



HMP Humber

The HOPE Unit Progression Regime

HOPE: Humber Offering Progressive Environments

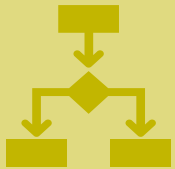
Aims and Objectives



To explain what a Progression Regime is



To explain who a Progression Regime is for



To explain the process of the Progression Regime at HMP Humber



To provide feedback from current and past prisoners



To answer any other questions about a Progression Regime

HOPE Unit Vision

To rehabilitate and reform by inspiring men to embrace change, respect one another and progress towards a brighter future without offending.

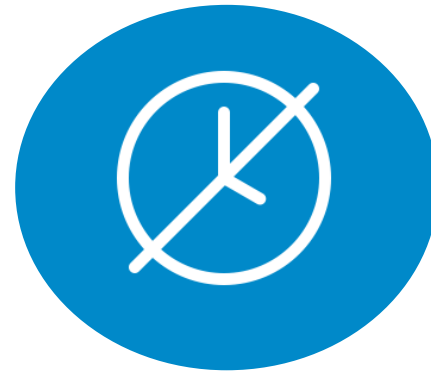
Overview



**The HOPE Unit
opened in
2018 in a
category C
establishment**



**There are 48
beds; these
are a mixture
of double and
single cells**



**There are no
minimum or
maximum time
limits to being
on the unit**



**Other
Progression
Regimes are at
Warren Hill,
Buckley Hall,
and Erlestoke**

What is a Progression Regime?



- **A unit designed to help prisoners to progress**

- **A unit you have to stay on until you have completed all stages**

- **Aims to test responsibility and prove reduction of risk**

- **Somewhere you have to stay for a set amount of time**

- **Provides opportunities to evidence risk reduction**

- **Another PIPE or TC**

- **Consolidating understanding of risk factors**

- **An 'easy' wing**

- **Consolidating understanding of 'risky' and 'healthy' behaviours**

- **Somewhere to access additional intervention work or programmes**

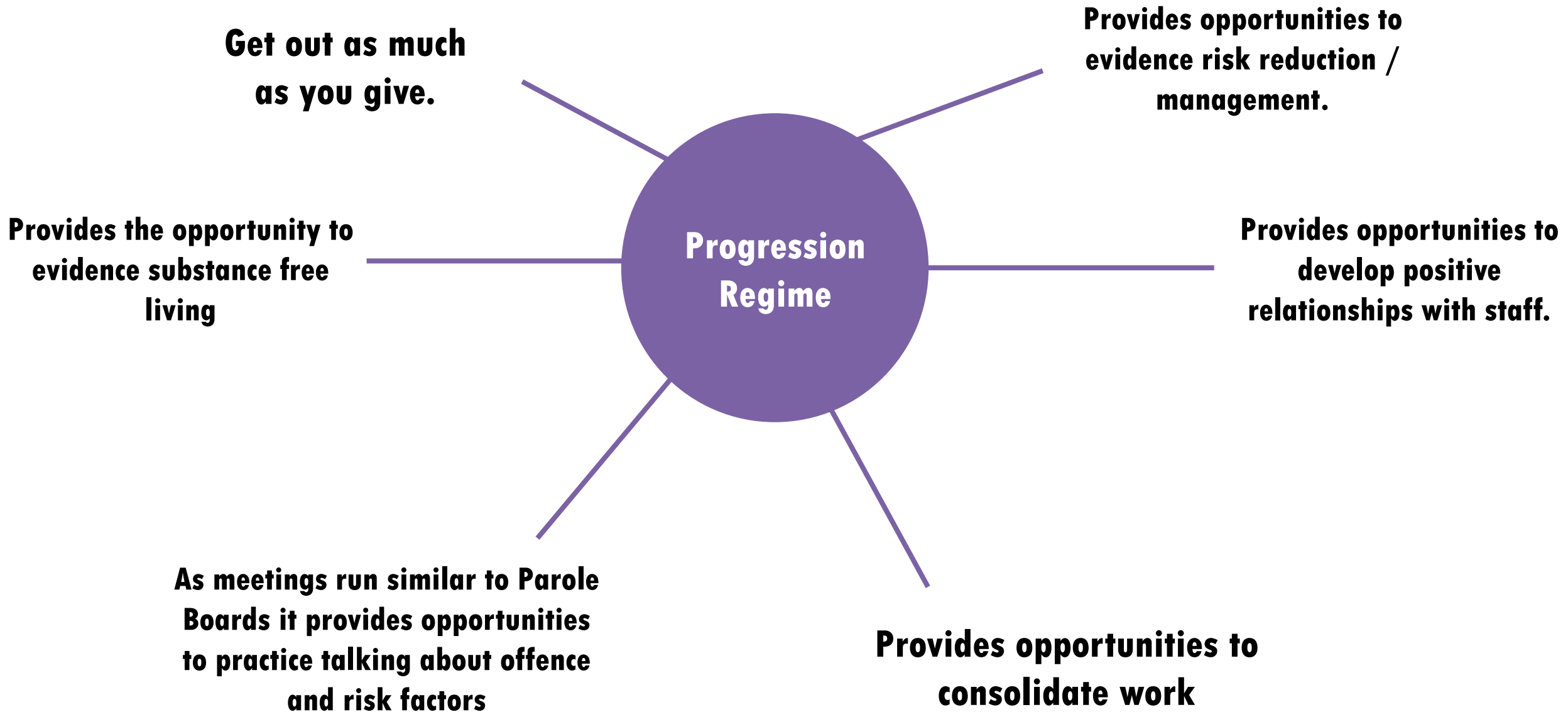
Who is the Progression Regime for?

**The
Progression
Regime is
for men who
...**

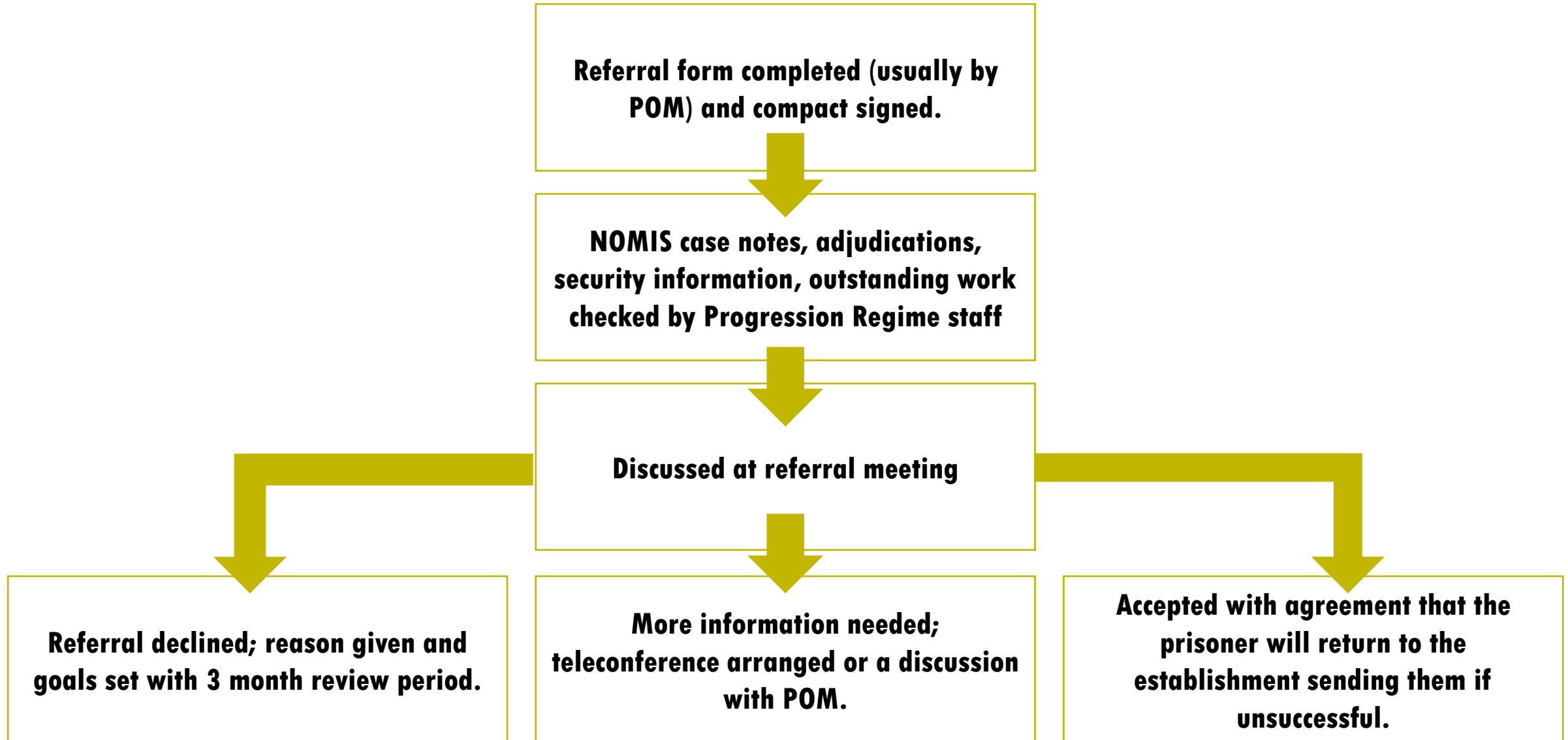
- **Are serving an IPP or Life sentence and are over tariff or 2 years pre-tariff. *We may consider those up to 4 years pre-tariff.***
- **Are serving Extended Determinate Sentences, if it is felt that the Progression Regime would be beneficial.**
- **Have committed a TACT offence which means they can no longer progress to open conditions.**
- **Who have not committed a sexual offence (other PR's can accept those with sexual offences).**
- **Are willing to engage in the community ethos, EBM's, Key Work sessions etc.**
- **Have demonstrated a period of 3 months stable behaviour before the referral.**
- **Have found it difficult to evidence a reduction of risk.**
- **Are willing to embrace change and work at evidencing this.**
- **Have completed all core risk reduction work, without any outstanding treatment needs.**
- **Are not in their parole window.**
- **Are serving an IPP / Life / EDS sentence and have been recalled.**

There is some flexibility to this criteria; we are happy to have a discussion or a teleconference if you feel the Progression Regime would be beneficial.

What does a Progression Regime do?



Referral Process



Incentivised Substance Free Living (ISFL)

- **All prisoners must agree to Incentivised Substance Free Living and sign the compact for this.**
- **They will be drug tested twice per month.**
- **This provides the opportunity to demonstrate to the Parole Board that they are managing their substance use.**
- **A positive test does not mean an automatic deselection but the prisoner must take actions to try and change this behaviour including working with the drug and alcohol team.**
- **If the prisoner continuously provides positive tests without making efforts to change their behaviour they may be deselected from the unit.**

Case File Reviews (CFR)

- **Psychology aim to write a CFR for all prisoners within 1 month of arriving onto the unit.**
- **This is not a risk assessment; it does not involve interviewing the prisoner and is solely a review of the information on their file.**
- **They are similar to the CFRs written for prisoners in open conditions.**
- **They highlight the prisoners risk factors and their behavioural indicators. A list of 'healthy' behaviours, which demonstrate risk management and a list of 'risky' behaviours which demonstrate risk elevation will be provided for each risk factor.**
- **The CFR also provides suggestions for goals which the prisoner can be working on whilst on the unit; these will be linked to their risk factors.**

Case File Review for Mr X

What is this report for?



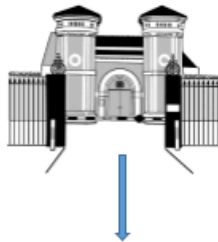
- o This report has been written by Beth Stephenson in psychology on the HOPE unit. You can use it in your key worker meetings and in your EBM meetings with your Offender Supervisor.
- o This report is to help you get out of prison and stay out.
- o Beth has worked out the 'risk factors' linked to your crimes, and the 'risky behaviour' and 'good behaviour', for you.

What do I need to do?



- o All you need to do is the 'good behaviours'!
- o If you are tempted to do the 'risky behaviours' then use your skills to stop yourself, and talk to staff.
- o Remember, you can always turn a negative into a positive!
- o Try to notice your behaviour and talk to your key worker and Offender Supervisor about it.
- o You could write it down or ask someone to help you with this.

Why should I do this?



- o If the Parole Board know you do the 'good behaviours' linked to your risk factors, they will be more likely to release you.
- o It will show you are trying to reduce your risk!



Drugs and alcohol

Risky behaviour	Good behaviour
<div data-bbox="1574 462 1661 544" data-label="Image"> </div>	<div data-bbox="1946 462 2033 544" data-label="Image"> </div>
<ul style="list-style-type: none"> o Taking drugs o Refusing drug tests o Pretending drugs aren't a problem 	<ul style="list-style-type: none"> o Not using drugs o Talking to people if you feel like you want to use drugs or alcohol o Be honest o Work with DART



Violence and weapons

Risky behaviour	Good behaviour
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<ul style="list-style-type: none"> o Being violence o Threatening or abusing people o Thinking violence is okay to sort problems out o Acting like you have a 'reputation' o Pretending violence isn't a problem 	<ul style="list-style-type: none"> o Don't be violent or threaten people o Talk to people to sort problems out o Walk away to calm down o Be assertive

Enhanced Behavioural Monitoring (EBM)

- **We aim to complete a prisoner's initial EBM meeting within two months of them arriving on to the unit, after the CFR has been written.**
- **At the initial EBM the CFR will be discussed and the prisoner's goals will be agreed.**
- **Initial EBMs are chaired by the prisoner's POM; the prisoner, psychology, and the prisoner's key worker should attend this. Their COM and any family members, where possible, will also be invited.**
- **Following this subsequent EBMs will be arranged as needed, with no more than 3 months between each one. Psychology will not attend these EBMs.**
- **Subsequent EBMs will include reviewing the prisoner's progress and goals, and discussing any areas of concern.**

Benefits of EBM



Practice for Oral Hearings.



Tracks progress.



Minutes are taken and notes added to NOMIS; this provides evidence of how the prisoner is managing their areas of risk.



POM / COM will include EBM notes within their parole reports.

Upstage Boards

- **All prisoners are on stage 1 of the Progression Regime when they arrive.**
- **They can apply to upstage to stage 2 after 5 months of being on the unit.**
- **They can apply to upstage to stage 3 after 8 months of being on the unit.**
- **If a prisoner feels that they meet the relevant criteria they can submit an application for upstage and an upstage board will be arranged.**
- **The Governor of the unit will chair this and other professionals will also attend (POM, Psychology, Key Worker, COM).**
- **The prisoner will be expected to bring evidence of the work they have completed and of their risk management.**
- **Professionals will also provide input regarding the prisoner's progression.**
- **The prisoner will be expected to discuss their offence and their areas of risk.**
- **If the panel feel that the prisoner has met the relevant criteria they will be upstaged, otherwise they will be provided with goals to meet the criteria.**

Stage 2

Criteria

- **Good understanding of EBM process**
- **Positive engagement**
- **In employment / education**
- **Good progress with goals / portfolio**
- **Thought given to resettlement plans**
- **Accepting feedback and putting into practice**
- **Demonstrating risk management**
- **Taking responsibility**

Stage 2

Benefits

- **Opportunity to opt out of prison meals and cook for himself**
- **Opportunity to spend £8 per week of his own money in the on-site shop**

Stage 3

Criteria

Same as criteria for stage 2 plus:

- Thorough understanding of EBM process
- Being an active member of the HOPE community
- Being a 'role model' prisoner
- Worked on their goals / portfolio to a high standard
- Clear and robust resettlement plans
- Relapse prevention plans
- Continually demonstrate risk management / reduction
- Insight into risk areas
- Develop employment opportunities

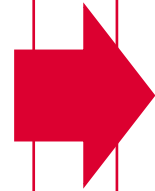
Stage 3

Benefits

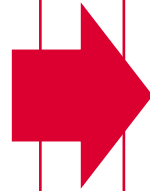
- Opportunity to continue to opt out of prison meals and cook for himself
- Opportunity to spend £12 per week of his own money in the on-site shop
- Opportunity to access the on-site family room for longer, unstructured family visits

Rule Breaking

prisoner displays concerning / rule breaking behaviour
(other than the use of violence which would result in straight deselection.)



prisoner attends recommitment board chaired by the Governor and is asked to reflect on his behaviour.



Professionals decide whether the prisoner should be offered recommitment or be deselected. They may also decide to backstage them.

***If the prisoners declines to recommit, they will be deselected from the unit.
All prisoners who have been deselected can rerefer after 3 months.***

Key Work

- **All prisoners will be allocated a Key Worker; this will be an officer based on the unit.**
- **Key work sessions will, on average, be for 45 minutes per week.**
- **Key work sessions should give opportunity to discuss any relevant issues and should include discussions regarding behavioural indicators of risk elevation or reduction. The Key Worker should provide honest feedback to allow the prisoner to reflect on this. Key Workers should also check in the prisoner's goals and provide support with completing the prisoner portfolio.**
- **Key Workers should also attend EBMs; if they cannot attend they should provide a written contribution regarding the work they have completed with the prisoner and any feedback.**
- **Key Workers will write their session notes on the prisoner's NOMIS; this provides further evidence for Parole regarding the prisoner's risk management.**

Psychology drop-in sessions

Psychology drop in sessions are...

- **Weekly and 15 minutes long.**
- **The prisoner's responsibility to sign up, attend, and bring something to discuss.**
- **An opportunity to receive feedback on the work the prisoner has completed.**
- **An opportunity to discuss their CFR and risk factors.**
- **An opportunity to discuss previous Psychological Risk Assessments.**
- **A place to have a quick discussion about feelings and coping mechanisms and to be signposted to someone who can offer more in-depth support.**
- **Voluntary**

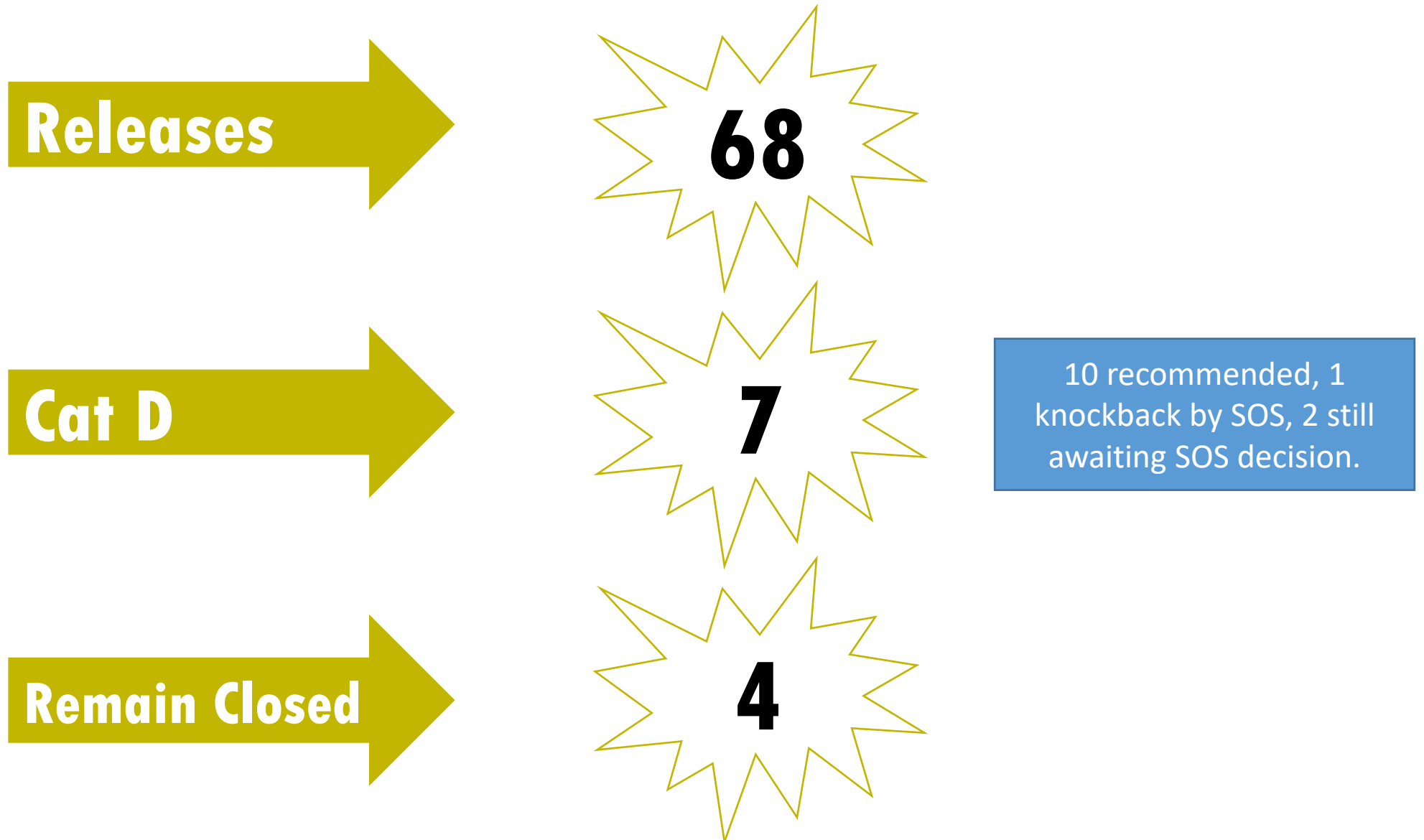
Psychology drop in sessions are not...

- **'Intervention' or offending behaviour work.**
- **Counselling sessions.**
- **Unlimited time to discuss difficulties or coping mechanisms.**
- **Something which can replace outstanding treatment needs.**
- **An assessment of risk**
- **Sessions planned by the psychologist**
- **Mandatory**

Community

- **All prisoners will be inducted by another prisoner.**
- **Wing reps will be available to help prisoners with any queries.**
- **prisoners can attend activities meetings where they are able to ask the Governor for changes they would like to see on the unit.**
- **prisoners are expected to attend community afternoons when these are arranged. Previous community afternoons have included a talk from a released IPP, a session by a member of the Parole Board, visits from the Bridging the Gap OPD Pathway service, and motivational talks.**
- **Moving forward we hope to implement part-time employment on the unit; prisoners will be expected to be in employment or education for half of the week, and able to attend constructive activities such as CV writing and drop-in sessions with professionals for the other half.**

Stats – April 2018 to May 2023



* Our recall rates fall in line with the national average for those on IPP / Life licence