



National Offender  
Management Service

**THE CELL SHARING RISK ASSESSMENT**

<b>This instruction applies to:-</b>		<b>Reference</b>
Prisons NOMS operated Immigration Removal Centres		<b>PSI 20/2015</b>
<b>Issue Date</b>	<b>Effective Date</b>	<b>Expiry Date</b>
11 May 2015	11 May 2015	10 June 2017
<b>Issued on the authority of</b>	NOMS Agency Board	
<b>For action by</b>	<p>All staff responsible for the development and publication of policy and instructions</p> <p><input type="checkbox"/> NOMS HQ</p> <p><input checked="" type="checkbox"/> Public Sector Prisons</p> <p><input checked="" type="checkbox"/> Contracted Prisons*</p> <p><input checked="" type="checkbox"/> Governors</p> <p><input checked="" type="checkbox"/> NOMS Immigration Removal Centres**</p> <p>* <i>If this box is marked, then in this document the term Governor also applies to Directors of Contracted Prisons.</i></p> <p>** <i>In this document the term prison refers equally to Immigration Removal Centres operated by NOMS.</i></p>	
<b>Instruction type</b>	<b>Service specification support</b>	
<b>For information</b>	All staff in NOMS HQ and prison establishments.	
<b>Provide a summary of the policy aim and the reason for its development / revision</b>	This PSI provides all staff in NOMS HQ and prison establishments with updated and clearer guidance and instructions on the Cell Sharing Risk Assessment (CSRA) process. The guidance has been updated to reflect that the preceding Instruction had reached the expiry date. This guidance does <b>not</b> change the operation of the CSRA process or alter the thresholds for the risk levels.	
<b>Contact</b>	Equality, Rights and Decency Group <a href="mailto:ERDGPolicyTeam@noms.gsi.gov.uk">ERDGPolicyTeam@noms.gsi.gov.uk</a>	
<b>Associated documents</b>	<p><a href="#">PSI 64/2011: Management of prisoners at risk of harm to self, to others and from others (Safer Custody)</a></p> <p><a href="#">PSI 07/2015: Early Days in Custody – Reception In, First Nights in Custody and Induction to Custody</a></p> <p><a href="#">PSI 08/2012: Care and Management of Young People</a></p> <p><a href="#">PSI 16/2015 Adult Safeguarding in Prison</a></p> <p><a href="#">PSO 4800 Women Prisoners</a></p> <p><a href="#">PSI 15/2014 Investigations and Learning Following Incidents of Serious Self-Harm or Serious Assaults</a></p> <p><a href="#">PSI 08/2012 Care and Management of Young People</a></p>	
<b>Replaces the following documents which are hereby cancelled: PSI 09/2011</b>		

**Audit/monitoring:** Mandatory elements of instructions must be subject to management checks and may be subject to self or peer audit by operational line management/contract managers, as judged to be appropriate by the managers with responsibility for delivery. In addition, NOMS will have a corporate audit programme that will audit against mandatory requirements to an extent and at a frequency determined from time to time through the appropriate governance.

**Introduces amendments to the following documents:** None

**Notes:** *All Mandatory Actions throughout this instruction are in italics and must be strictly adhered to.*

**CONTENTS**

Hold down "Ctrl" and click on section titles below to follow link

<b>Section</b>	<b>Subject</b>	<b>Applicable to</b>
1	<a href="#">Executive summary</a>	All staff
2	<a href="#">Operational Instruction</a>	
3	<a href="#">The Cell Sharing Risk Assessment (CSRA) Process (2011)</a>	
Annex A	<a href="#">The CSRA process</a>	
Annex B	<a href="#">Flowchart for completing the CSRA</a>	
Annex C	<a href="#">Flowchart for completing the CSRA when a PNC record is not available on reception</a>	
Annex D	<a href="#">The CSRA review process</a>	
Annex E	<a href="#">Guidance for managers on how to reach a decision</a>	
Annex F	<a href="#">Frequently asked questions</a>	
Annex G	<a href="#">Example of the CSRA Form 1</a>	
Annex H	<a href="#">Example of the CSRA Review Form 2</a>	

## 1. Executive Summary

### Background

1.1 This instruction provides clarification on when the requirement to complete a Cell Sharing Risk Assessment (CSRA) must be carried out (paragraph 1.4). The following sections have also been updated:

- Operational instructions at paragraph 2.3
- The CSRA process - Purpose at paragraph 3.2
- Use of Police National Computer (PNC) records at paragraphs 3.11 – 3.15
- Prisoners aged 15 to 17 - Young People at paragraph 3.29
- Ordering of Forms at paragraph 3.31
- Homicides data at [Annex A](#) paragraph 1.1

### Desired outcomes

1.2 To identify, manage and support prisoners and detainees who are at risk of harm to others and from others.

1.3 To manage and reduce violence, deal effectively with perpetrators and support victims.

### Specification Outcomes

1.4 This PSI deals solely with the 4 specific outcomes in the Management of Prisoners at Risk of Harm to Self or Others Specification that relate to CSRA (Outcomes 1, 2, 4 & 9). For other Outcomes see [PSI 64/2011](#).

- Outcome 1: Prisoners who pose a risk to themselves, to others and /or from others are identified.
- Outcome 2: Staff, prisoners and visitors are aware of the risk identification, assessment and management procedures.
- Outcome 4: Prisoners are assessed for risk.
- Outcome 9: Prisoners at risk or posing a risk are involved in the assessment and management processes where safe to do so.

### Application

1.5 Governors, SMT Safer Custody leads, Safer Custody Managers and Violence Reduction Managers / Officers are to be familiar with the process.

### Mandatory actions

1.6 *Governors must ensure that the CSRA is completed prior to locating the prisoner.*

### Resource Impact

1.7 The resource impact of the elements of this instruction have already been factored in the Management of prisoners at risk of harm to self, to others and from others (Safer Custody) specification.

**Digby Griffith**  
**Director of National Operational Services, NOMS**

## **2. Operational Instructions**

2.1 The CSRA is an essential tool in the identification of prisoners at risk of seriously assaulting or killing a cell mate in a locked cell. *It must be implemented as part of the Violence Reduction Strategy.*

2.2 *Governors of all closed prisons, including young offender institutions and Immigration Detention Centres, and Directors of contracted prisons must satisfy themselves that staff are aware of the CSRA process, and that it is being followed, including:*

- *the CSRA Form 1 (2011) and CSRA Review Form 2 (2011) are being used and completed properly;*
- *all evidence sources are checked on reception or the next working day;*
- *risk indicators from the evidence sources are taken into account in the risk decision;*
- *a manager is designated to oversee the risk management process as part of the Violence Reduction Strategy;*
- *a register of prisoners designated as high risk is held in each establishment.*

2.3 In addition Governors are advised to:

- ensure that their establishment has in place a local policy, tailored to local needs, which is included within the establishment violence reduction policy.
- ensure that staff requiring training in the CSRA process have received the training locally before implementing the process
- review and revise their local violence reduction policy in line with this PSI.

2.4 Detailed guidance is contained at [Annex A](#).

2.5 Contacts:

If you require further information please contact:

Equality Rights and Decency Group  
[ERDGPolicyTeam@noms.qsi.gov.uk](mailto:ERDGPolicyTeam@noms.qsi.gov.uk)

### **3. THE CELL SHARING RISK ASSESSMENT (CSRA) PROCESS (2011)**

#### **Purpose**

- 3.1 *Every prisoner held in closed conditions must have an up to date Cell Sharing Risk Assessment, even where there is no shared accommodation.* The CSRA provides a risk assessment for cell sharing and other occasions when space may be shared, such as through peer support, use of Listeners or use of unsupervised holding areas. The assessment is to be completed on CSRA Form 1 (2011).
- 3.2 There is no requirement for a cell sharing risk assessment in open conditions, unless a prisoner is being returned to closed conditions. This is because the CSRA assesses the risk posed by a prisoner to one other in a locked cell or other unsupervised closed space. Open prisons do not have these conditions so the risk assessment cannot apply there.
- 3.3 The requirement to carry out risk assessments on prisoners before deciding whether they can share cells derives from a ruling by the European Court and is therefore a legal requirement.
- 3.4 An up to date risk assessment is one which is based on the latest information about a prisoner. *Most prisoners' risk will not change but when it does, a review must be carried out.* The CSRA should therefore be seen as a live document and all staff encouraged to report changes in a prisoner's behaviour which affects one of the CSRA risk issues. If risk has not changed a CSRA dated some time ago will be up to date.
- 3.5 *In closed establishments, a prisoner's suitability to share a cell must be assessed whenever it is proposed to locate him or her with one other prisoner. The CSRA process must only be used to assess the risk a prisoner poses to another prisoner in a locked cell or other unsupervised enclosed space (such as holding cells).* The risk assessment described here is based on research into risks where two prisoners are located together in a locked cell. The purpose of the risk assessment tool is to:
- help staff to identify prisoners at risk of murdering or very seriously assaulting another prisoner in a closed space, most importantly a cell,
  - draw together information and knowledge about the predictive risk factors surrounding this type of violence,
  - make best use of documentary evidence,
  - support staff judgement about allocation to cells and risk management,
  - record additional operational precautionary measures for a prisoner identified as a potential risk, where cell sharing is unavoidable.
- 3.6 The cell sharing risk assessment process does **not**:
- replace staff judgement, but allows staff judgement to be recorded effectively, to be made available to others and to be acted on,
  - provide an actuarial risk score, but is based only on the information available,
  - rule out cell sharing by prisoners who pose a risk, but guides risk management. High risk prisoners can share cells in some circumstances, subject to satisfactory risk assessment.
- 3.7 Governors and Directors of prisons are to use this guidance to produce a local CSRA policy, tailored to local needs, and include this within the establishment violence reduction policy.

### **Risk Categories**

- 3.8 There are two risk categories, HIGH RISK and STANDARD RISK.
- A HIGH RISK prisoner is one for whom there is a clear indication (from evidence) of a high level of risk that they may be severely violent to a cell mate, or that a cell mate may be severely violent to them.
  - A STANDARD RISK prisoner is one for whom, based on the evidence available, there is no immediate risk of severe cell violence.

### **Mandatory high risk prisoners**

- 3.9 A small number of prisoners have committed offences which are so significant in cell sharing risk terms that they should always initially be categorised as high risk. These prisoners will have long term, static risk, the offences are;
- Murder or manslaughter of another prisoner
  - Assisting in the suicide of another prisoner
  - Committing a life threatening assault on another prisoner
  - Raping or committing a serious sexual assault on an adult victim of the same sex. For Young People only (aged 15 – 17) the victim may be any age and either male or female.
- 3.10 Decisions on when it might be safe to reduce the risk rating of these prisoners to standard risk should be taken in the future based on evidenced reduction of risk in all other risk areas from offender management assessment.

### **Use of Police National Computer (PNC) records**

- 3.11 NOMS is authorised by the Association of Chief Police Officers (ACPO) to obtain from the PNC the previous convictions and warning signals for all serving prisoners, be they convicted or remanded, in order to inform any assessment of risk which supports critical NOMS business.
- 3.12 PSO 0905 - Operation of the Police National Computer governs use of the PNC system by prison staff. It sets out the policy and procedures that must be followed to access, handle and share information taken from the PNC. .
- 3.13 Whilst the Service is authorised to use PNC data to support all its risk assessment processes, staff must be mindful at all times to ensure that such use is justifiable and proportionate to need.
- 3.14 Whilst it is essential that PNC records are checked as part of all CSRA initial assessments, it is also essential that this is done as efficiently as possible. Governors and Directors should ensure that where PNC records are accessed in prisons for other purposes, such as offender supervision, public protection etc. there is no unnecessary duplication and that records are shared. This is especially so given the stringent audit requirements surrounding PNC access.
- 3.15 Approximately one in three prisons possesses a PNC terminal. However, as costs associated with the use of the PNC are met from a central budget, the facility is considered to be a national resource. This means that a PNC terminal-owning establishment is expected to provide, on request, PNC-drawn data to a non-PNC terminal-owning establishment which might require it.

### **Timing for completion of the CSRA Form and use of evidence**

- 3.16 *Risk assessments must be completed as part of the reception process when prisoners are first received into custody. They must be based on evidence of risk and completed before allocation to a shared cell. In prisons with a first night centre with single cells, the form may be completed there. If the PNC record is not available on the first day in custody this must be checked so that the risk assessment is finalised the next working day.*
- 3.17 Prisoners are not to be allocated to a shared cell until the CSRA for both prisoners have been checked. This can be the paper form or NOMIS record. If a CSRA is not available, prisoners should be placed in a single cell until the risk rating has been confirmed.

### **Transferred prisoners**

- 3.18 *Every time a prisoner is transferred to another establishment, the sending prison must ensure an up to date CSRA form accompanies the prisoner as part of the transfer documentation. The CSRA will be up to date unless it has been superseded by a further CSRA form or a CSRA review. These must be read before location decisions are made by receiving closed prisons where there is an option other than single cell occupancy. The current assessment is also recorded on NOMIS.*
- 3.19 *Open prisons must complete a CSRA when a prisoner is being returned to closed conditions.*
- 3.20 A prisoner's cell sharing risk may increase following transfer or reception at a new establishment due to over-crowding drafts. Reception staff are to monitor prisoners and complete a new CSRA if required.

### **The CSRA Review**

- 3.21 It will be necessary to review all high risk assessments, either when risk factors change or when offender management reviews take place. The timing for these reviews is determined by the nature of the risk. It will also be necessary to review standard risk assessments where new or additional information becomes known which indicates increased risk.
- 3.22 *All reviews must be carried out by, or subsequently approved by, a multi-disciplinary team to ensure a balanced and reasonable risk decision is taken. Duty governors or managers can authorise urgent review decisions pending confirmation by the multi-disciplinary team.*
- 3.23 All reviews are to be completed on CSRA Review Form 2 (2011).

### **Authorisation**

- 3.24 *CSRA assessments and reviews must be authorised by an appropriate person. Where managers are required to authorise high risk assessments or change risk assessments, it is for Governors and Directors to determine who that should be.*

### **Recording CSRA assessment and review decisions**

- 3.25 *All CSRA assessments and review decisions must be entered in NOMIS in addition to completing the paper form. In prisons where a high risk register is not generated by a NOMIS report, a separate database of prisoners assessed as high risk is to be maintained.*

### **Use of NOMIS to assist the CSRA process**

- 3.26 NOMIS holds previous CSRA assessment and review decisions as well as adjudication histories (current and previous sentences) and notes on prisoner behaviour. *All information relevant to cell sharing risk held in NOMIS must be used to carry out initial assessments and reviews.*

### **Prisoners at risk of harming themselves**

- 3.27 *Where a prisoner is identified as being at risk of self-harm or suicide, an ACCT plan must be opened in accordance with [PSI 64/2011](#). Prisoners at risk of self harm are not at heightened risk of harm to others because of the self harm factors. Where a prisoner is assessed as CSRA high risk but is also self harming, and it is felt appropriate for the prisoner to share a cell to provide a measure of peer support, it will be for managers responsible for the prisoner's care to balance the safety of both prisoners.*

### **Healthcare reasons for single cell accommodation**

- 3.28 If healthcare staff determine that a prisoner should be accommodated in a single cell for healthcare reasons which do not cover CSRA risk issues, the CSRA process is not to be used. For instance, a prisoner with an infectious disease will not necessarily be a serious risk to or from others in a shared cell. Healthcare staff should therefore note the requirement for a single cell in the medical records and advise residential staff appropriately.

### **Prisoners aged 15 to 17 - Young People**

- 3.29 Under section 11 of the Children Act 2004 Governing Governors have a duty to safeguard and promote the welfare of young people in custody. To enable Governors to effectively discharge this responsibility and to support establishments when drafting and implementing the local CSRA policy, additional guidance can be found in [PSI 08/2012](#) at Para 4.17 and 4.18.

### **Training**

- 3.30 Training on the CSRA process will be provided as follows;
- CSRA Initial Assessment This course will be delivered to all staff and managers involved in the reception/first day assessment process. This will principally be reception staff and authorising managers
  - CSRA Review This course will be delivered to all staff involved in multi-disciplinary reviews of CSRA assessments, as well as duty governors/managers.
  - CSRA Overview This training will be delivered as e-learning and will be available from any quantum terminal. It will be aimed at all staff who have contact with prisoners but do not require either of the other two CSRA training courses. This would include residential, education, workshop, faith team etc. staff.

### **Ordering of forms**

- 3.31 CSRA Form 1 (XF001A) and CSRA Review Form 2 (XF002A) can be ordered on the inventory system with the establishment's monthly stationery order to Branston.

### **Advice and information**

- 3.32 Most staff will not need to read this entire document. It has been designed as a tool kit to enable anyone to identify the section which is relevant to their role in the CSRA process and go directly to that. Each section is identified below.

- 3.33 Queries about the CSRA process should be directed to Equality, Rights and Decency Group using the functional mailbox: [ERDGPolicyTeam@noms.gsi.gov.uk](mailto:ERDGPolicyTeam@noms.gsi.gov.uk)

## Annex A

## 1. The CSRA Process

- 1.1 The Cell Sharing Risk Assessment process is designed to risk assess prisoners for their potential to murder or violently assault a cell mate when they share with one other prisoner. Only about 10% of violent acts take place in a locked cell (about 1500 in 2009). Homicides in prison are very relatively rare events with 17 homicides in the last 10 years. There is thus a very small chance of a life threatening assault taking place in a locked cell and identifying likely perpetrators is challenging.
- 1.2 The primary purpose of this guidance is to help those staff involved in taking decisions to understand the nature of the risk they are trying to identify and thereby make the task more straightforward. Assessments for prisoners first received into custody are to be completed on CSRA Form 1 (2011).
- 1.3 There are two risk categories, HIGH RISK and STANDARD RISK.
- A HIGH RISK prisoner is one for whom there is a clear indication (from the evidence) of a high level of risk that they may be severely violent to a cell mate or that a cell mate may be severely violent to them. *In this case, restrictions on cell sharing must be applied.* This includes where the reason for the high risk rating may be short term. High risk prisoners CAN share cells, subject to appropriate risk assessment and sharing considerations.
  - A STANDARD RISK prisoner is one for whom, based on the evidence available, there is no immediate risk of severe cell violence. This is not an unchangeable risk and the situation will need to be monitored using the review process. Residential staff will continue to decide prisoner cell location and the most appropriate sharing options.
- 1.4 The CSRA process assesses the risk that a prisoner will murder or be severely violent towards a cell mate. Following extensive research, the indicators of heightened risk are now well known and most can be checked quickly from evidence sources. The indicators are;
- Life threatening assault on, or murder or manslaughter of another prisoner or assisting a suicide whilst in custody.
  - For prisoners 18 and over, a serious sexual assault with an adult victim of the same sex, either in the community or in custody.
  - For young people under 18, a serious sexual assault on either a male or female victim of any age.
  - Healthcare assessment of increased risk.
  - Racially or homophobic motivated offence or reports, either in the community or in custody.
  - Repeated violence in custody.
  - Arson, fire setting, either in the community or in custody.
  - Kidnap / False imprisonment / Stalking/Hostage taking, either in the community or in custody.
  - Prisoner statement of heightened risk.
  - Significant prisoner vulnerability.
  - Officer's observation.
- 1.5 The only way in which a CSRA can be completed properly is when these indicators have been looked for in available evidence sources. The sources are;
- Police National Computer (PNC) records (this gives details of current and previous convictions)

- NOMIS (this gives details of current and historical adjudication records, identifying behaviour in prison custody)
- Warrant (this provides the current charge or offence)
- Placement Order (this provides the current charge or offence for young people)
- T1V and eAsset (these provide information from other agencies regarding young people (15 – 17 year olds))
- PER (this provides information on a prisoner's behaviour in police and Court custody as well as when in transit)
- IMR (this provides healthcare staff with details of a prisoner's medical history in relation to their risk of harming a cell mate)

1.6 The only evidence source which may not be available on reception is the PNC record, because some Courts do not forward these with prisoners. *Where this happens, the local policy must describe how the PNC record will be checked on the next working day and who is responsible for doing so.* The CSRA Form 1 (2011) has been designed to allow for an assessment in Reception and for a follow up on day 2 where PNC records were not available on the day of reception.

1.7 If evidence is found, (for instance a previous conviction for arson identified on the PNC record) this is a strong indicator that a prisoner should be high risk. However, if the sources are checked and there are no indicators, the prisoner should be standard risk.

1.8 *Prisoners who have severely assaulted cell mates, and those who have committed sexual assaults against same-sex victims, must be categorised as mandatory high risk, because of the on-going, static nature of the risk they pose.*

1.9 Because the risk assessment is evidence based, where no evidence is found, after a thorough search, an officer can sign the form to confirm the prisoner is standard risk. *However, if any evidence is found, a manager must assess the evidence and decide whether the prisoner is standard risk or high risk.*

1.10 Flowcharts describing the process for reception assessments and day 2 assessments are at Appendices 2 and 3.

## 2. Detailed guidance on completing the CSRA form

2.1 This section is designed to offer practical advice to staff carrying out the risk assessment. Specific actions which need to be taken are shown as "**ACTION:**"

2.2 The guidance shows extracts from CSRA Form 1 (2011) with descriptive text following this.

HIGH RISK		STANDARD RISK	
Reception Assessment	<input type="checkbox"/>	Reception Assessment	<input type="checkbox"/>
Day 2 Assessment (If required)	<input type="checkbox"/>	Day 2 Assessment (If required)	<input type="checkbox"/>
High level of risk of <b>severe</b> cell violence to or from cell mate, including short term. <i>Restrictions must be applied</i>		No immediate risk, but situation will need to be monitored	

2.3 The banner section at the top of page 1 shows the result of the risk assessment boldly and obviously. This section is at the top of the first page for clarity but should be the last to be completed, when the decision has been reached on whether the prisoner has been risk assessed to share a cell or not.

2.4 Where PNC records are available to reception staff, the risk assessment can be finalised and there is no need to conduct a further assessment on day 2. *However, if PNC records*

are not available when the prisoner is received, they must be checked and the day two assessment completed.

### Risk categories

2.5 There are only two possible decision options from the assessment, high risk and standard risk.

- **High Risk.** A HIGH RISK prisoner is one for whom there is a clear indication (from the evidence) of a high level of risk that they may be severely violent to a cell mate or that a cell mate may be severely violent to them. *In this case, restrictions on cell sharing must be applied.* This includes where the reason for the high risk rating may be short term. High risk prisoners CAN share cells, subject to appropriate risk assessment and sharing considerations.
- **Standard Risk.** A STANDARD RISK prisoner is one for whom, based on the evidence available, there is no immediate risk of severe cell violence. This is not an unchangeable risk and the situation will need to be monitored using the review process. Residential staff will continue to decide prisoner cell location and the most appropriate sharing options.

### Prisoner Details

Prisoner Details:	
First Name	
Surname	
Date of Birth	
NOMIS Number	

**ACTION:** Enter the prisoner's details in this section.

### Establishment and other details

HMP / YOI	
Reception Date	
PNC Number	
Index Offence	
Remand prisoner?	

**ACTION:** Enter the establishment and other details in this section. Indicate if the prisoner is on remand. If so, they may volunteer to share with a convicted prisoner but cannot be forced. Remand prisoners can be ordered to share with other remand prisoners.

<b>PART 1. OPERATIONAL ASSESSMENT</b> <i>Current or previous conviction, proven adjudication or knowledge of;</i>	<b>Reception Assessment</b>	<b>Day 2 Assessment</b> (If required)
Life threatening assault on, or murder or manslaughter of another prisoner or assisting a suicide whilst in custody IF YES, THE PRISONER <b>MUST BE MANDATORY</b> HIGH RISK	Y / N	Y / N
Sexual assault with same sex adult victim ( <i>In young people's estate, any age either sex victim</i> ) IF YES, THE PRISONER <b>MUST BE MANDATORY</b> HIGH RISK	Y / N	Y / N
Healthcare assessment of increased risk (from Part 2)	Y / N	Y / N
Repeated violence (in custody)	Y / N	Y / N
Racially or homophobic motivated offending (in custody <b>OR</b> the community)	Y / N	Y / N
Arson, fire setting (in custody <b>OR</b> the community)	Y / N	Y / N
Kidnap / False imprisonment / Stalking / Hostage taking (in custody <b>OR</b> the community)	Y / N	Y / N
Prisoner statement of heightened risk	Y / N	Y / N
Prisoner significantly vulnerable to assault	Y / N	Y / N
Officer's observation	Y / N	Y / N
Other (specify)	Y / N	Y / N
<b>Confirmation of Evidence Searches</b>		
PNC (current & previous convictions)	Y / N	Y / N
NOMIS (current & historical adjudication history)	Y / N	Y / N
Warrant (current charge or offence)	Y / N	Y / N
Placement Order (Only for young people 15 – 17 years old) (current charge or offence)	Y / N	Y / N
T1V (Only for young people 15 – 17 years old)	Y / N	Y / N
e-Asset (Only for young people 15 – 17 years old)	Y / N	Y / N
PER (violent behaviour in police, Court, PECS custody)	Y / N	Y / N
Other (describe)	Y / N	Y / N
<b>Assessment carried out by;</b>	<b>Assessor</b>	
<b>Name:</b>		
<b>Signature:</b>		
<b>Date:</b>		
<i>Comments</i>	Prisoner photo	

- 2.6 In Part 1, the risk indicators and sources of evidence are shown. **ACTION:** Staff completing the form in reception are to access the PNC record, NOMIS adjudication history and historical adjudication record, the Warrant (or Placement Order) and the other records shown. **ACTION:** Where PNC records are not available to reception staff, these are to be accessed and checked for risk indicators on the next working day and the day 2 assessment section completed.

The reception assessment. **ACTION:** Staff should;

- look in all available sources of evidence,
- identify any risk indicators,
- circle Y or N on the form to show which sources were looked at and whether any evidence was found,

- enter comments if necessary,
- sign and date the “Reception Assessment” column.

The Day 2 assessment. This is only required if all evidence sources were not available on the day of reception. **ACTION:** Staff should;

- look in PNC and any other sources not accessed on reception,
- identify any risk indicators,
- circle Y or N on the form to show which sources were looked at and whether any evidence was found,
- enter comments as necessary,
- sign and date the “Day 2 Assessment” column.

2.7 The risk indicators are shown here, with explanation of what the risk issue is;

- Life threatening assault on, or murder or manslaughter of another prisoner or assisting a suicide whilst in custody. A life threatening assault would be one in which the victim suffered very severe injuries. This would typically result in a lengthy stay in hospital, resuscitation, or perhaps time on a ventilator. In police terms these would be the most serious form of Grievous Bodily Harm, or attempted murder. Assisting a suicide is a charge used where the police believe a prisoner was involved in the death of a cell mate but there is insufficient evidence for a murder or manslaughter charge. Evidence for these indicators would be in NOMIS because prisoners with these offences will almost certainly still be in custody.
- Sexual assault with same sex adult victim either in the community or in prison. Current or previous convictions for sexual assault need to be considered very carefully. An adult prisoner convicted of rape of a female or a child would not be at increased risk of harming a cell mate; they would be more likely to be harmed themselves. However, an adult convicted of raping a same-sex adult would present a high risk. In the case of both Adult and Young Offenders with a conviction for sexual assault the aim is to avoid the prisoner sharing with anyone who has the appearance of their victim(s). For young people (aged 15 – 17), any sexual assault against either a male or female victim, irrespective of the victim’s age, will result in a high risk rating. Evidence would be found in PNC, NOMIS and T1V or eAsset for young people.

2.8 *If there is evidence, or strong suspicion, that these two risk factors exist, the prisoner must be assessed as mandatory high risk and located in a single cell.*

- Healthcare assessment of increased risk. The Healthcare section of the form no longer requires an absolute risk rating. Instead, it identifies whether there is increased risk due to healthcare factors, or no increased risk. Offender Health have determined the range of medical factors which could indicate increased risk of harm to a cell mate, but these factors individually or collectively, do not necessarily mean a prisoner can not share a cell. When Healthcare staff complete the form they will indicate where there is evidence of increased risk. Where this exists, the Healthcare worker is to discuss their concerns with the reception officer or manager. For example, the first consideration for Healthcare staff is whether there is evidence of psychosis, but up to 10% of prisoners in local prisons may fall in this category. It is possible that if no other evidence of heightened risk, either Healthcare or operational, is present, the prisoner might be safe to locate in a shared cell, but sharing would imply careful choice and supervision. Healthcare and operational staff will need to discuss the evidence before reaching a decision. Healthcare staff will find evidence in medical records or from their assessment of the prisoner during the reception health screen.

- Racially or homophobically motivated offence or reports in the community or in custody. Many prisoners are aware that in a busy reception a claim to have violent racist or homophobic thoughts can lead to gaining a single cell. Prisoners should always be challenged because such claims are against the Law and Prison Rules. Where there is evidence that they do hold racist or homophobic views, they can still be accommodated in a shared cell if there are other prisoners who would not be at risk. For instance, a prisoner with evidenced racist views may still be suitable to share with another prisoner from the same ethnic background. In this case the prisoner should be assessed as high risk and sharing considerations are to be recorded. Subsequent observation of the prisoner during association or when at work or education will highlight whether they freely associate with members of their target group, or if they avoid such people. Such observation may trigger a CSRA review and could also result in the prisoner being further challenged. Evidence. It is possible to identify racist and homophobic prisoners from their past behaviour. If they have precons (PNC check) or have previously been in prison (NOMIS adjudication history check) it is possible to identify racist or homophobic behaviour.
- Repeated violence in custody. Violence in the community (outside prison) is not a good predictor of prison violence. Violence in prison, and in particular repeat violence, indicates the person is likely to continue to be violent. For guidance, involvement in more than two violent incidents would definitely demonstrate increased risk. However prisons holding women, young people and young adults should determine the triggers locally, based on analysis of levels of violence in their establishment. Evidence. The behaviour being considered is violence in custody so the best source of evidence is NOMIS (adjudication record, IEP history). If violence is exclusively directed at inanimate objects, such as cell furniture or property, this does not necessarily indicate a prisoner will be violent to a cell mate. The CSRA is primarily concerned with inter-personal violence, that between people.
- Arson, fire setting in the community or in custody. It is known that previous convictions for arson are a very strong indicator that a prisoner may be violent towards a cell mate. The risk from those who set fires in their cell is obvious, but any history of arson indicates increased risk. Evidence. Arson and fire setting behaviour will be recorded in PNC (precons for arson) or NOMIS (adjudication record).
- Kidnap / False imprisonment / Stalking/Hostage taking in the community or in custody. Prisoners who develop a fixation or abnormal attachment to others in any environment will have increased risk. Evidence. Where this offending took place in the community, PNC will highlight precons and if in prison, NOMIS will highlight adjudication history.
- Prisoner statement of heightened risk. The decision process for cell sharing should be evidence based wherever possible. However, when a prisoner raises a genuine issue of concern which has not been evidenced elsewhere, this is to be taken into account.
- Significant prisoner vulnerability. The primary purpose of the CSRA is to identify a prisoner's risk of harm to a cell mate, but there can be circumstances where a prisoner is vulnerable to attack. This could be because of their offence or appearance but any vulnerability issue or discriminatory factor is important. Staff should be particularly alert for circumstances where a prisoner is being "controlled" or inappropriately influenced by other prisoners. Prisoners with significant vulnerability can be accommodated in a shared cell but great care needs to be taken to ensure neither prisoner presents a risk to the other.
- Officer's observation. There will be circumstances when an officer suspects that, even though there is no documentary evidence, there may be cause for concern. It

may be something like the prisoner's body language or demeanour but this option provides an opportunity for staff to express any concerns.

- Other. The last category provides an opportunity for any other evidence to be recorded.

2.9 The sources of evidence provide the following information;

- Police National Computer (PNC) records The PNC print shows all previous convictions and current charges, both in summary form and in detail.
- NOMIS Where a prisoner is recognised as having been in prison previously, and if their NOMIS number is known, records of adjudication history, previous CSRA history and behaviour on past sentences can be accessed. It should be noted that the best indicator of poor behaviour in prison is past behaviour in prison. If a prisoner has been violent on previous sentences, there is an increased likelihood of them being violent again.
- Warrant The current offence or charge is shown.
- Placement Order Only used for Young People, this records the reason for detention.
- T1V Information on vulnerability affecting a Young Person.
- eAsset Detailed information on the Young Person.
- PER The PER form should accompany every prisoner on arrival and will indicate any warnings as well as general behaviour in police custody, at Court and in transit.
- Other If staff have access to other sources of evidence, and time to access them, they can be used.

<p><b>PART 2. HEALTHCARE ASSESSMENT</b> <i>(To be completed by a member of the Healthcare Team)</i></p> <p>Following the reception health screen process, do you have any information (from your observations and if available the clinical records, PER form, police FME report etc.) that indicates this prisoner may be <b>at risk of severely harming another prisoner in a locked cell</b> due to:</p>	
<ul style="list-style-type: none"> <li>○ Psychosis</li> <li>○ Extremely disturbed behaviour</li> <li>○ Failure or inability to engage with the reception health process</li> <li>○ Agitation or aggression</li> <li>○ Other reasons (e.g. attitudes and/or behaviour) described below*</li> </ul>	
<p><b>If any of the above factors are present this indicates increased risk.</b></p> <p><b>INCREASED RISK</b> <input type="checkbox"/></p> <p>Clear indication of increased level of risk that prisoner might assault cell mate. <b>Discuss with Reception Officer</b></p>	<p><b>If none of the factors above are present this indicates there are no immediate healthcare risks.</b></p> <p><b>NO INCREASED RISK</b> <input type="checkbox"/></p>
<p>*Other reasons and comments including sharing considerations;</p> <p><i>Any relevant information, including any of the above, must be recorded in the clinical record including any plans for further assessment if required.</i></p>	
<p>Available medical records have been accessed</p> <p>Role / Position: <input type="text"/></p> <p>Signature: <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name: <input type="text"/></p> <p>Date: <input type="text"/></p>

- 2.10 The requirement for healthcare staff is to highlight any factors which may indicate elevated risk to a cell mate. This section of the form does not require an absolute risk rating. Instead, it identifies whether there is increased risk due to healthcare factors, or no increased risk. Offender Health have determined the range of medical factors which could indicate increased risk of harm to a cell mate, but these factors individually or collectively, do not necessarily mean a prisoner can not share a cell. **ACTION:** When completing the form, healthcare staff should indicate where there is evidence of increased risk. Where this exists, they are to discuss their concerns with the reception officer or manager.
- 2.11 For example, the first consideration is whether there is evidence of psychosis, but up to 10% of prisoners in local prisons may fall in this category. It is possible that with this issue alone, the prisoner may be safe to locate in a shared cell, but sharing would imply careful choice and supervision. Healthcare and operational staff are to discuss the evidence before reaching a decision.

<b>PART 3. AUTHORISATION</b>	
<i>If any evidence is found, a manager <b>must</b> decide on the risk rating. If no evidence is found, an <b>officer</b> can authorise standard risk.</i>	
<b>Reception Assessment</b>	<b>Day 2 Assessment</b> (If required)
Name: <input type="text"/> Prisoner is; <b>STANDARD RISK</b> <input type="checkbox"/>	Name: <input type="text"/> Prisoner is; <b>STANDARD RISK</b> <input type="checkbox"/>
Signature: <input type="text"/> <b>HIGH RISK</b> <input type="checkbox"/>	Signature: <input type="text"/> <b>HIGH RISK</b> <input type="checkbox"/>
Job title: <input type="text"/> <input type="checkbox"/>	Job title: <input type="text"/> <input type="checkbox"/>
Date: <input type="text"/>	Date: <input type="text"/>
Reason for decision and comments	

**ACTION:** The person authorising the assessment should sign the form at Part 3.

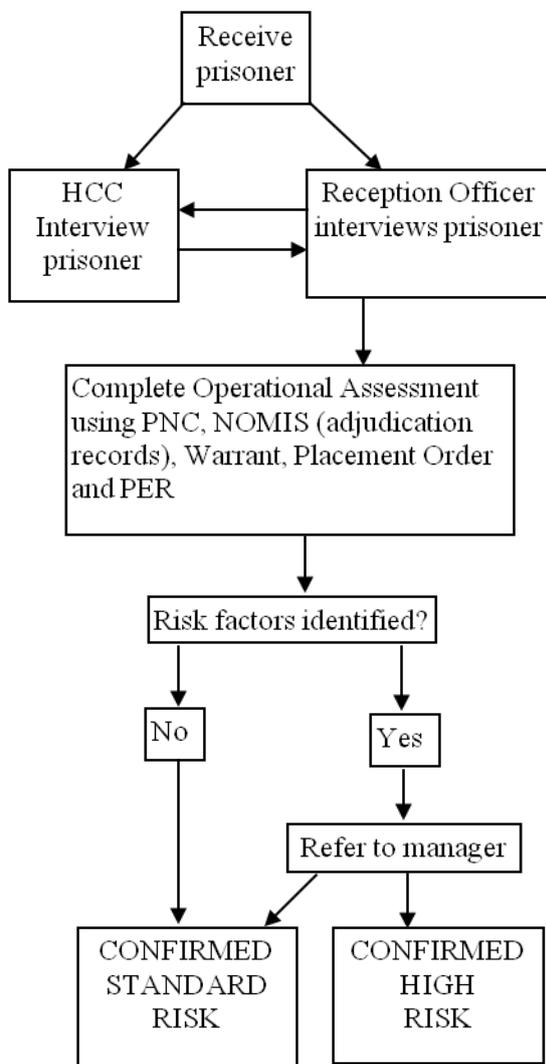
- Where no evidence has been found (after a search), the form can be signed by an officer to say the prisoner is standard risk.
- If any evidence is found, a manager is to consider this, take the decision and sign the form.

- 2.12 There are separate signature boxes for the reception assessment and the day 2 assessment, where this is required.

### 3. Final Action

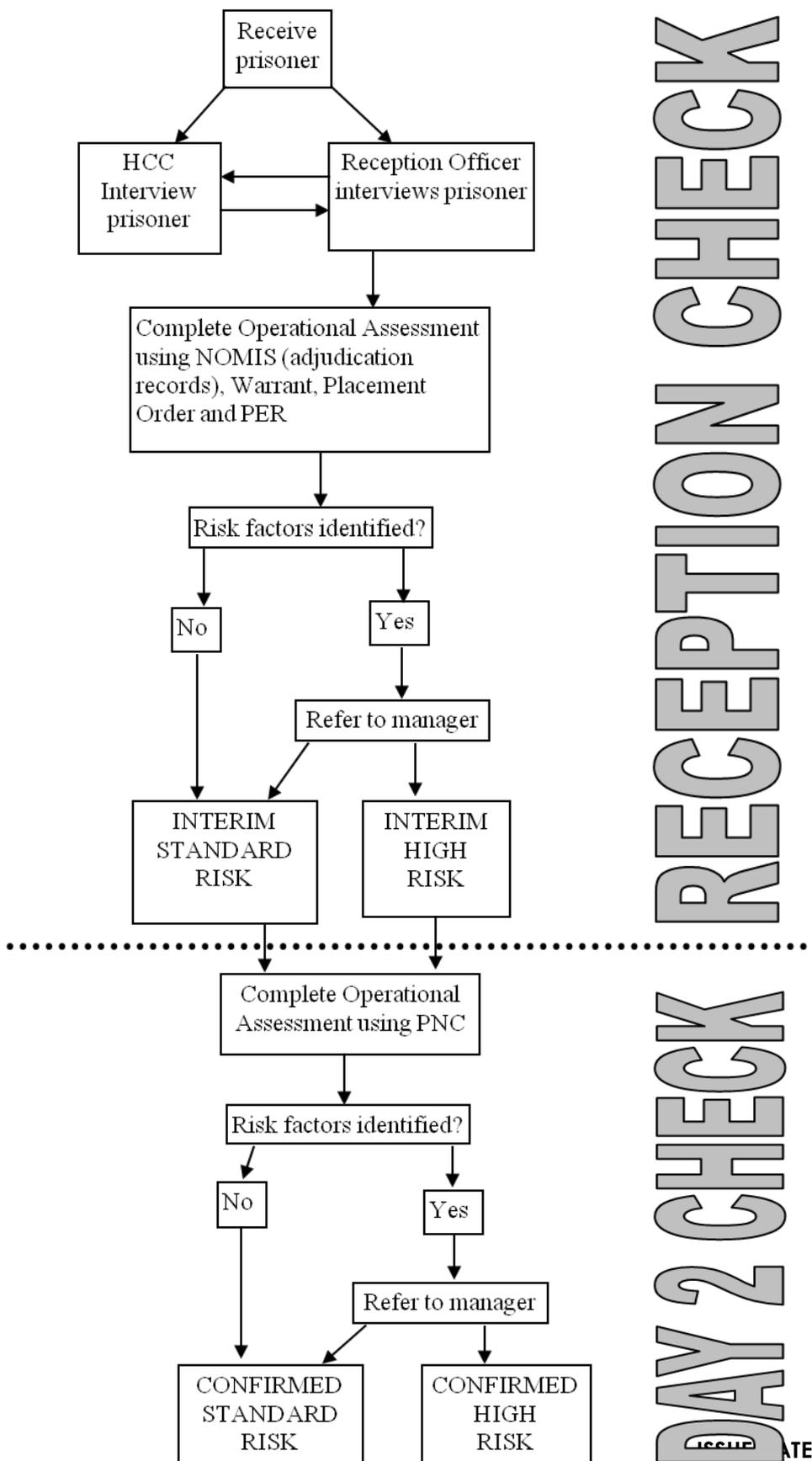
**ACTION:** The last action is to enter the agreed risk rating on the front page at the top.

# PRISONER RECEIVED WITH PNC RECORD



RECEPTION CHECK

# PRISONER RECEIVED WITHOUT PNC RECORD



RECEPTION CHECK  
DAY 2 CHECK

## Annex D

**1. The CSRA Review Process**

- 1.1 There are a number of reasons to carry out a CSRA review, but they should only be conducted when there is a realistic chance of the risk factors having changed.
- 1.2 In the case of a prisoner who is high risk, the objective is to identify whether the risk has reduced sufficiently to allow safe allocation of the prisoner in a shared cell. This includes situations where prisoners are assessed as high risk but with potential short term risk factors, such as a prisoner who is detoxing.
- 1.3 Reviews of standard risk prisoners are much more complex and are designed to identify increased risk which could indicate that a prisoner should be re-located to a single cell. In these cases it is important that changes in the prisoner are identified early enough to prevent them harming a cell mate.
- 1.4 *Where it is known or believed that information about a prisoner is held, this must be accessed within a reasonable time. For instance, core records on a recalled prisoner will be retained in the establishment and must be checked as soon as possible after reception.*
- 1.5 Reviews are to be completed on CSRA Review Form 2 (2011).
- 1.6 Risk factors are described as static or dynamic.
- Static factors are those such as a previous offence of in-cell homicide or arson. Static risk is unlikely to change over very long periods of time.
  - Dynamic factors cover events which are not fixed, such as a change in behaviour during detox, a mental health condition which varies with medication or a volatile state associated with 'bad news'. Dynamic risk factors can change more readily and are more likely to require review over shorter periods.
- 1.7 *All CSRA reviews must be carried out by a local multi-disciplinary team which is able to conduct an evidence based assessment of changed risk factors. For example, the static risk of a same-sex rapist would not change in the short term. In such a case, clear evidence of changes in attitudes and behaviour would need to be identified over a sustained period of time. An appropriately constituted multi-disciplinary team, with involvement from the offender supervisor, is best placed to take a decision.*
- 1.8 *However, because risk factors can be identified at any time, there must be a local policy to enable a rapid referral where an immediate decision is required;*
- Where urgent concerns are raised that a standard risk prisoner should be increased to high risk, a decision can be taken by the duty governor (or any manager authorised by the Governor / Director) at any time. Having authorised an increase to high risk, the case would need to be reviewed and agreed at the next multi-disciplinary team meeting.
  - Where a high risk prisoner with dynamic risk factors has been assessed as no longer posing a high risk (such as a detoxing prisoner who has been stabilised), and where an urgent decision is required, the duty governor (or any manager authorised by the Governor / Director) can authorise a reduction to standard risk. The decision would need to be reviewed and agreed by the multi-disciplinary team at the next meeting.

- 1.9 In all cases where a prisoner is subject to offender management supervision, it is essential that the multi-disciplinary team consults and exchanges information with offender supervisors.
- 1.10 Multi-disciplinary meetings do not have to involve staff physically attending. They can be “virtual meetings” with contributions sent by letter or email, so long as there is a minuted record of who supplied information and what the decision was.
- 1.11 There are four reasons to conduct a review. The table below describes why they should be held, who needs to take part and when they should be held;

<b>Type of review</b>	<b>Reason for review</b>	<b>Timing for review</b>	<b>Who takes part</b>
Long term High Risk (Static risk)	To ensure potential changes to risk are assessed routinely	Annual, as part of the offender management cycle	Multi-disciplinary team including appropriate representatives from offender supervisor, public protection, security department, healthcare staff, residential, education, workshop staff and the violence reduction co-ordinator, for example
Short term High Risk (Dynamic risk)	When a prisoner's character or behaviour has changed	There can be no fixed time for these reviews but it may be sensible to agree a date by which to consider a review when the high risk decision is taken. For instance, healthcare advice may be that a prisoner who is detoxing may be stabilised within a specific time	A multi-disciplinary team including representation from the team/work area involved in the initial decision, as well as security and residential staff, for example
Standard Risk following new or additional information	When new information which was not available on reception becomes available later	These reviews should take place as soon as possible after receipt of the new information	An immediate decision can be taken by the duty governor / manager, but will need to be reviewed by the multi-disciplinary team when it next meets
Standard Risk review prompted by changes in prisoner's behaviour or thinking – The intelligence driven review	These reviews are very important. They are required where a harmful change in a prisoner's behaviour or thinking becomes known. Their mental state may be deteriorating, they may have become aggressive or any of the risk factors may be triggered. These changes may put a cell mate at risk	These reviews are to be carried out immediately and before the prisoner is returned to a shared cell.	An immediate decision is to be taken by the duty governor / manager, but will need to be reviewed by the multi-disciplinary team when it next meets

- 1.12 CSRA review forms are to be signed by the chair of the multi-disciplinary team or, in the case of urgent reviews, the duty governor or manager.

## 2. Detailed guidance on completing the CSRA Review form

- 2.1 This section is designed to offer practical advice to staff carrying out CSRA reviews. The guidance shows extracts from CSRA Review Form 2 (2011) with descriptive text before this.

- 2.2 As with the CSRA Form 1, the review form has the outcome of the review in a banner section at the top of the first page. There are four possible grounds for a review, which are;

- Remain HIGH RISK
- Increase to HIGH RISK
- Remain STANDARD RISK
- Reduce to STANDARD RISK

- 2.3 The appropriate box should be ticked and the other wording crossed out so that it is clear what the decision is.

<b>Risk status resulting from this review</b>	
<p><b>Increase to HIGH RISK</b>  <b>Remain HIGH RISK</b>  <i>(Delete as appropriate)</i></p> <div style="text-align: center; border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <p>High level of risk of <b>severe</b> cell violence to <b>or</b> from cell mate, including short term. <i>Restrictions must be applied</i></p>	<p><b>Reduce to STANDARD RISK</b>  <b>Remain STANDARD RISK</b>  <i>(Delete as appropriate)</i></p> <div style="text-align: center; border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <p>No immediate risk, but situation will need to be monitored</p>

- 2.4 Basic details about the prisoner are required to ensure the correct individual is being assessed.

<b>Prisoner Details:</b>		<b>HMP / YOI</b>	
First Name		Reception Date	
Surname		PNC Number	
Date of Birth		Index Offence	
NOMIS Number		Remand prisoner?	

- 2.5 Staff should tick relevant boxes to indicate which sources of evidence have been accessed. Key examples are shown on the form but any source of evidence can be used. In this case, where “other” has been ticked, the source should be described.

<b>Tick box to show which sources of evidence contain supporting information</b>						
PNC	NOMIS	OASyS/ASSET	IMR	5X5	SECURITY FILE	OTHER (state which)

### Type 1. Review of long term high risk prisoners

- 2.6 The risk factors in this category are static and therefore unlikely to change for a long time. In these cases, risk of harm to cell mates should be directly linked to other risk of harm reviews and therefore CSRA reviews should be undertaken by the multi-disciplinary team in conjunction with the offender supervisor at the same time that other risk reviews are undertaken (OASyS, MAPPA, PPO, pre-release etc). In the absence of any other risk review within a twelve month period the multi-disciplinary team should carry out a basic

review of high risk prisoners to ensure that any change is recognised or confirm that there is none.

<b>TYPE 1. REVIEW OF LONG TERM HIGH RISK PRISONERS</b> (CONDUCT ANNUALLY WITH OFFENDER MANAGEMENT) <i>Confirmation of current or previous conviction, proven adjudication or knowledge of;</i>	
Life threatening assault on, or murder of another <u>prisoner</u> or assisting a suicide <u>whilst in custody</u> <b>Prisoner <u>MUST</u> remain high risk until there is evidence from the offender supervisor that risk has substantially and permanently reduced</b>	Y / N
Sexual assault on same sex adult victim ( <i>In young people's estate, any age either sex victim</i> ) <b>Prisoner <u>MUST</u> remain high risk until there is evidence from the offender supervisor that risk has substantially and permanently reduced</b>	Y / N
Racially or homophobic motivated offence or reports	Y / N
Repeated violence in custody	Y / N
Arson, fire setting	Y / N
Kidnap / False imprisonment / Stalking / Hostage taking	Y / N
<i>Reason for decision and comments</i>	

### Type 2. Review of short term high risk prisoners

- 2.7 Some prisoners assessed as high risk will have short term or dynamic risk factors, which means there is a possibility of change from high risk to standard risk.
- 2.8 Where the risk is recognised to be of a short duration (examples below) staff will be required to monitor the prisoner and report to the multi-disciplinary team. The multi-disciplinary team will decide if the prisoner can be reduced to standard risk.
- 2.9 Examples of short term risk factors;
- When a prisoner is received into custody who is detoxing they may exhibit aggressive behaviour. Once their treatment has been agreed and they have stabilised their risk of harm to others will usually recede.
  - A prisoner who is agitated and disturbed on reception may have stabilised after a period of appropriate medication, e.g. for mental health problems.
  - A prisoner may become better adjusted to prison life and therefore less vulnerable. This will be difficult to evidence, but good interactions by staff will provide the best evidence.

<b>TYPE 2. REVIEW OF SHORT TERM HIGH RISK PRISONERS</b> Review following evidenced change in dynamic risk factors	
<i>Reduction from HIGH RISK to STANDARD RISK must be clearly evidenced and agreed by a multi-disciplinary team</i>	Y / N
<i>Reason for decision and comments</i>	

### Type 3. Review of standard risk prisoners following new or additional information

2.10 Where information which would clearly indicate a prisoner should be high risk is not available on reception/induction but is subsequently identified, this must be referred to the multi-disciplinary team immediately. Examples are;

- Previous cell assaults in other establishments or in previous custody
- Offence Information such as rape of a same sex adult, racial or homophobic offences. The offences of concern are shown in the box on the form
- Previous in-patient at a Special Hospital or Secure Unit
- A diagnosis of Personality Disorder (Conduct Disorder in the case of young people)
- Information from Healthcare assessments

2.11 The new information could come from;

- Core records from previous sentences
- Documentation delayed when a prisoner transfers
- Discovery that a prisoner was in custody previously and has a NOMIS number
- Information from the police, probation or other organisation

<b>TYPE 3. REVIEW OF STANDARD RISK PRISONERS FOLLOWING NEW OR ADDITIONAL INFORMATION</b>		
<i>Receipt of new or additional information which may increase the risk rating</i>		
Life threatening assault on, or murder of another prisoner or assisting a suicide whilst in custody <b>Prisoner <i>MUST</i> be made MANDATORY HIGH RISK</b>		Y / N
Sexual assault on same sex adult victim (In young people's estate, any age either sex victim) <b>Prisoner <i>MUST</i> be made MANDATORY HIGH RISK</b>		Y / N
New or additional information such as:	Racial or homophobic offences	Y / N
	Previous violence in other establishments or in previous custody	Y / N
	Arson, fire setting	Y / N
	Kidnap / False imprisonment / Stalking / Hostage taking	Y / N
	Information from healthcare assessments	Y / N
	Previous in-patient at a Special Hospital or Secure Unit	Y / N
	A diagnosis of Personality Disorder (Conduct Disorder for young people)	Y / N
	Other	Y / N
<i>Reason for decision and comments</i>		

Type 4. Review of standard risk prisoners prompted by changes in prisoner's current behaviour or thinking – The intelligence driven review

2.12 The majority of prisoners assessed as standard risk will not need to be re-assessed. However, as these prisoners will normally share a cell, it is essential that any change in the prisoner's behaviour which could indicate increased risk must be referred for further consideration.

2.13 Because risk factors can be identified at any time, there must be a local policy to enable a rapid referral to the duty governor or manager where an immediate decision is required.

2.14 **It is the duty of all staff who become aware of changes relevant to increased risk of harm between cell mates (from observation, discussion or other offender information) to advise the duty governor or manager immediately and record this on NOMIS.**

2.15 As part of the decision and review process, referral to Healthcare for an assessment should be considered. *The review, and the outcome, must be recorded.* Such a decision would need to be confirmed at the next multi-disciplinary team meeting.

2.16 It is also highly likely that indicators may not immediately be identified as such. One erratic episode, even though recorded, may not trigger thoughts of a need for a CSRA review. Knowledge of all such incidents is, however, essential when building a picture of changed characteristics in a prisoner. Ad hoc and general comments are likely to be recorded in a variety of places, such as;

- NOMIS
- SIR's
- Observation Books
- Sentence plans
- ROTL Boards
- Re-categorisation reviews
- Allocation Boards / Reviews
- OASys
- eAsset
- T1V
- Healthcare reviews
- Receipt of further information about past behaviour, for example;
  - information about behaviour in previous custody, under Probation supervision, Secure Children's Homes, STC's
  - access to previous core records
  - access to previous NOMIS records
- Psychology reports
- IEP reviews
- Adjudications
- Discussion at Safer Custody / Violence Reduction Committee meetings
- Information received in any other form from any source (such as staff, visitors, IMB, other prisoners, education staff, the prisoner's family)
- MAPPA reviews
- PPO reviews
- Care and Separation Reviews

2.17 This list is not exhaustive but staff involved in reviews will need to be alert to refer any issues to the multi-disciplinary team. Key examples of the sort of indicator to be considered are shown below.

- Homicidal Impulse/Ideation. In other words, when it becomes known that the prisoner has urges to kill, thinks and fantasises about killing. *The initial signs may not be clear, but any belief that the prisoner has serious homicidal thoughts must be reported.*
- Violence. Fighting or assaulting other prisoners or staff, especially when more than two incidents are recorded. Only violence in custody is relevant but this includes secure homes, mental hospitals and secure training centres as well as previous prison custody.
- Bizarre behaviour observed. The issue is that the prisoner's mental state may be impaired and should not be ignored. Healthcare staff will need to be proactive in these cases to ensure relevant risk information is passed on.
- Frequent cell changes. If a prisoner displays behaviour or attitudes which are seriously objectionable to other prisoners sharing with them, this could lead to severe violence. When prisoners report that they can't share with another prisoner, and several other prisoners who have been located with them say the same, staff should consider whether the reasons for being unable to share are so significant that a review of the CSRA is needed. The issues should be so significant that severe violence could result, so staff judgement is called for.
- Paranoia. This is a condition where a person has frequent, strange fears that other people are planning to hurt them or thinking bad things. For example, a person

might believe that their TV is watching them to see what they are doing or that other people can control their thoughts or use magic to hurt them. Paranoia causes intense feelings of distrust, being persecuted or threatened by others. This is difficult for many staff to assess, but the following guidance is offered;

- If it becomes known that the prisoner believes that all those around them are enemies, ready to harm or even take his/her life. In this delusion people of an aggressive temperament can become homicidal.
  - Strange requests (eg asking staff to remove TV / radio without a rational explanation).
  - Feeling that all staff are against them.
  - Concern which leads to a referral to Healthcare.
- Fire-setting behaviour. This has been noted in the histories of several previous prison homicide perpetrators and is symptomatic of disturbed individuals. If arson is a frequent response by the prisoner to general frustration then they are clearly a danger to others. But a prisoner who sets fire to objects just once is also dangerous. Arsonists sometimes want to watch others responding to a fire they have set, which means they enjoy putting others in danger and watching them react. Cell mates are clearly at risk but so are staff who have to provide first response to fires.
  - Prisoner vulnerability. Any vulnerability issue is important but where a prisoner is being “controlled” or inappropriately influenced by other prisoners, or is at serious risk from other prisoners, this can lead to severe violence.
  - Reception at a new establishment. Factors may have been identified at the previous establishment, and prisoners may reveal a change in nature following a transfer. The new environment may also exacerbate underlying conditions, leading to aggression.

2.18 *Where any indicator or cause for concern is recognised, this must be referred to the duty governor or manager and a review of the CSRA undertaken.* The manager should authorise continued management of the prisoner as standard risk, or change the risk assessment to high risk. As part of the decision and review process, referral to Healthcare for an assessment should be considered where appropriate. The review, and the outcome, are to be recorded and referred to the multi-disciplinary team for approval.

<b>TYPE 4. REVIEW OF STANDARD RISK PRISONER PROMPTED BY CHANGES IN PRISONER'S CURRENT BEHAVIOUR OR THINKING</b>	
<i>Receipt of new or additional information which may increase the risk rating</i>	
Homicidal Impulse/Ideation. In other words, when it becomes known that the prisoner has urges to kill, thinks and fantasises about killing. <i>The initial signs may not be clear, but any belief that the prisoner has serious homicidal thoughts <u>must</u> be considered</i>	Y / N
Strange or unusual behaviour observed. The issue is that the prisoner's mental state may be impaired and should not be ignored.	Y / N
Paranoia. Concern which leads to a referral to Healthcare. Examples would be: a) the prisoner believes that all those around them are enemies, ready to harm or even take their life. b) strange requests (eg asking staff to remove TV / radio without a rational explanation). c) prisoner saying that all staff are against them	Y / N
Prisoner statement of heightened risk or significant prisoner vulnerability	Y / N
Violence to other prisoners or staff, especially when more than two incidents are recorded	Y / N
Vulnerability. Any issue in which the prisoner is seriously at risk from other prisoners	Y / N
Frequent cell changes requested by the prisoner or their cell mates	Y / N
Other	Y / N
<i>Reason for decision and comments</i>	

2.19 The authorisation section is to be signed by the chair of the multi-disciplinary team or the duty governor or manager.

<b>AUTHORISATION</b>			
<b>Chair of Multi-Disciplinary Team / Duty Governor or Manager</b>			
Name:	<input type="text"/>	Signature:	<input type="text"/>
Job title:	<input type="text"/>	Date:	<input type="text"/>

## 1. Guidance for Managers on how to reach a decision

- 1.1 Where a risk indicator has been identified, a full assessment of the risk needs to be undertaken to determine two things; whether the prisoner should be categorised as high risk or standard risk, and when they are high risk, whether they can share a cell.
- 1.2 It will always be for local managers to assess and decide upon a prisoner's risk to a cell mate. The assessment needs to take account of all the evidence and intelligence available, and any local knowledge of the prisoner, and ensure this meets the needs of the prisoner being assessed and other prisoners who may be co-located with them.
- 1.3 Managers should consider a range of issues including;
- What is the evidence?
  - How recent is it?
  - Is there more than one piece of evidence?
  - Is the prisoner a risk to any other prisoner, or only some?
  - Can the risk be mitigated?
  - Is the nature of the risk long term?
- 1.4 The decision which has to be taken is, does this prisoner present a risk so great that they may kill or attempt to kill a cell mate. Vulnerable prisoners should be considered for the risk to them.
- 1.5 Although not prescriptive, the following examples of situations have been produced to help guide staff where the information does not lead to a clear cut answer.

### a. Previous serious assaults, homicide and sexual assault

- A prisoner is transferred and reception staff recognise that he previously attempted to murder a cell mate in another establishment. Because of the nature of this act, the prisoner must be made mandatory high risk.
- When checking the PNC record for a recalled prisoner, the reception officer notes that the prisoner has a conviction for male rape three years ago. This is a mandatory high risk factor so the prisoner must be made mandatory high risk.
- A 16 year old young person is received into custody charged with sexually assaulting a boy under the age of 13 in a playground. This Young Offender Institution has a number of double cells. The young person is clearly a risk to males and it is possible that other young people could look much younger than their actual age. Sex offenders tend to target specific groups and other prisoners who look younger could therefore be at risk. The young person should be assessed as mandatory high risk and located in a single cell.

### b. Healthcare consideration

- During the healthcare assessment for a newly arrived prisoner, the nurse notes that the woman has recently been abusing drugs and seeks help for this. However, she is anxious and volatile and the nurse feels the prisoner will potentially be violent until her medication is stabilised. The nurse therefore advises the reception manager that there is increased risk. Based on this advice, the manager assesses the prisoner as high risk, but recommends that a review be held in four weeks to reassess the prisoner's risk.

- A prisoner is assessed by healthcare staff as part of the reception screen and the nurse notes that the prisoner has a skin condition which is neither infectious nor dangerous, but looks unpleasant. The duty manager considers this but notes that although all the evidence sources were checked, there were no indicators present and the reception officer believes the prisoner should be standard risk. The skin condition may be unpleasant for some cell mates, but it does not indicate he is likely to murder one. Although careful consideration will need to be given to sharing a cell, the CSRA rating should probably be assessed as standard risk.

**c. Previous violence**

- A prisoner is received who has served several previous custodial terms at this establishment and it is known from NOMIS that they have an extensive adjudication record for assault and fighting. The prisoner should be assessed as high risk and located in a single cell.
- A prisoner has been remanded into custody charged with ABH. His PNC record is available and shows he has numerous previous convictions for all forms of violence including GBH. His adjudication record is accessed and shows that over many years in previous custody he had not been adjudicated on for violence. Violence in the community is not a good predictor of violence in custody, as demonstrated here, and the prisoner should be assessed as standard risk.

**d. Racial and homophobic offences**

- A prisoner has been convicted of a racially motivated attack in the community. From their statements to the reception officer it is clear that they hold strong racist views which they will continue to express through violence. The prisoner should be assessed as high risk and will need to be monitored closely and dealt with through the establishment violence reduction policy. However, they can be allocated to a shared cell with a prisoner not of the targeted ethnicity providing a risk assessment is undertaken. His statement to the reception officer is in itself an offence and his behaviour should be challenged.
- A prisoner is received having been charged with driving whilst disqualified and has many previous convictions for motoring offences. There is an additional charge of racially aggravated assault. The prisoner is well known to staff and has no previous convictions with racial issues and has had no adjudications whilst in custody previously. He tells the reception officer that when he was arrested he was verbally abusive to the arresting officer who was from a different ethnic background. The prisoner should probably be assessed as standard risk but his behaviour will need to be monitored.

**e. Arson and fire setting**

- A prisoner set fire to some papers in his cell yesterday during association, and walked out of the cell leaving his pad mate in there. He is being urgently reviewed because of this act. His deliberate action in setting fire to the cell, with his cell mate inside is highly dangerous. He also placed staff at risk because they had to provide the first response, enter the cell to recover the other prisoner and fight the fire. The prisoner's risk rating should be immediately increased to high risk and he should be located in a single cell.

The decision will need to be reviewed by the multi-disciplinary team when it next meets.

- A newly received prisoner has been identified as having served several previous sentences for a variety of offences. One of these, ten years ago, was for arson. Since then, the prisoner has served a number of terms of imprisonment, but has no other offences for arson and has never set fire to anything whilst in custody. No other risk factors have been identified. The decision may be that the prisoner is standard risk but needs to be monitored.

**f. Kidnap, false imprisonment, stalking and hostage taking**

- A prisoner recently took his cell mate hostage, barricaded the cell and assaulted his cell mate before staff could intervene. He is having his CSRA rating reviewed before he returns to normal location from a period in the segregation unit. His risk has clearly increased as a result of the incident and he should probably be assessed as high risk and located in a single cell.
- A woman is remanded into custody on charges concerning her partner and children. One charge is that she abducted her daughter. In interview with the reception officer, the woman says she has visiting rights with her children and has been going through a very messy break-up with her estranged partner. Last week she missed the bus and was quite late taking her daughter back from a visit, as a result of which she got into a fight, was arrested and among other things, charged with abduction. There are no other indicators and the woman has no previous offending history. She should probably be assessed as standard risk but should be monitored.

**g. Heightened risk**

- A prisoner is received who has been arrested and charged with a group of others, some of whom will also have been received at this establishment. The prisoner says he has a long running feud with two of the others but refuses to name them. There is clearly potential heightened risk and he should probably be assessed as high risk until the identity of the others can be determined.

**h. Vulnerability**

- A former police officer is received, having worked in the same town as the prison. The local press are reporting the case and it is highly likely that other prisoners are aware of her presence. She will be particularly vulnerable and for this reason should probably be assessed as high risk.

**i. Officer's observation**

- A reception officer has completed a thorough search of PNC, NOMIS and other sources of evidence and identified no risk factors. However, she is concerned that the prisoner has made no eye contact and has responded to questions with very curt answers, if at all. The officer is concerned and believes the prisoner will need to be monitored closely over the coming days and therefore recommends a high risk rating, which seems appropriate.

1.6 Once the decision has been made, the reason should be entered on the comments section of the form. These notes can be short but should make clear why the decision has been taken. As an example, the following would be perfectly acceptable;

- “Racist charge on PNC. Expressed racist views during interview.”
- “Warrant shows charge of abduction. Prisoner interviewed. Relationship issue and no other risk issues identified.”

1.7 These perfectly capture the risk identified, as well as the source. The risk rating (high or standard) should then be entered on NOMIS.

## The Cell Sharing Risk Assessment 2011 – Frequently Asked Questions

### Assessments

**Q1. Who signs off completed CSRA forms where risk issues have been found?**

A1. This is for the Governor or Director of the establishment to decide. In many establishments this may be the duty governor or manager but reception senior officers are equally competent because of their experience in the role.

**Q2. Can a prisoner classed as high risk still share a cell?**

A2. High risk prisoners do not have to have a single cell. But where they are being considered for sharing, appropriate risk assessment of them and the other prisoner is to be undertaken.

**Q3. If a prisoner has a previous conviction for arson dating back 10 years and no further incidents, can this be discounted and the prisoner share a cell?**

A3. Any history of arson indicates increased risk but a single incident, many years ago, may be discounted.

**Q4. What if all the evidence sources are not available to officers at reception?**

A4. All the evidence sources shown on the CSRA form will be available to reception officers, with the possible exception of the PNC record. Where the PNC is not available on reception, this is to be followed up the next working day and the day 2 section of the form completed.

**Q5. Why are healthcare staff no longer rating the risk of harm during assessment?**

A5. The Healthcare assessment no longer requires a decision on which risk category the prisoner should be assigned to. Instead, the requirement is to highlight any factors which Offender Health have confirmed may indicate elevated risk to a cell mate.

**Q6. Why have the questions relating to self harm been removed from the form?**

A6. The new CSRA form focuses on the primary purpose which is to risk assess for cell homicide. Considerable effort has gone into identifying only those factors which indicate increased risk of serious harm to a cell mate. Factors such as risk of harm to themselves have been removed because this is properly covered in other policy and is not a good indicator of likely harm to a cell mate.

**Q7. If a new prisoner says he is racist and there is no evidence for this, how can I assess them as anything but high?**

A7. If the only information available is from the prisoner, a high risk decision may be the right one. However, racist (or homophobic) prisoners should not be rewarded with a single cell when they make such claims; such a statement is against the law and against Prison Rules. It will often be possible to assess the prisoner as high risk but safely locate them with another prisoner who is not in their target group. Subsequent observation of the prisoner during association or when at work or education will highlight whether they freely associate with members of their target group, or if they avoid such people. Such observation may trigger a CSRA review and could also result in the prisoner being further challenged.

**Q8. Does repeated violence include cell smashing?**

A8. If the violence is exclusively directed at inanimate objects, such as cell furniture or property, this does not necessarily indicate a prisoner will be violent to a cell mate. The CSRA is primarily concerned with inter-personal violence, that between people.

**Q9. If there is little or no information available about a remand prisoner on arrival in reception and staff have no other way of checking sources at the time, is it still worth reception doing a risk assessment?**

A9. Yes. We have a duty of care to protect all prisoners which is enshrined in law. *No matter how little we know about a prisoner's potential risk, we must carry out a cell sharing risk assessment before they can be located with another prisoner.* If documentation is not available on the first night it should be followed up in the next few days. Evidence can of course be sourced from the prisoner.

**Q10. If a prisoner has 10-15 years pre-cons for violence, surely they must be classed as high risk for CSRA?**

A10. We know very clearly from analysing statistics that violence in the community is not a good predictor of prison violence. This is known as situational violence and has been used extensively to write the CSRA policy. The best predictor of violence in prison is previous violence in a custodial setting. A prisoner with significant precons for violence would therefore have a clear track record for behaviour in custody (from proven adjudication for violence) and this would be the best indicator of potential future prison violence.

**Q11. When do we need to complete a CSRA?**

A11. *The risk assessment must be completed as part of the reception / induction procedure and before allocation to a shared cell.* In prisons with a first night centre with only single cells, the form may be completed there. *If the PNC record is not available in reception this must be checked the next working day and the day 2 assessment part of the form completed.*

**Q12. When do we need to carry out a Day 2 check?**

A12. Only where some of the evidence sources weren't available to reception staff. Usually, this will be because a PNC record wasn't available.

**Q13. What if the prisoner had previously committed male rape but was sent to a YOI due to their age?**

A13. In the case of sexual assault, the aim is to avoid the prisoner sharing with anyone who has the appearance of the same age range and gender as their victim(s). Therefore the key is to assess whether other prisoners at the establishment could look like the victim.

**Q14. What does 'other' mean in part 1 of the assessment form?**

A14. This category provides an opportunity for any other evidence to be recorded.

**Q15. If healthcare assess a prisoner who says he is paranoid schizophrenic but there is no evidence, what risk can be given other than high?**

A15. When Healthcare staff complete the form they will indicate where there is evidence of increased risk. Where this exists, the Healthcare worker is to discuss their concerns with the reception officer. It is possible that if no other evidence of heightened risk, either Healthcare or operational, is present, the prisoner might be safe to locate in a shared cell,

but sharing would imply careful choice and supervision. Healthcare and operational staff will need to discuss the evidence before reaching a decision.

**Q16. When is a CSRA up to date?**

A16. The CSRA will be up to date unless it has been superseded by a further CSRA form or a CSRA review. An up to date risk assessment is one which is based on the latest information about a prisoner. *Most prisoners' risk will not change but when it does, a review must be carried out.* If risk has not changed, a CSRA dated some time ago will be up to date.

**Q17. Should a new CSRA be completed on prisoners transferred?**

A17. If a prisoner is received on transfer and has had a CSRA completed using CSRA Form 1 (2011) then it will be clear from the form that an evidence check has been carried out and what, if any, indicators were found. It should therefore be pointless to repeat this process, unless the transfer itself raises risk issues.

**Q18. Why have issues such as drug and alcohol dependency and self harm been removed from the form?**

A18. Because we now know that these issues don't give us a good prediction that the prisoner will be severely violent to a cell mate. They are very important issues though and prisoners will need healthcare intervention or management on an ACCT.

**Q19. Can a prisoner be assessed as high risk if they are a non-smoker and don't want to share with a smoker?**

A19. This isn't a CSRA issue and prisoners shouldn't be made high risk for reasons like this. PSI 09/2007 provides guidance on smoke free legislation. This says that a non-smoker must not be made to share with a smoker who is actively smoking (para 8), but this is an issue around prisoner management and not a CSRA issue.

**Reviews**

**Q20. When do we need to carry out a review?**

A20. For prisoners who are long term high risk, with static risk factors, reviews should be carried out annually with offender supervisors. For all other prisoners, whether they are high risk or standard risk, the need for a review will be triggered by new information. This might be that information about previous convictions has just been found, or that a prisoner who has been calm starts acting bizarrely. Once new information is available, a review should be carried out.

**Q21. Who should attend CSRA review meetings?**

A21. *All risk reviews must be carried out by a multi-disciplinary team which is able to conduct an evidence based assessment of changed risk factors.* However, urgent reviews can be authorised by the duty governor and be ratified at a subsequent multi-disciplinary team meeting. Membership at the meeting will depend on which prisoner is being reviewed and what information is available. Typically, members would come from offender management, public protection, security department, healthcare staff, residential, education, workshop staff and the violence reduction co-ordinator. Certainly, not everyone needs to attend and meetings do not have to involve staff physically meeting. They can be "virtual meetings"

with contributions sent by letter or email, so long as there is a minuted record of who supplied information and what the decision was.

**Q22. Can prisoner reps be in attendance when CSRA reviews are being carried out?**

A22. This is a local decision and individual risk assessments will be called for. Prisoner representatives may prove to be a good source of information at CSRA reviews and can help to disseminate the work of the committee.

**Q23. How can you evidence that a mandatory high risk prisoner has reduced their risk if their mindset is unlikely to change for a long time?**

A23. The risk factors in this category are static and therefore unlikely to change for a long time. In these cases, risk of harm to cell mates should be directly linked to other risk of harm reviews and therefore CSRA reviews should be undertaken by the multi-disciplinary team in conjunction with offender manager / supervisor at the same time that other risk reviews are undertaken (OASyS, MAPPA, PPO, pre-release etc). Any reduction in cell sharing risk will therefore be identified initially through offender management assessment.

**Q24. Will there be a referral form for the review process, including for short term high risk reviews?**

A24. Not a national one. If establishments feel a review form would help they are free to create one locally.

**Q25. Can I submit an SIR if I notice changes in a prisoner's behaviour?**

A25. Yes. It is the duty of all staff, no matter what their role, who become aware of changes relevant to increased risk of harm between cell mates (from observation, discussion or other offender information) to ensure that the duty governor is informed and this is recorded on NOMIS.

### **Training**

**Q26. Will staff from all disciplines receive CSRA training?**

A26. There will be full training before the process is rolled out nationally. There will be three courses; one covering CSRA assessments, another covering reviews and a third one for other staff to provide general awareness understanding.

### **PNC**

**Q27. Is it OK to access PNC records to carry out a CSRA assessment or a review?**

A27. Yes. The National Policing Improvement Agency have said that PNC can be used by prison staff to carry out risk assessments on prisoners, and this includes the CSRA.

**Q28. Who will pay for each PNC print?**

A28. The cost of accessing and printing records is charged centrally.

**Q29. How is the index offence of in cell homicide described on a PNC print? Is it stated as murder or is it clearer?**

A29. The index offence will be stated as murder on the PNC print as there is no index offence for murder committed in prison. The Violence Reduction team in HQ will be aware of the location of each perpetrator and will contact the prison to inform them.

**Q30. Will we get better access to PNC reports? Will the Courts pass on PNC reports to escort staff?**

A30. Additional PNC terminals can be requested by Governors but the proposed Mercury system will provide much better access to PNC records. There is also no formal agreement between the Court Service and the Prison Service for PNC prints to be sent with the prisoner from court although some Courts do forward prints. This could potentially be improved through local agreements between prisons and their feeder Courts.

## **NOMIS**

**Q31. Who will be responsible for coordinating the case notes on a prisoner's NOMIS record when changes in the prisoner's behaviour have been noted?**

A31. This is an individual responsibility. *Where any indicator, or cause for concern, is recognised, this must be referred to the multi-disciplinary team and a review of the risk assessment undertaken.*

**Q32. Will high risk prisoners be flagged up on NOMIS?**

A32. The Violence Reduction team in HQ are currently working with the NOMIS team to create a flag on the hot page which alerts staff to prisoners assessed as high risk.

**Q33. Why are we using a paper form at all if we have NOMIS?**

A33. The CSRA section of NOMIS does not currently meet policy requirements so paper forms will be used alongside NOMIS until the issues are resolved. The headquarters Violence Reduction team are working with the NOMIS team to get these issues resolved as soon as possible.

**Q34. NOMIS doesn't flag a prisoner as racist. How will this be picked up when they move cells?**

A34. Their assessment or review will have taken account of any racist behaviour and if it is considered a risk, the prisoner should be high risk.

## **Other**

**Q35. How will the new form be printed? Will we need to order them?**

A35. The form will be on one sheet of A4 paper but the outcome of assessments and reviews (high risk or standard risk) are also to be entered on NOMIS.

**Q36. Where will the form be stored?**

A36. National policy will not dictate where the paper copy of the CSRA should be stored. It will be for the Governor of each establishment to make that decision.

\*\*\*\*\*EXAMPLE ONLY – NOT FOR USE\*\*\*\*\*

Annex G

**CELL SHARING RISK ASSESSMENT**

<p><b>HIGH RISK</b></p> <p>Reception Assessment <input type="checkbox"/></p> <p>Day 2 Assessment (If required) <input type="checkbox"/></p> <p>High level of risk of <b>severe</b> cell violence to or from cell mate, including short term. <i>Restrictions must be applied</i></p>	<p><b>STANDARD RISK</b></p> <p>Reception Assessment <input type="checkbox"/></p> <p>Day 2 Assessment (If required) <input type="checkbox"/></p> <p>No immediate risk, but situation will need to be monitored</p>
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<b>Prisoner Details:</b>	
First Name	
Surname	
Date of Birth	
NOMIS Number	

<b>HMP / YOI</b>	
Reception Date	
PNC Number	
Index Offence	
Remand prisoner?	

<b>PART 1. OPERATIONAL ASSESSMENT</b>	<b>Reception Assessment</b>	<b>Day 2 Assessment (If required)</b>
Current or previous conviction, proven adjudication or knowledge of;		
Life threatening assault on, or murder or manslaughter of another prisoner or assisting a suicide whilst in custody IF YES, THE PRISONER <b>MUST BE MANDATORY</b> HIGH RISK	Y / N	Y / N
Sexual assault with same sex adult victim ( <i>In young people's estate, any age either sex victim</i> ) IF YES, THE PRISONER <b>MUST BE MANDATORY</b> HIGH RISK	Y / N	Y / N
Healthcare assessment of increased risk (from Part 2)	Y / N	Y / N
Repeated violence (in custody)	Y / N	Y / N
Racially or homophobic motivated offending (in custody OR the community)	Y / N	Y / N
Arson, fire setting (in custody OR the community)	Y / N	Y / N
Kidnap / False imprisonment / Stalking / Hostage taking (in custody OR the community)	Y / N	Y / N
Prisoner statement of heightened risk	Y / N	Y / N
Prisoner significantly vulnerable to assault	Y / N	Y / N
Officer's observation	Y / N	Y / N
Other (specify)	Y / N	Y / N
<b>Confirmation of Evidence Searches</b>		
PNC (current & previous convictions)	Y / N	Y / N
NOMIS (current & historical adjudication history)	Y / N	Y / N
Warrant (current charge or offence)	Y / N	Y / N
Placement Order (Only for young people 15 – 17 years old) (current charge or offence)	Y / N	Y / N
T1V (Only for young people 15 – 17 years old)	Y / N	Y / N
e-Asset (Only for young people 15 – 17 years old)	Y / N	Y / N
PER (violent behaviour in police, Court, PECS custody)	Y / N	Y / N
Other (describe)	Y / N	Y / N
<b>Assessment carried out by:</b>	<b>Assessor Name:</b>	
<b>Signature:</b>		
<b>Date:</b>		
Comments	Prisoner photo	

\*\*\*\*\*EXAMPLE ONLY – NOT FOR USE\*\*\*\*\*

\*\*\*\*\*EXAMPLE ONLY – NOT FOR USE\*\*\*\*\*

**PART 2. HEALTHCARE ASSESSMENT** (To be completed by a member of the Healthcare Team)

Following the reception health screen process, do you have any information (from your observations and if available the clinical records, PER form, police FME report etc.) that indicates this prisoner may be **at risk of severely harming another prisoner in a locked cell** due to:

- Psychosis
- Extremely disturbed behaviour
- Failure or inability to engage with the reception health process
- Agitation or aggression
- Other reasons (e.g. attitudes and/or behaviour) described below\*

**If any of the above factors are present this indicates increased risk.**

**If none of the factors above are present this indicates there are no immediate healthcare risks.**

**INCREASED RISK**

**NO INCREASED RISK**

Clear indication of increased level of risk that prisoner might assault cell mate. **Discuss with Reception Officer**

\*Other reasons and comments including sharing considerations;

Any relevant information, including any of the above, must be recorded in the clinical record including any plans for further assessment if required.

Available medical records have been accessed      Yes            No     

Role / Position:       Name:

Signature:       Date:

**PART 3. AUTHORISATION**

If **any** evidence is found, a manager **must** decide on the risk rating. If no evidence is found, an **officer** can authorise standard risk.

**Reception Assessment**

**Day 2 Assessment**  
(If required)

Name:  Prisoner is; **STANDARD RISK**

Signature:  **HIGH RISK**

Job title:

Date:

Name:  Prisoner is; **STANDARD RISK**

Signature:  **HIGH RISK**

Job title:

Date:

Reason for decision and comments

\*\*\*\*\*EXAMPLE ONLY – NOT FOR USE\*\*\*\*\*

\*\*\*\*\*EXAMPLE ONLY – NOT FOR USE\*\*\*\*\*

Annex H

### CELL SHARING RISK REVIEW

Risk status resulting from this review	
<b>Increase to HIGH RISK</b> <b>Remain HIGH RISK</b> <i>(Delete as appropriate)</i> <div style="text-align: center; margin-top: 10px;"><input type="checkbox"/></div>	<b>Reduce to STANDARD RISK</b> <b>Remain STANDARD RISK</b> <i>(Delete as appropriate)</i> <div style="text-align: center; margin-top: 10px;"><input type="checkbox"/></div>
High level of risk of <b>severe</b> cell violence to <b>or</b> from cell mate, including short term. Restrictions must be applied	
No immediate risk, but situation will need to be monitored	

Prisoner Details:	
First Name	
Surname	
Date of Birth	
NOMIS Number	

HMP / YOI	
Reception Date	
PNC Number	
Index Offence	
Remand prisoner?	

Tick box to show which sources of evidence contain supporting information						
PNC	NOMIS	OASyS/ASSET	IMR	5X5	SECURITY FILE	OTHER (state which)

TYPE 1. REVIEW OF LONG TERM HIGH RISK PRISONERS	
(CONDUCT ANNUALLY WITH OFFENDER MANAGEMENT)	
Confirmation of current or previous conviction, proven adjudication or knowledge of;	
Life threatening assault on, or murder of another <u>prisoner</u> or assisting a suicide <u>whilst in custody</u> <b>Prisoner <u>MUST</u> remain high risk until there is evidence from the offender supervisor that risk has substantially and permanently reduced</b>	Y / N
Sexual assault on same sex adult victim <i>(In young people's estate, any age either sex victim)</i> <b>Prisoner <u>MUST</u> remain high risk until there is evidence from the offender supervisor that risk has substantially and permanently reduced</b>	Y / N
Healthcare assessment of increased risk	Y / N
Racially or homophobic motivated offence or reports	Y / N
Repeated violence in custody	Y / N
Arson, fire setting	Y / N
Kidnap / False imprisonment / Stalking / Hostage taking	Y / N
Prisoner statement of heightened risk	Y / N
Significant prisoner vulnerability	Y / N
Reason for decision and comments	

TYPE 2. REVIEW OF SHORT TERM HIGH RISK PRISONERS	
Review following evidenced change in dynamic risk factors	
Reduction from HIGH RISK to STANDARD RISK must be clearly evidenced and agreed by a multi-disciplinary team	Y / N
Reason for decision and comments	

### TYPE 3. REVIEW OF STANDARD RISK PRISONERS FOLLOWING NEW OR ADDITIONAL INFORMATION

Receipt of new or additional information which may increase the risk rating

Life threatening assault on, or murder of another prisoner or assisting a suicide whilst in custody Prisoner <b>MUST</b> be made <b>MANDATORY HIGH RISK</b>		Y / N
Sexual assault on same sex adult victim ( <i>In young people's estate, any age either sex victim</i> ) Prisoner <b>MUST</b> be made <b>MANDATORY HIGH RISK</b>		Y / N
New or additional information such as:	Racial or homophobic offences	Y / N
	Previous violence in other establishments or in previous custody	Y / N
	Arson, fire setting	Y / N
	Kidnap / False imprisonment / Stalking / Hostage taking	Y / N
	Information from healthcare assessments	Y / N
	Previous in-patient at a Special Hospital or Secure Unit	Y / N
	A diagnosis of Personality Disorder (Conduct Disorder for young people)	Y / N
Other	Y / N	

Reason for decision and comments

### TYPE 4. REVIEW OF STANDARD RISK PRISONER PROMPTED BY CHANGES IN PRISONER'S CURRENT BEHAVIOUR OR THINKING

Receipt of new or additional information which may increase the risk rating

Homicidal Impulse/Ideation. In other words, when it becomes known that the prisoner has urges to kill, thinks and fantasises about killing. The initial signs may not be clear, but any belief that the prisoner has serious homicidal thoughts must be considered	Y / N
Strange or unusual behaviour observed. The issue is that the prisoner's mental state may be impaired and should not be ignored.	Y / N
Paranoia. Concern which leads to a referral to Healthcare. Examples would be: a) the prisoner believes that all those around them are enemies, ready to harm or even take their life. b) strange requests (eg asking staff to remove TV / radio without a rational explanation). c) prisoner saying that all staff are against them	Y / N
Prisoner statement of heightened risk or significant prisoner vulnerability	Y / N
Violence to other prisoners or staff, especially when more than two incidents are recorded	Y / N
Vulnerability. Any issue in which the prisoner is seriously at risk from other prisoners	Y / N
Frequent cell changes requested by the prisoner or their cell mates	Y / N
Other	Y / N

Reason for decision and comments

### AUTHORISATION

Chair of Multi-Disciplinary Team / Duty Governor or Manager

Name:

Signature:

Job title:

Date:

\*\*\*\*\*EXAMPLE ONLY – NOT FOR USE\*\*\*\*\*