice.gov.uk) will be invited to attend, or be represented, at WECASP meetings on a case by case basis.

7.22 Youth Custody Service (YCS) and Transitions

- 7.22.1 The Youth Custody Service (YCS) is the part of HMPPS with sole focus on children and young people within the criminal justice system. The YCS is a specialist service that oversees day to day management of the young people's estate, those who are under 18 years, and takes the operational lead for implementing youth justice reforms.
- 7.22.2 The children and young people secure estate (CYPSE) work with a cohort of young people with very complex and distinct requirements who are located in either Young Offender's Institutions (YOIs), secure training centres (STCs) and secure children's homes (SCHs). Girls and young women can only transition from SCHs or STCs and as there are no young adult YOIs for this cohort, they will therefore be required to transition into the adult women's estate.
- 7.22.3 The YCS have adopted a critical case pathway service that offers a holistic and multidisciplinary approach to some of the children and young people that enter the criminal justice system who present with additional complexities.
- 7.22.4 The transition process of children and young people from the youth to adult estate recognises the significant change in environment, regime and peer group that young people will go through and how this transition can be an unsettling period. The transition framework and process draws upon the importance of a process during this critical time, where extra effort, early planning, accurate assessment and engagement from key professionals is required.
- 7.22.5 All young people who are transitioning into the adult women's estate will be automatically placed onto the WECASP caseload ahead of their 18th birthday to ensure the transfer handling arrangements are agreed by the Board and women's estate prior to their arrival. There is no referral form required and the transition paperwork and supporting documentation will provide necessary information relating to behavior and challenges to inform decision making.
- 7.22.6 To support the essential steps of a transition, in early formal planning and accurate assessments, the YCS central management team (CMT) will undertake the initial identification of cases who are aged 17 years and 6 months that will require a transition into the adult women's estate. The YCS CMT will send an initial identification notification to the Women's Team via the functional mailbox: WECASP@justice.gov.uk.
- 7.22.7 An initial professionals meeting, that includes both YCS Critical Case Panel (CCP) and WECASP professionals, will take place to gather all necessary information regarding the identification of a suitable establishment that would need the young person's needs. It is important to ensure that the young person's voice is fed into any professionals' meetings and social workers for any care leavers are asked to contribute.
- 7.22.8 Following the initial professionals meeting, the case will be listed for consideration at the next WECASP Board. All information from the professionals meeting and initial CCP will feed into the Board discussion where a recommendation about location within the women's estate will be made based on the interventions and services available at that site whilst also considering their family ties. It is important that a collaborative approach is taken to ensure the risk and welfare needs of the young person are met.
- 7.22.9 Representatives from the YCS and STCs / SCH's will be invited to attend the WECASP meeting in person, or remotely, to support discussions around the young person's clinical and forensic, and mental health needs to enable professionals to put all necessary preparations in place before the young person turns 18 years.

- 7.22.10 The WECASP meetings will offer support in the preparation for transition, including specifying what the nature and individual level of involvement from the WEPs team for each young person upon their arrival in the women's estate.
- 7.22.11 For young people who enter the youth estate with less than 6 months until their 18th birthday, the YCS CMT must notify the Women's Team as soon as possible in order for the case to be listed at the next convened Board. Where required, emergency meetings can be coordinated.
- 7.22.12 The YCS and their individual case knowledge of complex young people, who subsequently enter the adult estate, is accessible at any point to the WECASP and women's estate to support the continued aims of achieving stability and improved wellbeing for both the individuals and staffing groups.
- 7.22.13 It is expected that the cases of young people will remain on the WECASP caseload for at least 6 months post transfer. The level and nature of oversight and input will be reviewed and dictated by the needs of the case.
- 7.22.14 A decision about the longer term need of the young person and any ongoing WECASP involvement will be made after 6 months.

7.23 NPS National Security Division (NSD)

- 7.23.1 The NPS National Security Division (NSD) will consist of specialist, dedicated and highly skilled units which provide an enhanced level of management and intervention for the most high-risk, complex and high-profile offenders in the community. The NSD will be based across five geographical units across England and Wales and will have the capability to deliver offender management to an enhanced level of national standards. Cases for NSD management will be identified by either their conviction, information / intelligence pertaining to their risk or by profile.
- 7.23.2 The identification of Early Allocation cases to the NSD can happen at any point during a sentence, but a referral is not made to the NSD until 18 months pre-release. If accepted, the NSD will triage the case and the allocated NSD COM will become responsible for the management of the case at 15 months pre-release.
- 7.23.3 The NSD will be responsible for the case management of specific high risk / high profile cases who are under supervision in the community. However, there may be a small number of WECASP cases who will be allocated to the NSD, from 15 months pre-release and therefore whilst still serving the custodial element of their sentence. This will be part of the early allocation process ahead of any potential release. This may occur in the following situations:
- Those convicted of TACT related offences (and who are known to the WECASP due to their Restricted Status categorisation) will be referred to the NSD and automatically accepted;
 - Those who may be identified during their custodial sentence, due to risk concerns, and triaged into the NSD through their referral process.
- 7.23.4 For cases that are known to both the NSD and the WECASP, the allocated Offender Manager within the NSD unit and the Probation Local Delivery Unit (LDU) will continue to be an integral part of case discussions and decisions within the function of the WECASP.

7.23.5 The operational management of individuals on the WECASP but under the NSD, will remain the responsibility of the Governor/Director until the stage in the sentence in which a COM is allocated. Once the COM becomes responsible, the operational management is the responsibility of the community Probation.

7.23.6 In these cases, the role of the WECASP will not differ and the multidisciplinary team will continue to be support staff in managing complex behaviour, progression and access to relevant therapeutic and offending behaviour pathways. For NSD cases that fall within this policy, all cases will be managed in accordance with this policy framework and their WECASP cohort; complex needs and / or restricted status.

7.23.7 For any enquiries relating to the NSD, please contact the team via the functional mailbox: NPSNationalSecurity@justice.gov.uk

Part D - Information Management

7.24 Information Sharing and Recording

7.24.1 Sharing information is a fundamental factor in risk management and the safety of the individuals. The sharing of knowledge is essential to facilitate decision-making, collaborative working and efficient communications in the care and management of those within the women's estate.

7.24.2 The sharing of information includes consultation and disclosure with the individuals themselves, to encourage transparency and their understanding of the WECASP. Where always possible, recommendations should be shared with the individual in an appropriate format and level to their need.

7.24.3 All core board members and prison establishments will be required to sign a confidentiality statement ([Annex G](#)). A confidentiality statement will be available at every WECASP Board meeting and all attendees must adhere to it to ensure information exchanged between attendees is appropriately protected.

7.24.4 All meeting minutes are marked with the confidentiality statement. The agenda items and minutes of the WECASP meeting should not be photocopied or the contents shared outside of the meeting without the prior agreement of the Chair. Any information shared, including emails, should be marked OFFICIAL – SENSITIVE.

7.24.5 Meeting minutes will be distributed in accordance with interested parties. For further information, please refer to the Information Sharing Agreement (ISA) that is in place. ([Annex H](#))

7.24.6 Prisons and Probation staff will remain responsible for ensuring the individuals NOMIS or Delius case records are updated with decisions, actions or recommendations to ensure case records accurately reflect case decisions and progression.

7.24.7 Records of the cases on the WECASP caseload will be held centrally by the HMPPS Women's Team and will inform the WECASP on the progression of each individual at their specified review dates.

7.24.8 The WECASP caseload will be circulated on a monthly basis to the Women's Estate Office, in addition to senior probation managers to support any work needed in understanding the

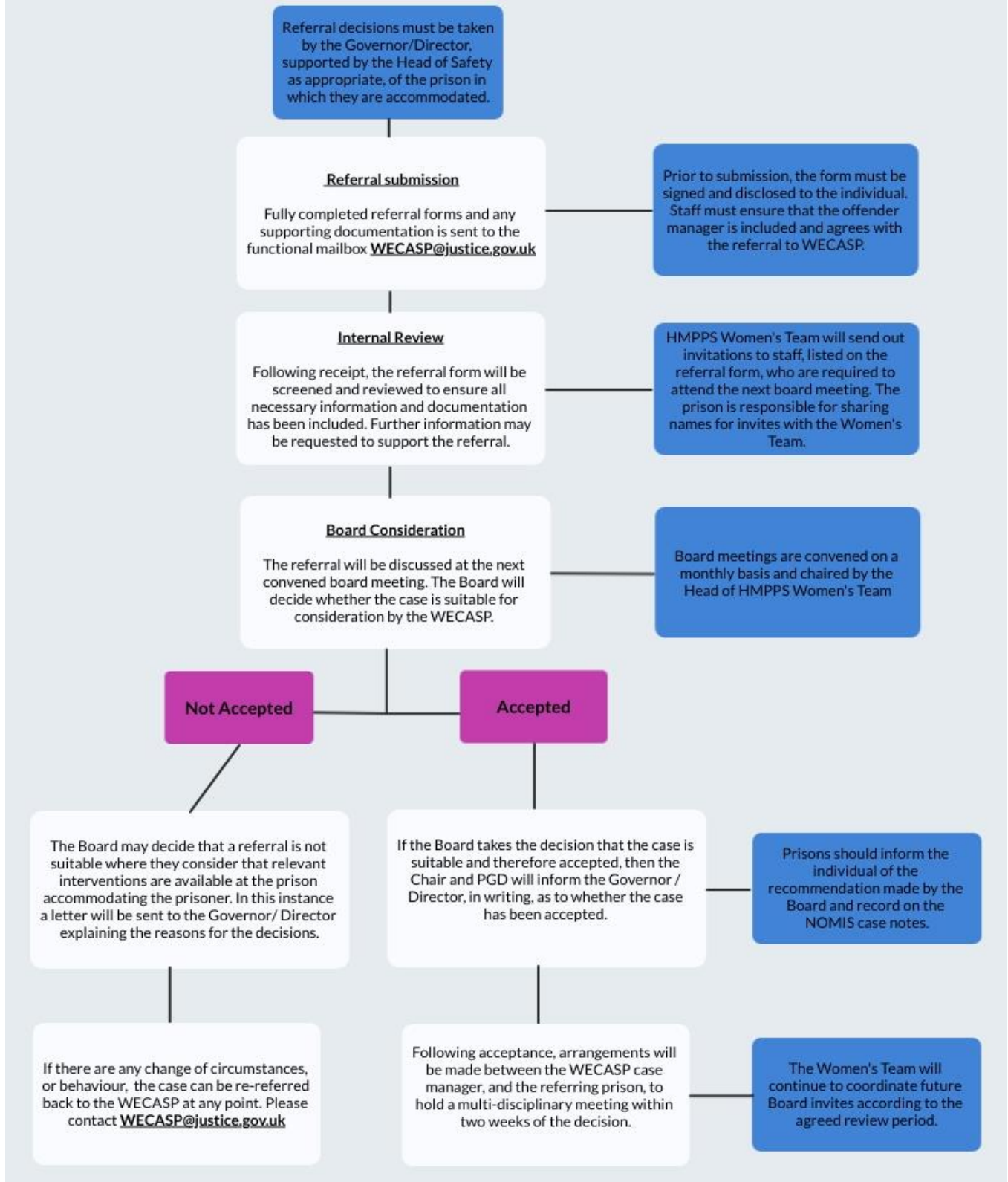
cases that may require additional oversight, input or resource to safely manage them through the transition into the community.

7.24.9 For any further information or information requests please contact the functional mailbox WECASP@justice.gov.uk

The annexes listed below can be found via the following link -
<https://www.gov.uk/government/publications/womens-estate-case-advice-and-support-panel-policy-framework>

- Annex A – WECASP Referral Form
- Annex B – WECASP Re-referral Addendum Form
- Annex D – Example Case Studies
- Annex E - S47/49 and S48/49 Mental Health Transfers Crib Sheet
- Annex F – WECASP Terms of Reference
- Annex G – Confidentiality & Diversity Statement
- Annex H – Information Sharing Agreement (ISA)

Annex C: WECASP Referral Process Map



Annex I – Commissioning (NHSE/I) and HMPPS Information

NHS England directly commissions 'specialised' services (such as treatments for rare conditions and secure mental health care), military and veteran health services and health services for people in prisons (including youth offender institutions). Some public health services are also directly commissioned by NHS England.

Mental Health

Mental Health is one of six National Programmes of Care (NPOCs) overseeing the commissioning of specialised services.

Mental Health / Adult Secure Services

Website for information: <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-c/c02/>

Offender Personality Disorder Pathway Programme (OPD)

The Offender Personality Disorder (OPD) pathway programme is a jointly commissioned initiative between the NHS and HMPPS, that aims to provide a pathway of psychologically informed services for a highly complex and challenging offender group who are likely to have a severe personality disorder and who pose a high risk of harm to others, or a high risk of reoffending in a harmful way.

Documents

For more information, see:

- Practitioners guide – https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869843/6.5151_HMPPS_Working_with_Offenders_with_Personality_Disorder_v17_WEB.pdf
- OPD Strategy - [The Offender Personality Disorder Pathway Strategy 2015](#)

Health and Justice

NHS England Health and Justice is responsible for commissioning healthcare for children, young people and adults across secure and detained settings, which includes prisons, secure facilities for children and young people, police and court Liaison and Diversion (L&D) services and immigration removal centres.

This means that all NHSE staff working in the healthcare departments across the women's estate are commissioned to provide their services by NHSE Health and Justice. This includes Mental Health In-Reach (MRIT) services, OPD pathways, GP's, psychiatrists, nurses, and perinatal care.

NHSE have seven regions who support local systems to provide more joined up and sustainable care for patients. Each regional team will have an identified commissioner who is responsible for a geographical location in which the 12 women's prison are located in. The regional teams are responsible for the quality, financial and operational performance of all NHS organisations in their region, drawing on the expertise and support of the corporate teams to improve services for patients and support local transformation.

In circumstances where the providers within a prison are struggling with a healthcare journey or have any queries then commissioners may get involved as appropriate.

The seven NHSE regions are; East of England, London, Midlands, North East and Yorkshire, North West, South East and South West.

Website for information: <https://www.england.nhs.uk/commissioning/health-just/>
<https://www.england.nhs.uk/wp-content/uploads/2016/10/hlth-justice-directions-v11.pdf>

Commissioned services

Find out more about NHS England's commissioned services:

- [Specialised services](#) Adult Secure – OPD
- [Health and justice](#)
- [Armed forces](#)
- [Commissioning for carers](#)
- [Critical care services](#)
- [Health and housing](#)
- [Integrated Personal Commissioning](#)
- [Nutrition and hydration](#)
- [Primary care commissioning](#)
- [Primary care co-commissioning](#)

Website for information: <https://www.england.nhs.uk/commissioning/commissioned-services/>

HMPPS Health and Social Care Team

The Health and Social Care Team provides subject matter expertise and partnership support on physical health, mental health, public health, social care and substance misuse to the whole of the HMPPS system. It drives and supports the operational implementation of national priorities, identifying impacts requirements and opportunities, and promoting collaboration. It manages national and regional level relationships with health and social care partners on behalf of the Agency.

For more than a decade, prison health services have been the responsibility of the NHS. Adult Social Care was made available to prisoners in England through the Care Act from 2015 and the Social Services and Wellbeing (Wales) Act from 2016. NHS England invests more than £400m annually in services for people detained in prison. Released prisoners and everyone subject to probation supervision make use of community health services.

HMPPS's partnership with the health and care sector explicitly supports both health and justice outcomes for the users of all our services. We promote everyone's rights to access high quality health and care services when they need them; to live as independently as possible, and to safe and decent conditions in our prisons.

Annex J - Glossary of Terms and Acronyms

Glossary of Terms and Acronyms

ACCT Prisoners identified as at risk of harm to self must be assessed using Assessment, Care in Custody and Teamwork (ACCT) procedures

Business days For the purpose of this document, business days refer to any day except Saturday, Sunday or national bank holidays.

CCB Transgender Complex Case Boards are established for service users who present a significant level of complexity and / or risk of harm. CCB's occur, where needed, following a local transgender case board

CCP Critical Case Panel developed within the Youth Custody Service to offers a holistic and multidisciplinary approach to some of the children and young people that enter the criminal justice system who present with additional complexities.

CCSS The Centralised Case Supervision System was developed in 2015, and is what the WECASP was formerly known as

COM Community Offender Manager, who is either a qualified Probation Officer or a Probation Service Officer

CRRB The Case Referral and Review Boards was part of the CCSS, and the Board who reviewed the caseload

CYPSE The Children and Young People Secure Estate that houses those who enter the Criminal Justice System and are aged 18 years and under.

ECMT Enhanced Case Management Team are particularly interested in Indeterminate Sentenced Prisoners (Lifers/ IPPs) and offer an intensive case management approach that provides additional case work support, advice and operational consultancy with a view to identifying and unblocking barriers to safe progression

LTHSPG Long Term and High Security Prison Group are responsible for the identification, initial categorisation and management of potential and provisional Category A / Restricted Status individuals

MAPPA Multi Agency Public Protection Arrangements are the process through which the Police, Probation and Prison Services work together with other agencies to manage the risks posed by those convicted of violent and sexual offences living in the community in order to protect the public.

MHA Mental Health Act (1983) covers the reception, care and treatment of mentally disordered persons and provides the legislation by which people diagnosed with a mental disorder can be detained in hospital or police custody and have their disorder assessed or treated against their wishes, informally known as "sectioning".

MHCS Mental Health Casework Section takes decisions on behalf of the Justice Secretary on restricted patients, who are mentally disordered offenders who are detained in hospital for treatment and who are subject to special controls by the Justice Secretary due to the level of risk they pose. These controls include permission for community leave, transfer to another hospital, discharge and recall to hospital.

NSD The NPS National Security Divisions are specialist dedicated and highly skilled teams which provide an enhanced level of management and intervention for the most high-risk, complex and high-profile offenders in the community.

OASys The Offender Assessment System (OASys) is a national system developed jointly by Probation and Prisons and provides a structured way in which offenders' risk of reoffending, criminogenic needs and risk of harm they pose to others can be assessed. It is based on the Risk, Needs, Responsivity (RNR) model.

OMiC Offender Management in Custody

OPD Offender Personality Disorder pathway services include specialist case consultation, assessment, treatment, progression, mentoring and enhanced risk management. The pathway is jointly commissioned by NHS England and HMPPS and the OPD Team is jointly staffed by colleagues from HMPPS and NHS England.

PGD Prison Group Director is responsible for the placement of individuals, operational delivery and strategic development of the women's estate

PIPE Psychologically informed planned environments accessed through the OPD pathway

POM Prison Offender Manager who is either a NPS Qualified Probation Officer or a member of Prison staff

RPD Regional Probation Director's

RS Restricted Status individuals

SIM Safety Intervention Meetings are weekly multidisciplinary meetings, held across the women's estate that are chaired by the Head of Safety to locally discuss how best to manage and support challenging individual such as those who are on an ACCT, a perpetrator or victim of violence, self-isolating or have other complexities such as serious mental illness or personality disorder.

StEM Support through Enhanced Management (StEM) is a multi-agency approach which aims to enable those working with individuals in the women's estate to understand the possible reasoning behind the presenting challenging behaviours and support that individual. The overall goal is to reduce the seriousness or frequency of the presenting behaviours which are causing difficulties for the individual, or for the management of them in custody.

WECASP Women's Estate Case and Advisory Panel

WEPs Women's Estate Psychology service provides psychology services to individuals in women's prisons which are trauma informed and evidence-based.

WOPD Women's Offender Personality Disorder pathway

YCS Youth Custody Service is a distinct arm of HM Prison and Probation Service and exists to help children and young people in our care to live positive and live crime free lives.