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|  | | Segregation under Rule 45/YOI Rule 49  **Authority for Continued Segregation** | | | | | | | | | | | | |
| ESTABLISHMENT | | | |  | | | | | | | | Date of this review | | |
| This document is to be used by an Competent Operational Manager / Duty Director when giving authority for continued segregation  (up to a maximum of 14 days for adults, young offenders & young persons) | | | | | | | | | | | | | | |
| **Prisoner Details** | | | | | | | | | | | | | | |
| Surname | | | | | Forenames | | | Prison Number | | Date of birth | | | | |
| Is prisoner currently on an open ACCT?  (inc. Post-Closure) | | | | | | | | If Yes convene an ACCT case review, unless the Prisoner shows no sign of distress and there is specific instruction in the ACCT Plan that is acceptable not to hold a review until the next scheduled. | | | | | | |
| **Segregation Details** | | | | | | | | | | | | | | |
| Date of first Segregation | | | | | | | | Date of last authority for Segregation | | | | | | |
| Review Board Members & Department | | | | | | | | | | | | | | |
| Chair |  | | | | | | |  | | | | | | |
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| IMB Observer | | |  | | | | |  | | | | | | |
| Initial reason for segregation  (A prisoner has a right for meaningful reasons why they have been segregated) | | | | | | | | | | | | | | |
| General notes about behaviour and attitude since last review  **Reasons for continued segregation must also be recorded here**  . | | | | | | | | | | | | | | |
| Was the prisoner present for some / all of the review board? Yes / No (Comment below) | | | | | | | | | | | | | | |
| Are there any specific concerns about the mental health of the prisoner and/or their risk of self- harm or suicide? (see note 2) If yes, detail supportive action to be taken. | | | | | | | | | | | | | | |
| Behaviour targets set / intervention sessions required to progress out of segregation (see guidance note 3) | | | | | | | | | | | | | | |
| Privileges / incentives awarded or removed since last Review (see guidance note 4) | | | | | | | | | | | | | | |
| Is the prisoner to be transferred to another establishment YES / NO  If yes:  a copy of this Review must be sent in advance to the Head of Custody at the receiving establishment the prisoner (except Category A and E list) must be told that a transfer is being considered | | | | | | | | | | | | | | |
| Is segregation to continue? YES / NO  If NO then consider a phased return to normal location | | | | | | | Next segregation review date: (maximum 14 days) | | | | | | | |
| Competent Operational Manager/Duty Director authorising continued segregation (print)  GOV | | | | | | | Signature | | | | Date | | | |
| IMB Member present (print) | | | | | | Signature | | | I am satisfied that procedures have been followed and the decision reached is reasonable. | | | | Tick | |
| Yes |  |
| No |  |

* **This form must be kept with the prisoner’s Segregation History Booklet**
* **The prisoner must be provided with a copy of the behaviour targets, privileges and the date of the next Review Board (Segregation Privileges and Behavioural Targets form)**

Guidance note 1: Review Board must include; an Operational Manager/Duty Director and healthcare representative. Other members of the team could include: segregation staff, wing personal officer, chaplain, psychologist, probation. IMB member should be present where possible as an observer.

Guidance note 2: If there are concerns then the Board should consider removal from the segregation unit / opening an ACCT / use of Samaritan phone / offering use of a Listener

Guidance note 3: Targets set must be realistic and specific. For example: Keeping cell clean for the next 7 days, Not raising voice towards any member of staff for 5 days, Completing 2 sessions with the psychologist on relaxation techniques, Seeing probation officer / personal officer to discuss family problems occurring at home.

Guidance note 4: The Board must assess appropriate privileges for each person and use them as rewards and/or incentives eg. TV in cell, radio, attending PE, work, association etc.