

Manual Complexity of Need Assessment Guidance

The BCST1 is currently used to calculate a Complexity of Need level in addition to static factors such as Sentence Length and Offence type. Where this is not available, a manual assessment will be required, which will be completed using the same 7 indicators drawn from both BCST1 and Nomis.

Although the same indicators will be used, it is important to note that the interim Complexity Tool extracts data from the BCST1 which is completed within 72 hours of initial Reception. The Women who require a manual assessment, will have been in custody for lengthy periods of time. For these Women, the allocated Prison Offender Manager and the Head of Offender Management Delivery, will be able to make a more informed decision with regards to Complexity.

When completing a Manual Complexity of Need Assessment, assessors should use the guidance notes for indicators that are not based on static factors (such as sentence length or offence type), as well as the individual's records and extensive knowledge of the resident to ensure the most accurate application of complexity.

In all cases the Head of Offender Management Delivery can use their professional judgement to override a complexity level, taking into account emerging information, that could result in the increase or decrease of the level.

Complexity Indicator definitions

Indicator	Definition
Open ACCT	<p>Is there evidence of an open ACCT?</p> <p>Assessor to consider:</p> <ul style="list-style-type: none">• Length of time on Open ACCT• Has there been multiple Open ACCTS?• Length of time elapsed since the ACCT was closed.• Are there still concerns regarding self-harm or statements of intent to self-harm?
Referral to or contact with Mental Health services	<p>Has the individual has been referred to the prison mental health team, or psychiatrist, or to a secure hospital placement because of mental health difficulties.</p> <p>Assessor to consider:</p> <ul style="list-style-type: none">• If the referral was made longer than 6 months ago, has the individual continued to have active contact with the mental health services during the 6 months prior to this assessment. (i.e. regularly attends appointments, and/or continues to take prescribed medication for one or more mental health conditions)

<p>Concerns around vulnerability</p>	<p>Are there any concerns around vulnerability?</p> <p>Assessor to consider</p> <ul style="list-style-type: none"> • Has the individual appeared vulnerable in the way they behave / interact with other residents, or staff, or have they disclosed things which make them seem vulnerable? Examples could include, known to be in debt to other residents; has been identified as having learning disabilities or challenges, which might make them vulnerable to being exploited by other residents, even if staff do not feel that exploitation has taken place. • Someone who has been diagnosed or otherwise self-identifies as having a mental health condition (e.g. depression or anxiety, schizophrenia, obsessive compulsive disorder, or a personality disorder) should not automatically be identified as vulnerable. They would have to also display other signs of vulnerability, such as fitting with one or more of the above definitions.
<p>Poor emotional management</p>	<p>Is there any evidence of poor emotional management?</p> <ul style="list-style-type: none"> • Behaviours for assessor to consider: <ul style="list-style-type: none"> ▪ Is there any evidence of poor emotional management in NOMIS/DPS case notes or from your knowledge and observations of the individual? ▪ Whether they are known for being hot-headed or reacting emotionally (with angry responses such as shouting) to certain triggers (ie. Being told “no” or a change of routine, or anything else that they disagree with or get upset by) ▪ Is there evidence that they react quickly with anger and then calm down quite quickly too, in contrast to someone who takes bad news calmly and in a controlled way? ▪ Look for evidence over the previous 6 months. If they have adjudications for violent behaviour, try to establish whether the incident involved an emotional response rather than being a cold and calculated violent act.

<p>IOM or Harassment case</p>	<p>Are they subject to any Restraining Orders?</p> <p>Assessor to consider:</p> <ul style="list-style-type: none">• Women who are subject to Harassment Orders, although current, will have limited access to the named individuals due to Public Protection measures in place within the custodial setting, such as Mail and PIN Phone monitoring.• Is there evidence that they have attempted to breach the restrictions, by mail, phone or third party?• Is there any evidence of behaviours in custody that would amount to harassment of either other residents, members of staff or visitors?
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