Defensible Decision

Consideration for Use of

Basic Incentive Level

* Covid 19 -

**Custodial Manager Guidance**

**Background:**

Due to the pandemic regimes have been restricted for a prolonged period of time meaning that prisoners have and still are spending a lot time in their cells without access to the usual regime. This can have a serious negative effect on people’s mental health and wellbeing and the longer this goes on for, the more frustrating and difficult it becomes for everyone to cope with – both staff and prisoners.

Exceptional circumstances:

The expectation is that Basic will only be used in **exceptional circumstances**, taking into account all of the prisoner’s individual circumstances, history and risk factors and ensuring that it is used for the **shortest time necessary**. A Custodial Manager will make the decision to place a prisoner onto Basic level IEP and must complete this form and record the decision and rationale on NOMIS.

Access to In-cell Television:

Having a TV can help to distract and engage people whilst they are in cell and this is one way we are trying to reduce the negative impact that can come from extended periods in cell. For this reason, if you choose to use Basic Incentive level, the removal of a TV should **NOT** be automatic. The impact of removing the TV should be fully considered and recorded within this form and the Local Silver Defensible Decision Log.

**Completing this form:**

When regimes are already very restricted, we need to be certain that decisions to remove privileges from people are defensible and evidenced in full in writing. It is vital that wing staff have the tools to be able to manage behaviour in these exceptional circumstances so the decision to review a prisoner’s incentive level will lie with the Custodial Manager. Custodial managers should use this form to record a decision to place a prisoner onto Basic IEP and to justify a decision to remove the TV if applicable. They should take into account the below, seeking input from wing staff and other multidisciplinary teams:

* Alternatives to manage behaviour fully considered – for example CSIP
* Full understanding of a prisoner’s behaviour, wellbeing, and interactions with staff
* Each prisoner’s individual circumstances, vulnerabilities, risk and needs
* If the prisoner is on an ACCT document or has mental health needs, you must involve the ACCT Case Manager and the mental health team before making any final decision
* Prior discussion with the individual about their behaviour, including warnings and boards

**Communicating the decision**

Ensure that you communicate well with each prisoner when considering or deciding to downgrade them to Basic. This can make a real difference to whether it is respected, trusted and accepted. Prisoners should have the opportunity to ask questions and be heard – and this input should be recorded in this form. Prisoners may react badly to the decision; however, when communicating this, we can help them to understand by acknowledging the impact of the decision on the person and explaining fully how and why this was reached, and when it will be reviewed. The appeal process should operate as normal and they should be given the opportunity to appeal a decision if they feel it is unfair.

A review will be conducted by a Designated Manager within 72 hours in discussion with wing staff and other multidisciplinary teams originally consulted. To ensure independence the review needs to be completed by a manager who did not make the original decision but with a contribution from the manager responsible for the initial decision.

**Defensible Decision (to be completed by a Custodial Manager):**

|  |  |  |
| --- | --- | --- |
| **Prisoner’s Full Name** | **NOMIS Number** | **Date** |
|  |  |  |

**Risks:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACCT Open** | **CSIP Open** | **Isolated Individual** | **Other (please state)** |
|  |  |  |  |

**Factors to Consider:**

|  |  |  |
| --- | --- | --- |
| **Consideration** | **Source** | **Detail Risk Information** |
| Risk to Self  (ACCT/Statement/Alerts/Staff input/Case notes/Demographics) |  |  |
| Seriousness of incident (if single incident eg assault on staff basic needs to be considered in all cases) |  |  |
| Persistent or Severity of Behaviour  (CSIP/Is behaviour persistent/Severe?/Acts of violence /ViPER/ Risk to Staff) |  |  |
| Drivers of Behaviour (Debt/Bullying/Health/Substance/Relationships) |  |  |
| Isolated Behaviour  (Engaged in current regime) |  |  |
| Staff Engagement  (Positive/Negative) |  |  |
| Support Networks  (Family/Guardian/Friend contact) |  |  |
| Cell/Room Environment  (Have concerns been raised) |  |  |
| Health / Mental Health  (Concerns raised) |  |  |
| Learning Disabilities  (Identified and supported?) |  |  |
| Other: |  |  |

**Multi-disciplinary Input** (Key-work/Health/Residential/Activities)**:**

|  |  |  |
| --- | --- | --- |
| **Function** | **Full Name** | **Input** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Individual’s Input:**

|  |
| --- |
|  |

**Alternatives Considered:**

|  |  |  |  |
| --- | --- | --- | --- |
| **What has been considered?** | **Suitable** | | **Reason** |
| Standard Incentive Expectations | Yes | No |  |
| Use of CSIP | Yes | No |  |
| Key-Work/Wellbeing Checks | Yes | No |  |
| Other | Yes | No |  |

**Full summary of behaviour and/or incidents leading to Basic incentive consideration – include input from wing staff on behaviour and risks:**

|  |
| --- |
|  |

**Decision:**

|  |  |  |
| --- | --- | --- |
| **Remain on Current Incentive Level** | **Revert to Basic Incentive Level** | **First Review Date** |
|  |  |  |

**Television:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Removal of Television** | | **Reason for your Decision** | **What other support/activities offered instead?** |
| **Yes** |  |  |  |
| **No** |  |

**Television Note:** The removal of a television should be considered as a last resort and be applied for the

shortest period possible. Where a decision is taken to remove a person’s television, it is

vital that this risk is mitigated and alternative distractions are offered.

**Considerations:**

* Regime offering
* Distraction materials
* Contact with support networks
* Welfare checks
* Person’s health

**Full summary of your decision and why this has been made: Tick**

|  |  |
| --- | --- |
| **I can confirm that all of the information within this form has been considered and it supports the decision that has been made:** |  |
| *Full Summary:* | |

**Actions being taken to Support Decision**

(e.g.: Welfare checks/Activity Packs/Expectation setting/Unit activity/Restorative approaches/CSIP/Partner agency input)

|  |  |  |  |
| --- | --- | --- | --- |
| **Supporting Actions** | **Actioned** | | **Communicated with:**  (All relevant functions & individual)**:** |
|  | Yes | No |  |
|  | Yes | No |  |
|  | Yes | No |  |
|  | Yes | No |  |
|  | Yes | No |  |
|  | Yes | No |  |

**Completed By:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Signature** | **Band** | **Date / Time** |
|  |  | CM |  |

**Assurance Check By:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Signature** | **Band** | **Date / Time** |
|  |  |  |  |

**Note: If an individual wishes to appeal this decision, they should be directed to the local incentive policy, offering support and guidance where appropriate.**

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**Reviews:**

All prisoners reverted to Basic incentive level, must be reviewed within 72 hours and if they are not suitable to return to Standard level, further reviews must be undertaken at least every 72 hours thereafter.

It is crucial to risk management, that the decision taken is regularly reviewed and documented and the review considers new information, progress or set-backs. The need for frequent and regular reviews is important because of the unprecedented times that we are in and the serious potential for psychological harm that extended isolation can bring people. Wherever possible, we need to be enabling people to have access to things that can help them cope. Reviews should be detailed below and where further exploratory work is required, please complete a blank defensible decision form, including the information from other completed forms.

Please use the review form included below.

Defensible Decision

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Basic Incentive Level

* Covid 19 -

Review Form

**Review No:**

|  |  |  |
| --- | --- | --- |
| **Prisoner’s Full Name** | **NOMIS Number** | **Date** |
|  |  |  |

**Multi-disciplinary Input** (Key-work/Health/Residential/Activities)**:**

|  |  |  |
| --- | --- | --- |
| **Function** | **Full Name** | **Input** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Individual’s Input:**

|  |
| --- |
|  |

**Progress during Basic incentive level** (include attempts to support the individual)**:**

|  |  |
| --- | --- |
| **Positives:** |  |
| **Incidents** |  |
| **Summary** |  |

**Decision:**

|  |  |  |
| --- | --- | --- |
| **Remain Basic Incentive Level** | **Next Review Date** | **Upgrade to Standard Incentive Level** |
|  |  |  |

**Television:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Television Outcome** | | **Reason for your Decision** | **How is this risk being mitigated?** |
| **Return** |  |  |  |
| **Remove** |  |
| **No Change** |  |

**Television Note:** The removal of a television should be considered as a last resort and be applied for the

shortest period possible. Where a decision is taken to remove a person’s television, it is

vital that this risk is mitigated and alternative distractions are offered.

**Considerations:**

* Regime offering
* Distraction materials
* Contact with support networks
* Welfare checks
* Person’s health
* The person understands the decision

**Full summary of your decision and why this has been made: Tick**

|  |  |
| --- | --- |
| **I can confirm that all of the information within each defensible decision form, has been considered and it supports the decision that has been made:** |  |
| *Full Summary:* | |

**Actions being taken to Support Decision**

(e.g.: Welfare checks/Activity Packs/Expectation setting/Unit activity/Restorative approaches/CSIP/Partner agency input)

|  |  |  |  |
| --- | --- | --- | --- |
| **Supporting Actions** | **Actioned** | | **Communicated with**  (All relevant functions & individual)**:** |
|  | Yes | No |  |
|  | Yes | No |  |
|  | Yes | No |  |
|  | Yes | No |  |

**Completed By:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Signature** | **Band** | **Date / Time** |
|  |  |  |  |

**Assurance Check By:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Signature** | **Band** | **Date / Time** |
|  |  |  |  |

**Note: If an individual wishes to appeal this decision, they should be directed to the local incentive policy, offering support and guidance where appropriate.**