

HMP Downview E Wing Policy

1.0 Purpose of the Unit

- 1.1 The Downview E Wing Policy provides a framework for the care and case management of residents who have been placed there by the Transgender Complex Case Board. Residents will be transgender women holding Gender Recognition Certificates who have been assessed as presenting a high risk of harm to other women in custody and exhibiting behaviour (or predicted behaviour through risk assessment) that is dangerous, disruptive, and/or particularly challenging where the risk cannot safely be managed on normal location within the Women's Estate.
- 1.2 The development of E Wing has been to further our ability within custody to avoid isolation for transgender women who are assessed as presenting a high risk to (and in some occasions, from) other women in women's prisons (such as Care and Separation Units or in in-patient healthcare units when there is no clinical justification).

2.0 Aims of the Unit

- 2.1 To provide a safe, decent and secure location where high risk individuals (as identified by the national complex team and the Prison Group Director) can be managed, whilst maintaining order, control and safety for all residents within Downview.
- 2.2 To engage with local (and national) specialist agencies to assist us in the ongoing identification of the risks and needs of these individuals, and to address these risks in order to assist residents to progress, meet sentence plan targets, and safely integrate with other residents in the general population (either at Downview or elsewhere in the estate).
- 2.3 To work with health partners to ensure that the access to health services offered are equivalent to those that would be offered in the community.
- 2.4 To improve information sharing and decision making between establishments, national policy leads, the complex case team, local risk boards and other agencies and treatment providers.
- 2.5 In conjunction with the Transgender Complex Case Board and local specialists, develop exit /progression arrangements for residents assessed as being able to move on from the unit.
- 2.6 To increase staff confidence, provide further specialist training and support for the wider staffing pool.
- 2.7 To build competence within E Wing as a national resource for the wider custodial estate to draw upon in improving HMPPS care and management of residents falling into the category of those currently in the care of E Wing.

3.0 Eligibility for E Wing

- 3.1 A decision to move a resident to E Wing at Downview rests at Prison Group Director (PGD) level through the Transgender Complex Case Board. E Wing accommodates transgender women who pose too high risk to women to be addressed on normal location, but who are required to be located in the women's estate because they hold Gender Recognition Certificates (GRC) and are legally female.
- 3.2 E Wing will be considered by the PGD within the Transgender Complex Case Board once they have assessed that on balance the risks that an individual transgender woman with a GRC presents would

prevent us from fulfilling our duty to protect the rights of the other women held in custody to live in safety and free from abuse. If the PGD determines that the prisoner's risk could not be appropriately managed on E Wing, the PGD will also consider whether the exceptional circumstances in which a female prisoner would be held in the male estate or the requirements for segregation are met.

3.3 When determining whether to transfer a prisoner to E Wing, the following risk factors will be considered by the PGD within the Transgender Complex Case Board (**indicates critical factors*):

- **Offending history, including index offence, past convictions and intelligence of potential criminal activity- e.g. credible accusations.*
- **Anatomy, including considerations of physical strength and genitalia;*
- **Sex drive/interest and/or sexual relationships within custodial settings;*
- **Use of medication relating to gender reassignment; and use of medication generally;*
- **Past behaviour in custody, the community, in the care of the police, or in the care of prisoner escort services;*
- **Intelligence reports;*
- **Evidence of threats towards others;*
- **Mental health and personality disorder;*
- *Learning disabilities or difficulties;*
- *Substance misuse.*

3.4 Disclosure and the opportunity for individuals to make representations will happen at all Transgender Complex Case Boards. This will be the case for boards before the individual is located on E Wing and during her location on E Wing.

3.5 As Downview does not currently have 24 hour health cover residents who require such a service should not routinely be transferred to Downview. (See 8.6 below.)

3.6 Once a decision to move an individual to E Wing has been taken a manager from Downview will make contact with the sending establishment and will visit the resident to discuss the transfer and answer any questions or concerns. The manager may be accompanied by other professionals when it is deemed relevant. This provides an opportunity for Downview's multi-disciplinary team to be better prepared for the resident when they arrive, and the resident to be prepared for their transfer.

4.0 Care, Management and Review of Women on E Wing

4.1 In addition to the purposes of the Transgender Complex Case Board in PSI 17/2016, the Care and Management of Transgender Offenders, the Transgender Complex Case Board will:

- Review each individual at least every 6 months (or earlier if there is a change in risk or circumstances see section 4.7) considering an individual's progress against the actions set and to consider whether risk has changed significantly enough for a move of location. An individual will be moved from E Wing where they no longer satisfy the eligibility criteria set out in paragraph 3 above.
- Set new actions/ targets as appropriate to enable an individual to reduce their risk of harm and to progress off of E Wing.
- Assure itself that the individual women are receiving appropriate access to regime.
- The board will ensure disclosure to the individual concerned and enable the individual to participate in part of the meeting providing them with an opportunity to express their own views on their placement on E Wing.

4.2 An individual must be provided with written disclosure of all information, subject to paragraph 4.5, which will be considered by a transgender case board at least four days prior to the meeting. Additional time may be required by the individual if they require assistance in reading or understanding the information.

4.3 This also provides an opportunity to collate evidence-based information to enable the board to make an informed decision about the care and management of the person, including all risk information relating to self-harm, risk from others, and risks the person may present to others. Annex 3 contains the pro forma which must be completed prior to each Board. Where information is not available this

must be stated on the pro forma (for example where an OASys or other assessments have not been completed).

- 4.4 Where a case board is not able to make an informed decision due to incomplete assessment information, this information must be requested and a further board reconvened. Safety and risk considerations must be paramount in all arrangements in respect of the individual and of others who may be placed at risk as a result of decisions taken by a case board.
- 4.5 The disclosure of some information may not be acceptable for security or operational issues. Information may be withheld from the prisoner in certain circumstances, such as;
- in the interests of national security;
 - for the prevention of crime or disorder, including information relevant to prison security;
 - for the protection of a third party who may be put at risk if the information is disclosed;
 - if, on medical or psychiatric grounds, it is felt necessary to withhold information where the mental and or physical health of the prisoner could be impaired;
 - where the source of the information is a victim, and disclosure without their consent would breach any duty of confidence owed to that victim, or would generally prejudice the future supply of such information.
- 4.6 If this information is withheld, a “gist” (i.e. a summary) of the information must be provided.
- 4.7 The Local Care and Management Planning Meeting (LCMPM) will be held bi-monthly to review all individuals held on E Wing. The purpose of the LCMPM is to:
- Ensure that residents have access to and are accessing the regime that is offered to them through their individual care plan.
 - Monitor and review progress against the actions set out by the Transgender Complex Case Board.
 - Share available relevant and risk pertinent information on the physical, mental and psychological condition of the woman to those involved in caring for and managing her;
 - Discuss recommendations of any psychiatric or psychology assessments that have been carried out, along with offending behaviour programme reports, to inform the decision making process, identifying possible strategies for managing or resolving issues raised;
 - Draw up a clearly defined and time framed care and management plan, including regime provision and where necessary a crisis plan for key specific circumstances relevant to the individual i.e. attempted suicide, failure to take medication, change of appearance, sudden extreme actions etc. Targets should consider exit routes and progression aims from the outset;
 - Review progress bi-monthly against previous targets set, amending targets where necessary;
 - Refer up to the Transgender Complex Case Board where the multiagency group believe that risk of harm has changed significantly and a change of location is considered to be appropriate (this would be in addition to the 6 monthly reviews).
 - The individual will be invited to participate in part of the meeting. (See paragraphs 4.2 – 4.5 and Annex 3).
- 4.8 Membership of the LCMPM will vary according to the individual need of the resident and the requirements of the Transgender Complex Case Board but with a minimum core attendance of:
- The Head of E Wing (LCMPM Chair);
 - A member of the mental health in-reach team e.g. RMN;
 - A member of the psychology team;
 - Security;
 - A discipline member of staff from E Wing.
- 4.9 Additional members who should ideally attend or provide a written contribution, if they are involved in the care and management of an E Wing resident are;
- Offender Supervisor (or POM) or member of the Offender Management Unit;
 - Primary Care;
 - Education;

- Forward Trust;
- Programme tutor;
- Chaplaincy.
- Offender Manager
- (The IMB will also be invited to attend the LCMPM.)

4.10 The Chair of the LCMPM is responsible for ensuring targets and actions are communicated to the relevant individuals for action. This is particularly relevant if an individual responsible for an action is not present at the meeting.

5.0 Accommodation

5.1 The accommodation on E Wing comprises of 16 single rooms. The wing will provide a higher staff ratio with increased supervision compared to residents in the wider population at Downview.

5.2 Residents requiring constant supervision can be accommodated on E Wing if required with further constant supervision facilities in the multi-function room at the front of the building (this room can also be used to accommodate the requirements of the Segregation PSO).

6.0 Pre-transfer

6.1 To ensure a timely, safe and decent transition onto E Wing the Transgender Complex Case Board will forward a copy of the most recent Management Plan and a pre-transfer form to the Downview management team.

6.2 The local psychology team, health partners and discipline staff will provide a core summary from the prison they are residing in for E Wing staff and managers to include (but not limited to);

- The residents details
- Why she is being allocated to the unit
- What work is planned for her whilst she is on the unit
- Key risks/issues to consider
- Date for the review
- Anticipated progression route and timings.

7.0 Multi-Disciplinary Management of the Unit

7.1 E Wing will be multidisciplinary in its approach, and will include the integration of the following services within the unit:

- Psychology; The Downview Psychology team will be responsible for the psychology work with the residents located on the unit. They will carry out risk assessment work, 1:1 work, programme assessment screening, structure care plan targets and 1:1 interventions where appropriate, ensuring regular supervision, training and guidance are provided for staff.
- Mental health; Prisoners located at Downview fall under the responsibility of the generic mental health in-reach team. Referrals to high secure hospitals will be made by the MHIRT psychiatrist.
- A Band 5 Custodial Manager will be the Single Point of Contact for all women on E Wing. This will assist all agencies and staff involved to communicate effectively with each other and provide a consistency in service delivery for the women.

7.2. Throughout a woman's stay on E Wing their Offender Manager will be critical to ensuring and owning multidisciplinary case management. They will be fully engaged in the E Wing processes surrounding the individual to ensure that the centralised case management model is not fractured.

8.0 Management on the unit

- 8.1 All admissions onto E Wing will be determined by the Transgender Complex Case Board in line with the criteria set out within this policy. Location on E Wing is not punitive and as far as possible residents will be afforded the same facilities and opportunities as the wider population at Downview (subject to appropriate risk assessment and operational requirements).
- 8.2 Where residents are identified as requiring segregation, an assessment will be made of the best way of achieving this, this could include, but is not limited to, using the separate cell at the front of E Wing or the Segregation Unit. The requirements of the Segregation PSO must be adhered to.
- 8.3 The Transgender Complex Case Board and the PGD'S office will provide support, advice and a "shared responsibility" to local risk boards and the management team. An individualised approach will be taken to the management of E Wing residents, taking into account their needs, as well as the operational needs of the establishment:
- Ensuring the best use of resources whilst ensuring the decent treatment of residents.
 - Managing the safety of staff and residents by providing better information relating to risks.
 - E Wing is intended to be a centre of expertise in supporting high risk transgender women.
 - Support staff working on the unit in line with the establishment 'Well-being' Strategy.
- 8.4 The decision to allocate and progress women to and from E Wing rests with the Transgender Complex Case Board but the daily management of the unit is the responsibility of HMP Downview in line with all other residential units. This would include, for example, regime delivery, adjudications, IEP, meals etc.
- 8.5 The agreed Care and Management Plan will drive the residents' management whilst on E Wing:
- Behaviour Monitoring will be used to inform progress and management;
 - A member of wing staff will complete a short entry on NOMIS at the end of the day to summarise each resident's day and interaction. This must include what regime the resident has been offered as well as what has been taken up;
 - A member of E Wing staff should attend the bi-monthly meeting with a summary of reports to inform discussion. The management plan will be reviewed at the meeting and any changes agreed will be filed in the wing files. Care and Management Plans will be subsequently updated unless it is necessary to make changes sooner;
 - Specific incidents should be reported back to the LCMPM team as soon as is practicable. Any incidents will be dealt with by Downview management i.e. Duty Governor, Orderly Officer etc.
 - The LCMPM team will meet with the resident at least bi-monthly to discuss her progress in conjunction with the wing staff to ensure consistency and clarity of decision making and actions;
 - Crisis plans will be in place as part of the care and management planning process for specific individuals where necessary.
- 8.6 Should a resident require 24 hour healthcare for a condition or illness that presents itself whilst they are already a resident on E Wing we will initially work with local healthcare partners to put a temporary provision in place through our local health agency whilst a longer term solution can be established with the PGD.

9.0 Staffing

- 9.1 Staff working within the unit will be selected based on their self-selection to work on the unit, their skillset and their ability to work under additional pressure at pace.
- 9.2 Staff will receive the relevant training and support to enable them to actively reinforce the aims of the specialist interventions and to actively contribute to the Care and Management Plan objectives for each resident. Staff will also receive on-site training in the relevant aspects of personality disorder, mental illness, psychological functioning and risk.
- 9.3 Staff working on the unit will have the opportunity to attend group supervision and individual supervision.

10.0 Regime

- 10.1 The following is not an exhaustive list of regime provision but is an attempt to describe the key elements of the regime on offer. In principle women on E Wing will have access to as much of the regime offer in main site as their individual risk assessment allows for with all reasonable efforts made to ensure an equivalence of offer on the unit when an individual is unable to access a service on the main site.
- 10.2 The regime on E Wing will follow mainly the core day offered for women at Downview. This will ensure that women have an equivalence of offer. The following core activities will be offered for all women on E Wing itself;
- Exercise
 - Library
 - Association
 - Employment
 - Gym
- 10.3 Women will have access to the following activities within the main site alongside other women in line with their individual care plans;
- Off unit activities i.e. gym, education, religious study and faith awareness, substance misuse courses, employment. Access to these activities and level of supervision required will be part of the individual's risk assessment.
 - Access to offending behaviour programmes.
 - Faith services.
- 10.4 Women on E Wing will be subject to the same local policies at Downview in line with all other women; this includes IEP. This means, for example, that TVs will be available within cells in line with the relevant IEP level.
- 10.5 Residents who are restricted to unit activities only will be able to access their faith leaders on the unit. Access to activities off the unit will be granted according to individual risk assessment. The LCMPM team will liaise with the reducing reoffending team to develop and improve access to the regime with services being provided on the unit where possible.
- 10.6 Social and official visit arrangements will be the same as offered for the rest of the establishment unless there is a specific risk that requires them to be held on the unit. A member of E Wing staff will be responsible for the supervision of the E Wing resident at all times during visits. Visits will be conducted in line with PSI 2011-16 Providing Visit and Services to Visitors.

11.0 Health Care

- 11.1 Data relating to physical or mental health or conditions is sensitive personal data and must be processed in accordance with the provisions of the Data Protection Act 2018.
- 11.2 If medical treatment for gender dysphoria is commenced before reception into E Wing, and the individual applies for it to be continued, it should be continued until their gender specialist has been consulted on the appropriate way to manage their treatment unless the doctor working in the prison has reasonable clinical grounds for not doing so.
- 11.3 HMP Downview must ensure that individuals who have been diagnosed with gender dysphoria have access to the same quality of care (including counselling, pre-operative and post-operative care and continued access to hormone treatment) that they would expect to receive from the NHS if they had not been sent to prison.

12.0 Links to Other Policies

12.1 The following national policies are directly linked to the management and daily running of E Wing (this is not an exhaustive list):

- PSI 01/2015 AI 01/2015 The allocation of prisoners liable to deportation or removal from the United Kingdom
- PSI 02/2012 Prisoner Complaints
- PSI 06/2016 PI 08/2016 AI 08/2016 Information Risk Management Policy
- PSI 07/2015 PI 06/2015 Early Days in Custody
- PSI 07/2016 Searching of the Person
- PSI 08/2012 Care and Management of Young People
- PSI 20/2015 Cell Sharing Risk Assessment PSI 20/2015 Cell Sharing Risk Assessment
- PSI 12/2011 Prisoners' Property
- PSI 17/2016 The Care and Management of Transgender Offenders
- PSI 24/2014 Information Assurance Policy
- PSI 24/2014 Information Assurance Policy
- PSI 26/2009 Amendments to PSO 1700 Segregation
- PSI 30/2013 Incentives and Earned Privileges
- PSI 32/2011 Ensuring Equality
- PSI 33/2015 External Prisoner Movement
- PSI 37/2012 Supervision of Young Offenders
- PSI 47/2011 Prison Discipline Procedures
- PSI 64/2011 Management of prisoners at risk of harm to self, to others and from others (Safer Custody)
- PSI 75/2011 Residential Services
- PSO 1600 – Use of Force
- PSO 1700 – Segregation
- PSO 1810 – Maintaining order in prisons
- PSO 3050 Continuity of Healthcare for Prisoners
- PSO 4455 Requests from Prisoners to Change their Name
- PSO 4600 Unconvicted, Unsentenced and Civil Prisoners
- PSO 4615 Prolific and other Priority Offenders Strategy
- Women's Policy Framework
- Local Security Strategy
- National Security Framework

**Annex 1
Local Care and Management Planning Meeting - Resident Case Review**

Case Review Number:

Details of Case Review:

Date:		Time:	
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Resident Details:

Full Name:		NOMIS Number:	
CSRA:		IEP Level:	
		Current Location:	

Local Establishment Panel Details:

Name	Function/Role
	Head of E Wing (LCMPM Chair)
	Psychology
	A discipline member of staff from E wing.
	Security
	Mental health in-reach team
	IMB
Additional members who should attend (or provide a written contribution), if they are involved in the care and management of an E Wing resident;	
	Offender Supervisor
	Primary Care
	Education
	Forward Trust
	Programme tutor
	Chaplaincy

Summary of Review

To include: Behaviour and attitude since the last meeting? Has she engaged with staff and residents appropriately? Has she engaged with the targets set? Has she had any IEP's or adjudications? Any incidents of note? Overall view of the Panel regarding progress or otherwise?)

Has anything changed since her last review?

(i.e. change in sentence, new charges, referral to care provider?)

Does the individual have any other protective characteristics (other than Gender Reassignment) protected under the Equality Act 2010? What considerations and relevant actions have you taken?

(Age, Disability, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex, Sexual Orientation)

Care and Management Plan reviewed and updated.

LCMPM Manager Name:

Signature:

**Annex 2
E Wing Care, Risk and Progression Plan**

- The Care, Risk and Progression process must involve a multi-disciplinary contribution.
- The Care, Risk and Progression is to be completed in collaboration with the resident and targets must reflect the resident's goals as well as those Multi-Disciplinary Team's.

Name:		Number:		Current Location:	
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No.	Area of concern	Action Required	By whom and when	Progress at Review (date entry)
1				
2				
3				

No.	Area of Concern	Action Required	By whom and when	Progress at Review (date entry)
4				
5				
6				

Residents Comments:

Resident		Case Manager:	
Signature:	Signature:	Date:	
Print Name:	Print Name:		



(Annex 3)

**HMP & YOI Downview
Local Care and Management Planning Meeting
Resident Contribution Form**

Name:	Meeting Date:
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Every two months a multi-disciplinary team of staff will review your management and progress against your risk and progression plan. It is important that you are able to contribute to your targets and have an input into what is written about you. Please feel free to write down how you think you are doing, any targets you would like to have added to your care plan, plus any comments you want to make on the targets set for you.

Name: **Signature:**

Please hand to an 'E' wing officer who will pass it to the wing manager, Or if you are attending the meeting you can take this with you. You will receive a copy of your e wing care, risk and progression plan shortly after the meeting.

Annex 4
Official sensitive when complete

Transgender Case Board – Advance Disclosure

Section 1: Transgender Case Board details <i>(to be completed by the administrator)</i>	
Date of meeting	
Location	
Dial in details	
Chair	
Invitees	
Apologies	
Type of Board <i>[delete as necessary]</i>	Local Board: Pre-sentence Within 14 calendar days of: <ul style="list-style-type: none"> - reception into custody (remanded or sentenced) - transfer to a new prison (remanded or sentenced) - arrival into Approved Premises Review Contingency Plan Board (for individuals in the community where custody may be invoked) Complex Case Board (prisons only)
Date disclosure provided to the individual (must be at least 4 days prior to the meeting)	

Section 2: Details of the Individual who is transgender <i>(to be completed by the administrator subject to individual giving consent to disclosure)</i>	
<i>To be completed by the administrator and taken from relevant case administration systems (ASSET, PNOMIS, NDelius)</i>	
Name (include former aliases)	
Current prison location (if applicable)	
Date of last review (if applicable)	

Section 3: Offending history <i>(to be completed by the administrator)</i>
3.1 Index offence <i>(include sentencing details, description of offence, type of offence (eg sexual and/or violence), evidence of coercive control within a relationship, victim group)</i>
3.2 Previous convictions <i>(include all previous convictions including any breaches or supervision failures)</i>

Section 4: Assessment of static & dynamic risk (as assessed through the Offender Assessment System (OASys) where available). Chair of the board to allocate this section for completion.

4.1 Risk of serious harm summary

Risk of Serious Harm	Risk in Community	Risk in Custody
To Children		
To Public		
To Known Adult		
To Staff		
To other Prisoners		
To Self ¹		

4.2 Areas of risk relevant to the transgender case board

Identified areas of risk from OASys
<p>Identified areas of risk from other sources which can be disclosed to the individual:</p> <ul style="list-style-type: none"> • previous behaviours which have not resulted in convictions; • risks of sexual or violent assault to women prisoners where a person is seeking to be located in a women’s prison; • other identified risks to other prisoners and residents • risks from other prisoners (eg risk of sexual or violent assault) to the individual • threats from prisoner’s families, own family other members of the public • impact of any media coverage

4.4 Health care and medication information (to be completed only where relevant to individual case management) and where consent has been given for medical in confidence information to be shared)

Relevant healthcare information
<p>Relevant healthcare information from HMPPS staff and prison-based NHS staff (where consent has been provided) including prison psychologists, mental health in reach team, prison GP and/or nursing staff</p>

¹ Use all known wider sources of information available

Relevant healthcare information from External healthcare staff (where consent has been provided) including GP, Gender Identity Clinic staff	
Areas of risk relating to health relevant to care and management	
Medical risks specific to location in a women's estate (if applicable)	
Risks specific to location in a men's prison (as above)	
Relevant substance misuse risks	
Mental health issues	
Personality Disorder diagnosis	
Learning difficulties or Autism Spectrum Disorders	
Any other relevant health considerations	
4.5 Other Equalities considerations, including:	
Age <i>(if under 21 years in the adult prison estate, a referral must be made to a complex case board)</i>	
Disability <i>(include mental and physical health)</i>	
Religion or belief	
Race	
Sexual orientation	
Any other equalities considerations/ protected characteristics	
4.6 Voluntary Agreement	
Has a Voluntary Agreement been agreed	Yes / No
If yes, what are the Searching and Mandatory Drug Testing arrangements agreed?	
4.7 Sentence planning recommendations (where applicable)	
4.8 Concerning behaviours <i>(case administration records: interactions with staff, peers, visitors, attitude towards regime and activities)</i>	
4.9 Protective behaviours and factors <i>(positive influences and lifestyle factors [such as contact with family or significant others, education, training, religion], interactions with staff, completion of interventions that improve and may decrease the likelihood of problematic behaviour or future offending)</i>	

Report author name/grade²	
Report author signature	
Report date	

Section 5: Voluntary Contribution by the transgender person (to be completed by you or by a member of staff on your behalf) or presented verbally at the meeting

This is your opportunity to express your views of your care and management

What is your legally recognised gender?	Male/female
What is the gender you identify with?	Male/female
Are you seeking to transfer to a prison which matches the gender you identify with?	Yes/No
What would you like the transgender case board to consider in respect of your care and management?	
If you have applied for legal recognition of your gender via a gender recognition certificate, do you give written express permission for your previous gender and details of the gender recognition certificate application process to be disclosed? In circumstances set out in s 22 of the Gender Recognition Act 2004, the information may be disclosed even if you do not consent.	Prefer not to say / Yes /No
Do you give permission for your medical in confidence information to be discussed at the case board which is relevant to care and management decisions which need to be considered? This could be from your GP, Gender Identity Clinic, prison healthcare team, psychologist or psychiatrist.	Yes / No Comments:

Signature and date	Date/...../.....
Name and date of the member of staff if this has been completed on your behalf	Date/...../.....

⁷ Report Author credentials – description of your qualifications, experiences, client groups you have worked with and where you worked with them, role and training completed. Knowledge of and contact with the prisoner

Section 6: Contributions by other invitees (<i>information to be collated by the administrator</i>)		
Role	Summary of information provided to the Board and disclosed to the individual	Report Author³ and date
Establishment Psychologist/ with Regional Psychologist Lead oversight	<ul style="list-style-type: none"> <i>What reports, risk assessments, information is going to be shared at the board?</i> 	Report Author
		Report date
Safer Custody Manager		Report Author
		Report date
Offender Manager or Pre-sentence report author		Report Author
		Report date
Healthcare (prison healthcare, GP, Gender Identity Specialist)		Report Author
		Report date
Offender Supervisor		Report Author
		Report date
Other invitee		Report Author
		Report date

³ Report Author credentials – description of your qualifications, experiences, client groups you have worked with and where you worked with them, role and training completed. Knowledge of and contact with the prisoner

Section 7a: Current assessment of risk from the Security Department

Disclosable information about concerning behaviours noted during the reporting period

Area of intelligence	Overview of intelligence
Escape	
Indiscipline	
Violence	
Threats, bullying, conditioning of staff	
Involvement in substances	
Unusual/unexpected associations	
Other (please state)	
Adjudication (date)	Summary of adjudication

Report author name/grade	
Report author signature	
Report date	

Section 7b: Non-Disclosable information and intelligence – to be completed by custody Security departments, from Information Not to Be Disclosed to the Offender (INTBDTO) sections in OASys, other third party information

7b Non-disclosable intelligence (any information that cannot be included in 7a of this report. Information included in this section must be of a restricted or sensitive nature and as such would **not be disclosed** under the Data Protection Act 2018).

Area of intelligence	Overview of intelligence

Gist of the intelligence above that must be disclosed to the individual:

Area of Intelligence	Gist

Report author name/grade	
Report author signature	
Report date	