

Case Study 1: BC was serving a life sentence and was significantly over tariff having spent 30+ years in custody. BC had experienced significant childhood trauma and had mental health and personality disorder difficulties such as anxiety, depression, bi-polar disorder and OCD.

Behaviour challenges:

- Management issues including dirty protests, poor hygiene, food refusals, abusive and aggressive behaviour and refusal to engage with the regime.
- Significant difficulty in maintaining consistency in her staff relationships
- Limited engagement with sentence plan which created barriers to progression.
- Engagement and disengagement cycles with regime and staff
- BC was struggling to progress via the usual parole process routes and presented with signs of hopelessness.
- Long term refusal to leave the CSU and reside on the main prison population. The Parole Board decisions had consistently stated the need for BC to demonstrate progress by moving from CSU to a normal location.
- All local avenues had been exhausted by staff with no progression.
- Staff at the local establishment felt hopeless on finding ways to help BC to engage and progress through the parole process. BC was unable to picture a life beyond prison.

Action by the Board:

- BC to be included in the cohort of women identified for the complex needs pilot, now known as EOS. This provided BC with an opportunity to engage with EOS staff, including a psychologist on a 1:1 basis.
- Monthly multidisciplinary Board discussions with staff to provide support and encouragement
- Initial focus with short term goals on stabilising and improving engagement with staff
- Supporting staff in exploring and identifying the differences between poor custodial behaviour and risk factors
- Access to and escalation of the case to other stakeholders such as The Parole Board and Indeterminate Sentence Operational Support (ISOS) for assistance and input on all professionals can support BC in engaging with the parole process with a more bespoke approach.
- Collaborative work from different services and supporting requests for individualised and bespoke pathways
- Ensuring all necessary reports and risk assessments were requested to support plans being made
- The Board's understanding, with psychology input, of BC's behaviours and formulation enabled expectations to be managed and messages around change being gradual to be reinforced. This continual reinforcement and support offered by the Board enabled reflection opportunities for staff when considering their own motivation and hard work managing on a day to day basis.

Bespoke management approach:

- ISOS convened a case conference with key prison staff and the EOS manager and CCSS case manager
- A multidisciplinary group was set up that focused on improving BC's engagement
- BC was invited to attend multidisciplinary meetings at appropriate times to share her views and for transparency
- Active and regular attendance at multidisciplinary meetings from all services, including community services, to support collaborative working as plans of support that needed to be put in place were multi-agency plans.
- Photographs were provided by the accommodation provider to help BC in picturing life outside of prison
- The Parole Board were invited to and attended multidisciplinary meetings to contribute to discussions on how an individualised approach can be developed to support BC in her engagement with the parole process. This included what a robust release plan should look like and practical steps in what needed to be put in place for her next oral hearing and the format and set up of this.
- The oral hearing took place in the CSU to accommodate BC's needs
- MAPPA Level 3 involvement prior to release

Positive outcomes that were achieved through adopting a more individualised and bespoke approach:

- After 3 years of refusing to move, BC moved from CSU to healthcare. Whilst this did not last, this was a significant step forward in BC's willingness to alter her mindset.
- BC engaged with report writers for parole reports and psychological assessments. This had previously not happened.
- BC left her cell to attend her oral hearing, in good hygiene, where she engaged with the process for the whole five hours.
- The Parole Board recommended release and it was accepted by the Secretary of State.

Lessons learnt:

The importance of consistent relationships with staff. Trauma does not often take place without people or an agency as the perpetrator and therefore relationship and trust difficulties are expected in these cases. For BC, the consistency of her Offender Manager in the community enabled her to gradually build a relationship with someone who had a good level of knowledge and understanding of her case and behaviours.

All stakeholders, both custody and community, having a fundamental understanding of the individual and their presenting behaviours. The foundations of this knowledge enable stakeholders to acknowledge the importance of recognising when an individualised approach is required to help an individual make progress outside of the normal routes.

The importance of revisiting behaviour formulations to support staff in managing behaviour expectations and reinforcing the messages that change is gradual and often at a slow pace.

The importance of recognising the differences between poor custodial behaviour and risk factors and adopting specific management approaches for these considering presentations of institutionalisation.

Case Study 2: AB received an Indeterminate Public Protection (IPP) sentence and had made little progress in her sentence to date. AB had suffered significant childhood trauma and had been diagnosed with a personality disorder.

Behaviour challenges:

- Management issues relating to AB's aggression towards staff and her peers
- AB struggled to cope with group work interventions as this was too difficult and she would deselect herself.
- Difficulty with consistency in both her relationships and engagement. The cycles of engagement diminished to the point in which AB refused to engage with the regime, all staff and any form of intervention.
- AB expressed her loss of hope of ever progressing to release and therefore refused to engage with the parole process.
- AB was on an ACCT with hourly observations and regularly self-harmed when feeling angry.
- Limited success in attempts to get AB to re-engage and presenting with signs of institutionalisation.

Actions by the Board:

- Monthly multidisciplinary Board discussions with staff to provide support and encouragement
- Board discussions offered a reflective space for staff to share and unpick concerns
- Further exploration into the existence of AB's family relationships and contact. A recommendation for the family engagement worker to attempt to coordinate a family visit, with assistance from the Assisted Prison Visits scheme.
- Active support from members in formulating management plans to help AB move forward and improve engagement with regime and staff.
- The Board's understanding, with psychology input, of AB's behaviours and formulation enabled expectations to be managed and messages around change being gradual to be reinforced. This continual reinforcement and support offered by the Board enabled reflection opportunities for staff when considering their own motivation and hard work managing on a day to day basis.
- Following removal from the caseload, the Board ensure that the Women's Team continued to be available to provide any additional support and advice on her care and management if required.

Bespoke management approach:

- Multidisciplinary meetings with clinical representatives from AB's previous intervention at another establishment.
- AB was invited to attend meetings at appropriate points to empower and involve her in the planning of her progression. AB shared this made her want to work harder when seeing those who were supporting her.
- A small team was put in place to work with AB to provide consistency and close monitoring. This team were able to quickly identify what extra support was needed when AB experienced periods of disengagement and self-sabotaging. AB knew the staff and therefore responded well to their encouragement and support.
- Increased engagement with AB's family and them visiting AB regularly.
- AB received 1:1 sessions with a psychologist and was encouraged to keep a mood diary
- An opportunity to reside in the resettlement unit so AB could continue to work on the progress she had made
- AB had escorted visits to an AP to meet the staff and view the set up prior to the ROTL process commencing.
- AB remained at the same establishment when she received her open conditions recommendation. This was to help maintain her stability and engagement in a familiar environment.

Positive outcomes that were achieved through adopting a more individualised and bespoke approach:

- Slowly, over time, staff noticed visible changes in AB's mood and her openness with staff
- Increased motivation work towards enhanced status; something previously not seen as possible.
- The use of family visits increasing AB's motivation and ability to start thinking about release.
- AB was removed from the Board's caseload due to clear improvements in behaviour and progression to ROTL.
- At the next parole hearing, after being recommended for release, the Parole Board recommended her release into the community.

Lessons learnt

The importance of involving the individual and hearing their voice. AB shared positive feedback about attending a meeting and seeing all the staff "pulling together" for her to progress.

The need for a steady paced plan, that kept AB on side, and did not overwhelm her and see her revert back to inappropriate coping mechanisms such as self-harming.

The benefit of a core team that worked around AB for consistency and relationship building.

The value in providing positive feedback. AB's engagement continued to improve as she started to receive feedback on her engagement and increased ability to be open with staff.

Case Study 3: JP received a life sentence at the age of 14 years and was transitioning between the youth and adult custody estates.

Risk and Behaviour:

- JP was assessed as posing a high risk of harm to herself and others
- Due her age, vulnerability and tendency to be easily led by others, there were concerns of JP's risk from others.
- JP regularly engaged in self-harming behaviour such as ligaturing, had poor hygiene and self-care, displayed abusive and aggressive behaviour towards staff, experienced low mood and was separated from other groups due to her instigating other younger children to self-harm.
- JP was subject to an enhanced management plan.

Transition planning through the Board:

- Prior to her 18th birthday, a multidisciplinary meeting was held that included attendance from the adult prison establishment, youth estate establishment, the YCS, a representative from YJB and the Women's Team. The purpose of this meeting was to start discussing JP's clinical and care needs in order to identify a suitable location that was best for her and the support package that needed to be in place.
- The Women's Team met with the chair of the Board and the Board's psychologist to present the options
- The location recommendation was presented at the following Board meeting for further discussion.
- A collective decision was made on the establishment for JP, with the umbrella support and oversight of CCSS.

Establishment Planning

- The Board ensured that to support the transition and appropriate handover, teams from both the youth secure estate, and the women's estate, met in person facilitate information sharing.
- The team that would be working with JP in the women's estate attended the secure children's home for an introductory meeting. This was all part of the handover to help ease JP's anxiety of moving to the adult estate.
- Multidisciplinary teams developed a transition plan to help JP settle into new surroundings. JP was initially located on the healthcare unit upon arrival before moving to normal location.
- The family engagement worker worked closely with JP and her family to support visits and family ties.
- It was recognised that a small group of staff working with JP would be beneficial for consistency and relationships

CCSS involvement

- JP remained on the CCSS caseload during her transition and after arrival in the women's estate due to continued complex presenting behaviours. This resulted in her requiring hospital treatment following significant self-harming.
- The multidisciplinary Board supported staff with concerns around splitting and managing her behaviour triggers.
- The Board's knowledge and understanding of JP enabled support to be offered to the establishment in remaining consistent with management strategies.
- Over time, JP's behaviour started to stabilise, with increased engagement and a willingness to start considering future goals. JP started to show an interest in making progress on both her sentence plan and awareness around her personality traits.

JP's case is now being considered for removal from the CCSS given the progress both JP and the staff have made. Since her arrival in the women's estate, a lot of the focus was on stabilising behaviour and building resilience as JP tended to give up easily on work with occasional outburst with staff. It was important to remain patient with JP in order to create appropriate foundations for her to progress with her sentence plan for the remainder of her sentence.