

**DANGEROUS AND SEVERE/COMPLEX PERSONALITY  
DISORDER HIGH SECURE SERVICES**

**PLANNING AND DELIVERY GUIDE  
FOR WOMEN'S DSPD SERVICES  
(PRIMROSE PROGRAMME)**

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HOME OFFICE, HM PRISON SERVICE –  
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## **Summary**

This Planning and Delivery Guide covers the delivery of high secure DSPD services for women. The Government made a pledge in its 2001 manifesto, to deliver 300 places in high secure hospitals and prisons for the management and treatment of men whose risk of serious offending was linked to severe personality disorder. This document covers the development, delivery and management of pilot services for women who also meet this criteria. Key points are as follows:

A maximum of 12 residential places are available on the 40 bedded F Wing of HMP & YOI Low Newton forming the base of the Primrose Programme , for women who meet the referral criteria as being dangerous with a severe personality disorder . The other occupants of F Wing are expected to be lifers, 'restricted status' and long - term sentenced prisoners.

The delivery of specific assessment services and therapies will take place in a recently constructed, purpose - built unit attached to F Wing. Women in the Primrose Programme will have their non – therapeutic needs met by integrating with established services/programmes within F Wing and the wider prison. Daily activities (residential, meals, recreation, education, spiritual) will all be delivered by the mainstream prison services as will some specialist interventions e.g. PASRO for substance misuse.

There are no plans at present for a distinct women's DSPD unit within the High Secure Hospital network. However, close links with the National High Secure Women's Healthcare Services, Rampton Hospital, Nottinghamshire Healthcare NHS Trust, will be developed to share expertise, experience and good practice in providing services to women with complex and dangerous personality disorder.

### **Legal Context**

Pilot DSPD services are operating within the ambit of current mental health and criminal justice legislation. The Criminal Justice Act 2003 introduced new indeterminate sentences for dangerous offenders whose eligibility for release will be dependent on the level of risk they pose in terms of sexual and/or violent re-offending.

Reforms of mental health legislation are also planned. We will keep under review how the treatment and management of dangerous offenders can be helped by changes in the law.

Eligibility for release will be explicitly and formally linked to evidence of a demonstrable reduction in the level of risk. The Primrose Programme team will have a developing role as expertise grows in providing robust and evidence-based risk assessments to help inform decisions around the management of dangerous offenders and the risks they might present in custody or in the community if released.

**DANGEROUS AND SEVERE PERSONALITY DISORDER  
(DSPD)  
WOMEN'S SERVICES – PRIMROSE PROJECT  
PLANNING AND DELIVERY GUIDE**

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## **1. Introduction**

The purpose of this document is to set out advice about the planning and delivery of services for women within HM Prison Service (England & Wales) whose dangerous behaviour is linked to the existence of complex personality disorder. The document therefore provides the background against which services are being funded, commissioned, performance assessed and evaluated.

The service for women has followed on from the development of the national DSPD programme for men and new services in the medium secure and community sectors. The Planning and Delivery Guides for these services were published in 2005 and are available on [www.dspdprogramme.gov.uk](http://www.dspdprogramme.gov.uk)

## **2. Service Principles**

The aim of the Primrose Programme is to help meet the broad Government manifesto commitment and NHS plan targets, to improve public protection and reduce risk of harm from offenders with Dangerous and Severe Personality Disorders. Its purpose is to develop, pilot and deliver new services specifically for women who present a high risk of committing violent and/or sexual offences as a result of severe personality disorder. The target outcomes of the programme are:

- Better public protection
- Development and provision of new services improving mental health outcomes and reducing risk
- Better understanding of what works in the treatment of those women whose complex and severe personality disorder presents a high risk of serious offending
- Identification of progression pathways for those leaving the programme

The Primrose programme incorporates the underpinning philosophy of the national DSPD programme. It acknowledges that public protection will be best served by addressing the mental health and offending behaviour needs of a previously neglected sub-group of women offenders. This will be provided through:

- Where ever possible, use of interventions based on evidence of effectiveness from national and international studies

- Independent evaluation of outcomes, process and the most appropriate environment within which to deliver the service. This will be delivered as part of the research and development programme for the DSPD programme
- An understanding and analysis of those factors which differentiate the needs, treatments and successful outcomes for women from those of men in the DSPD programme.

### **3. Legislative Context**

#### **3.1 The Criminal Justice Act**

The Criminal Justice Act 2003 includes two new sentences for dangerous offenders: an indeterminate sentence of imprisonment for public protection and an extended sentence. These new sentences can only be imposed on offenders who pose a risk of serious harm to the public.

For the extended sentence, the Parole Board is required to take specific account of public protection in determining where an offender can be released early. For the indeterminate sentence, the parole Board will consider risk in the same way as it currently does for life prisoners. These are expected to have a significant impact upon the future operation of DSPD units both in prison and hospital.

Eligibility for release will be explicitly and formally linked to evidence of a demonstrable reduction in the level of risk. The Primrose Programme team will have a developing role as expertise grows in providing robust and evidence-based risk assessments to help inform decisions around the management of female dangerous offenders and the risks they might present in custody or in the community if released.

#### **3.2 Mental Health Legislation**

The Primrose Programme has been developed within the context of current mental health legislation. Future developments may have implications for the service and will be closely monitored to ensure that proper account is taken of any changing legal requirements.

## **4 Access to Services**

### **4.1 Capacity**

In order to meet the Governments 2001 commitment to provide high secure DSPD places for women, 12 places are being developed at HMP/YOI Low Newton.

It must be noted that this unit differs from all other DSPD units in that it is largely integrated as part of the wider establishment with no separation of residence, recreation, rules etc. However there is a dedicated therapy area.

Initially, 12 places will be provided at HMP & YOI Low Newton for both assessment and treatment. However, as the knowledge of the numbers who need this designated women's service are not methodologically quantified, the Primrose Programme will be closely monitored to identify the extent of unmet need.

### **4.2 Access to Services**

A candidate for the Primrose Programme can be admitted for treatment if assessment confirms that she is more likely than not to commit an offence that might be expected to lead to serious physical or psychological harm from which the victim would find it difficult or impossible to recover, and

- She has a severe disorder of personality, and
- There is a link between the disorder of personality and the risk of offending

The DSPD places must be utilised as effectively as possible. This will mean ensuring:

- That available places are allocated on the basis of priority
- That treatment services are structured and focused around facilitating progression through reducing risk
- That viable through-care services are developed to facilitate movement on from the programme, both for those that benefit from the treatment and for those who do not.

### **4.3 Referrals**

A referral to the Primrose Programme should be considered for any woman that might meet the Primrose criteria. Admissions will be from sentenced prisoners only.

Anyone who has been in regular contact with a potential candidate for assessment can initiate a referral. The referring agent should ensure that the referral is authorised by the Primrose liaison officer located within the referring prison.

The consent of the individual is not required for a referral to be made. However the individual must be informed of their referral by the referring agent before her actual transfer to HMP & YOI Low Newton has been effected. The Primrose Unit staff should offer advice and support about how best to do this in sensitive cases. In all cases, it is good practice for referring agents to give a copy of the referral form (minus security details) to the individual being referred, to give them the opportunity to make any comments on matters of fact before the referral is considered.

All referrals to the programme must be supported as far as possible by background file information, which evidence the referral in terms of risk and personality disorder. If available, an up to date psychiatric report should also be supplied. Responsibility rests with the referring agent to supply all supporting evidence available at the time of making the referral. The referring agent must provide an explanation in cases where file evidence is missing, or cannot be supplied at the time.

Responsibility for admitting someone onto the unit and for assessment against the Primrose criteria rests with the programme's management team and not the referring agent.

### **4.4 Transferred prisoners currently formally detained under Section 47/49 of the Mental Health Act 1983**

Only women under section 47/49 of the Mental Health Act 1983, on completion of their treatment in hospital may be referred to the Primrose Programme. Given the prison based setting, the Primrose Programme cannot use the provisions of the Mental Health Act 1983 to facilitate treatment compulsorily.

### **4.5 Catchment Areas**

There will be no catchment areas as the service is intended to be accessible to the prison service nationally within England and Wales

#### **4.6 Prioritising Admission for Assessment**

In planning occupancy on F Wing, HMP & YOI Low Newton, the programme will be expected to manage its referral process. It will need to develop relationships with, for example, the Primrose liaison managers in each of the prisons within the women's estate. Since, in time, demand for places is likely to exceed the number of places available for assessment at any given time, the programme will need to establish a system for managing waiting lists and prioritising candidates, in conjunction with the Women's & Young Peoples Group, HM Prison Service.

Priority for allocation of places should be given in the first instance, to those prisoners who present the most serious and immediate threat to public protection, most likely to be high-risk prisoners serving determinate sentences. Where a life-sentenced prisoner is referred to the programme, public protection considerations (tariff and length of time to possible release) should be a major factor in determining the prisoner's priority for admission.

The programme should however also take into account other criteria when allocating places, such as the existing population mix of F Wing and the amount of time someone has already spent on the waiting list. In all cases, the programme will be expected to evidence decisions taken on referrals on the basis of meeting prioritised need, and ensuring the safe and effective functioning of F Wing as a whole.

#### **4.7 Engagement with Assessment and Treatment**

At the initial stage, where a woman is being considered for referral, it may be the case that she has not yet been informed. The Primrose Programme will not be required to seek the formal consent of women in order to arrange for their transfer to HMP & YOI Low Newton. However, the woman must be informed of her referral before transfer.

Where ever possible, any woman being considered for referral should be involved in the process as early as is deemed appropriate. Under normal circumstances, she should be given the following information at the earliest opportunity:

- What assessment (and treatment) involves
- Expectations of involvement
- The reasons why she is being considered for referral
- Goals of treatment

This should be done within a context of motivation and engagement, while not offering false hopes of a 'cure'.

Any woman expressing concern must have access to an identified person in their local prison establishment with whom she can discuss her concerns. These should be recorded, as should the outcome of any subsequent review, enquiry or complaint.

#### **4.8 Age**

Currently the service will only provide for adult women (aged 18 years or more, or those deemed by the prison service to meet criteria for being treated as adults).

Below this age, a woman will not be expected to have matured to the point where diagnosis of personality disorders could confidently be made, nor do the current diagnostic tools generally apply. Admission of those aged 18-21 years should only be on an exceptional basis. No such designation can be made without the agreement of the area manager, Deputy Director General of the Prison Service and the Women's & Young Peoples Group, Burton on Trent.

#### **4.9 Learning Disability**

A low level of IQ should not in itself preclude assessment or admission and the unit will look at each case on its individual merit and attempt to adapt their procedures accordingly. Consideration should be given to women with a learning disability, where it is felt their cognitive skills would enable them to benefit from the programme. (The current consensus view appears to be that the minimum total IQ score on Weschsler Adult Intelligence Scale 111 should be equal to or greater than 80).

#### **4.10 Mental Illness**

Mental illness can reduce someone's ability to respond to psychological intervention. If a referral meets the DSPD criteria, but the individual has an active mental illness that would impact on their ability to engage in the therapeutic process, the symptoms would need to be controlled before admission. Advice on appropriate treatment should be given to the referring agent and a management plan agreed to facilitate referral back to The Primrose Programme following completion of treatment.

#### **4.11 Transgender re-assignment**

Consideration will be given to individuals who have undergone transgender re-assignment and have completed a period of re-adjustment.

#### **4.12 Referrals not admitted**

Written explanation outlining the reasons why a woman is not considered suitable for transfer to HMP & YO1 Low Newton to enter the 3 month residential assessment period will be sent to the referring Agent. Any advice regarding the woman's care that can be offered will be included in the correspondence. Depending on the circumstances, the written response will indicate whether or not the woman's case will be reviewed automatically after 6 months or that a further referral will be necessary.

### **5 Service Delivery**

#### **5.1 Meeting the DSPD Criteria**

The judgement about whether someone meets the Primrose Programme criteria will so far as possible and within the present state of knowledge and practice, be objective and evidence based.

The individual should meet the admission criteria listed below:

- PCL-R score of 25 ( or PCL – SV equivalent)  
**or**
- PCL-R score of 18 – 24 (or PCL:SV equivalent) and at least two DSM – IV Personality Disorder Diagnosis other than anti-social personality disorder  
**or**
- Score of 17 or less (or PCL:SV equivalent) and at least three or more DSM – IV Personality Disorders Diagnosis.
- A minimum of 3 years left of sentence to serve
- No current or pending appeals

However, when considering personality disorder, the single most important factor for assessment is the probable impact of the pathology upon the individuals offending behaviour. To this end, the above criteria should be seen as guidelines rather than rigid boundaries for admission to a service.

Data drawn from application of the above tools will contribute to the Common Data Set, which will inform the evaluation of the DSPD Programme – see 5.11. Other tools may be used, at local discretion, to augment these core assessment tools. Where this is done, the Primrose programme should explain the rationale behind their use: how

they help improve the assessment and/or treatment processes, and how their use will be evaluated.

In terms of assessing against entry criteria, the unit should keep in mind the requirement to ensure that services are prioritised for those presenting the highest risk of serious offending. DSPD is not a diagnosis, and application of the tools cannot in itself be expected to deliver an exact assessment of who should be admitted to the programme, and who should not. Application of the tools will provide clinicians with a framework within which to reach a view as to which referrals are suitable for admission to the programme, as well as a basis of evidence for those decisions.

## **5.2 Assessment**

Static and dynamic tools will be used to help inform a structured clinical judgement. Assessment process will be informed and evidenced through application of the following set of tools:

Personality Disorder

- DSM-IV module of the IPDE and/or SCIDII

Mental Disorder

- Clinician version of SCID-1

Psychopathy Assessment

- PCL-R (but with concerns over its gender appropriateness)

## **5.3 Risk Assessment**

Violence

- HCR-20
- VRS (gender neutral)

Sexual violence

- SARN
- Risk Matrix 2000
- \*RSVP (to be used with caution as the scientific and practice literatures on women are relatively limited. It is hoped that the Primrose Programme may be useful in further evaluation of this tool for use with women).
- VRS-SO (considered gender-neutral)

## Domestic violence

- Spousal Assault Risk Assessment Guide (SARA) *and* the Conflict Tactics Scale-2<sup>nd</sup> Edition (CTS-2)

## Neuro-cognitive assessment

Each woman will undergo a neuro-cognitive assessment as determined by the Primrose programme psychology team. This will include the WAISIII/WASI.

## Prison risk assessment tools

- OASys
- Life sentence plan

## Other risks

- Stalking Assessment & Management Guide (SAM)
- Fire-setting

However, when considering personality disorder, the single most important factor for assessment is the probable impact of the pathology upon the individual's offending behaviour. To this end, the above tools should be seen as guidelines rather than rigid boundaries for assessment.

## ***Preparation of individualised treatment plans***

Once it has been established that an individual meets the DSPD criteria and has been accepted for treatment, the Primrose Programme will need to develop individualised treatment plans. These will detail the person's treatment needs and set out goals against which progress will be measured, particularly whether there has been any reduction in the risk of further offending.

## **5.4 Treatment**

The treatment or interventions offered by the Primrose Programme will aim to address and reduce the risk of serious offending presented by women prisoners. In developing its treatments, the Primrose Programme will draw on the best available evidence of what works. The Primrose programme will set out:

- The treatment or range of treatments offered

- The evidence on which they are based, and
- Any evaluation being conducted to assess their effectiveness.

While placement on the programme may be involuntary, (if the public protection points to this as an appropriate course of action), the women on the Treatment Programme will continue to have the legal right not to participate in treatment. It is acknowledged that evidence shows that client involvement and active participation in the programmes are necessary conditions for a positive therapeutic effect.

In common with the other DSPD units, interventions in the Primrose Programme will need:

- To address offending behaviour through the reduction of risk, by targeting criminogenic factors and meeting mental health needs
- To be based on treatment models, grounded in evidence, susceptible to rigorous validation and evaluation
- To involve the prisoner in treatment planning, encouraging them to share ownership of treatment outcomes. Treatment goals should be open and transparent

### **5.5 Length of stay**

Women in the Primrose programme will present with different treatment needs and with different attitudes towards, and capacity for, treatment. It is inevitable that the amount of progress that can be expected over any given period will vary between individuals.

Places on the Primrose programme represent a scarce resource. Length of stay in, and movement through, F Wing, HMP & YOI Low Newton must be actively managed to ensure that available places continue to be put to the most effective use. Individual treatment plans should be goal focused and time constrained. Progress and discharge plans should be regularly reviewed through the CPA process. Planning for exit pathways, and communication with potential receiving agencies, should be commenced at an early stage so that move- on can be managed in an appropriate way through the preparation of a progression plan.

No later than 3 years after the commencement of treatment, there should be a formal meeting where an individual's case and progression plan is discussed. A clear case – in terms of treatment need, admission priorities and public protection, must be made where an individual is to remain on F Wing HMP & YOI Low Newton longer than three years after the commencement of treatment. Where appropriate,

other placement options for the continuation of treatment after leaving F Wing HMP & YOI Low Newton, should be thoroughly explored.

Women arriving on F Wing HMP & YOI Low Newton should have a clear understanding that their stay on the unit will be time-constrained, and will, optimally, last no longer than five years in total. Time in treatment and overall duration of stay on the unit will be kept under review in the light of evidence emerging from the programme.

## **5.6 Progression and continuity of care**

In order for the progress made on F Wing HMP & YOI Low Newton to lead to a long-term reduction in re-offending, women leaving F Wing will need a degree of continuing aftercare in order to ensure that treatment gains are generalised and maintained in the longer term.

The Programme will promote the creation of suitable facilities and the means of progression for women leaving F Wing. This will include both those who move on as part of a planned, positive progression, and those who leave for other reasons (e.g. respite, or no longer able to engage effectively with treatment).

To support this process, the Primrose Programme prepare viable progression plans for those leaving F Wing, including:

- Profiles of prisoner leaving F Wing
- Information on clinical and other needs
- Recommendations as to future management and care

The Primrose programme should appoint a “progression lead” to co-ordinate the preparation of progression plans and help find a suitable onward placement.

## **5.7 Secure working environments**

Women entering the treatment period are expected to have severe/complex personality disorders. The potential for challenging, confrontational and manipulative behaviour will be significant. They can be expected to test boundaries and to identify and exploit any weaknesses that may exist in the operational system, or in working relationships at HMP & FOI Low Newton. This can pose a significant risk to the health and safety of staff working in the prison and to the security and integrity of the prison itself.

Dynamic/relational security within HMP & YOI Low Newton should be maintained at a level commensurate with the assessed risk. The provision of appropriate care and clinical treatment must be balanced against the safety of the public, the staff and of the prisoners.

HMP & YOI Low Newton should regularly review security protocols to confirm that they are sufficiently robust to meet the particular demands of a DSPD population. In particular, to ensure that:

- Operational policies and procedures are open, clear and regularly reviewed
- Systems are in place to record and analyse information on security incidents and “near-misses”
- All staff on F Wing to have access to regular supervision and staff support services
- Staff absences (especially levels of sick leave) and patterns of recruitment and retention are actively managed and monitored
- F Wing to operate on an integrated, multi-disciplinary basis
- A management culture of trust and openness is developed – with an emphasis on positive exploration of error and learning from mistakes

## **5.8 Control of Problem Prisoners**

### ***Working with difficult or disruptive individuals***

The over-riding purpose of the DSPD units is to provide effective treatment services for high risk, severely disordered prisoners. This will include those who, as a result of their pathology or through their institutional behaviour, have hitherto avoided, or been excluded from, other treatment services.

Some of the women can be expected to be disruptive, difficult to manage, and may be highly resistant to participating in therapeutic activity at HMP & YOI Low Newton. The safety and sustainability of the treatment programme is, to a large extent, dependent on the careful management of all the women on F wing and not just those on the Primrose Programme alone.

### ***Temporary or permanent removals***

There may nonetheless be instances where the ongoing level of disruption and/or interfering behaviour poses an unacceptable risk to

the integrity and/or security of HMP & YOI Low Newton. Occasionally it may be necessary to consider removal of the prisoner, either on a temporary or permanent basis. In such cases, the Primrose programme should consider how and where the interests of public protection are best served, and the individual's continuing care needs will best be met.

Refusal or reluctance to engage with treatment would not in itself be sufficient justification to remove a prisoner from HMP & YOI Low Newton, unless it could be demonstrated that treatment and public protection needs could be better met elsewhere. Breach of conduct agreement (such as zero tolerance of violence) may well warrant application of sanctions, but these should not include permanent removal from HMP & YOI Low Newton except in the most extreme cases. Temporary removal may, however be an option. Examples of temporary removals would include life sentence prisoners transferred back to the original prison for further, longer term work to be done on issues of motivation and engagement before (potentially) referral back to HMP & YOI Low Newton at a later date.

A management plan should be drawn up making it clear why the individual is being moved, and identifying treatment needs and targets for the individual whilst off F Wing, HMP & YOI Low Newton. The plan should also specify the likely duration of the move, and the circumstances under which a return would be appropriate. As far as possible, the contents of the plan should be shared with the individual being moved.

### ***Liaison and case discussion***

Problematic cases should be brought to the attention of the DSPD central team at the earliest opportunity. Where there is a particularly difficult or sensitive case to consider, it may be appropriate for a representative from the central team to attend CPA or other assessment/treatment review meetings.

Where consideration is given to moving a prisoner before end of treatment, the Primrose programme should consult relevant stakeholders from an early stage, in order that any resultant move can be planned and managed in an appropriate way.

Stakeholders will generally include:

- The DSPD central programme team
- The Women's and Young People Group
- The original referring establishment
- The potential receiving establishment (where different)

### ***Continuity of care***

In any case where an individual is to be moved before end of treatment (either temporarily or permanently) the Primrose Programme must record:

- The exact reasons why the individual is being moved (including why care and management needs can be better elsewhere)
- What has been done to attempt to achieve engagement or modify behaviour.
- How the Primrose Programme will be supporting the continued care of the individual being moved (this should be incorporated within a management plan for the guidance of the receiving establishment)
- The options for returning the individual to F Wing, HMP & YOI Low Newton at a later date.

## **5.9 Diversity issues**

The Primrose Programme must ensure that (prioritised) access to DSPD services is given to those who meet the DSPD criteria. No assumptions as to suitability should be made on the basis of ethnicity, race, disability or background.

Treatment plans will all be individualised and will take account of the woman's ethnicity and cultural needs. Information about ethnicity will be part of the minimum data set used for evaluation and the DSPD programme will actively monitor the ethnic mix of those accepted or rejected to ensure the criteria are being applied objectively,

Staff will receive training in cultural awareness and in tackling incidents of racism. The unit will have a written diversity policy integrated with that of HMP & YOI Low Newton. Adherence to the policy should be regularly monitored.

Clinical Governance will be jointly provided by Tees, Esk and Wear Valleys NHS Trust, the employing organisation of the clinical staff and Chester le Street Primary Care Trust. It will reflect good practice in diversity and gender issues.

Where appropriate, active steps should be taken to promote the recruitment and retention, of suitably qualified black and minority ethnic staff, with the aim of achieving workforces within units that are representative of the ethnic diversity of the wider community.

## **5.10 Gender specific Issues**

A likely difference in planning post-release services for women as opposed to men is the importance their familial and societal networks will have in planning for the future. There will inevitably be significant issues with relationships with children, the requirements of the Children's Act and other relevant factors which tend to affect the lives of women more than that of the men in the programme.

Ostracism by family members has also been identified as a highly significant area of work compared to the male DSPD programme.

The Primrose Effective Care Co-ordination processes and procedures will pay particular attention to issues such as contacts the women have (or might wish to have) with their children, employment, benefits, substance abuse and housing, in its contributions within the framework of the National Offender Management Service.

### **5.11 Evaluation**

The Primrose Programme represents an innovative approach in an area with considerable uncertainties. This is true of the wider men's DSPD programme but particularly so of services for women with dangerous behaviour linked to personality disorder.

External evaluation and validation of all aspects of service delivery, and of the outcomes achieved, will be a key component of the programme. External evaluation will be commissioned centrally. It will be informed by the minimum data set, and by the advice of an independent Expert Group established to provide guidance in relation to the research and evaluation aspects of the DSPD programme.

#### ***The common data set***

The minimum data set will comprise of the following:

- a) *Demographic factors*
  - Date of Birth
  - Ethnicity
  - Legal status; lifer/determinate sentence prisoner; length of sentence
  - Employment/education – level of education left; highest levels of achievement; past skills/professional training
  - Date, reason, source of referral
  - Date of arrival to the programme for assessment
  - Date of acceptance on to the programme
  - Date of departure and reason
  
- a) *Criminal History*
  - Total convictions, index offence, PNCID number, institutional misconduct

- Adult offending history (number/type of offences including major/minor/sexual violence; charges; convictions; arrests etc)
  - Juvenile/youth offending history
- b) *Risk factors*
- Static tools
  - Dynamic tools
  - Nature of risk
- c) *Mental Disorder*
- Axis 1 – mood, psychotic, organic, substance misuse
  - IQ
  - Axis ii (PCLR)
  - Admissions to hospital if any
  - DSH
- d) *Treatment*
- *What has been delivered over what duration*
- e) *Societal factors*
- Number/age of children if any
  - Whether in care
  - Data on their children's current status (in care; adopted; dependent; adult; in contact)
  - Whether in contact with partner
  - Evidenced history as victim of domestic violence
  - Evidenced history of sexual abuse

The minimum data set will continue to be reviewed in the light of experience

## **5.12 Consent to Use of Data**

Anonymised data will be used for research and evaluation. Prisoners, while not having to give formal consent, should be made aware of:

- The nature of the research,
- The type of personal data required
- How the data will be used
- The extent to which it will be anonymised

## **6. Management of the Primrose Programme**

### **6.1 Governance and accountability**

Governance and performance management will be a hybrid of both HM Prison Service (HMP & YOI Low Newton specifically) and Tees, Esk and Wear Valleys NHS Trust, Chester le Street Primary Care Trust processes.

The Primrose Programme Board reports to the central DSPD Programme Board. It is responsible for the delivery of the Primrose Programme within the framework offered by this Planning and Delivery Guide. Regular reports will be submitted to the central DSPD Programme Board.

The Primrose Programme's Service Delivery Group (Terms of Reference at Appendix D) comprises representatives from HMP & YOI Low Newton, Tees, Esk and Wear Valleys NHS Trust and the local health economy. It is accountable to the Primrose Programme Board for ensuring that the appropriate local governance systems are in place for the Primrose Programme. Regular reports will be submitted to the Primrose Programme Board.

### **6.2 Finance, business planning and commissioning**

The Primrose Programme will meet the planning requirements of the prison service high secure directorate and women and young people group.

The Primrose Programme Board will be expected to produce an annual business plan detailing:

- The full cost of administration of the programme
- How the processes and mechanisms for delivery as set out in this document will be implemented
- Key risks to delivery and how they will be managed

The business plan will be jointly agreed by The Governing Governor, HMP & YOI Low Newton and the Chief Executive Officer, Tees, Esk and Wear Valley's NHS Trust and the DSPD Commissioning Lead. It will need to be approved by the central DSPD Programme Board.

Expenditure against budget and any variances will be regularly reported. Under-spends will not be diverted to areas outside the business plan without prior agreement of the central DSPD Unit.

Any changes or pressures likely to impact on the delivery of the programme will be reported to the central DSPD Programme finance department.

While commissioning is led by the various stakeholders from the prison and health services comprising the Primrose Programme Board, close links to discuss commissioning issues will be nurtured and maintained with HMP & YOI Low Newton and Tees, Esk and Wear Valleys NHS Trust.

### *Annual Report*

The Primrose Programme Board will also produce an annual report which details progress made against agreed delivery targets and milestones for the preceding financial year. The report should contain narrative on:

- The key challenges faced by HMP & YOI Low Newton during the course of the year, and the steps taken to address them
- Successes – what has gone well during the course of the year
- Areas identified requiring further development / improvement
- Lessons learned for F Wing, HMP & YOI Low Newton and/or the programme as a whole

### **6.3 Clinical Governance**

The responsibility for clinical governance is jointly held by Tees, Esk and Wear Valleys NHS Trust (Chief Executive) and HMP & YOI Low Newton (Governing Governor). This means that:

- All staff whose role includes the delivery of treatment services must have appropriate access to professional supervision (in the case of the Primrose Programme, this includes prison officers)
- Clinicians must receive clinical management and supervision from an appropriately trained and qualified person
- Ultimate responsibility for governance on clinical issues (i.e. those relating to treatment with an impact on the mental or physical health of a woman on the Primrose Programme) will rest with Tees, Esk and Wear Valley's NHS Trust, which employs the clinical staff.

Inspection of the work of the programme will fall to the Chief Inspector of Prisons. The roles performed by NHS staff in the delivery of the Primrose Programme will fall within the remit of the Healthcare Commission, given its role in regulating both the Tees, Esk and Wear

Valleys NHS Trust and the local health economy responsible for mental health in-reach services. Post-release/follow up services will be the responsibility of the probation Service Inspectorate.

Those conducting inspections will be encouraged to take account of the advice and guidance set out in this document, so they are aware of DSPD policy and service expectations. As the innovative Primrose Programme is based within HMP & YOI Low Newton, joint inspections are anticipated.

#### **6.4 Links with Local Health Economy**

The Prison Mental Health in-reach collaborative has been developed in partnership with the National Institute for Mental Health in England (NIMHE) and the Regional Development Centres. The aim is to improve the mental healthcare of prisoners and address staffing issues.

Given its integrated model of care, the Primrose Programme relies on close and collaborative working with the existing mental health services in HMP & YOI Low Newton. Women on the Primrose Programme will receive primary and secondary mental health care from the mainstream service.

Membership of the Service Delivery Group includes medical and managerial representatives from this service and a clinical Sub-Group has been established to ensure clarity of roles and functions

#### **6.5 Links with probation and wider secure & community personality disorder services**

In preparation for release, transfers or move-on, it is important that the Primrose Programme operates in a way which is congruent with wider Personality Disorder Strategy in Health (e.g. Assertive Outreach) and the management and supervision of offenders in the community (e.g. Multi Agency Public Protection Panels: MAPPA).

The Primrose Programme must ensure continuity of care and management of women who move on from the programme whether to other prisons, hospitals or release into the community. This should include implementing good practice guidance on effective clinical governance of Effective Care Coordination Approach processes and procedures.

#### **6.6 Training, Learning and Development**

The Primrose Programme Board will develop a comprehensive Training and Development Plan, which puts in place policies and practices that enable its staff to develop and maintain the necessary levels of competency and experience to work safely and effectively with the women on the programme.

## **6.7 Human Resources**

The Primrose Programme Board will develop a comprehensive Human Resources Plan to facilitate the efficient implementation of the Primrose Programme and to ensure it achieves its objectives.

The central DSPD Programme Board will address any critical Human Resources problems that would benefit from a national rather than local approach.

## **6.8 Communications**

A communications strategy for handling external contacts will be drawn up by the Primrose Programme Board in accordance with the over-all communications plan for the central DSPD Programme.

## **6.9 Complaints Procedures**

The process by which prisoners in units can make a complaint or register a request should be open and transparent. Prisoners should be given clear information on whom to contact and the procedures involved. As a general principle, the Primrose Programme will be expected to follow a procedure of local investigation followed (where the issue cannot be resolved to the complainant's satisfaction) by an external review.

Non-clinical complaints that cannot be locally resolved can be referred to the Prisons Ombudsman. Clinical complaints will be dealt with through the complaints procedures for Tees, Esk & Wear Valley NHS Trust. Where a complaint relates to clinical practice, and cannot be locally resolved, prisoners should be offered the option of having the matter referred for external peer review. The process would provide the opportunity for a further look by clinical expert(s) from outside the unit. The review would offer non-binding advice on the basis and resolution of a complaint to the complainant and the unit.

Referral to a peer review would not in any way compromise the complainant's right to escalate the complaint through other available avenues.

## **7. Conclusion**

Careful preparations and detailed discussions with appropriate organisations and experts have taken place in the design of the

Primrose Programme. Its novel nature assumes that much will be learnt from the implementation of this planning and delivery guidance. Therefore this document should be seen as 'live' and subject to regular reappraisal as the Primrose Programme gets underway.

It is hoped and expected that through the duration of the Primrose Programme, knowledge and understanding in the field of management and treatment of dangerous women with severe personality disorder will be enriched.

## Appendix A – Glossary of Terms

CPA	Care Programme Approach
DHS	Directorate of High Secure (Prisons)
DSH	Deliberate Self Harm
DSM-IV	Diagnostic & Statistical Manual IV
DSPD	Dangerous and Severe Personality Disorder
HCR-20	Historic – Clinical – Risk (assessment tool)
IPDE	International Personality Disorder Examination
MAPPP	Multi-Agency Public Protection Panel
MAPPA	Multi-Agency Public Protection Arrangements
NIMHE	National Institute for Mental Health in England
NOG	National Oversight Group
NOMS	National Offender Management Service
OASys	Offender Assessment Systems
PCL-(R)	Psychopathy Check List (revised)
PCL-(SV)	Psychopathy Check List (shortened version)
PCT	Primary Care Trust
PD	Personality Disorder
RMO	Responsible Medical Officer
SARN	Structured assessment of risk and need
SCID	Structured clinical interview for personality disorders
SMG	(DSPD) Service Management Group
SHA	Strategic Health Authority
VRS	Violence Risk Scale

## Appendix B – The Assessment Tools

The table below is intended only to give a brief overview of the tools used in the DSPD assessment process. It should not be used for definitive advice on the use or application of any of the tools. Readers requiring more detailed information should consult the appropriate technical specification.

Tool	Description	Comments
SARN (Structured Assessment of Risk and Need)	Dynamic tool for working with sex offenders.	For use in development of treatment plans and measuring change
STATIC 99	Actuarial tool for measuring risk in sex offenders	
HCR-20 (Historic – Clinical – Risk)	Risk assessment in violent offenders	20 fields combine static and dynamic factors – supports the development of risk management plans
VRS (Violence-Risk Scale)	Risk assessment in violent offenders	Strong dynamic element supports measurement of change and formulation of treatment plans
Risk Matrix 2000	Risk assessment tool that categories sexual and violent offenders from low to very high risk	
PCL-R and PCL-SV (Psychopathy Checklist - Revised and Shortened version)	Used to measure the presence and level of psychopathy in an individual	Tool also proven effective predictor of risk. Screening version (SV) can also be used in non-forensic populations
IPDE (International Personality Disorder Examination)	Measures personality disorder using DSM-IV (Diagnostic & Statistical Manual of Mental Disorders) or ICD-10 (International Statistical Classification of Diseases and Related Health Problems) criteria	Use of this tool is a component part of the structured clinical diagnosis of personality disorder
SCID-1 (Structured	Semi-structured interview	

Clinical Interview for DSM-IV-TR)	used to assist clinicians in the diagnosis of axis 1 mental illnesses	
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