Restraint Advisory Board

Assessment of Minimising and Managing Physical Restraint (MMPR)

For Children in the Secure Estate

Submitted by the National Offender Management Service

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Report to the Restraint Management Board

Ministry of Justice

Contents

Foreword by Professor Susan Bailey, Chair

The formation of the Restraint Advisory Board (RAB) arose out of the government's acceptance of recommendations 17 and 18 of the Independent Review of Restraint in Juvenile Secure Settings (IRR). We are an expert group of 14 people with a wide range of professional and operational experience. Whilst valuable experience and expertise has been acquired over recent years about safer restraint, this primarily concerned adults and the research evidence remains limited for the restraint of children.

The appointment of a 'preferred provider' to develop the new system (whatever the policy or operational considerations leading to this conclusion at the time) has had a number of practical implications for and placed inherent limitations upon RAB's work. For example, the provider (National Offender Management Service and its specialist unit, National Tactical Response Group, hereafter 'NOMS/NTRG') was not asked, through any commissioning process, to consider developing the option of a restraint system that involved no pain-inducing techniques. We consider this report now provides an (at least partially evidenced-based) commissioning framework that should have utility for providers and policy makers, and across other sectors, going forward.

The welfare of children is of paramount importance, and this principle must remain at the forefront in caring for and managing children detained by the state, as reflected in the RAB's core values and principles. Key to the development of any package of physical restraint for use with children is to ensure this is embedded in a whole system of secure care and support, and interventions that are child centred, and to ensure that physical restraint is properly risk assessed. This makes the health and safety of the child being restrained the fundamental concern of the system of restraint used.

Work is underway to provide training for all staff in Young Offender Institutions ('YOIs') in behaviour assessment and management skills germane to meeting the care and support needs of children in the secure estate before, during and after restraint. The RAB welcomes this approach and urges practitioners and managers to share good practice and explore imaginative ways of managing challenging behaviour.

There is the need for full recognition by all of the interested parties that the implementation of our recommendations amounts to a major cultural change programme going well beyond the initial assessment of the restraint proposals; as the IRR commented: 'changes to deeply-held working practices can take years to overcome'. This requires strong leadership at all levels of management of the services involved. The RAB wishes to see such qualities properly evidenced and assessed by whatever future monitoring arrangements are put in place concerning the implementation of Minimising and Managing Physical Restraint (MMPR). The work undertaken by the RAB has been challenging. In our short existence to date we have initiated an international survey on the key issues of types of restraint. I am anxious to see the momentum for change maintained through the 'next step' recommendations we have made.

I wish to express my profound thanks to all panel members for their efforts and skills, in particular to the Deputy Chair. The RAB thanks the Youth Justice Policy unit and Youth Justice Board staff who have provided such efficient and dedicated support. Further the RAB wish to thank all those we have met and worked with throughout this process, both for time given and patience shown.

Chapter One: Introduction and Background

Section 1 - The Use of Restraint on Children[1]

Current practice in the Children's Secure Estate

1.1 YOIs currently use a restraint system known as Control and Restraint ('C&R') designed by the Prison Service for use across the secure estate in both adult and YOI establishments. C&R can be used for planned or spontaneous restraint, in the former only where three or more members of staff are present. It can also be used to maintain 'good order', a use not applicable in the Secure Training Centres ('STCs'). The initial application of a C&R hold does not involve the intentional infliction of pain. However holds can be escalated, for example because of continued and worsening challenging behaviour. Escalated holds may result in an element of pain.

1.2 STCs use a restraint system known as Physical Control in Care ('PCC'), designed, as far as possible, not to inflict pain upon young people. PCC comprises a three-phase response consisting of a series of 'holds' that restrict the movement of the child in order to restore calm. Distraction techniques, which may cause pain, are permitted to prevent a child from causing serious injury to themselves or others where other PCC techniques have been unsuccessful or are inappropriate. Phase 1 comprises low key holds that can be applied by one member of staff, phase 2 by two members of staff, and phase 3 uses three members of staff to control a child until de-escalation of the situation is possible.

1.3 The restraint systems used by Secure Children's Homes (SCHs) are commercially procured systems that have not been designed specifically for use on children, although tailored packages are often developed for individual settings. Some methods include distraction techniques that inflict pain but recently issued Guidance from the Department for Education[2] has made clear that any techniques designed to inflict pain are to be avoided.

The Independent Review of Restraint

1.4 In 2004 two children – Gareth Myatt and Adam Rickwood - died whilst in custody in STCs. In July 2007 following the inquests into these deaths the Ministry of Justice ('MoJ') and the then Department for Children, Schools and Families

[1] The noun 'children' or 'child' is used throughout this report to denote the status in law of all under-18s in the secure estate, adhering to the legal definition of a child given in the Children Act 1989, section 105, and the Children Act 2004, section 65.

[2] Children Act 1989 Guidance and Regulations Volume 5: Children's Homes March 2011. This can be found at https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00024-2011.

commissioned an independent review[3] of restraint (hereafter 'IRR') across the secure estate, a sector covering STCs, YOIs and SCHs, conducted by two former directors of social services.

1.5 The purpose of the review was to bring greater clarity and consistency in a number of areas across the secure estate and to build in safeguards for those who had to be restrained at some juncture during their time in one or more of the institutions. The report of the review was published in December 2008, making 58 recommendations; the government accepted all but two of these recommendations.

1.6 The IRR observed widespread acceptance that it is sometimes necessary to use force to restrain children in the under-18 secure estate, where their behaviour poses a high risk of harm. The IRR defined the risk of harm as falling in to two categories: (1) The risk of physical or psychological harm to a person (including staff); physical harm includes injury, assaults, bullying and self-harm; the illustrative example of psychological harm where restraint is justifiable that the authors choose is where a child was on the point of impulsively destroying all the family letters belonging to another child, and the staff assess that to do so would risk psychologically damaging that child and there were no alternatives for preventing that harm. (2) The second category concerns the risk of harm to a safe environment.

1.7 The IRR also concluded that 'pain compliance' may be necessary in exceptional circumstances[4]. This approach has been accepted by the Government, where the use of pain must only take place in exceptional circumstances, when all other approaches have been exhausted or would not work. In a progress report on implementing the recommendations arising from their review, published in March 2011, the IRR authors confirmed their view that 'restraint techniques that incorporate pain compliance holds are a way of quickly and safely ending the need for a prolonged use of restraint techniques. The use of pain-inducing techniques, as with the use of any restraint technique, must always be necessary, reasonable and proportionate.'

1.8 Following concerns expressed by an earlier medical review of restraint techniques used in STCs, one specific technique, known as the nose distraction technique, had already been withdrawn from use in STCs from 2007. The IRR subsequently

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[3] *Independent Review of Restraint in Juvenile Secure Settings;* December 2008.

[4] 'We accept that the pain-compliant techniques in the [current] Control and Restraint method used in YOIs will have to remain, as they are effective if force is needed to managing (sic) challenging behaviour by stronger, more violent young people, but consider them inappropriate as the main response when young people need to be restrained and wish to reduce reliance on them.' (Page 7)

recommended that, for reasons of consistency, it should also be withdrawn from use in YOIs. However, NOMS was concerned that, unless a suitable replacement could be found, an unacceptable level of risk would be posed to security because the technique had been used in some situations[5] where other methods currently approved for use as part of C&R would not be effective. Ministers agreed that a replacement should be sought, and NOMS/NTRG identified the Mandibular Angle Technique ('MAT'), involving pressure at a point below the ear, as a proposed substitute.

1.9 An ad hoc temporary panel of medical experts was assembled to undertake a full review of the available scientific, technical and medical literature, to witness demonstrations and question officials from NOMS/NTRG and the Youth Justice Board ('YJB'). Panel members had extensive experience of giving expert evidence in restraint cases and were concerned to demonstrate that they had looked in depth at all the issues. This resulted in a comprehensive report and a series of recommendations including one that charged the RAB with reviewing the MAT after 12 months. Ministers approved the recommendations, the panel's approach to its task having been considered meticulous. NOMS/NTRG currently produces regular monitoring reports documenting the extent of use of the technique throughout the YOIs. The RAB receives monthly reports on the use of the MAT from NOMS/NTRG and will use them to conduct a formal review of the technique in due course.

1.10 Many SCHs do not use pain inducing techniques. This approach has been relied on as evidence that it is not necessary to employ techniques which involve the deliberate induction of pain in order to run a secure establishment effectively. The Children Act 1989, Guidance and Regulations Volume 5, Children's Homes, provide a framework for practice for providers of children's homes including secure children's homes. It states at paragraph 2.96 that any 'technique for restraining a child should never be intended to inflict pain'.

1.11 However the RAB acknowledges that there are many differences between SCHs, STCs and YOIs; for example, different staff to child ratios. SCHs traditionally did not hold as many offenders convicted of serious offences involving violence but this has changed in recent years: YJB has advised the RAB that for children convicted of violence against the person offences male YOIs, STCs and SCHs all now have a similar percentage (between 30% and 34%). The units tend to be smaller. SCHs can refuse to take an individual. The consequence of these differences is that the staff members working in SCHs may not face the same scale of challenges in trying to keep order as those who work in STCs and YOIs.

[5] For example where one person is biting another

1.12 The IRR recommended that the Government should commission NOMS/NTRG to devise a 'simpler, safer and more effective system of restraint to replace PCC in STCs'. In accepting this recommendation in principle the Government added that:

> Having considered all the review's recommendations about the needs of YOIs and STCs, we have concluded that a single system across both settings, incorporating techniques for managing all levels of risks, is the most appropriate way of responding to the co-Chairs concerns.

1.13 In the course of its work to date the RAB has not found evidence suggesting that this decision should be re-considered. Even if the STCs find that in practice they need to use the more complex techniques including pain induction only relatively rarely, they will still need to be as proficient in their use, as will the YOIs in the aspects of MMPR that are new to them. As data collection and analysis across the estate improves in line with our governance recommendations the need to adapt the restraint system to changes both within and perhaps across the estate will need to be kept under review.

Section 2 - The Restraint Advisory Board

Background

1.14 A key proposal[6] of the IRR was that 'the government should establish a mandatory Accreditation Scheme for all restraint techniques, training and trainers in the secure estate [so that] only accredited restraint techniques, training and trainers will be permitted in the secure estate.' The government accepted these recommendations, and indicated its policy intent that all 'under-18' establishments will be required to use an accredited restraint system. Subsequently the Restraint Accreditation Board was established. Two issues arose at an early stage concerning the use of the designation 'accreditation'. Firstly, it was clear from the outset that responsibility for authorising any system of restraint (and indeed specific restraint techniques to be used) would continue to be a matter for the responsible Ministers in the MoJ, and to describe a body whose essential function is advisory (rather than executive) as 'accrediting' a restraint system would be inadvertently misleading. Secondly, from its early deliberations the RAB expressed some reservations about the applicability of the concept of accreditation itself to this area. Accreditation was considered more appropriately applied to areas of professional knowledge and practice which had developed over a substantial period, where the evidential base of what constitutes 'good practice' or 'what works' in whichever field is concerned had matured. Whilst valuable experience and expertise has been acquired over recent years about safer and more effective restraint, this primarily concerned adults and the research evidence base nonetheless remains limited.

1.15 The RAB was also concerned that accreditation of a new system of restraint carries an implication of finality so far as the safety and adequacy of any system is concerned once 'accreditation' has been confirmed. This seems an inappropriate conceptual framework. As a result of these careful deliberations the RAB proposed that it should be re-designated the Restraint Advisory Board and this was agreed by MoJ.

1.16 In the governance section of this report the RAB recommends a thorough process of continuous monitoring of MMPR in use as the best way forward.

Status of the RAB

1.17 The RAB has the status of an ad hoc advisory body. Such bodies are typically set up with a specific objective; in RAB's case it is to advise the Secretary of State on whether a new restraint system, under development by NOMS/NTRG[7] should be

[6] Recommendations 17 and 18

[7] A specialist training and response unit within NOMS

approved for use in STCs and YOIs. The RAB has no statutory role or delegated powers. Its function is to provide independent, objective and expert advice to Ministers in the MoJ on whether specific proposed restraint techniques together with the staff training and management support systems associated with the techniques should be approved for use, and if so on what terms or conditions. The Restraint Management Board[8] ('RMB') will consider the terms of any recommendations made by the RAB ahead of those recommendations going to Ministers. The final decision whether or not to approve any system, and any conditions recommended by the RAB to be attached thereto, will be taken by Ministers.

1.18 The RAB is not responsible for approving the operational delivery of the new system of restraint which is the responsibility of the RMB; the RAB is not responsible for accrediting the method of delivery of MMPR training.

1.19 The Youth Justice Policy Unit within the MoJ acts as the sponsoring unit for the RAB and provides its secretariat.

Membership of the RAB

1.20 The Chair and Deputy Chair of the RAB have been recruited through the OCPA[9] process and are appointed by Ministers. The RAB's Chair, Professor Susan Bailey, is a Consultant in Child and Adolescent Forensic Psychiatry at the Greater Manchester West Mental Health NHS Foundation Trust, holds a Chair in Child & Adolescent Forensic Mental Health at the University of Central Lancashire and is the current President of the Royal College of Psychiatrists. Professor Bailey has extensive experience of the secure estate through her clinical work.

1.21 The RAB comprises an expert panel of 14 people with a wide range of professional and operational expertise, covering relevant disciplines including paediatrics, forensic medicine, behavioural and physiological sciences and organisational (including offender management) expertise. The RAB has thus had the expertise to give it the authority and confidence to comment upon and provide robust but constructive criticism on all aspects of the proposed new system of restraint it has been invited to assess. Full details of the RAB membership are set out at Appendix 2 to the report.

[8] The RMB, comprising officials from a number of government departments and agencies, was established as a recommendation of the IRR to oversee the implementation of the IRR recommendations and the use of all restraint in the under-18 secure estate reports. It reports directly to Ministers. The Chair of the RAB attends the RMB.

[9] Office of the Commissioner for Public Appointments

Chapter Two: Overview of the Assessment Process

Section 1 - RAB Terms of reference

2.1 The RAB's initial terms of reference for this assessment exercise were set by the Ministry of Justice and state:

> I. The RAB is responsible for considering and making recommendations upon the complete new system, comprising individual techniques, staff training materials and the management of the restraint system including data collection and monitoring. In doing so they will need to make recommendations on:
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> a) The specific physical techniques within the new system. The RAB will provide Ministers with advice on whether a) in their opinion the safety of each technique has been properly risk assessed for use by properly trained staff; and b) the nature and severity of the risks associated with each technique.
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> b) The RAB will make recommendations on all elements of the system including risk assessments. They will where necessary comment on the language and style of training material to help ensure that such training will deliver an approach that is suitable when used on children and young people within the under-18 secure estate.
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> II. As part of the process, the RAB may make recommendations to the Restraint Management Board (RMB) relating to the governance arrangements overseeing the new restraint system, including the quality assurance processes to be relied upon on monitoring on-going risks associated with each technique. The RAB may also make recommendations for further research to inform the management of the risks involved in the restraint techniques.
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> III. The RAB must take into account the operational realities and constraints of the sector, when reaching its decisions on recommendations. The RAB will consult the RMB on operational matters.

2.2 The terms of reference do not currently extend to assessment of restraint of children outside of the secure estate of YOIs and STCs, and in particular any restraint required during the regular escorting of children, for example to and from court or when transferring to other establishments. This is a complex area involving a variety of escorting agencies and vehicles used and the RAB is in no position to comment upon the suitability of any of the techniques in MMPR for such purposes. This is however an area calling for early attention by the RMB given the frequency of the activity, the inherent risks involved and the reality that the need for safe restraint does arise during escorts.

2.3 The intention is that a new restraint system will be introduced following assessment and approval by the Minister into both the STCs of which there are four, provided under the Private Finance Initiative and run under contract to the YJB, and throughout the under-18 YOI estate of which there are eight establishments for boys (six operated by NOMS, one by G4S and one by Serco) and three for girls (all operated by NOMS).

2.4 The decision was taken (under the previous Administration in 2009) to commission a single provider of the new restraint system, NOMS, together with NTRG, rather than a competitive tendering approach. Further, the decision was also taken to use the IRR report as the basis for the commission, rather than a formal stand-alone specification. The RAB was assured that the provider of the restraint system proposals had liaised widely before developing the new form of physical restraint training. However, the provider was unable to offer formal evidence of what advice was received and from whom, or indeed to demonstrate how such advice was reflected in the development of the new restraint system proposals.

2.5 The commissioning of NOMS/NTRG as 'preferred provider', whatever the policy or operational considerations leading to this decision at the time, has had a number of practical implications for, and created inherent limitations on, RAB's work; these are identified in this report. One in particular however should be noted here at the outset: the provider was not asked, through any commissioning process, to consider developing the option of a restraint system that involved no pain-inducing techniques.[10]

[10] Reference to 'pain inducing techniques is to both discrete techniques for pain induction, such as the Mandibular Angle or MAT, and to those where a technique can be developed or extended to induce pain, such as wrist flexion

Section 2 - The RAB Assessment Process

2.6 The establishment and initial work of the RAB took place at a time of major political change, with the General Election and a new Administration, leading to the early decision to move the Joint Youth Justice Unit into the Justice Ministry. More broadly, the work on restraint is being undertaken within the context of evolving changes in policy and practice across youth justice and its secure estate.

2.7 The recruitment and appointment of the RAB membership took some time, priority being given to ensuring that members have been drawn from across the backgrounds directly recommended in the IRR report. Members' direct knowledge and experience of detention regimes, prisons and more particularly the children's estate varied widely from those with a detailed knowledge and regular contact to some who had never visited a secure institution. As part of their familiarisation and preparation for the work, individual members made a series of visits to the STCs and YOIs. RAB members also had meetings with a wide range of agencies that are relevant and significant to RAB's work, including the MoJ, NOMS, YJB, the Department of Health, the Department for Education, STC directors, HM Chief Inspector of Prisons. Further details of all such visits are given in Appendix 4. RAB members have also individually reviewed an extensive range of literature relevant to the Board's interests. Details are listed in Appendix 5.

2.8 The first Board meeting was held in June 2010. The full RAB membership, comprising some 14 people, is geographically widely dispersed across England and Wales, so to enhance efficient working whilst utilising the particular expertise and experience of individual members the Board has worked in smaller task groups where appropriate.

2.9 The detailed draft proposals originally worked up by NOMS/NTRG and designated as 'CRT' were at an advanced stage of drafting prior to the Board's first meeting and the final product was ready for assessment by September 2010. In practice this was therefore well ahead of the RAB having the opportunity to formulate and finalise its own requirements for a safe system of restraint for children, reflected in its formal assessment criteria which were finalised in May 2011.

2.10 One further important consideration, which the RAB has borne in mind from the outset, calls for a preliminary comment here. It concerns the nature of the assessment process itself in an area as difficult to 'capture' in its entirety as a restraint system, and one where extensive and widely agreed empirical data for and documented evidence of safe practice is lacking, hence the need for the project in the first place. It is unlikely in these circumstances that any assessment should be considered just as an event (like an examination); it will by its very nature need to be an on-going process where much improved monitoring can

highlight the need for any corrections, or even changes, of training, assessments and decisions, going forward, where the facts change.

2.11 Following introductory meetings concerning the restraint proposals with representatives from NOMS/NTRG and the YJB, the RAB members received detailed documentation on the initial restraint proposals, which were given the designation 'CRT' (Conflict Resolution Training) and comprised seven volumes of the manual together with a DVD film of the restraint techniques contained in one of the volumes. The volumes were numbered thus:

(1) Introduction and Instructor Guidance;
(2) Managing Challenging Behaviour
(3) Medical Advice;
(4) Incident Manager;
(5) Restraint Techniques
(6) Personal Safety;
(7) Report Writing.

It was agreed that the volume of personal safety (protection techniques for staff) fell outwith the terms of reference of the RAB and would not be assessed.

2.12 Three two-day demonstration sessions were then organised for RAB during the autumn of 2010 as an exercise by NOMS/NTRG. At these sessions (which were repetitions to ensure that all RAB members attended one or more) the techniques were demonstrated using NTRG personnel and there was an opportunity to discuss some of the context of their application and the training planned for staff. The techniques were set into an overall 'managing challenging behaviour' approach and sought to utilise the concept of a 'use of force continuum'. Individual RAB members were asked to document all significant issues or concerns arising from the presentations for systematic feeding back to NOMS/NTRG and YJB.

2.13 RAB had a significant number of detailed and specific queries or concerns arising out of these demonstrations. Drawing upon the collation of members' assessments, individual task groups were established to draft detailed feedback papers for NOMS/NTRG covering each topic area (identified above by the volume titles of the draft manual) and over the subsequent months a series of meetings was organised with NOMS/NTRG where this feedback was discussed, further clarified and detailed responses received from NOMS/NTRG.

2.14 However, there were broader concerns about the inherent limitations of the proposed restraint system that members had identified that raised more searching

questions about an appropriate way forward. These can be grouped into four areas.

2.14.1 *A child-centred approach* - The system and proposed training was compromised by virtue of its origins, having been adapted and developed from an adult restraint system (known as C&R) applicable across the prisons estate, rather than having started from a child-centred approach. This was reflected in doubts about the 'Managing Challenging Behaviour' material and the evidence base used to inform it. The 'use of force continuum' was considered to lack operational clarity and to risk inadvertently embedding an approach that escalated rather than de-escalated the use of force.

2.14.2 *Physical health and safety* - The new system as demonstrated had not given any indication as to how the techniques themselves had been risk assessed from the fundamental point of the physical health and safety of the young person being restrained. The provider informed RAB the techniques had been risk assessed based on 'ethical principles'[11], but not risk-assessed with respect to the physical health, safety and well-being of the child being restrained. No such risk assessment had been undertaken by an independent medical expert. Whilst RAB has relevant expertise to risk assess the techniques, and has made its own determinations on the acceptability of individual techniques from a safety perspective in completing the assessment process, as reflected in this report, the Board was clear that to undertake such work on behalf of the provider was not appropriate and would compromise its independence.

2.14.3 *Safety and complexity of specific techniques* - There were significant concerns about several of the techniques, together with concerns about the complexity of the different stages of the techniques and holds as applied in terms of how individuals absorb such information, learn and subsequently put into practice the skills acquired in real life operational day to day practice. The panel were of the opinion that the training could not be safely retained whilst the proposals were so complex.

2.14.4 *Reliance upon pain inducing techniques* – The IRR had accepted the necessity of retaining pain inducing techniques from the C&R system used across the prison service estate but wanted to see a marked move away from routine reliance on such techniques. It had thus recommended that staff should be provided with safe techniques that did not rely upon pain, so that such techniques would only 'be used in exceptional circumstances and subject to strict safeguards'. The RAB

[11] Formulated by Dr Daniel Sokol, a medical ethicist at Imperial College, University of London

was not persuaded that either of these objectives had been achieved via the criteria for use of pain within the 'use of force continuum'. They did not taken together provide a sufficiently clear and discrete threshold. Further, some of the techniques were grouped under a separate section in the manual, 'control techniques', whilst others were integral to the training of 'physical restraint techniques' and were presented as flowing on naturally from wrist or arm holds.

2.15 After careful on-going discussions with the providers, the RAB urged NOMS/NTRG to bring into their team (1) An expert on principles of care and support able to assist them in developing a child centred approach; and (2) A medical advisor who could assist with developing a risk assessment and management process with respect to the health and safety of the young person being restrained for all the techniques as applied across the whole package; and advise as to how the techniques of most concern could either be modified or if indicated from the risk assessment removed from the system. It was also suggested that both advisors focus on issues of use of techniques in day to day real practice in the establishments and how skills could be retained.

2.16 In summary, the RAB were unanimously of the view that the restraint system and its training material as presented could not receive a positive recommendation to the RMB. Indicative of these concerns was the conclusion reached by RAB that the name given to the system, CRT ('Conflict Resolution Training') did not reflect what had been demonstrated. Both the demonstrations and the accompanying manual were (or needed to be) about care and support of children at the point of, during and immediately after the act of physical restraint.

2.17 The proposals for independent advisors was accepted and acted upon, whilst the 'bi-lateral' task forces undertook detailed discussions. Substantial progress was made in areas concerned with the governance framework for oversight of the use of restraint. This extends from specification of supervisory and management roles responsible for handling incidents of restraint, including identification (warning signs) and handling of medical emergencies, to the RAB's proposals for much improved systems for capturing all relevant data and ensuring it is analysed and used to better inform safer practice. The quality of such systems, including the monitoring of properly informative adverse incident (so-called 'exception') reporting, has been a key priority of RAB, given the variable quality and limited scope of the historical data. Much of the secure children's estate has invested heavily in modern digital CCTV systems in recent years; proactive use of this expensive technology to monitor and share learning from incidents of restraint is important. CCTV footage suitably adapted can be used for training, including identifying good practice as well as where things have gone wrong.

2.18 By early May 2011 it was agreed a further, one-day demonstration be held, focusing on the techniques where RAB's concerns were centred and involving some role play. Demonstrators were again drawn from the rank of NTRG trainers. Both independent advisors had been appointed and had started work by this stage but the Independent Medical Advisor ('IMA') had not yet had an opportunity to complete risk assessments. Both attended the demonstration. No revised final draft documentation (revisions of the manual) had been shared with RAB at this juncture. It was established during the course of these discussions that at no stage had NOMS/NTRG been commissioned to, or had considered, the development of a restraint system that avoided the need for pain infliction techniques. Further detailed feedback by RAB members was drafted and shared with NOMS/NTRG during May and June 2011.

2.19 There remained key unresolved concerns of RAB regarding the risks of harm associated with some of the proposed restraint techniques/holds – the head support, taking to the ground backwards and the elbow lock – and a need for clarification on the status of some restraint holds or positions. Some other areas requiring further clarification or discussion included time management of restraint incidents, use of handcuffs and the appropriateness of some of the terms/language used. It was agreed that final demonstration sessions (two, to ensure all RAB members could attend) would be required. It was also agreed that the final version of the restraint system and training documentation ('the manual') would be provided prior to those sessions. The need to change the name of the new system was also agreed by RAB and NOMS/NTRG in June 2011.

2.20 For these sessions the RAB issued a written briefing note to NOMS/NTRG to ensure that there was no dubiety about the areas that needed to be covered and information or documentation that needed to be made available for RAB to complete its assessment by the agreed deadline in August. Members were particularly keen to ensure that through the use of volunteers size disparities that are inevitable in the restraint of children could be demonstrated to achieve as near a facsimile of real-life restraint of children as possible in the circumstances. Further details on this briefing are provided in chapter four of the report. The first two-day session was also attended by officials from YJB and the STC estate; it was agreed that the officials were there in a strictly observer capacity, but following each day's session RAB members met YJB and STC personnel to discuss issues arising from the day's programme.

2.21 Following the first session on 12/13 July 2011 a meeting was held with NOMS/NTRG on 26 July and a final demonstration day was held on 27 July, followed by a final pre report meeting on 12 August. Prior to this session a draft of the RAB report was issued to the NOMS project leader for any 'quality' comments on errors in the draft. The key issues under discussion at these various sessions

included: RAB concerns regarding inconsistencies of drafting in the manual; the importance of producing an integrated and coherent training experience for participants compared to the still somewhat disparate nature of the different 'volumes' of the manual, with RAB strongly supporting NOMS/NTRG's 'case' for continued input from the IA and IMA (or people with equivalent expertise) during implementation; the guidelines for use of pain inducing techniques and continuing concerns of RAB regarding the head and straight arm hold techniques. There were also continuing important discussions with the YJB concerning the new governance arrangements for MMPR and with the RMB regarding assessment of the training programme as a 'live' event in the 'early adopter' sites and how the latter should be planned across the estate, not confined to the STCs.

2.22 The amendments to the manual tended in the last phases of discussion to lag behind the review process because of the very tight timetable being adhered to. Following the meeting on 12 August final comments on the draft of the manual were submitted by various members of the RAB. The RAB had asked that the final version of the manual should include an 'audit trail' edition in which changes from the original version are marked up to indicate those originating in RAB comments or requirements and those stemming from changes NOMS/NTRG decided to make on their own behalf or on behalf of other parties including the YJB. In the event neither this 'audit version' nor indeed the submission of a definitive final text of the manual (proof-read and reviewed by the legal advisors to NOMS) proved possible by the point at which the RAB was due to conclude its report. The Chair of the RAB has requested that the audit version be provided to the RAB by the end of September 2011. Of particular note is the incompleteness of the manual in regard to the lesson plans. The RAB report was formally submitted to the Head of the Youth Justice Policy Unit on the agreed date, 30 August 2011.

Section 3 - RAB's Values and Assessment Criteria

Values based Practice in the use of Restraint

2.23 Whilst the assessment activities described in this report were under way, the RAB as a newly formed group was also devoting substantial time to discussing and determining what its overall approach to assessing any system of restraint to be used on children should be. The principles are identified in this chapter, and the chapter that follows provides a more detailed consideration of certain of the topics that are raised here.

2.24 The final details of the RAB's requirements (assessment criteria) for an organisation seeking its assessment of a restraint system were concluded in May 2011. This order of business is far from ideal and has inevitably resulted in a longer period for the completion of the assessment than might have been assumed. It is no fault of any of the parties to the process, which is in any event the first time such a detailed and careful exercise has ever been attempted concerning restraint used in any sector.

2.25 The RAB is firmly of the view that a clear ethical framework should underpin use of physical force in the secure estate for children. That framework should comprise a set of values that generate principles of right conduct and standards. The principles and standards should describe the desired behaviours, both corporate and personal, that are demonstrated in the way that people work and in the operations and activities of organisations, and that such activities and operations should be lawful.

2.26 This approach enables decisions about when and how to use restraint to be made based on both the facts of particular situations and shared and understood values. It also allows differences in the values of the various people who are involved (such as the children, the staff and managers of the services) to be acknowledged and worked with. Furthermore, a values-based approach should assist the secure estate in ensuring its use of restraint meets the requirements of proportionality, effective risk assessment and successful management of risk in practical situations, which are for the RAB key objectives of any new system.

2.27 The RAB has identified core values that should underpin its work:

(1) Child-centred principles and a strong ethical framework must underpin any system which allows use of physical force upon children.

(2) That everyone – staff and young people – matters equally and people should be treated fairly and with respect.

(3) That the interests of each person are the concern of all; minimising the risk of harm – to staff, individual children or the group - is of central concern.

(4) That the needs of groups of people should be considered and balanced with the needs and circumstances of particular children, recognising that decisions about intervention with one child also affect the group of children and also the staff of the establishment.

(5) On each occasion the decision to use physical force to restrain a child is based on the best interests of that child.

2.28 The RAB has used its core values to identify principles which it believes should inform any system of restraint for children:

2.28.1 *The status of children* – All those under-18 and detained by the state are children. As a matter of law, they retain the same protection provided by domestic and international legal frameworks which is otherwise afforded to children who are not in custody. The welfare of children is of paramount importance, and this principle must remain at the forefront in caring for and managing children detained by the state. Children should have a say in how they are cared for and managed, and be able to voice their concerns over restraint confidentially and independently.

2.28.2 *The use of restraint* - Use of force must always be necessary, proportionate and in accordance with the law. The use of force always carries a potential for harm to a child who is restrained, but such risks must be kept as low as is reasonably possible. The restraint techniques and holds must be developed and applied as part of an effective overall strategy for managing behaviour.

2.28.3 *Restraining children involves special considerations* - Restraint must not be deployed as a punishment but arises from a need to protect. The use of restraint should not be understood and applied from a purely adult perspective, but taught in the context of what we know about child and adolescent development. This includes the physical and physiological attributes of children as immature, still developing human beings; the wide differences that arise in how children understand their circumstances; what is happening to them and what is asked of them; and the wide variations that arise in children's behaviour and in their emotional responses from the impact of their past experiences and personal life narratives prior to custody and the needs to which these developmental perspectives give rise.

2.28.4 *High quality training is essential for safer restraint* - The quality and frequency of training is vital to safe restraint. Training must be child focused, built upon RAB's stated principles and must enhance staff skills in de-escalation and diversion to minimise the recourse to restraint.

2.28.5 *A safe system of restraint requires effective governance* - Each organisation (establishment) using an authorised restraint system must demonstrate robust governance arrangements. Governance is the means by which the management of each establishment is accountable for and can provide assurance that all of the key elements of a restraint system are operating as intended and to specified standards.

2.29 The RAB considers it important that such values and principles are understood and endorsed by any organisation seeking approval for any system of restraint to be applied to children, and that the organisation can demonstrate their practical application through the implementation of its organisational values.

RAB Criteria for assessing a system of restraint

2.30 Having identified the values and principles that should underpin any system of restraint the RAB was then in a position to formulate the criteria that the Board would use to assess the adequacy of the operational specifics of any restraint system it is invited to assess. The full details of the criteria are set out in Appendix I to the report, and the criteria applicable to specific topic areas are also set out in the relevant section of the report below. They comprise a set of ten primary criteria, supplemented by more detailed criteria covering four critical topic areas:

(1) Managing the behaviour of children and staff in restraint incidents;

(2) Managing the risk of harm at the point of, during and after restraint incidents;

(3) Managing restraint incidents; and

(4) Recording and reporting restraint incidents.

2.31 The criteria provide a consistent set of practical and essential requirements of any restraint system that is going to achieve safer restraint. The criteria have equal status but at the heart of the new approach are restraint holds and positions which have been subjected to the most rigorous scrutiny available for their relative safety and realistic assessment of the risks associated with their use.

2.32 This means that, if a provider fails to meet – or declines to adopt - a criterion or criteria then they would be assessed as not meeting or matching RAB requirements and the RAB would identify this in its report to RMB as an obstacle

to making a positive recommendation regarding adoption of the system as a whole.

2.33 A provider may however have no disagreement with the need for a requirement but not be able to fully meet or implement it from the date of submission of its final proposals. It may be helpful to take a specific example - the requirement (criterion) that 'staff be trained in and familiar with managing medical emergencies'. If a provider accepts this requirement but were to highlight that it will take time to train staff in its full requirements that is hardly disputable. The organisation will need to present to RAB proposed timescales to meet this and any other assessment criteria that it considers require – from a practical perspective – a phased implementation towards timely full adoption of the complete system for each site using the restraint system that has been assessed by the RAB.

2.34 Planning in this way for phased implementation of a new restraint system across the secure estate has to include (1) The extant governance arrangements (management of incidents, monitoring and data capture and management and supervisory roles) for each relevant site, which must be fully operational; and (2) The minimum number of staff to be fully trained in the restraint techniques in accordance with the criteria to provide realistic operational resilience. The RAB has not received any implementation plans - including timed phasing in of key recommendations such as training of staff in basic life support skills – from NOMS/NTRG or YJB prior to finalising this report. It is to be noted that the timetable did not permit an opportunity to discuss the proposed final recommendations with the YJB prior to submission of the report.

Chapter Three: An Ethical Framework for use of Restraint

Ethics, Values-based Practice and Safeguarding Children

3.1 The concept of values being important in determining how public services are planned and delivered is not new. Indeed, within the prison service, the 'decency agenda' provides an example that has had particular success in the last two decades.

3.2 The legal basis for policy and practice in the three types of establishments that comprise the secure estate for children lies in the statutory rules and regulations for each one. In 2006, in line with a recommendation from the Joint Chief Inspectors[12], the Youth Justice Board (YJB) published its code of practice for managing the behaviour of children in the secure estate.[13] That code sets out common principles that are applicable across the secure estate. It states:

> The Code's approach is consistent with, and encourages the recognition of the rights of children and young people in law and in international conventions, and specifically as outlined in: (1) the United Nations Convention on the Rights of the Child; (2) the Human Rights Act 1998; (3) the Children Acts 1989 and 2004.

3.3 While this code does not have the force of statute, the YJB intended that its principles be incorporated into the contractual arrangements between the YJB and its service providers. The code requires establishments to put in place plans for managing children's behaviour, which should emphasise an expectation of positive behaviour within an environment of mutual respect; a child-centred culture and high quality relationships between children and staff.

3.4 While values are not necessarily statements of, or themselves limited by the law, their expression and application must be conducted in accordance with the law. In this way, values can be brought together with knowledge of what is required by the legal frameworks that prevail in each jurisdiction to create a set of principles of right conduct and standards that sit within the law.

The position of the RAB

3.5 The RAB's stance is that values should underpin its work. Therefore, the RAB decided to develop, debate, and adopt a values framework. This chapter adds detail to the summary of the values-based principles and approach that is

[12] Safeguarding children – the Second Joint Inspectors Report on arrangements to Safeguard children; July 2005 http://www.hmica.gov.uk/files/safeguards

[13] Managing the behaviour of children and young people in the secure estate; YJB 2006

summarised in Chapter Two and which the RAB has agreed internally and adopted.

3.6 The opinion of the RAB is that all practice in the secure estate, including use of physical force on children, should be underpinned by an ethical framework which can be defined as

> The values that describe the desired behaviours of organisations and the people who work in them, and which are as demonstrated in the way that people work, and in the operations and activities of all relevant organisations.

3.7 The values that the RAB has adopted, and from which it has developed the principles and criteria for assessing restraint systems that are presented to it for possible use, are it believes germane not only to using physical force in the secure estate, but also to other topics and activities in the public sector.

The RAB's principles

3.8 The RAB's core values are that:

(1) Child-centred principles and a strong ethical framework must underpin any system which allows use of physical force with children.

(2) That everyone – staff and young people – matters equally and people should be treated fairly and with respect.

(3) That the interests of each person are the concern of all. Minimising the risk of harm – to staff, individual children or the group - is of central concern.

(4) That the needs of groups of people should be considered and balanced with the needs and circumstances of particular children, recognising that decisions about intervention with one child also affect the group of children and also the staff of the establishment.

(5) On each occasion the decision to use physical force to restrain a child is based on the best interests of that child.

3.9 The RAB has developed from these core values a set of principles for its work and its assessment of restraint systems that it is asked to assess. These principles are set out in full in Chapter 2, and are summarised here. They are:

The Status of Children – All persons who are under 18 and detained by the state are children.

Use of Restraint - Use of force must always be necessary, proportionate and in accordance with the law.

Restraining Children Involves Special Considerations - Restraint must not be deployed as a punishment, but arises from the need, and the requirement, to protect them.

High Quality Training is Essential for Safer Restraint - The quality and frequency of training is vital to safe restraint.

A Safe System of Restraint Requires Effective Governance - Each organisation or establishment which uses an authorised restraint system must demonstrate robust governance arrangements.

3.10 The RAB advocates values-based practice because, as applied to using physical force, these approaches to bringing values and principles into practice openly are intended to help managers to resolve conflict by recognising, supporting and working with a balance of legitimately different perspectives.

Values-based Practice

3.11 Values-based practice[14] is intended to enable people to make decisions that are based on both the facts - the evidence that pertains to particular situations - and on the values held by the people who are involved in them. At its root, values-based practice recognises that every person has a set of values, whether they recognise them consciously or not. Thus, every interaction in the secure estate, as all human interactions, can be described as a meeting of values. Often, negotiation of these values is an unconscious part of every conversation, event or interaction.

3.12 The values that arise most frequently in the secure estate include those espoused by the children in the care of the staff and the families and communities from which the children have come; the staff and the organisation for which they work; those commissioning the secure estate together with the government department responsible for the policy that underpins the role and functioning of the secure estate. The children bring with them their own values and those of the communities from which they have come when they enter the secure estate. Individual employees have their personal values and are called on to present and enact the values of their employers and of the relevant authorities. Thus, while some parties are not present, it might be said that there is a wide array of values in play in each interaction between a child and a member of staff within the secure

[14] Williams R, Fulford KWM. Values-based and evidence-based policy, management and practice in child and adolescent mental health services; Clinical Child Psychology and Psychiatry 2007 12:223-242.

estate. As a result, it is likely that varied, sometimes divergent, values influence people's experiences of, the feelings and opinions they have about, and the decisions they make in each situation. It should not be assumed that everyone shares the same set of values even if they say little or give few clues as to their feelings and opinions.

3.13 Values are less likely to arise as a point of discussion, debate or disagreement when there is conscious or unwitting agreement about the values that are invoked by particular events or circumstances. However, when there is a difference in the values held by the various people who are involved, these differences may become more noticeable, influence their understanding of events, and lie behind disagreements. The opinion of the RAB is that conflict can escalate not only because the facts of a situation are contested, but also because certain events evoke strong feelings when there is a clash between different people's values and expectations of each other.

3.14 Values-based practice is intended to help staff to recognise and work towards resolving situations in which divergent values will inevitably arise. It is, therefore, highly relevant to the work involved in caring for, supporting and managing children in the secure estate. Everyone can benefit from having knowledge about how values operate and influence personal agendas in social settings. There are also skills involved in working with diverse values in order to achieve agreed decisions and greater rather than less harmony. Adopting a values-based approach should assist the staff of the secure estate to ensure that their use of restraint meets the requirements of proportionality and effective risk management that the RAB requires as key objectives of a safer restraint system.

3.15 Values-based practice and the RAB's framework of values and principles are intended to enable staff to be more confident in their approach to adjudging when and how to use physical force, and exercising their own responsibility and accountability. This explains why the RAB is making overt in this report its values and the principles that it has adapted from them for decision-making, governance, and for assessing any system of restraint presented to it.

<u>Best interests of children and a systematic approach to decisions about restraint</u>

3.16 Making judgements and decisions in many situations involves complex processes. When faced with conflict, staff may need to decide quickly on the best course of action. They are faced with: assessing the situation accurately, effectively and rapidly; taking into account divergent views, and making analyses of the risks and benefits of different courses of action. Often, people who exercise judgements in such challenging and/or emotionally charged situations are not aware of or able to describe fully the experiences, transactions, non-verbal observations, knowledge and values that influence their decisions. Many people who are involved in

situations that are characterised by high anxiety and/or conflict say afterwards that they acted 'on instinct'. However, instinct is not an inherent attribute and it is very hard to define and measure. Probably, instinct is used to describe learned behaviour that is based on prior knowledge, previous experiences, and past assessments of similar situations.

3.17 Making decisions in another person's 'best interests', a concept established in law and professional practice, is complex, as is the balance between the interests of individual persons and groups of people. The RAB considers that the following five guiding points will assist staff to ascertain what a child's best interests are. Decision-makers should:

(1) Take into account all the relevant factors that it would be reasonable to consider, not just those that they think are important, or which reflect what they would prefer to happen;

(2) Make every reasonable effort to involve and enable the children to take part in decision-making on matters that concern them;

(3) Not act on preconceived ideas or negative assumptions;

(4) Not act on or make decisions that are based on what they would want to do if they were the person about whom the decision is being made; and

(5) Be able to explain the decisions that they have made about each child's best interests, giving their reasons for reaching those decisions and identifying the particular factors they have taken into account.

<u>Effective Decision-making in deciding whether to use restraint</u>

3.18 The RAB believes that the values and principles outlined in Chapter 2 and in this chapter reinforce and develop the YJB's Code of Practice. They should be in evidence throughout the system of restraint and be demonstrated in good decision-making in managing the behaviour of children in the secure estate and, particularly, throughout any incident which results in restraint being used.

3.19 The RAB has examined how its values, and the principles that are derived from them, can be applied to effective decision-making. It has identified the following

elements of good practice in decision-making against which to assess the evidence concerning decision-making about the use of restraint.[15]

3.19.1 *Openness and transparency* – decision-making processes, including the evidence and arguments on which they rely, should be open to scrutiny.

3.19.2 *Inclusiveness* – all parties who are affected by the processes and decisions, that is, children, staff, trainers and managers, are able to express their views.

3.19.3 *Respect* - the restraint system and the techniques within it should reflect respect for the needs and the human rights of each child. This means that restraint is understood as only one small part of a comprehensive programme for helping children with their behaviour and is used within a wider programme for managing their behaviour. This also means that staff members know how to assess what is in the best interests of each child or young person and are able to apply that knowledge.

3.19.4 *Proportionality* - the restraint system and its techniques must be proportionate to the risks posed by each situation.

3.19.5 *Accountability* – each organisation is accountable for ensuring that only staff members who are fully trained to do so use accredited restraint techniques, and that the training properly equips them to assess risks proportionately and to match the techniques used to the risks presented in each incident.

3.19.6 *Reasonableness and lawfulness* – staff are able to justify against an ethical values framework each decision they make to use restraint, they can explain how it employed the use of the minimum force that was necessary and hence that their decisions to use restraint are lawful.

3.19.7 *Effectiveness and efficiency* – accredited techniques are effective in protecting each child from harm.

3.19.8 *Exercising a duty of care* – when deciding whether or not to use force and which restraint technique(s) to employ the primary focus is the safety of the children who are involved. This means that staff are trained in the skills to minimise the need to resort to physical restraint, and to use well, safely and consistently the physical interventions that are included in the restraint programme.

[15] Developed from the Welsh Health Circular WHC (2007) 076: an ethical framework for commissioning health services to achieve the healthcare standards for Wales. Cardiff: Welsh Assembly Government, 2007.

3.19.9 *Reviews and complaints* – children must have the confidence to use fair and credible complaints procedures, and be given the opportunity to use independent advocacy to enable them to express their opinions and experiences with regard to how they are cared for and managed and about their experiences of restraint.

Recommendations on values-based practice

3.20 The RAB recommends that:

3.20.1 Both the trainers and those responsible for the governance and monitoring of the secure estate should ensure that decisions about use of restraint are made within a clear ethical framework that is based upon the criteria set out at paragraph 3.19 above.

3.20.2 NOMS/NTRG as the training providers adopts the systematic approach to decision-making outlined in Chapter 3.

Chapter Four – Managing Safer Techniques for Restraint

Section 1 – Managing risk and health warning signs

Understanding the risks of restraining Children

4.1 The criteria the RAB has set for assessing how well a restraint system is constructed to handle the risks involved - Managing the risk of harm at the point of, during and after restraint – are set out in detail in Appendix 1. They cover identifying the range of risks involved in restraining children; the adequacy of and access to health records; training requirements for staff; health warnings and clinical governance.

4.2 Where the term 'harm' is used it refers to both physical and psychosocial harm. The term 'health' includes medical, clinical, physical and psychological and social aspects of health.

4.3 It is recognised and accepted that in the timescales available the current risk assessment system only concerns risks of physical harm to the child. NOMS/NTRG has agreed that its extension to psychological and psycho-social harm must be an early priority for development of the restraint system following its introduction.

4.4 The RAB views the medical risks involved in restraint from a precautionary principle, a position confirmed by the provisional findings of the research into restraint related deaths commissioned by the Independent Advisory Panel of the Ministerial Council on Deaths in Custody:

> The general view was that it should be assumed that everyone is at a potential risk rather than try to profile individuals only medically at risk.[16]

4.5 The absence of an explicit methodology for assessing and documenting the risks involved in restraining children was remarked upon at an early stage by the RAB. The RAB's position has been that the core principles of dynamic risk management are central to safer use of restraint; it has not advocated one or other risk management tool be adopted but that the practice of actively managing risk has to be properly evidenced throughout the restraint system.

4.6 One well known starting point for risk assessing the techniques themselves is the model developed by the National Patient Safety Agency of measuring two dimensions of risk, the likelihood (probability) of a specified risk (defined as an

[16] Review of the Medical Theories and Research relating to restraint related deaths; draft report, July 2011.

adverse event or outcome) arising and the consequence (impact) if it does, both measured on a scale, typically of 1 to 5.

	Likelihood				
Likelihood score →	**1**	**2**	**3**	**4**	**5**
Outcome score ↓	Increased likelihood →				
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

4.7 The RAB requirement after the first demonstration session was that NOMS/NTRG work with the expertise of an IMA to conduct risk assessments of the techniques proposed in their new system, including the risks of soft tissue injury, articular or bone injury and respiratory or cardiovascular injury; this method was the one chosen. The 'technique index risk assessment' created by the IMA sets out a series of tables based upon volume 5 of the manual: physical restraint (the various holds); pain induction techniques; positions (standing, supine, prone); planned intervention; escorting and relocation. Each table lists the risk assessment score (i.e. for likelihood and impact) under 9 types of potential adverse impact of reducing gravity:

(1) Involving airway;

(2) With breathing;

(3) With circulation;

(4) Fractures/dislocation;

(5) Nerve injury;

(6) Ligament/tendon damage;

(7) Soft tissue swelling;

(8) Muscle damage;

(9) Bruising.

4.8 For the final set of demonstrations in July 2011, and arising from discussions at those sessions and subsequently some refinements of the methodology adopted by the IMA were identified and agreed and the IMA's documentation of the risk assessments was amended in some important respects.

4.8.1 It was recognised that application of such a model to restraint techniques and holds needed to be modified to reflect the nature of a restraint system. In particular, a direct translation of the 'likelihood'

descriptors applied to the scores, such as 'possible' (3), 'likely' (4) and 'very likely' (5) was misleading because the actual probability even for an event scored as 5 might still be very low in the specific population represented by all restraint incidents. A more precise calibrated probability score, or probability range, could not be assigned to techniques given the limited empirical data available from the extant data recording and monitoring systems inherited from C&R and PCC. It was agreed therefore that the 'likelihood' axis should simply represent an increasing probability (from 1 to 5) without specific descriptors.

4.8.2 It was agreed that the risk assessments of techniques involving the application of pain (for example, arm hold) needed to be analysed as two distinct assessments, the hold, and the risks associated with the technique used to induce pain.

4.8.3 The nine categories of adverse impact were split for the purposes of risk assessment and presentation of the tables in the index into those three which were potentially life-threatening (airways, breathing and circulation) and those that were not.

4.8.4 Some concern was expressed about the hazard of misinterpreting the index - particularly by conveying a spurious impression that precision could be attached to the scoring system - by those being trained using it. It was agreed that direct input into the training by the IMA, for the benefit of every group of trainees, is essential here, explaining the index's use and limitations (perhaps through a pre-recorded video).

It is worth noting here the importance of staff also fully appreciating the speed at which a conjunction of adverse risk factors in a restraint incident can result in a fatality. This again is a crucial message best delivered by the IMA to every group of trainees.

4.9 From its review of the demonstrations and the manuals, discussions in the Board and with NOMS/NTRG, RAB concluded that careful assessment of the risks of the individual restraint techniques using such a tool is essential but insufficient, because it remains an essentially static rather than dynamic risk process: it lacks the context within which the restraint techniques are applied in practice. It is this much more inclusive approach that the RAB has adopted in its assessment.

4.10 The RAB has considered what further risks become engaged when restraint of children is applied in the context of the secure estate, and identifies three broad categories: those associated with the particular child and with the broad characteristics of the child population held in the secure estate; those associated with the staff team, their training and skill levels; and those inherent in the

dynamics of particular situations leading to and involving the use of restraint. In more detail, the risks for children who are restrained, in addition to the techniques themselves, arise from:

4.10.1 *Factors that relate to the particular children* on whom the techniques are practiced, which include:

(1) Their activities and experiences immediately prior to them being restrained;

(2) Their healthcare needs and any medical conditions they may have;

(3) Psychosocial factors including: the children's levels of arousal and stress prior to, and during their restraint; The symbolic meaning that being restrained may have for certain children and which may influence its frequency of use (e.g. restraint may be a mark of social standing for some children with their peers based on notoriety or it may represent one of their habitual responses to authority); Matters concerning children's experiences of loss and separation in the past, and the impact of these experiences on how they relate to others presently;

(4) Educational, and developmental factors that impact on children's understanding of present relationships and their abilities to respond cooperatively and appropriately to verbal and written requests and other communications;

4.10.2 *Factors that relate to the staff who conduct restraint*, which include:

(1) Their skills, performance and behaviour;

(2) Their knowledge about children in general including their development and needs;

(3) Their knowledge about the risk factors that particular children have including those that arise from any limitations in their communication skills and/or comprehension of relationships, and any medical conditions and healthcare needs they may have;

4.10.3 *Contextual and situational particularities* that may arise in episodes in which restraint is used.

The evidence on risk management assessed by RAB

4.11 As is evident from earlier discussion in this report, the RAB's initial assessment of the restraint proposals identified an absence of any systematic or documented risk assessments; such risk management tools as were incorporated (such as the 'continuum of force' concept) were considered ineffective, and the crucial ingredient of a child centred approach was largely missing. The RAB recognises that a practical restraint system cannot be predicated on methods that require lengthy risk assessments to be undertaken at the time of each incident, especially where reactive incidents are concerned. The RAB was clear that it should not conduct such risk assessments itself but has sought in discussion with NOMS/NTRG to articulate the features of a comprehensive approach to managing risk. This much more inclusive specification of the risks involved in restraining children was reflected in the criteria the RAB set for its assessment of the management of the risk of harm at the point of, during and after restraint incidents (reproduced in that section of the report below). The RAB's expectation is that, in collaboration with its independent advisors, NOMS/NTRG develops its approach to assessing and managing risk to recognise the array of factors that impinge on the risks posed by restraining children outlined above, alongside documenting in detail in its proposals the risks associated with each proposed technique using the likelihood/impact model or comparable methodology.

4.12 The aim of such an approach to risk management is to reduce the risks posed by restraint to a minimum. The RAB recognises that it is not possible to eliminate them, but does expect NOMS/NTRG to adopt a robust approach to risk minimisation by incorporating sufficient indicators of the full array of risks in its proposals coupled with it taking an iterative approach to recording and reducing the full array of risks over defined periods of time. Central to minimising the risk of restraint is an approach to training, monitoring, and review which ensures that persons who are authorised to conduct restraint are adequately aware of the nature and array of risks that restraining and failing to restrain young persons may raise and minimise them by acting safely and in accordance with procedures contained in the restraint system. We discuss these aspects further in the training and data chapters of the report.

4.13 RAB has throughout the assessment process questioned NOMS/NTRG as to whether in deciding on what techniques should be included as part of the system consideration had been given to individual groups based on potentially relevant criteria such as gender, disability, size, age and ethnicity. The response from the provider has been that the IMA would consider these issues when populating the risk matrix. The RAB has provided feedback to NOMS/NTRG on equality considerations (particularly concerning gender differences) which are being taken forward by the IMA as part of the work on risk assessment and by NOMS as they

write their Equality Impact Assessment. The RAB has not been presented with any specific adaptation to individual techniques or other accommodation.

4.14 The RAB has raised one specific issue relevant in this context, which is that the teams delivering the training must include a reasonable proportion of women. This is not just for the broader purposes of balance and representation, important though they are in the context of the recent substantially changed profile of the workforce. It is also necessary to demonstrate and reinforce the important message in managing risks that successful and safe restraint (including the inter-personal skills of behaviour assessment and management) is a skilled technique to be very carefully and thoroughly learnt.

Recommendations on risk management

4.15 The RAB recommends that:

4.15.1 The quality and fitness for purpose of the training programme must be kept under continuing review to ensure it reflects the many variables and narratives that moderate risk when applying restraint techniques operationally. This will require a mechanism for reviewing the variables as well as effective monitoring of the application of the techniques.

4.15.2 Training of staff should include testing them on scenarios that include a variety of these variable risk factors before they are authorised to use restraint, and regular refresher training thereafter utilising the most recent reviews on the many variables and narratives that moderate risk when applying restraint techniques operationally.

4.15.3 The training delivery teams for MMPR should have substantial female representation.

4.15.4 Each establishment develops a profile of each child's key health risks on their admission, which must be kept up to date throughout their time in the institution including a formal review after any incident of restraint. The profile must be easily accessible to all staff and include the 'warning signs and immediate actions' advice.

Managing the risk of harm: health warning signs

4.16 Experience and restraint techniques as applied in the adult prison sector are not considered by RAB to be appropriate for restraining children from either health or prevention of harm perspectives without adaptation within the framework of a child-centred system. RAB's advice in summary is that the restraint system needs to recognise, in words (the language used) and actions, that children are not 'small adults' and hence it must address and accommodate:

4.16.1 The requirements posed by children's physical, psychosocial, educational and communication characteristics; their developmental and psychosocial characteristics, and the implications for staff training.

4.16.2 The widely differing care and support needs, for example of a 14-year old girl in early puberty weighing 35kg compared to, say, a 17 or 18 year old boy weighing 90kg, who is physiologically, but not necessarily psychosocially, an adult.

4.16.3 The low levels of educational attainment of the majority of children who are admitted to secure care, including, in particular, their very high levels of functional illiteracy.

4.16.4 Their higher than usual experiences of emotional deprivation, the hazardous relationships that they are likely to have experienced and the events - and their unmet relationship, educational, mental health, risk-taking and substance-related needs - that are likely to have brought them into care in the secure estate.

4.17 In regard to health warning signage and the messages it conveys, the RAB provides an illustration of the approach it considers necessary at Appendix 3 to this report (page 90); it is not a detailed or formal proposal, which is a matter NOMS/NTRG has agreed to take forward:

<u>Recommendations on health warning signs</u>

4.18 The RAB recommends that:

4.18.1 Staff authorised to use the restraint system must:

(1) Be trained in and familiar with managing medical emergencies (basic life support); staff must be aware of the verbal and visual warning signs for actual or potential serious physical harm occurring to the child, the action(s) to be taken and the subsequent accurate recording of those action(s).

(2) Demonstrate their understanding of the generic factors associated with increased health risks.

(3) Ensure they are aware of – or take immediate steps to ascertain - an individual's specific health risk factors when involved in a restraint incident.

(4) Demonstrate their understanding of their duty of care in relation to health risk factors under the exceptional

circumstances of restraint, and of the principles of data protection.

4.18.2 There must be well designed and appropriately located notices summarising the key health warning signs, indicators of harm, at the point of, during and after an incident of restraint and action to be taken to safeguard the health of the child.

The heath system in the secure estate

4.19 The particular vulnerabilities of the child in the secure estate, and the importance of the health systems - commissioning and providing services - are a concern to the RAB. Without an adequate understanding of the individual child, and without appropriate health provision, the child remains increasingly at risk of physical and psychological harm, as evidenced by past events and current incident (exception) reports. There is considerable evidence accumulated over many years of the significant health problems experienced by children in the Youth Justice system and in the secure estate. The difficulties are broad ranging and include:

(1) Learning disabilities (including dyslexia and literacy problems) and low IQ;

(2) Mental health problems (including psychosis, anxiety, attachment and social disorders);

(3) Communication difficulties (receptive and expressive language disorders, learning and developmental problems); and

(4) Neuro-developmental disorders including Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorders (including Asperger's syndrome)

4.20 A significant minority of children have been in the child care (Looked After) system and have been exposed to early and pervasive abuse and neglect, with the resultant serious psychological and developmental consequences which merge with and often present as above. Recent reports[17] have found that up to 70% of the children involved in youth justice have one or more of these difficulties. Medical conditions including asthma and epilepsy are common. Children in the

[17] Prison Reform Trust: (1) Punishing Disadvantage: a profile of children in custody; September 2010; (2) Children with learning disabilities more likely to go to prison; October 2010.

Children's Commissioner: Presentation to the Office of the Children's Commissioner on September 10th; as cited in Berelowitz,S and Hibbert,P: 'I think I must have been born bad: Emotional Well Being and Mental Health of Children and Young People in the Youth Justice System' Page 57, Office of the Children's Commissioner. London June 2011.

secure estate have a significantly higher incidence of general health problems, and developmental and psychological difficulties than those of a similar age in the general population.

4.21 RAB Members are aware from their visits and from their wider professional experience of the variability of health care in the secure estate. Whilst the RAB has not undertaken a comprehensive review we understand that this variability occurs throughout the system from commissioning through to the provision of health services. The delivery of health care in the secure estate causes the RAB concern. Establishments receive inadequate, incomplete and delayed information about individual children. The information is not universally understood nor transferred to those who need to know. It appears that members of the health team in the establishments are employed by and hence managed by a variety of organisations, some health related and others not. Some health care teams appear to be poorly integrated with the wider staff group in the establishment. Training and support, both formal and informal is variable. Health conditions, particularly neuro-developmental problems and mental health needs, are not adequately assessed or managed, often because they have not been identified appropriately or fully diagnosed in the first place. Too often the success of a health care team is dependent on the availability of individual clinical leadership. Healthcare is not sufficiently integrated into the physical or cultural ethos of the establishment.

4.22 In Chapter 3 the RAB has described the importance of an ethical framework built upon values-based practice. Given the higher incidence of vulnerabilities and the greater health needs of this group of children (compared to the general population) the RAB considers it is critically important that the healthcare system for children within the secure estate should be of comparable quality to that available to the wider population and able to address the intense needs of this particular group. The RAB is not persuaded that the current variable system is fit for this purpose. Hence the RAB considers that provision of health services in all secure establishments should follow the same pattern as universal and specialist health services, delivered by organisations accountable to and following the governance processes of the NHS as applicable in England and in Wales.

Recommendations on the healthcare system

4.23 The RAB recommends that:

4.23.1 The wider governance arrangements within which the new restraint system will operate need to include appropriate provision for recording and using relevant personal health data for use in the context of restraint incidents, to include robust systems to ensure that:

(1) Baseline health information requirements are specified and achieved upon entry to the secure estate, including highlighting of any health and medical concerns.

(2) Those children and young people meeting a clearly defined 'exception' requirement in relation to use of restraint are identified upon entry to the secure estate, such status to be validated by a doctor.

(3) Such health information is

- accessible at all times;
- accessed as needed by staff involved in a restraint incident in a timely manner;
- reviewed and updated on a systematic basis;
- shared on a 'need to know' basis that respects confidentiality and consent requirements.

(4) Such health information is always demonstrably used in planned procedures and to the maximum extent possible in reactive incidents.

There should be robust clinical governance arrangements providing assurance that these requirements are met.

Section 2 - Training and Behaviour Assessment

Introduction

4.24 Training concerns the delivery of specific knowledge and skills which can be directly transferred back into the workplace in order to ensure that staff can competently undertake their specified roles and responsibilities. In the context of a new restraint system this includes effective and acceptable behaviour management skills, the correct use and application of a range of approved techniques, the ability to recognise and respond to medical emergencies that may arise from the use of such techniques, and a clear understanding of how adverse or crisis incidents should be managed.

4.25 The training directly concerned with the restraint system needs to cover the agreed entry level competencies and skills needed; standards in behaviour management; managing behaviour at the point of, during and after restraint; training in safe use of accredited restraint techniques; accurate recording and reporting of an incident upon its conclusion and refresher training.

4.26 The IRR report made clear that it was not proposing as part of the recommended accreditation scheme for restraint systems to review and accredit behaviour management arrangements in the under-18 secure estate. However, the authors rightly observed that restraint cannot be properly understood, nor successfully reduced, when it is considered in isolation. It thus recommended that use of restraint is placed within an overall behaviour management strategy. The approach to behaviour management is not centrally managed by the commissioners of the estate. Instead local decision makers across the sector (that is, YOIs, STCs managed by two contractors, and the variety of local authority managed SCHs) employ a wide range of policies and practices that are used to manage the behaviour of children and staff.

4.27 At an early stage of its deliberations the RAB concluded that a restraint manual was not the appropriate vehicle for setting out a full behaviour strategy or programme, which appeared to be the claimed ambit of the initial 'CRT' proposals. Instead the use and management of restraint ought to form part of a much wider behaviour strategy. RAB's view was that the manual should focus upon the management of behaviour at the point immediately before, during and after an incident of restraint has taken place. NOMS/NTRG was therefore advised to - with the help of their independent advisors - reconsider this section of the manual. Handling the behaviour of children in the secure estate needs a flexible, tailored and emotionally restrained approach. It was clear that this will be as much about a major programme of cultural change as it will be about learning a new set of skills.

4.28 NOMS/NTRG has invited the RAB through the consultation processes to comment on and help shape the wider behaviour management approach being devised for use in YOIs. The RAB welcomes this approach and urges practitioners and managers to share good practice and explore imaginative ways of managing challenging behaviour.

RAB criteria[18] on training

4.29 One of the principles the RAB has adopted to set the context within which its assessment criteria have been developed strongly asserts the Board's view that 'the quality and frequency of training is vital to safe restraint. Training must be child focused, built upon RAB's stated principles and must enhance staff skills in de-escalation and diversion to minimise the recourse to restraint.' In addition, the RAB has set the following primary and supplementary criteria specifically concerned with staff training and its assessment of the training proposals:

> Staff must be trained in the safest possible application of restraint techniques and only fully trained staff authorised to use the restraint techniques. (Criterion 9)
>
> Managing the Behaviour of Children and Staff in Restraint Incidents:
>
> Staff members are trained in managing behaviour before they are authorised to use restraint. The training must be of the highest quality: formal presentations and didactic (classroom) teaching methods will not be sufficient. Learners must be actively involved, intellectually engaged and understand that the safety of the young person comes first. Lesson plans, resources and guidance for trainers must meet the individual learning needs of the participants. The training must include:
>
> (1) Recognising, understanding and managing the impact of staff's own behaviour, including verbal and body language and attitude;
>
> (2) Understanding the differences in behaviour and responses from children. Using positive reinforcement and acknowledgement, and avoiding confrontation and escalation.
>
> (3) Understanding the impact of expectations placed on children, labeling, and identity.
>
> (4) The importance of relationships and rapport in managing behaviour and setting expectations.
>
> (5) Handling sanctions with care to ensure fairness and proportionality.
>
> (6) Ways to divert from de-escalate and diffuse situations of conflict or potential conflict.

[18] Please see Appendix I for the complete assessment criteria.

(7) Understanding the main causes of behavioural problems in children.

Managing the Risk of Harm at the point of, during and after Restraint Incidents:

Training: staff members authorised to use the approved and accredited restraint system must:

(1) Be trained in and familiar with managing medical emergencies; staff must be aware of the verbal and visual warning signs for actual or potential serious physical harm occurring to the child, the action(s) to be taken and the subsequent accurate recording of those action(s).

(2) Demonstrate their understanding of the generic factors associated with increased health risks.

(3) Ensure they are aware of – or take immediate steps to ascertain - an individual's specific health risk factors when involved in a restraint incident.

(4) Demonstrate their understanding of their duty of care in relation to health risk factors under the exceptional circumstances of restraint, and of the principles of data protection.

Managing Restraint Incidents:

The training for supervisors and managers of incidents must ensure that 'completing the task' (i.e. the restraint of the child) never overrides or takes precedent over the risks to the child being restrained.

<u>The evidence on training assessed by the RAB</u>

4.30 In the experience of RAB members in this field, to develop successful practice learners need the time and opportunity to examine their practice and behaviour and to learn from the experience of their peers, and to this end must be actively involved, intellectually engaged and convinced of the practicality of the change programme being implemented. They will need where applicable to make changes to their previous practice. The behavioural and risk management skills and systems will need to be delivered with the same rigour as the physical techniques to ensure a consistent quality in a new restraint system.

4.31 The original draft training proposals and manual did not match these requirements. The training methods appeared to be overly traditional (pedagogic) and formal. Although the original manual identified desired learning outcomes it did not identify the competency levels that staff would need to reach before they were to be authorised to undertake safely the restraint of children. There was a great deal of reliance on the individual's interpretation of the materials. Physical skills were separated from behaviour management theory and practice. Some

lines of communication and responsibility for medical emergencies were insufficiently clear.

4.32 NOMS/NTRG has been given detailed feedback on all aspects of the training and as a result agreed to engage an IA to assist in undertaking a complete review of the training programme, with an agreed set of outcomes centred on consistency and quality of delivery.

4.33 Since the original demonstration and submission of materials a considerable distance has been travelled. NOMS/NTRG has embraced the move to a more child centred approach and is open to enhancing the training content and delivery. With the IA they have completed a thorough review and redeveloped the training. RAB further recommends that processes promoting reflection, consolidation and learning should be developed. Formats could include online resources (see below), guided briefing sessions, reflective practice, CPD portfolios, situational learning, data collection and incident analysis, and workplace simulations.

4.34 Training in behaviour and restraint is not a single event but a continuous process. Identifying staff in need of further or refresher training must not be left to individual establishments where staff time is precious and operational exigencies may lead to brief or delayed retraining. There is a need to ensure staff members have the opportunity to update their knowledge and skills by revisiting the key learning outcomes of the initial training programme. When adults restrain children trust is often damaged or broken. When staff have the skills to lead reparation with young people they can rebuild and develop their relationship and understanding. Its success can bring incidents of restraint to a proper close, avoiding the risk of grudges being borne and opportunities for understanding missed.

4.35 Regular online assessment can accurately identify those in need of training. This would be free from interference and more accurately and immediately identify gaps in competence that appear over time. Online assessments would greatly assist the monitoring of the implementation of the new programme overall. Data collected can identify specific training needs and gaps in training programmes, helping to refine and adapt training to match the needs of staff and institutions. Costs can be abated by adopting and adapting a suitable commercial software programme.

4.36 All staff members with operational management and leadership responsibilities at various levels play a key role in sustaining good practice within organisations and individual institutions. Without effective training for such managers any new system of restraint is built on poor foundations. As staff learn new techniques and strategies their managers need to be able to support them. Without training for managers old cultures will seep back in and the training will be diluted and its value dissipated in operational practice.

4.37 The extensive investment in CCTV systems across much of the secure estate provides an opportunity to secure fuller benefits from this expenditure by its effective use in training. This requires careful selection and preparation of video footage, with the identities of children (and staff where appropriate) obscured, examples of good practice shared as well as practical illustrations of difficult incidents and practice failures reviewed from a variety of learning perspectives. It can be incorporated in future online training programmes.

4.38 There is in RAB's opinion the prospect that the training in MMPR will not achieve the consistency and quality aspired to by NOMS/NTRG, particularly to the extent that it aspires to go beyond skills in the execution of physical techniques. RAB has major reservations about the 'cascade' model of training delivery proposed because in its judgement there would remain doubts as to whether those delivering the training were adequately experienced and skilled to effect the transfer to staff of a demanding syllabus of techniques, strategies and skills.

4.39 The RAB is very conscious that all of its assessment to date has been, almost literally, a paper exercise. Whilst we are very appreciative of the efforts of NTRG in patiently and courteously providing a repeated series of practical demonstrations of the restraint techniques and some limited 'scenario' vignettes, they would be the first to state that such performances are some distance from the substance of an actual training event. A critical issue in this regard concerns the coherence of the new restraint system going forward: that is, the integration of the different and still relatively disparate 'volumes' of the manual in practice as a training and personal development experience for participants. In particular, it is evident that the recently introduced 'behaviour management' material drafted by the IA is of decisive importance to the broader policy objectives of the restraint minimisation strategy. Yet the delivery of the programme in a way that gives effect to the ideas, arguments and practical strategies outlined in that volume will be very challenging even for experienced and sophisticated trainers.

4.40 It is for this reason that the RAB considers there is a need for the greatest care in relation to the implementation of the new system in practice. This arises both in regard to the resources placed at NTRG's disposal to help ensure success but also in a dispassionate and objective assessment of the strengths and weaknesses of the provider and the system as it 'goes live'. The RAB has made clear from an early stage its view that what was originally termed 'accreditation' is a misleading model in such a fraught and complex area as the restraint of children, given the modest existing level of reliable data. In practice we are in no position from the very detailed but still inherently limited nature of the assessment to date to 'accredit' MMPR; there is no such clean or neat edge to the process.

4.41 The current plans envisage an 'early adopter' approach to rolling out the MMPR programme, rather than a formal piloting approach. This does not include a YOI in the first phase. The RAB considers this would be a serious mistake for the following reasons:

(1) The new restraint system, delivered by NOMS/NTRG, needs to have - and to be seen by staff across the secure estate to have - parity of esteem and priority as a major reform agenda embracing the entire estate, not to be perceived as primarily addressing the need to replace PCC in the STCs.

(2) The new governance arrangements need to be introduced and tested across both pillars of the estate.

(3) The new system needs to be successfully implemented in the, currently markedly different, regimes in STCs and YOIs with the aim of achieving integration and consistency of approach to restraint; this is less likely to be achieved if early lessons, fine-tuning and adaptations are all based upon only the STC sector's experience of the system.

4.42 Finally, a brief comment on the 'Skillsmark' process is appropriate here. Skills for Justice[19] provide the Prison Service with support to help prepare courses for Skillsmark Endorsement, Skillsmark being the recognised quality framework for the Justice sector. The terms of reference for the RAB do not extend to assessing the delivery methods of training as it is not a recognised educational body for certification purposes. This task is the responsibility of Skills for Justice. The RAB understands their aim to be ensuring training is fit for purpose and delivers the intended aims and learning outcomes. A requirement of achieving the Skillsmark quality award is that relevant external benchmarks must be used to develop the learning programme aims and learning outcomes. Skills for Justice have provided guidance to NTRG on this process and the application for Skillsmark Endorsement of the MMPR course will be submitted to Skills for Justice once the techniques have been approved.

<u>Recommendations on training</u>

4.43 RAB recommends that:

4.43.1 The MMPR training programme should have available continuing independent advice from advisers with the same or similar skill sets and expertise as

[19] One of several Sector Skills Councils (SSCs), which are independent, UK-wide organisations licensed by Government to tackle the skills and productivity needs of their respective sectors across the UK

currently held by the IA and IMA for the purposes of product development and delivery of the training.

4.43.2 Early adopter sites for the new MMPR system are introduced in parallel, i.e. at the same time, in the STC and YOI sectors.

4.43.3 An independent assessment of the new training programme is carried out alongside its introduction in the 'early adopter' sites, with assessment paying particular regard to how effectively the various elements of the training programme are integrated.

4.43.4 The restraint training programme should encompass (1) assessments that integrate competency in the physical techniques, with (2) understanding of the risk assessment process, both within the context of child development and behaviour.

4.43.5 Each establishment should ensure that each member of staff's competence in using the restraint system is also assessed as part of their annual appraisal and they receive timely additional/'refresher' training as necessary to achieve the specified competency level.

4.43.6 An early feasibility study should be commissioned concerning the introduction of 'online' training for - or as a key element of – the assessment of competence and the need for additional/'refresher' training for individual employees.

4.43.7 All managers are trained in the new restraint system, wherever practicable alongside their staff.

4.43.8 All managers are trained in managing the new restraint system and their specific governance responsibilities for it in their establishment.

Good practice recommendation

4.43.9 The best possible use should be made of real time CCTV footage to enhance the realism of the training programmes.

Section 3 - Restraint techniques

RAB's approach to restraint techniques for children

4.44 Restraint is the action of keeping someone under control or limiting their freedom; physical restraint of a child entails holding the child in order to limit his/her freedom of movement and/or reduce his/her ability to harm themselves or others. The RAB recognises the need for a restraint system within the secure estate to reduce the risk of harm to children, staff, and others.

4.45 Six of the 10 primary assessment criteria the RAB has set[20] are directly concerned with the techniques to be used; they state:

> The resort to and extent of restraint must be proportionate to the assessed risk of harm to the child or others, including staff or other children. Restraint techniques must be consistently effective in achieving the aim of temporarily restraining the child and thereby protecting from harm. (Criterion 1)
>
> Each proposed restraint technique must have been individually assessed to consider its safety, effectiveness, ethical acceptability and its transferability for use on children. (Criterion 3)
>
> There must be a clear operational definition of and guidance on the nature and duration of each proposed restraint technique. (Criterion 4)
>
> Each proposed restraint technique must be straightforward to execute in practice. The RAB will examine the technical complexity of each restraint technique, such as the number of separate steps involved in its application. (Criterion 5)
>
> The RAB will assess the potential margin for error of each restraint technique and the extent to which the risks inherent in its use are exacerbated if it is executed incorrectly. (Criterion 6)
>
> Approval for particular restraint techniques may be subject to exceptions in the case of particular medical conditions. (Criterion 7)
>
> Staff must be trained in the safest possible application of restraint techniques and only fully trained staff authorised to use the restraint techniques. (Criterion 9)

The evidence on the proposed restraint techniques assessed by RAB

4.46 In order to reach its decision regarding the appropriateness of the proposed system of restraint presented by the NOMS/NTRG, the RAB attended a series of demonstrations, starting with two days in the autumn of 2010, run on three separate occasions to accommodate RAB members, with some members able to

[20] Please see Appendix I for the complete assessment criteria.

view all three sessions. A second single day session focusing on areas of concern arising from the first demonstrations was held in May 2011. A third and final set of demonstrations, over two days and again repeated to ensure that all RAB members were able to attend one or other session, was held in July 2011. Following the earlier sessions, detailed feedback on areas of concern was provided by RAB both in writing and in meetings.

4.47 To ensure that the final sessions were as productive as possible in addressing the outstanding issues for RAB, for the first time a detailed briefing note was provided to NOMS/NTRG. This set out RAB's requirements for these sessions, stating that it was critically important that NOMS/NTRG be able to provide the necessary evidence.

> NOMS/NTRG is requested to demonstrate the physical restraint techniques in clusters (of the main techniques) and as they appear in order of training in the restraint manual. NOMS/NTRG must show that:
>
> (1) It is able to distinguish between techniques and procedures when the same holds and techniques are applied in different operational circumstances;
>
> (2) Has explored the alternatives to the techniques it recommends;
>
> (3) It can explain clearly the risks and/or benefits that come with the options; and
>
> (4) Has designed and adopted a clear approach to how the risks associated with each technique should be managed by the designers of the package, through training on it, and by practitioners of the techniques; this includes providing evidence that NOMS/NTRG has conducted a risk assessment of each of the techniques in its restraint package, brought forward recommendations for what can be done by practitioners to minimise the risks associated with each technique, and show how NOMS/NTRG has come to its views about the risks and how they are to be minimised.
>
> NOMS/NTRG must include live scenarios of medical emergencies in its demonstration of the techniques, including demonstrations of the actions that it will teach practitioners to take when they observe medical warning signs.
>
> It is important to the Board that the techniques are not demonstrated in cold when they are re-presented. The Board expects the demonstrations to be made in as real-to-life ways as possible. It recommends that the techniques are demonstrated on both male and female young adults with a range of heights and weights. The key issue is that the techniques are demonstrated

> on participants, outside of NTRG, who are not familiar with them and of a build most approximating to the young people they are proposed to be used on.
>
> It remains important to the Board that all Board members have the opportunity to view the final demonstrations of all the physical restraint techniques proposed under the new restraint syllabus.
>
> The Board expects the demonstrations, at both the first and second session, and the submission of the reading materials…to be a final submission of the new restraint syllabus. The final product must also be appropriately named to reflect its purpose. The Board will not be revisiting the development of this restraint syllabus again. The Board's final assessment and its report to the RMB will be based on the final demonstrations and associated reading materials as scheduled for submission in July 2011.

4.48 The final proposals submitted by NOMS/NTRG prior to the July 2011 demonstrations contained the following 12 'core techniques':

(1) Guiding hold
(2) Single embrace
(3) Isolating the limb
(4) Figure of Four arm hold
(5) Wrist flexion
(6) Inverted wrist hold
(7) Head support (hold)[21]
(8) Arm hold
(9) Thumb control
(10) Mandibular angle
(11) Leg control
(12) Figure of Four leg lock

These techniques are described as applicable in three positions and three procedures. The system as presented in the final sessions can thus be summarised as comprising:

(1) Twelve techniques, 4 new ones, 2 currently in PCC, 3 in C&R, and 3 currently in both PCC and C&R.

[21] Proposed re-designation by NOMS/NTRG following representations made by RAB at the first of the July demonstrations because the technique/hold and the risks associated with it go beyond merely supporting the head.

(2) Three positions – standing, supine and prone; the latter two are never 'approved' positions but arise only where a child initiates a move to the floor and for safety the staff have to manage that move.

(3) Four applications or procedures: unplanned incidents; planned incidents; escorting; re-location.

4.49 With the exceptions of numbers 7 (head support) 8 (arm hold) and the prone position the RAB is now content to recommend that all of these proposed techniques/holds be approved in the new restraint system without further changes or comment. Further comment and RAB's conclusions in respect of the two techniques, the movement to the floor, and issues surrounding the duration of restraint incidents and the need for and use of pain inducing techniques are set out below.

RAB's assessment of techniques – (1) head hold[22]

4.50 The head hold, as demonstrated at the May 2011 demonstration (including the participation of a RAB member) involves three staff members. Two of them hold the child's arms leaving the third staff member to hold the head. In order to hold the head the young person is flexed from their waist. The young person's head is held by both hands of the staff member. One hand is placed around the back of the child's head to draw the child forward into the flexed position. The second hand cradles the child's face/chin. The child is then drawn forwards towards the person holding their head with their head held at approximate height of the staff member's waist. The description 'head support hold' is perhaps a little misleading as its primary purpose is to restrain rather than hold the head, to avoid the risk of the child's head being used as a weapon, for example by head butting, spitting or biting. This form of restraint was considered by RAB to have some inherent potentially serious risks even when applied with complete accuracy, and to be too easily misapplied by staff, who will not be experts in the way that NOMS/NTRG personnel are, with relatively small, inadvertent errors nonetheless carrying further risks of serious harm. The margin of safety was considered too small. RAB's assessment following the May 2011 demonstration raised the following specific concerns:

(1) That the 'pistol grip' of the mouth and jaw could be too easily misapplied so that a member of staff restraining a child's head could accidently compromise the circulatory and/or ventilation physiology of the child via the placement of their hand(s).

[22] The RAB considered that the original designation of this technique as 'head support' was rather misleading and the term 'head hold' was subsequently agreed.

(2) In using this grip (correctly) the child's mouth is being held shut and this may compromise the child's respiratory efficiency;

(3) The child is pulled forward by the head with possible cervical spine damage and/or traumatising neural structures as a result;

(4) There is the prospect of a significant size differential between the staff member(s) and the child being restrained: put simply "big hands" on "small heads" has a greater potential for accidental compromise to the child's cervical circulation and/or the child's airway.

(5) With the child drawn forward and down, to be held there, there is the on-going risk of restricted capacity to breathe because the position prevents full excursion of the diaphragm due to increased abdominal pressure.

4.51 An option was developed and presented to RAB in May in response to the reservations expressed about the head hold. This is in effect a supplementary technique and hold, for when, in using the primary head support technique and hold, staff suspect the circulatory and/or ventilation systems of a child could be becoming compromised. This technique involves taking the child to their knees and staff holding them up straight via two staff members holding the child's arms and a third staff member holding the head whilst standing behind the child. This supplementary head support technique was however deemed by RAB to be overly complicated in use, posing as it does the risk of moving unintentionally into a prone restraint position, as managing a descent toward the ground is difficult to stop (especially as the size differential between staff and child increases). Furthermore, the supplementary head support position requires the compliance and co-operation of the child in order to achieve the required position safely at a time when harm is being considered as occurring. This option may not be needed if an alternative to the first option can be identified.

4.52 The technique was thus considered in RAB's judgement not to be reconcilable with its assessment criterion 6. The RAB had been informed by NOMS/NTRG that there is a 20 year history of use of the proposed head support technique without incident within C&R; however, this appears to be at odds with the data emerging from the review of exception reports in the STCs. The RAB referred to a report produced by G4S (the contractor running three of the STCs) in August 2010 which reviewed three years of exception reports for the three STCs from July 2007 to July 2010. It concluded, inter alia, that

> The majority of Exception Reports are submitted due to struggling to breathe and complaint of unable to breathe.
>
> The application of Head Support is present in all Exception Reports and thus must be concluded as a main contributor to warning signs being noted during restraint.
>
> The whole analysis has found that young people with asthma are at a higher risk of suffering difficulty to breathe under restraint or complaining of such difficulty. […] Asthmatic young people account of (sic) 29.5% of [exception] reports.

4.53 At the follow-up meeting held in June 2011 with NOMS/NTRG and YJB the former advised RAB that in response to RAB's concerns it had been conducting a review of alternative versions of (or variations to) the head support hold. The outcome of the review, including viewing demonstrations of the variations, was not yet complete but would be by the time of the final demonstrations. The RAB confirmed its reservations about approving the hold as currently demonstrated but would await the formal risk assessment of the hold by the IMA and the completion of NOMS/NTRG's review of alternatives. The YJB subsequently responded to RAB's highlighting of the G4S report in a letter dated 7 July 2011 stating, inter alia, that

> It is true that since 2006, the vast majority of exception reports involved the use of head support. In fact, in 2009, 100% of exception reports involved the application of head support. However, it should be noted that the head support is a commonly used restraint technique and the vast majority of restraint incidents involving the head support do not result in injuries or warning signs being exhibited.
>
> The Exception Reporting Group (…) acknowledged that if the hold is applied correctly, the young person should not experience any difficulties breathing. The group agreed that head support was difficult to apply and therefore has propensity to be misapplied.
>
> NTRG have made changes to training to focus on the application of head support. Staff are now trained to keep their hands away from the under jaw area to ensure that the air way is always clear and the young person is also able to hear while being restrained. […] We believe that there is greater awareness among [STC] staff of the potential problems that are likely to arise when applying PCC holds and staff are now releasing holds more readily when the young person raises any concern…the YJB are aware of the issues around the head support and asthma, and (…) we have taken appropriate measures in the circumstances to ensure that NTRG and staff through their training are aware of the risks and are able to minimise them accordingly.

4.54 NOMS/NTRG's proposals designate the hold as a new technique based upon modifications compared to similar techniques applicable in both restraint systems due to be replaced by MMPR (PCC and C&R). Further, in a paper accompanying the final draft of the MMPR manual they set out a summary of the review they had conducted since RAB raised its concerns following the May demonstrations. This extended to contacting a range of provider and specialist organisations to ascertain whether or not they used a comparable hold and, if so, their assessment of the risks associated with the alternative technique, perhaps more appropriately described as a variation on head control. Their conclusion was that there was no viable alternative at this juncture and that retention of head control was a central requirement of a safe and coherent restraint system.

4.55 In response the RAB asked that the IMA provide a paper setting out his formal assessment of the risks of these alternatives or variations and this was agreed. Some RAB members indicated that they were aware of yet a further alternative or variation of the technique, not identified by NOMS/NTRG's enquiries, and they gave a short demonstration. It was agreed that NOMS/NTRG would formally assess the operational applicability of this alternative and conduct a risk assessment of it but that this would not be possible to complete within the current assessment timetable. The RAB made suggestions for modifying the proposed technique in regard to the hand grip at the back of the head, before the child's head is drawn downwards. This involved training staff to place their hand at the top of the thoracic vertebrae rather than on the cervical section of the spine, which can be sub-divided into the upper, middle and lower cervical vertebrae. In discussion it was pointed out that, whilst it was recognised that anatomical precision in such a context could not realistically be taught or achieved, this approach would aim for a safer starting grip (i.e. lower cervical if not thoracic). NOMS/NTRG agreed to check out the operational practicalities of such a modification.

4.56 At the second session of the final demonstrations NOMS/NTRG demonstrated a modification to the technique: the placement of the hand was changed in order, at the earliest possible opportunity, to move the hands off the chin and slowly re-position them to the back and side of the head.

4.57 The RAB has accepted NOMS/NTRG's representations that there is insufficient time to identify and fully assess an alternative to the currently developed head hold within the current assessment timetable for a new system, August 2011. The RAB further accepts that to remove the technique at this stage of the assessment process would leave the restraint system with insufficient scope to conduct restraint when it proves necessary. However, the RAB makes a specific recommendation (below) in the belief that the matter cannot properly be left to rest here.

RAB's assessment of techniques – (2) the use of pain inducing techniques

4.58 The RAB has continuing reservations regarding the restraint system's apparently significant reliance upon the use of 'pain compliance' or, more accurately, pain induction[23] techniques. The RAB acknowledges that in circumstances of extreme threats (immediate danger) staff may have no alternative but to induce pain to protect a child (or themselves or others) from serious harm; examples are where a dangerous weapon is deployed by a child to threaten others or self-harm. However, in the proposed system shown to RAB pain (for example, using wrist flexion from an existing hold of the limb) was presented as integral to the hold and the restraint system, an appropriate option for getting the child to comply with a reasonable request such as to move or to stop resisting restraint.

4.59 This impression was reinforced by two facts. First, the manual continued to use euphemism, describing such techniques as 'control techniques', the 'thumb control' etc. The RAB had earlier recommended that all of the pain induction techniques be collected together in the manual under that heading and to be used only under highly restrictive and very specific guidelines, rather than integrated with the main holds, implying a natural if not inevitable progression from hold to pain induction. Second, the manual itself still did not adopt the sufficiently unequivocal and unambiguous position - in the guidelines on use of pain – advocated by the RAB that pain induction is only ever to be used to reduce a direct threat (immediate danger) of serious physical harm, and not as a response to aggression (such as offensive language) or other behaviour deemed unacceptable. The guidelines also stated that pain induction should be 'repeated as necessary'.

4.60 During the first of the final sessions in July the RAB was shown pain induction as part of one of the scenarios. The RAB was troubled by the evidence from this scenario – and the quite explicit guidance in the manual - that the training encourages, or at least permits, the successive application of different pain induction techniques to gain compliance from a child. The RAB is concerned on a number of counts. The use of pain induction is described in the manual as applicable only in exceptional circumstances and is justified on that basis as a 'last resort'. More specifically, such techniques should only be used to reduce the risk of harm to the child (or other children) in circumstances where staff have not succeeded in gaining adequate control and the risk of harm continues at an unacceptably high level. Pain induction is not to be used, and as far as the RAB is concerned, is not justifiable, simply in order to gain the child's compliance. That

[23] The proper purpose of any restraint technique or hold for children is to protect by gaining compliance to reasonable requests. The purpose of these techniques is to induce pain purportedly to that same end.

being the case, there is no warrant for applying successive pain inducing techniques in the manner demonstrated in the scenario (when the arm hold was used after both wrist flexion and thumb hold had failed) and as supported by the (again ambiguous) pain guidelines: '…repeat cycle if necessary and reasonable in the circumstances'. For some children (for various reasons) use of pain may prove not to be the rapid and efficacious way in which control can quickly be gained (or restored); in such circumstances repeated resort to pain, including a 'menu' of techniques, is not appropriate. Further, such an approach (repeated use of pain, in reality to gain compliance to staff requests or orders and using a succession of pain techniques) must raise the risk of an infringement of the child's human rights (specifically, the right under article 3 not to be subject to inhuman or degrading treatment).

4.61 In response to these concerns (and a specific one concerning the straight arm hold, see below) NOMS/NTRG agreed to review and consider revising the manual and the guidelines. In the 'final draft' version of volume 5 issued to the RAB in August 2011 the techniques have been gathered together in to one section headed 'Application of Pain'. The guidelines have also been amended, removing the reference to repetition of techniques. The guidance contained in this section[24] now states, inter alia:

> The application of pain induction must not be used routinely and only used in **exceptional circumstances** and as the last available option where all other methods of managing a physically aggressive young person have failed and there is an increasing risk of potential harm to the young person or others. It **must** only be considered where there is a necessity to change the behaviour of the young person to a level which prevents harm to the young person or other persons from occurring.
>
> Staff must be able to justify their reasons for using a pain inducing technique/ procedure as part of their decision making process and be able to set these out in the subsequent use of force report. They must have considered the following prior to the application of pain.
>
> Considerations – Was there –
>
> - An increased risk of harm to the young person
> - An increased risk of harm to staff members or others
> - A need to prevent a prolonged restraint
> - A need to prevent restraint on the ground (particularly prone position)

Under the 'key points' section in each of the individual techniques in the manual, the following statement is however retained:

[24] Page 49; emphasis in original

> As per use of force principles – reasonable, necessary no more than necessary – Discuss situations of repeated applications and the requirement to keep it to a minimum.

4.62 The RAB's final response to this material has been to ask that the latter guidance be removed in line with its removal from the main guidelines, and to propose that the four criteria quoted above should be rationalised because they are properly to be understood as two criteria – the risk of harm to the child (of which prolonged restraint or restraint in a prone position are but two possible scenarios where such harm may arise) and/or the risk of harm to others. Neither of these changes has been acceded to by NOMS/NTRG, which causes the RAB to question the purpose and substance of the relatively minor changes effected to the guidelines. As they stand, they remain unacceptable to the RAB. They still provide a far broader permissive framework for resorting to pain than the RAB considers acceptable or necessary. They still refer to 'changing behaviour' rather than protecting from immediate and severe physical harm. They still prefer the deliberately more relativist (and hence permissive) language of 'increased risk of harm' (increased from where to where?) rather than 'immediate danger'. The language of the preamble ('exceptional circumstances', 'last resort' etc.) provides no assurance here. Indeed the frequently used term 'last resort' is in RAB's view unwise and better eschewed; if a child fails to respond to the use of pain what is the next resort after the last resort?

4.63 The RAB regrets that NOMS/NTRG when commissioned to develop a new restraint system were not asked to consider the option of restraint that does not rely on pain induction; e option of restraint that does not rely on pain induction was not contemplated or developed for consideration; this despite the fact that some secure institutions currently do not use such techniques. The RAB wishes to see the exploration of such options for use across the secure estate, bearing in mind the increased overlap in the size and age range of children in different parts of the system makes discrete restraint systems less justifiable than might have been the case in the past. In the meantime, and reflecting properly the intention of the IRR recommendations, the use of pain induction should be taught to be used in practice as a genuinely rare (not routine and permissive) event in accordance with the gravity and immediacy of the physical threat (danger) posed and in the best interests of the child (including other children) concerned. Much more robust guidelines are needed as to the circumstances that may arise where such techniques are appropriately deployed and how they are to be deployed.

<u>RAB's assessment of techniques – (3) the straight arm hold</u>

4.64 The specific technique used to induce pain which raised significant concerns for the RAB from a safety perspective was the straight arm hold. Following the May 2011 demonstrations when RAB's major reservations were expressed,

NOMS/NTRG did not propose to remove this technique. However the guidance in the manual for its use was modified in one of the approved positions (prone) where it now states that its use to induce pain is the 'last available resort' following use of wrist flexion and thumb control and it should not be used 'unless absolutely necessary'. The RAB noted that this technique is one of four (out of the 12, 33%) where the sole or primary purpose is the inducing of pain. RAB is, further, satisfied that the risks associated with the technique are greater than those arising from the other three techniques. This is because when the technique moves from a 'straight arm hold' to hyper-extension of the elbow joint to induce pain, the impact of misapplication (excessive hyper-extension) is serious, and potentially long term, even permanent damage to the joint. With a child's joints (even those of an older adolescent) the risks of such harm are greater than for an adult because of the immature development of the joints. The concern here is with any technique that forces a joint (here the elbow) into hyper-extension, with a clear risk that a child could receive a trauma injury to the elbow complex and associated nerves, with consequential potential to result in longer term serious damage.

4.65 The discussion was renewed at the second session in July, where NOMS/NTRG indicated that the hold would not be used to induce pain but described it as necessary to retain the hold in order to gain control in some restraint incidents. However, the RAB noted that even in this non-pain mode the hold carries an inherent risk of joint/tendon harm.

4.66 For all of these reasons – heightened and unacceptable risk of long-term or permanent joint/nerve damage if inappropriately applied; inessential when viewed in the context of the availability of other, lower risk techniques; the excessive 'menu' of pain inducing techniques contradicting the message of exceptional usage only; the powerful arguments in favour of discouraging successive resort to one technique after another in a single restraint incident/position - the RAB remains wholly unconvinced of the merits of retaining the arm hold technique in MMPR. At the final meeting with NOMS/NTRG the intention to retain the hold (without pain induction) was confirmed.

<u>Other aspects of the restraint system of concern</u>

4.67 In June 2011 NOMS/NTRG confirmed that all procedures (backwards and forwards) for taking (i.e. initiating) a child down to the floor had been removed from the system. In future the training must make clear that the only permissible circumstances where such positions arise will be as a result of a child taking the restraint incident to the floor and the staff following and enabling this as the safest response. (In the revised wording of the manual: **'only** if the young person initiates downward movement and staff cannot gain or maintain control in a

standing position.'[25]) Following discussion at the July demonstrations it was further agreed that, rather than describing these techniques as 'assisting to the floor' they should be termed 'managing to the floor' to emphasise that this is never a preferred option for staff but that their responsibility when it becomes unavoidable is to manage the process with the minimum risk to all involved. Whilst the wording quoted above makes this clear, in the current version of the manual it is not stated under the section headed 'prone position' but only in the subsequent section concerning 'managing to the floor'. This needs to be rectified.

4.68 The use of the prone position in restraint holds (shortened to 'prone restraint') requires further comment. Prone restraint of a person (who is lying face down on the ground) unavoidably involves the risk of interfering with the mechanics of ventilation and as such, its use requires a robust rationale and governance, because current evidence shows that any position of the body that compromises the mechanics of ventilation should be considered a risk factor for serious harm or death occurring to the person being restrained. NOMS/NTRG has stated that it is never their intention to keep a child in the prone restraint position. The RAB has explained the vital importance of this message being conveyed consistently and compellingly throughout the training, that prone restraint, although covered within the training and the system because it cannot always be avoided, is never a position of choice but only ever one of necessity driven by the actions of the child not the staff. The RAB would also like to see consideration given to explicit guidance being incorporated about the need to minimise the time a child is held in the prone position, with the requirement for a clearly stated rationale for continuing, limiting or ceasing the prone restraint incident. It is also advisable that staff engaging in or monitoring the use of restraint understand the proper use of the term 'positional asphyxia', and do not associate the risks only with use of the prone restraint position.

4.69 There always has to be concern about the potential for restraint episodes to last too long. This was reflected in our criterion (number 4) requiring a 'clear operational definition of and guidance on the nature and duration of each proposed restraint technique'. The RAB has explored in the demonstrations the complex issues raised by the duration of restraint incidents. On the one hand, it is clearly important that staff involved in a restraint incident remain aware of such effluxion in the stress of an incident, and the need to minimise its duration. The RAB has emphasised that 'supervisors and managers of incidents must ensure that "completing the task" (i.e. the restraint of the child) never overrides or takes precedent over the risks to the child being restrained'. On the other hand, it is equally important for staff to appreciate the sheer speed at which a conjunction of adverse risk factors in a restraint incident can result in a fatality. (It was agreed in

[25] Page 78 in volume 5; emphasis in original

this regard that this message is sufficiently key that it needed to be delivered directly by the IMA to every set of trainees.) The RAB has consistently highlighted the need for clarity about releasing a child when there are any grounds for concern at any stage as to their well-being. The RAB was however persuaded that it is not practicable to define or specify the duration of the application of individual techniques as our original criterion implies.

4.70 In acknowledging the risks involved in longer restraint incidents, NOMS/NTRG cites the availability of pain induction techniques to help bring such episodes to an earlier conclusion; indeed it is one of its key rationales for retaining pain induction. The RAB does not accept this reasoning because, again, it over-simplifies the picture. In practice there has to be a careful balancing of risks associated with each particular (and unique) restraint incident, what we have termed dynamic risk assessment. We can consider the simple illustrative example of a child lying on their back (supine) and not struggling; this presents a small risk and therefore no increased harm if the restraint lasts longer, as against a child lying on their front (prone) and struggling where longer restraint is very risky. Overly simplified messages about duration of restraint do not encourage such an approach. There are at least six dimensions here:

(1) The duration of restraint;

(2) The position of the restraint;

(3) The (increased) risks of harm associated with switching to pain induction, as reflected in the IMA's assessments;

(4) The imponderables of individual difference and individual circumstances;

(5) The known personal characteristics (including the health profile) of the child; and hence

(6) The need to respond to the presentation of symptoms of distress in the restraint incident without over-reliance upon formulaic guidance such as a time limit.

4.71 The RAB has encouraged NOMS/NTRG to explore the potential for greater use of handcuffs during restraint incidents, particularly during planned interventions and during procedures involving relocation or escorting, where sometimes the head hold is used for prolonged periods, including on stairs etc., and hence the inherent risks associated with this hold increase.

4.72 As an assurance of the safety of the restraint techniques, any approval by the Minister will be subject to continuous monitoring including through the exception

reporting process, and the RAB requires that there must be clarity about the management actions that must flow from adverse findings. The RAB may recommend to the Minister removal of approved status for a technique at any time. The RAB's recommendations will be based on the restraint proposals in their entirety, taking into account training manuals and materials, supporting evidence and any other evidence as deemed necessary by the RAB.

Recommendations with reasons on the proposed restraint techniques

4.73 The RAB recommends that:

4.73.1 The straight arm hold should be removed from the system.

4.73.2 Approval for use of the head hold technique should be conditional upon the immediate establishment of an independent and rigorous research project tasked with seeking to identify a better alternative(s) and assessing comparative risks of any such alternative(s). This step is recommended as clear acknowledgement of the legitimate concerns about the risks associated with this technique and in recognition that it is used very extensively across the secure estate.

4.73.3 The guidelines in the MMPR manual on use of pain induction are changed to spell out (1) that the only permissible circumstances in which pain can be deliberately induced are when there is an immediate danger of serious physical harm (to the child and/or another person) which exceptionally necessitates use of pain because all other options have been exhausted and/or due to the nature of the physical threat (for example, removal of a dangerous weapon); (2) where the evidence indicates pain induction is not working there should be no repetition of its use.

4.73.4 The RMB should commission research into the feasibility of developing a restraint system which does not incorporate pain induction techniques. The research should include assessing the applicability of restraint systems used in other sectors (within and outwith child care) that do not rely upon or permit pain induction.

Section 4 - Incident Management

The importance of managing restraint incidents

4.74 The RAB considers that effective management of incidents involving the use of force is critically important: it is essential that the procedures for the restraint of children have a clear, unambiguous line of responsibility for the safety and well-being of the child and the staff involved in an incident.

4.75 This applies whether the use of restraint was planned or unplanned and all staff involved must have a clear understanding of the role of incident manager as a part of their training and how it applies during an actual incident. Similarly, those who are to supervise or manage incidents must have a full understanding of their roles and responsibilities as a part of their training and in practice.

4.76 The rationale for the importance given to this element by the RAB is that it has been raised on several occasions during inquests following deaths in custody (and in other adverse restraint incidents) where someone has noticed that something is or may be going wrong but have not responded in a timely or effective way.

RAB criteria for managing restraint incidents

4.77 The assessment criteria that the RAB has set for any restraint system state:[26]

> The restraint system should make formal arrangements for the proper management of every incident involving the use of force that may arise, both those of a reactive kind and planned interventions.
>
> Such arrangements must include:
>
> (1) The specification of supervisory and management roles with clearly defined responsibilities where there is no scope for confusion or ambiguity as to 'who is responsible for what. Critically, it must be clear at all times who has authority to stop the use of the restraint hold(s).
>
> (2) The assumption of responsibility for supervising the use of force at the outset of an incident (or at the earliest practicable opportunity thereafter) by a suitably trained and qualified member of staff.
>
> (3) Provision for the overall management and conclusion of the incident.
>
> The arrangements for the proper management of each incident must ensure that active attention to monitoring the well-being of the child – including published medical warning signs – remains at the forefront of decisions about managing the use of force and terminating the restraint throughout.

[26] Please see Appendix I for the complete assessment criteria.

The arrangements for the proper management of each incident shall make provision for ensuring that:

(1) Only staff duly trained and authorised to apply restraint are involved.

(2) Only approved techniques are used and that safe practices in the application of restraint remain at the forefront of managing the incident at all times.

(3) Restraint is used proportionately and only when necessary as measured against the risk presented.

(4) Timely medical advice and intervention is achieved in accordance with the warning signs or as otherwise needed.

The training for supervisors and managers of incidents must ensure that "completing the task" (i.e. the restraint of the young person) never overrides or takes precedent over the risks to the young person being restrained.

The staff and the children involved in a restraint incident (including children or others who witnessed the incident) should be provided with appropriate de briefing following all restraint incidents.

<u>The evidence on incident management assessed by RAB</u>

4.78 Members of the RAB have observed, in practice, restraint techniques proposed by NOMS/NTRG on several occasions, including revised techniques in the light of amendments following comments and advice from the RAB. RAB members have also had the opportunity to study the draft training and specification material, including the relevant section ('Volume 4, Incident Manager'; see paragraph 2.11 above) and to meet with the authors. A number of amendments were proposed and, as a result, in RAB's assessment significant improvements have been made.

4.79 The assessment by RAB resulted in the following areas of concern being identified:

4.79.1 *Language* – It was couched in prison service language and used terms which would not necessarily be understood in other situations.

4.79.2 *Lack of clarity* - Ambiguous terms such as 'wherever possible' had been applied to the oversight being provided by an incident manager.

4.79.3 *Well-being of the child* – There was a lack of specific reference to the key responsibility of the incident manager being to monitor the well-being of the child whilst supervising the correct use of the techniques being applied.

4.79.4 *Proportionality* - There should be greater emphasis on proportionality in the use of restraint on children in relation to the nature and scale of the risk (threat) presented, and a clearer explanation of the authority and duty of

the incident manager to instruct the cessation of restraint/holds if and when necessary.

4.79.5 *Duration of restraint* – Up until recently reports following the use of restraint have not required a record of the overall duration of the restraint incident and/or particular techniques/holds therein.

4.80 It is clear from the substantial changes made by NOMS/NTRG that the RAB's comments and advice have been taken seriously and acted upon. The documentation now reads more coherently and cogently.

Recommendations on incident management

4.81 The RAB recommends that:

4.81.1 Management of each establishment must ensure that those staff tasked with the roles of incident manager and Use of Force supervisor are trained in the skills and competencies as specified in the restraint manual.

4.81.2 To ensure that changes arising from the implementation of the new restraint system are captured, the incident management system and its documentation should be kept under regular review, as an integral part of the governance of the new restraint system.

Chapter Five – Governance of the restraint system

Section 1 - Governance: Definition

5.1 To be properly accountable a manager[27] must be able to provide assurance to the relevant supervisory authority/postholder that what they report to be the case concerning the discrete areas, activities and outcomes they are responsible for is well founded. Put simply, the question 'how do you know that to be the case?' can be answered convincingly. This is the core of any effective governance regime, enabling the proper control of an organisation (or unit of management within an organisation) to be effected.

5.2 Governance is built upon adequately developed, well-established and widely understood systems – the policies, procedures and management information systems - of the organisation. Such systems comprise the assurance and control environment[28] of an organisation. This Chapter of the report goes on to discuss such a system of assurance in relation to core data requirements for proper oversight of any system of restraint.

5.3 Similar considerations apply to other aspects of a restraint system, particularly training and healthcare where there needs to be developed, as part of the governance of MMPR, systems to monitor and report on standards of training and for reviewing identified aspects of risk management when restraint is applied in practice.

[27] From the Board or equivalent to front-line supervisors

[28] That is: the principal policies and procedures, and the management information systems and outputs they define, necessary for the proper control of the organisation or unit of management.

Section 2 - Data collection, recording and reporting

The importance of data collection and analysis

5.4 The RAB considers that accurate and effective recording, based upon relevant and thorough data collection and linked to effective analysis, is crucial to inform the development of safe restraint practices. This section identifies the data currently collected which has been made available to the RAB; the criteria against which RAB has measured the proposals in the MMPR system; the extent to which the system meets these criteria, and makes some recommendations for further improvement or development.

5.5 RAB has identified the following purposes served by the systematic recording and reporting of all individual restraint incidents:

5.5.1 *As exception reporting* – To identify and map emergent risks[29] associated with the operational use of individual techniques in association with the circumstances, health and vulnerabilities of individual children. This needs to include specific information and known variables, as the evidence indicates that most restraint related serious incidents and deaths are multi factorial, that is, the adverse outcome may relate to a number of factors which could include size and weight differentials and the health of the child being restrained, with different weighting of factors applying in different incidents.

5.5.2 *As effective local people management* - To assist in individual employee supervision and personal development, identification of training needs and to inform improved practice locally, and to identify any patterns of behaviour in individual children or staff which need to be proactively addressed.

5.5.3 *As part of local management information systems*[30] - To have an accurate and contemporary record of all such incidents concerned with the running of the establishment, to ensure proper accountability and monitoring of practice, and to inform the establishment's restraint minimisation strategy.

5.5.4 *As national data collation* - To inform policy, regulation and guidance, including the YJB's guidance on restraint minimisation strategies, and to

[29] Those not sufficiently or accurately identified in the risk assessment leading to approval of the technique.

[30] Some other data fields are of course directly relevant to the effective monitoring of incidents, such as occupancy levels and complaints monitoring.

ensure broader accountability including for parliamentary purposes, Freedom of Information enquiries etc.

5.6 These are equally valid but quite distinct purposes and must not be confused or merged; they require to be clearly articulated, and to be understood by all stakeholders in the new system. The RAB's primary concerns are that the data systems enable monitoring of the safety and any risks associated with individual restraint techniques, and that they properly inform the restraint minimisation strategy at central and local levels.

RAB criteria for recording and reporting restraint incidents

5.7 The assessment criteria that the RAB has set for any restraint system state[31]:

> The restraint system must outline clear and unambiguous arrangements for ensuring that each individual restraint incident is recorded and reported. The arrangements must include the requirement to specify the role of an accountable senior manager reporting directly to the establishment head with responsibility at all times for:
>
> (1) Receiving and analysing all restraint incident records.
>
> (2) Ensuring that these arrangements apply uniformly to all departments and units in the establishment.
>
> (3) Ensuring that the findings are used for staff development and training, both on an individual and universal level.
>
> (4) Delegating the function to cover for all of the post holder's absences to a senior manager of equivalent seniority.
>
> The recording and reporting arrangements must include measures that ensure individual restraint incidents are recorded and reported in a timely and accurate manner. The arrangements must include measures to ensure that all details of the incident are recorded fully and accurately including actions taken to avoid the use of restraint and actions taken to care for the child and staff involved following the restraint incident. The arrangements must make clear under what circumstances any causes for concern before, during or after a restraint incident should be reported immediately and to whom.

The evidence on data collection assessed by RAB

5.8 Data currently collected by the YJB on restraint and related matters, and now seen by RAB, include monthly Behaviour Management Data received from establishments in the secure estate which include:

[31] Please see Appendix I for the complete assessment criteria.

5.8.1 *The number of restrictive physical interventions* - including details of any injuries to staff or children which are categorised as (1) Minor injury with no treatment needed; (2) minor injury with treatment needed; and (3) serious injury with hospital treatment needed. Data also include numbers of children involved, reasons for why the restraint took place and the duration of the restraint.

5.8.2 *Exception reporting* – currently only applicable in STCs, which are required to submit an exception report when one or more warning signs are found to have occurred as a result of, or during a restraint incident; and if a serious injury occurs even if no warning signs observed. The YJB also receives other occasional data analysis documents, such as the Exception Reporting analysis paper produced by G4S in August 2010[32].

5.8.3 *Serious and significant incidents* – applicable in all establishments, this data covers a number of areas including death, serious injury and serious assault.

5.9 The YJB also collects data on numbers of external child protection investigations, numbers of single separation, and numbers of sanctions issued. In a paper given to the RAB, the YJB states that the data they collect are currently shared at the quarterly RMB meeting; when answering parliamentary questions and when responding to Freedom of Information Requests. The same paper states that issues highlighted by the data are also reported to the YJB Contract Management and Monitoring team to 'allow them to explore the issues further'. This statement does not provide adequate assurance of systemic monitoring.

5.10 The NOMS/NTRG also collates data on use of Mandibular Angle Technique,[33] a pain inducing restraint technique currently being introduced in YOIs and it is anticipated it will become available to STCs following the approval of MMPR replacing PCC. Every use is currently recorded and will be collated and 'sent to and interrogated by' the NTRG. This collation and analysis will be submitted to the RAB monthly.

5.11 The current data collection and analysis relating to the use of restraint appears to be fragmented and lacks the specificity and structure necessary to achieve the primary purposes. An extremely wide range of information is collected and the reasons given for the types of data currently collected are not necessarily

[32] See paragraph 4.52 and 4.53 above.

[33] The Mandibular Angle Technique (MAT) was introduced in August 2010 following the removal of the Nose Distraction Technique, and was the subject of an independent assessment prior to the establishment of RAB. It is to be subject to formal review by RAB.

consistent with the primary purposes. Data are fed through different reporting mechanisms and analysed in different ways. There also appears to be no consistent cross referencing between different areas, for example and most importantly between restraint and child protection.

5.11.1 *Exception reports* - The definitions of 'incidents', as to what information is to be captured by data collection in regard to restraint incidents, are broad brush and open to local interpretation. In particular, the definition of the threshold for completing an Exception Report (i.e. what constitutes 'exceptional') is unclear.

5.11.2 *Medical data* - There is a lack of specific medical information about any injuries sustained as a result of restraint. Without this information, it is not possible to provide good evidence by which to assess the restraint techniques in use. For example, saying someone has a fractured wrist is insufficient to provide evidence of the mechanisms and forces involved in sustaining the particular injury in order to evaluate the safety and (possibly changed) risk profile of the restraint technique used.

5.11.3 *Continuity* - An important gap in the capacity for data analysis for these purposes (and more widely for management within the secure estate) is the absence of any system (built upon a unique identifier) for tracking individual children sequentially across the secure estate when (as is not infrequently the case) they have multiple placements.

5.11.4 *Information not currently available* - There is a lack of information on a number of things which could impact on the use and safety of restraint techniques:

(1) The characteristics of staff involved in a restraint injury, for example size and weight in comparison to that of the child being restrained.

(2) Data on training and refresher training undertaken by staff.

(3) Proportionality: the number of incidents as a ratio of the secure estate population, at both national and establishment levels. This is particularly important at a time of considerable change in the overall size, shape and characteristics of the sector.

(4) Timings of each individual technique that may be used throughout a restraint incident.

5.11.5 *Cross referencing* – The data sets as currently presented do not appear to be cross referenced to enable identification of trends and patterns in areas closely connected to the use of physical force, such as single separation, child protection incidents and complaints.

5.11.6 *Known variables* – Data sets already collected indicate that there are some known variables, for example in the G4S report noted the (higher) correlation of reported breathing difficulties and children with asthma when the head control technique is used. These known variables need to be more clearly indicated in recording.

5.11.7 *Follow up actions* – The current system does not clarify and document what actions are taken as a result of safety issues indicated by analysis of the data.

Recommendations on data collection and exception reporting

5.12 The RAB recommends that:

5.12.1 There should be a central collection and analysis of data through a single route/agency. This system should have clear mechanisms to facilitate changes in practice at both central and local levels, based on the trends and any adverse outcomes identified.

5.12.2 The establishment of an encrypted web based system is recommended with different access levels to enable quick and accurate access to data.

5.12.3 There must be clarity as to the purpose for which data are collected, which is to ensure that restraint techniques are safer to use in an operational setting. To this end reports should be (1) standardised, structured, relevant and easy to interpret; and (2) there should be a clear system for identifying the actions to be taken when data analysis shows a risk to the safety or well-being of children and/or others, and a mechanism for feeding this back to the appropriate monitoring system.

5.12.4 A new system of exception reporting is required, capturing data in a new format which incorporates clear and consistent definitions as to what is required when reporting injuries sustained during or as a result of a restraint incident.

5.12.5 There must be a more sophisticated analysis of such data and clear management action that follows where safety concerns are identified. This must include changed or additional advice to be incorporated into training where necessary, management action to suspend a previously approved technique if its use in an operational setting indicates that the

risk assessment leading to its original approval may have been inaccurate or otherwise inadequate.

5.12.6 The Ministry of Justice should lead a cross-departmental initiative to develop and implement of a unique identifier to be used throughout the Youth Justice System (community and all sections of the secure estate) to enable the sequential tracking of individual children.

The Evidence on recording and reporting assessed by RAB

5.13 The ability to accurately and impartially record and report is a crucial skill for all staff, and is particularly important in relation to recording incidents of restraint. Not only may staff have to validate their recording if they are subject to allegations or are called to give formal evidence in any sort of tribunal; but accurate recording should also have a key role in informing individual behaviour management plans and staff supervision.

5.14 The MMPR training and guidance material is consistent with this principle and emphasises the importance of recording. It is clear that there should be no collusion in report writing and emphasises the importance of young people having the opportunity to participate in a 'debriefing' following a restraint incident.

5.15 Currently however it is claimed by individual establishments and the RAB has no basis to doubt this, that there are significant discrepancies between establishments as to the 'thoroughness' with which they capture and record all incidents of physical intervention and restraint. There are two closely related problems here. First, there is what can best be described as a risk avoidance approach that we have been told is taken in some establishments (YOIs and STCs) to treat all physical contact between staff and children as a physical intervention, and eschew what might be regarded as normal human contact, such as an arm around the shoulder to comfort a distressed child, or pat on the back to congratulate a child. The RAB is clear that this approach, justified out of a fear of allegations of inappropriate contact, now or at some time in the future, is wrong and wholly detrimental to the purpose of the care regime and the interests of children and staff. It also could lead to inflated statistics on physical interventions.

5.16 Closely related to this issue is the lack of clear guidance defining what is, and what is not, use of force in physical contact with children within the estate, setting out when physical intervention and restraint is justified. Such guidance would make clear that the primary considerations, in what will otherwise be potentially unlawful use of force, is the proportionality of and proper justification for such a response in relation to the concrete extent of the threat of harm presented by a child's behaviour. The decision-making criteria for members of staff are discussed elsewhere in this report (chapter 3); the point being raised here is the need for

guidance on the threshold for use of force and, in particular, the use of pain inducing techniques within which the training manual and programme can be delivered.

5.17 Finally we should make reference here to CCTV systems, which are we understand now installed across the estate, footage from which comprises a valuable and essential element of monitoring, exception reporting and analysis. The RAB has not had an opportunity to undertake anything approaching a formal review of the use, potential and constraints of this infrastructure, but from the limited information we have gleaned certain issues emerge. As we understand it, the estate (YOIs and STCs) has benefited from the installation of a variety of modern digital systems but this has been a response to a number of capital expenditure allocations, rather than a central procurement programme with a 'fit for purpose' specification of the end-user needs[34] of the estate. The problems that such an essentially ad hoc approach present will of course vary depending on the size of the establishment and the manner of installation.

5.18 The RAB had some insight into a problematic system on a recent visit to a YOI. It has in effect not one but a number of CCTV systems installed at various times (and still being extended to cover gaps) and bolted together, which require extensive and intensive labour to assemble even very short restraint episodes when they extend across (or cross backwards and forwards across) a number of sub-systems. To our surprise the principal operator is a fully trained senior prison officer who has had to acquire his considerable technological knowledge and skills 'on the job'. He faces a constant backlog of incident reports; the number is probably inflated by factors discussed above, and is required to create footage for every one of these. This not only creates vulnerability by over-reliance on one person's capacity to operate the system but is an inappropriate use of his primary skills. The estate needs to recognise the specialist nature of commissioning and using CCTV systems and that installation and operation in an ad hoc way is resource intensive and wasteful. It needs to develop national policy to complement the overall governance structure, rather than simply treating downloading of footage as an administrative requirement regardless of its wider purpose. This might comprise, for example, the following framework: (1) all exception reporting incidents; (2) a structured randomised 10% sample of all other incidents; (3) downloading after review where there is any reason to suspect staff reporting is not accurate; (4) intelligence led downloading (sample or otherwise) to monitor particular concerns or emergent patterns etc. (5) where a child makes a complaint about a restraint incident.

[34] Such a specification would consider, for example, whether there is a requirement (cost/benefit) for sound as well as vision, and how easily and speedily the software enables individual incidents/individuals crossing various locations/cameras to be tracked and downloaded.

5.19 To summarise, the RAB has four areas of concern on reporting and recording:

5.19.1 *The need for consistency and proportionality in use of force* – the issues identified above are crucial to any national monitoring system; only by setting clear frameworks within which reasonable consistency across the estate in both the resort to using force and in the recording thereof can be demonstrated can any of the other purposes of data management and analysis be properly achieved.

5.19.2 *The need to ensure that data systems do not impose excessive burdens* – in addition to the need to reduce the number of occasions when use of force/physical intervention is recorded unnecessarily by adherence to proper guidelines, there is a need for a more proportionate approach to assembling CCTV footage, and the need to ease the burden of paper based form filling for individual staff members.

5.19.3 *The advice regarding when the report should be written* – there are currently two reporting sections: (1) the 'Use of Force' report which seeks to capture facts concerning the incident on a 'tick box' basis and should be completed as soon as possible after the incident; and (2) a free text report form of the incident by the staff concerned, which will contain their perceptions and opinions as well as facts. The manual indicates that the second section is best completed between 24 and 48 hours after the incident as 'this will enable the member of staff to recall and record the incident with more accuracy and clarity'. In discussion with NOMS/NTRG the practice adduced in support of this approach was cited as that used by the police in relation to officers involved in traumatic incidents. This appears to be at variance from practice in other disciplines such as health and social work; RAB would require, and has not been provided, with a much more persuasive rationale to endorse this approach.

5.19.4 *'Debriefing' for children involved* – the manual indicates that 'debriefing'[35] should be undertaken by 'an appointed representative of the Governor/Director, who should ideally not have had any involvement in the use of force incident'. It is important that children have confidence in any such process and believe that their views and opinions will be taken seriously. It is also important that staff undertaking such activities understand the need to ensure the well-being of the child but they should also have a role in identifying patterns of behaviour (in children

[35] We consider use of the term 'debriefing' (which originates in military and similar contexts and refers to the gathering of intelligence) inappropriate in this context and prefer the term 'structured conversation'.

and/or staff) and ensuring these are fed back as part of the monitoring process.

Recommendations on reporting and recording

5.20 The RAB recommends that:

5.20.1 Recording of a restraint incident must be completed contemporaneously other than in exceptional circumstances.

5.20.2 There should be clear guidance defining what is, and what is not, use of force in physical contact with children within the estate. This will reflect the policy requirement for a proportionate response grounded in the nature and scale of the threat of harm presented by the child's behaviour, and should include policy on the use of pain induction and the exceptional circumstances where pain is permissible and the circumstances where the repetition of use of pain is permissible.

5.20.3 The RAB's preferred approach to holding a structured conversation with a child following a restraint incident is that it be undertaken by an independent appropriately trained and supported person. If resources do not immediately permit this, then establishments should identify specific employees to be appropriately trained in the necessary skills of carrying out this role. The task should not be allocated to a management role where children may confuse the 'de-briefing' as part of a sanction process resulting from their involvement in the incident.

Good practice recommendations

5.21 To help facilitate prompt and easier recording, the feasibility of using modern technology (such as computer linked dictation facilities) should be scoped and introduced to effect real efficiency gains in both the recording system and reduction in staff diversion from front-line duties.

5.22 CCTV systems need to be based upon a user-needs led specification, and the most problematic systems should be upgraded/replaced as resources become available.

5.23 A policy framework (a triage system) should be introduced within which local management determines on a proportionate, risk assessed basis what CCTV footage needs to be downloaded.

Section 3 – Next Steps: Maintaining the Momentum for Positive Change

5.24 The jury in the inquest into the death of Gareth Myatt criticised the Government for not reviewing PCC between its approval for use in STCs in 1998 and Gareth's death in 2004. We have already commented on the lack of evidence in relation to the use of physical force on children, and the need for detailed and appropriate data to monitor the new system.

5.25 The IRR report advised, in relation to their recommendation that only accredited restraint techniques should be used in the estate, that:

> We do not envisage this being simply an accreditation scheme for training and trainers. For it to be effective, and to play a role in protecting the safety of young people, it must take into account the relative risks of the physical intervention itself[36]

5.26 We have already made reference in the training section of this report to the need for assessment of the new training programme and syllabus as delivered, given that the RAB assessment has perforce been largely a 'paper' exercise to date. Likewise, we cannot test the risks that may only become apparent when the new restraint system is operational. It is therefore in the RAB's view essential that a process of continuous review is put in place at the same time as MMPR is introduced to the 'early adopter' sites. Such review should analyse the data collected, regularly undertake a 'deep dive' into a randomly selected percentage of incidents, monitor in particular the exception reporting and investigate any injuries sustained as a result of a restraint incident. The review body should provide regular reports to the RMB.

<u>Recommendations on Next Steps</u>

5.27 The RAB recommends that:

5.27.1 Suitable arrangements should be introduced for the independent review of MMPR, drawing upon data generated by the new governance system, and in particular data concerning exception reports and the investigation of injuries or other adverse incidents.

[36] Paragraph 11.19 of Independent Review of Restraint in Juvenile Secure Settings; op. cit.

Table of Recommendations

Rec No. & Para. Ref	Recommendation	Status	Action by
	<u>An Ethical Framework for the use of Restraint</u>		
1. 3.20.1	Decisions about use of restraint should be made within a clear set of values and an ethical framework that is based upon the elements of good practice in decision-making set out in Chapter 3.	**R**	RMB
2. 3.20.2	Commissioners and training providers should adopt the systematic approach to decision-making about the use and conduct of restraint outlined in Chapter 3.	**R**	RMB
	<u>Health warning signs and managing risks</u>		
3. 4.15.1	The quality and fitness for purpose of the training programme must be kept under continuing review to ensure it reflects the many variables and narratives that moderate risk when applying restraint techniques operationally. This will require a mechanism for reviewing the variables as well as effective monitoring of the application of the techniques.	**R**	NOMS
4. 4.15.2	Training and assessment of staff must specifically include testing them on scenarios that include a variety of these variable risk factors before they are authorised to use restraint, and regular refresher training thereafter utilising the most recent reviews on the many variables and narratives that moderate risk when applying restraint techniques operationally.	**R**	NOMS
5. 4.15.3	The training delivery teams for MMPR should have substantial female representation.	**R**	NOMS

Rec No. & Para. Ref	Recommendation	Status	Action by
6. 4.15.4	Each establishment develops a profile of each child's key health risks on their admission, which must be kept up to date throughout their time in the establishment including a formal review after any incident of restraint. The profile must be easily accessible to all staff and include the 'warning signs and immediate actions' advice.	**R**	YJB/NOMS
7. 14.18.1	Staff authorised to use the restraint system must: (1) Be trained in and familiar with managing medical emergencies (basic life support); staff must be aware of the verbal and visual warning signs for actual or potential serious physical harm occurring to the child, the action(s) to be taken and the subsequent accurate recording of those action(s). (2) Demonstrate their understanding of the generic factors associated with increased health risks. (3) Ensure they are aware of – or take immediate steps to ascertain - an individual's specific health risk factors when involved in a restraint incident. (4) Demonstrate their understanding of their duty of care in relation to health risk factors under the exceptional circumstances of restraint, and of the principles of data protection.	**R**	YJB/NOMS
8. 14.18.2	There must be well designed and appropriately located notices summarising the key health warning signs, indicators of harm, at the point of, during and after an incident of restraint and action to be taken to safeguard the health of the child.	**R**	Dept. of Health/Welsh Govt./YJB

Rec No. & Para. Ref	Recommendation	Status	Action by
9. 4.23.1	The wider governance arrangements within which the new restraint system will operate make appropriate provision for recording and using relevant personal health data for use in the context of restraint incidents, to include robust systems to ensure that: (1) Baseline health information requirements are specified and achieved upon entry to the secure estate, including highlighting of any health and medical conditions. (2) Those children and young people meeting a clearly defined 'exception' requirement in relation to use of restraint are identified upon entry to the secure estate, such status to be validated by a doctor. (3) Such health information is – accessible at all times; – accessed as needed by staff involved in a restraint incident in a timely manner; – reviewed and updated on a systematic basis; (4) Such health information is always demonstrably used in planned procedures and to the maximum extent possible in reactive incidents. There should be robust clinical governance arrangements providing assurance that these requirements are met.	**R**	Dept. of Health/Welsh Govt./YJB
	<u>Training and Behaviour Assessment</u>		
10. 4.43.4	The restraint training programme should encompass (1) assessments that integrate competency in the physical techniques, with (2) understanding of the risk assessment process, both within the context of child development and behaviour.	**R**	NOMS

Rec No. & Para. Ref	Recommendation	Status	Action by
11. 4.43.5	Each establishment should ensure that each member of staff's competence in using the restraint system is also assessed as part of their annual appraisal and they receive timely additional/'refresher' training as necessary to achieve the specified competency level.	**R**	YJB/NOMS
12. 4.43.6	An early feasibility study should be commissioned concerning the introduction of 'online' training for - or as a key element of – the assessment of competence and the need for additional/'refresher' training for individual employees.	**R**	NOMS
13. 4.43.7	All managers are trained in the new restraint system, wherever practicable alongside their staff.	**R**	YJB/NOMS
14. 4.43.8	All managers are trained in managing the new restraint system and their specific governance responsibilities for it in their establishment.	**R**	YJB/NOMS
	Restraint Techniques		
15. 4.73.1	The straight arm hold should be removed from the MMPR system.	**R**	RMB
16. 4.73.2	Approval for use of the head hold technique should be conditional upon the immediate establishment of an independent and rigorous research project tasked with seeking to identify a better alternative(s) and assessing comparative risks of any such alternative(s). This step is recommended as clear acknowledgement of the legitimate concerns about the risks associated with this technique and in recognition that it is used very extensively across the secure estate.	**R**	RMB

Rec No. & Para. Ref	Recommendation	Status	Action by
17. 4.73.3	The guidelines in the MMPR manual on use of pain induction are changed to spell out (1) that the only permissible circumstances in which pain can be deliberately induced are when there is an immediate danger of serious physical harm (to the child and/or another person) which exceptionally necessitates use of pain, all other options having been exhausted and/or due to the nature of the physical threat (for example, removal of a dangerous weapon); (2) where the evidence indicates pain induction is not working there should be no repetition of its use.	**R**	NOMS
18. 4.73.4	The RMB should commission research into the feasibility of developing a restraint system which does not incorporate pain induction techniques. The research should include assessing the applicability of restraint systems used in other sectors (within and outwith child care) that do not rely upon or permit pain induction.	**R**	RMB
	Incident Management		
19. 4.81.1	Management of each establishment must ensure that those staff tasked with the roles of incident manager and Use of Force supervisor are trained in the skills and competencies as specified in the restraint manual.	**A**	YJB/NOMS
	Governance of the Restraint System: Data recording, reporting and analysis		
20. 4.81.2	To ensure that changes arising from the implementation of the new restraint system are captured, the incident management system and its documentation should be kept under regular review, as an integral part of the governance of the new restraint system.	**A**	YJB/NOMS

Rec No. & Para. Ref	Recommendation	Status	Action by
21. 5.12.1	There should be a central collection and analysis of data through a single route/agency. This system should have clear mechanisms to facilitate changes in practice at both central and local levels, based on the trends and any adverse outcomes identified.	**A**	YJB
22. 5.12.2	The establishment of an encrypted web based system is recommended with different access levels to enable quick and accurate access to data.	**A**	YJB
23. 5.12.3	There must be clarity as to the purpose for which data are collected, which is to ensure that restraint techniques are safer to use in an operational setting. To this end reports should be standardised, structured, relevant and easy to interpret, and there should be a clear system for identifying the actions to be taken when data analysis shows a risk to the safety or well-being of children and/or others a mechanism for feeding this back to the appropriate monitoring system.	**A**	YJB
24. 5.12.4	A new system of exception reporting is required, capturing data in a new format which incorporates clear and consistent definitions as to what is required when reporting injuries sustained during or as a result of a restraint incident.	**A**	YJB
25. 5.12.5	There must be a more sophisticated analysis of such data and clear management action that follows where safety concerns are identified. This must include changed or additional advice to be incorporated into training where necessary, management action to suspend a previously approved technique if its use in an operational setting indicates that the risk assessment leading to its original approval may have been inaccurate or otherwise inadequate.	**R**	RMB

Rec No. & Para. Ref	Recommendation	Status	Action by
26. 5.12.6	The Ministry of Justice should lead a cross-departmental initiative to develop and implement a unique identifier to be used throughout the Youth Justice System (community and all sections of the secure estate) to enable the sequential tracking of individual children concerning their health profile and information on previous involvement in restraint incidents.	**R**	MoJ/D. of Health/Welsh Govt./
27. 5.20.1	Recording of a restraint incident must be completed contemporaneously other than in exceptional circumstances.	**R**	YJB/NOMS
28. 5.20.2	There should be clear guidance defining what is, and what is not, use of force in physical contact with children within the estate. This will reflect the policy requirement for a proportionate response grounded in the nature and scale of the threat of harm presented by the child's behaviour, and should include policy on the use of pain induction and the exceptional circumstances where pain is permissible and the circumstances where the repetition of use of pain is permissible.	**R**	YJB
29. 5.20.3	The structured conversation with a child following a restraint incident should be undertaken by an independent appropriately trained and supported person. If resources do not immediately permit this, then establishments should identify specific employees to be appropriately trained in the necessary skills of carrying out this role. The task should not be allocated to a management role where children may confuse the 'de-briefing' as part of a sanction process resulting from their involvement in the incident.	**R**	YJB/NOMS

Rec No. & Para. Ref	Recommendation	Status	Action by
	Next Steps: Maintaining the Momentum for Positive Change		
30. 4.43.1	The MMPR training programme should have available continuing independent advice from advisers with the same or similar skill sets and expertise as currently held by the IA and IMA for the purposes of product development and delivery of the training.	**A**	NOMS
31. 4.43.2	Early adopter sites for the new MMPR system are introduced in parallel, i.e. at the same time, in the STC and YOI sectors.	**R**	YJB/NOMS
32. 4.43.3	An independent assessment of the new training programme is carried out alongside its introduction in the 'early adopter' sites (both STCs and YOIs), with assessment paying particular regard to how effectively the various elements of the training programme are integrated.	**R**	RMB
33. 5.27.1	Suitable arrangements should be introduced for the on-going review of MMPR, or any future restraint system, drawing upon data generated by the new governance system, and in particular exception reports and the investigation of injuries or other adverse incidents.	**R**	RMB

- Key to Status symbols:

R = Red (recommendation not yet agreed)

A = Amber (recommendation agreed, not yet implemented)

G = Green (recommendation agreed and implemented)

Rec & Ref	Good Practice Recommendations	Action By
1. 5.22	CCTV systems need to be based upon a user-needs led specification, and the most problematic systems should be upgraded/replaced as resources become available.	YJB
2. 5.23	A policy framework (a triage system) should be introduced within which local management determines on a proportionate, risk assessed basis what CCTV footage needs to be downloaded.	YJB/NOMS
3. 4.40.9	The best possible use should be made of real time CCTV footage to enhance the realism of the training programmes.	NOMS
4. 5.21	To help facilitate prompt and easier recording, the feasibility of using modern technology (such as computer linked dictation facilities) should be scoped and introduced to effect real efficiency gains in both the recording system and reduction in staff diversion from front-line duties.	YJB/NOMS

Appendices

Appendix 1

RAB Principles and Criteria

Governing the Assessment of Restraint Systems

The Principles governing use of restraint on children

The principles have been adopted to set the broad context within which the RAB has developed assessment criteria used to assess restraint techniques and the safety of their application on children. The RAB expects all organisations applying for its assessments to endorse the principles and demonstrate their application in practice.

The status of children

All persons under-18 and detained by the state are children.[37] As a matter of law, they retain the same protection provided by domestic and international legal frameworks which is otherwise afforded to children who are not in custody. The welfare of children is of paramount importance, and this principle must remain at the forefront in caring for and managing children detained by the state. Children should have a say in how they are cared for and managed, and be able to voice their concerns over restraint confidentially and independently.

Use of Restraint

Use of force must always be necessary, proportionate and in accordance with the law. The use of force always carries a potential for harm to a child who is restrained, but such risks must be kept as low as is reasonably possible. The restraint techniques and holds must be developed and applied as part of an effective overall strategy for managing behaviour.

Restraining children involves special considerations

Restraint must not be deployed as a punishment but arises from a need to protect. The use of restraint should not be understood and applied from a purely adult perspective, but taught in the context of what we know about child and adolescent development. This includes the physical and physiological attributes of children as immature, still developing human beings; the wide differences that arise in how children understand their circumstances, what is happening to them and what is asked of them; and the wide variations that arise in children's behaviour and in their emotional responses from the impact of their past experiences and personal life narratives prior to custody and the needs these give rise to.

High quality training is essential for safer restraint

The quality and frequency of training is vital to safe restraint. Training must be child focused, built upon RAB's stated principles and must enhance staff skills in de-escalation and diversion to minimise the recourse to restraint.

[37] For this reason the term 'child' or 'children' is used to refer to all young people up to the age of 18.

A safe system of restraint requires effective governance

Each establishment using an authorised restraint system must demonstrate robust governance arrangements. Governance is the means by which the management of each establishment is accountable for and can provide assurance that all of the key elements of a restraint system[38] are operating as intended and to specified standards.

Assessment Criteria

These criteria summarise the RAB's requirements in assessing any proposed system of restraint for children.

1. The use of restraint must be integrated into an overall approach to managing the behaviour of children and staff in the institution, providing alternatives to the use of force for managing challenging behaviour that have institutional credibility and a realistic chance of success.

2. The resort to and extent of restraint must be proportionate to the assessed risk of harm to the child or others, including staff or other children. Restraint techniques must be consistently effective in achieving the aim of temporarily restraining the child and thereby protecting from harm.

3. Each proposed restraint technique must have been individually assessed to consider its safety, effectiveness, ethical acceptability and its transferability for use on children.

4. There must be a clear operational definition of and guidance on the nature and duration of each proposed restraint technique.

5. Each proposed restraint technique must be straightforward to execute in practice. The RAB will examine the technical complexity of each restraint technique, such as the number of separate steps involved in its application.

6. The RAB will assess the potential margin for error of each restraint technique and the extent to which the risks inherent in its use are exacerbated if it is executed incorrectly.

7. Recommendations for particular restraint techniques may be subject to exceptions in the case of particular medical conditions.

8. Following an incident of restraint, there must be formal procedures for all those involved (including other children who witnessed the incident, and staff involved) to be provided with the opportunity to have a structured discussion with an appropriately trained and preferably independent person. This is to ensure that any risk of harm to all concerned is minimised.

9. Staff must be trained in the safest possible application of restraint techniques and only fully trained staff authorised to use the restraint techniques.

10. Governance arrangements must be in place to keep detailed and accurate records of the use of restraint, to review practice and inform the future use of the restraint techniques through audit and research.

[38] By this we refer to (1) the appropriate application of techniques; (2) health systems and harm alerts; (3) staff training; (4) incident management; (5) incident reporting; (6) system data collection, analysis and (7) management action.

Supplementary assessment criteria

These supplementary criteria provide more detailed guidance on RAB requirements in four key areas to achieve a safer restraint system: (1) Managing the behaviour of children and staff in restraint incidents; (2) Managing the risk of harm at the point of, during and after restraint incidents; (3) Managing restraint incidents; (4) Monitoring and recording restraint incidents.

Managing the behaviour of children and staff in restraint incidents

1. A behaviour management strategy is used based upon good relationships and reinforcement of positive behaviour within an environment of mutual respect and high quality relationships between children and staff.

2. An individual behaviour management plan is in place for each child, which incorporates all available information and knowledge concerning the child.

3. Staff are trained in managing behaviour before they are authorised to use restraint. The training must be of the highest quality: formal presentations and didactic (classroom) teaching methods will not be sufficient. Learners must be actively involved, intellectually engaged and understand that the safety of the young person comes first. Lesson plans, resources and guidance for trainers must meet the individual learning needs of the participants.

4. The training must include:

    i. Recognising, understanding and managing the impact of staff's own behaviour, including verbal and body language and attitude;

    ii. Understanding the differences in behaviour and responses from children.

    iii. Using positive reinforcement and acknowledgement, and avoiding confrontation and escalation.

    iv. Understanding the impact of expectations placed on children, labeling, and identity.

    v. The importance of relationships and rapport in managing behaviour and setting expectations.

    vi. Handling sanctions with care to ensure fairness and proportionality.

    vii. Ways to divert from, de-escalate and diffuse situations of conflict or potential conflict.

    viii. Understanding the main causes of behavioural problems in children.

5. There must be a system in place that monitors staff compliance with both individual behavior management plans and the overall behavior management strategy.

Managing the risk of harm at the point of, during and after restraint incidents

1. The restraint system must include adequate assessments of all health associated risk factors, physical and psychological, which may potentially affect the health and wellbeing of the child.

2. The risk assessments must include the following dimensions of risk:

i. The restraint techniques themselves, including the potential for and the risks associated with misapplication.

ii. The characteristics and personal circumstances of the child being restrained.

iii. The child's specific health needs and the circumstances around the particular restraint incident.

iv. Factors relating to the performance and behaviour of the staff, including any actions taken or not taken.

v. Factors relating to the context and situational elements which may arise in each episode in which restraint is used.

vi. The planned or reactive/emergency nature of the restraint incident.

vii. Factors that increase a child's risk of unexpected adverse consequences including

- Size discrepancies between the child and the staff involved in the restraint incident, including small children (small height and/or with low Body Mass Index (BMI)); large children/young people (with high BMI and obesity);

- Predisposing medical conditions, particularly heart and cardiovascular problems, respiratory problems (commonly asthma) and epilepsy

3. The restraint system must make appropriate provision for recording and using relevant personal health data for use in the context of restraint incidents.

   This must include robust systems to ensure that:

   i. Baseline health information requirements are specified and achieved upon entry to the secure estate, including highlighting of any health and medical concerns.

   ii. Those children and young people meeting a clearly defined 'exception' requirement in relation to use of restraint are identified upon entry to the secure estate, such status to be validated by a doctor.

   iii. Such health information is

   - accessible at all times;

   - accessed as needed by staff involved in a restraint incident in a timely manner;

   - reviewed and updated on a systematic basis;

   iv. Such health information is always demonstrably used in planned procedures and to the maximum extent possible in reactive incidents.

4. Staff authorised to use the restraint system must:

   i. Be trained in and familiar with managing medical emergencies; staff must be aware of the verbal and visual warning signs for actual or potential serious physical harm

occurring to the child, the action(s) to be taken and the subsequent accurate recording of those action(s).

ii. Demonstrate their understanding of the generic factors associated with increased health risks (criterion 2 above).

iii. Ensure they are aware of – or take immediate steps to ascertain - an individual's specific health risk factors when involved in a restraint incident.

iv. Demonstrate their understanding of their duty of care in relation to health risk factors under the exceptional circumstances of restraint, and of the principles of data protection.

5. There must be well designed and appropriately located notices summarising the key health warning signs, indicators of harm, at the point of, during and after an incident of restraint and action to be taken to safeguard the health of the child.

6. There should be robust clinical governance arrangement providing assurance that these requirements are met.

Managing restraint incidents

1. The restraint system must make formal arrangements for the proper management of every incident involving the use of force that may arise, both those of a reactive kind and planned interventions.

2. Such arrangements must include:

   i. The specification of supervisory and management roles with clearly defined responsibilities where there is no scope for confusion or ambiguity as to 'who is responsible for what'.

   Critically, it must be clear at all times who has authority to stop the use of the restraint hold(s).

   ii. The assumption of responsibility for supervising the use of force at the outset of an incident (or at the earliest practicable opportunity thereafter) by a suitably trained and qualified member of staff.

   iii. Provision for the overall management and conclusion of the incident.

3. The arrangements for the proper management of each incident must ensure that active attention to monitoring the well-being of the child or young person - including published medical warning signs and action to be taken - remains at the forefront of decisions about managing the use of force and terminating the restraint throughout.

4. The arrangements for the proper management of each incident must make provision for ensuring that:

   i. Only staff duly trained and authorised to apply restraint are involved.

   ii. Only approved techniques are used and that safe practices in the application of restraint remain at the forefront of managing the incident at all times.

iii. Restraint is used proportionately and only when necessary as measured against the risks presented.

iv. Timely medical advice and intervention is achieved in accordance with the warning signs or as otherwise needed.

5. The training for supervisors and managers of incidents must ensure that 'completing the task' (i.e. the restraint of the child) never overrides or takes precedent over the risks to the child being restrained.

Recording and reporting restraint incidents

1. The restraint system must outline clear and unambiguous arrangements for ensuring that each individual restraint incident is recorded and reported.

2. The arrangements must include the requirement to specify the role of accountable senior manager reporting directly to the establishment head with responsibility at all times for

   i. Receiving and analysing all restraint incident records.

   ii. Ensuring that these arrangements apply uniformly to all departments and units in the establishment.

   iii. Ensuring that the findings are used for staff development and training, both on an individual and universal level.

   iv. Delegating the function to cover for all of the post holder's absences to a senior manager of equivalent seniority.

3. The recording and reporting arrangements must include measures that ensure individual restraint incidents are recorded and reported in a timely and accurate manner.

4. The recording and reporting arrangements must include measures to ensure that all details of the incident are recorded fully and accurately including actions taken to avoid the use of restraint and actions taken to care for the child and staff involved following the restraint incident.

5. The arrangements must make clear under what circumstances any causes for concern before, during or after a restraint incident should be reported immediately and to whom.

Restraint Advisory Board
May 2011

Appendix 2

Membership of the Restraint Advisory Board

Sue Bailey (Chair) is Professor of Child & Adolescent Forensic Mental Health and Consultant Child and Adolescent Forensic Psychiatrist at the Greater Manchester West Mental Health NHS Foundation Trust, and is President of the Royal College of Psychiatrists.

John Crawley (Deputy Chair) investigated deaths and serious incidents in custody settings as a Commissioner of the Independent Police Complaints Commission, has worked as a consultant for the UNDP on civilian oversight in Turkey and has experience in housing, social care and healthcare in senior executive and non-executive roles.

Richard Barnett is a lecturer in physiotherapy at the School of Health and Rehabilitation, Keele University, where he delivers both postgraduate and undergraduate education in relation to physiotherapy, health and the environment, and nutrition and energy balance.

Colin Dale is Chief Executive of Caring Solutions (UK) Ltd, a mental health and learning disability consultancy.

Paul Dix is Managing Director of Pivotal Education Ltd an award winning behaviour management consultancy. Paul is behaviour expert for Teachers TV and the Times Educational Supplement.

Pam Hibbert has worked in practice, management and policy in the youth justice arena for over 25 years. Pam is Chair of the National Association for youth justice and secretary to the Standing Committee for Youth Justice.

Geoff Hughes retired in 2008 after 27 years in HM Prison Service as a senior manager. Geoff currently works as a freelance international prisons consultant and is a Director of 'inside time' a newspaper for prisoners run by a not for profit organisation.

Ramachandran Lakshmanan is a higher specialist trainee in Forensic Psychiatry in Mersey Deanery and currently working as an Acting Consultant Forensic Psychiatrist in Guild lodge Regional Secure Unit based in Preston.

Nick Lessof is a Consultant Paediatrician and Named Doctor for Child Protection at Great Ormond Street Hospital for Children, and is Chair of the Advocacy Committee of the Royal College of Paediatrics and Child Health.

David Perry is a Consultant Psychiatrist in Learning Disabilities with a longstanding interest in the safety of restraint especially in high risk groups. He has been instrumental in the development of a risk and reporting system to monitor the use of restraint in health and social care settings.

Rosalyn Proops is a Consultant Paediatrician with extensive experience of developmental and social paediatrics and of all aspects of Child Protection work.

Richard Shepherd is Consultant Forensic Pathologist at St George's Hospital London and the Royal Liverpool Hospital. He is a registered Home Office Forensic Pathologist and a leading forensic pathologist in the field of deaths during restraint. Richard is also a member of the Independent Advisory Panel on Deaths in Custody.

Chris Stirling is the founder and Chief Executive of Positive Options one of the leading training providers in the U.K., particularly regarding the training in restrictive physical interventions.

Richard Williams is Professor of Mental Health Strategy in the Welsh Institute for Health and Social Care in the University of Glamorgan, and a consultant child and adolescent psychiatrist with the Aneurin Bevan Health Board in Wales.

Appendix 3

Illustration of recommended Health Warning signage

<table>
<tr><td colspan="2"><u>Warning Signs and Actions to be Taken</u>

During interventions when a child or young person is physically held or restrained, there is always a risk of serious physical harm or death occurring to that person.

All staff who are involved in performing and/or monitoring a child or young person during their physical restraint must be aware of the signs* of actual or potential harm occurring to that child or young person and know what actions to take.

* This list is not exhaustive, and can be updated / amended based on medical evidence</td></tr>
<tr><td>Sign</td><td>Action</td></tr>
<tr><td>A
• Loss of or reduced consciousness
• Abruptly/unexpectedly stops struggling or suddenly calms down
• Blueness of lips/ fingernails/ear lobes (cyanosis)
• Tiny pin point red dots seen on the skin (upper chest, neck, face, eye lids)</td><td>• Stop restraint
• Call for help
• Place in recovery position if lapsed into unconsciousness
• Monitor breathing and, if required, provide CPR (if trained as a CPR provider)</td></tr>
<tr><td>B
• Complains of difficulty breathing
• Complains of feeling sick and/or Vomits</td><td>• Immediately assess the holds being applied and ensure they are being applied correctly
• If the head is being held de-escalate to head hold option 2
• If in prone position move to supine or standing position
• Monitor for signs stated in A. and act accordingly if seen.</td></tr>
<tr><td>C
• Complains of pain / discomfort, when pain inducement is not intended</td><td>• Check hold(s) being applied appropriately and readjust as necessary</td></tr>
</table>

Appendix 4

RAB visits and consultation 2010-2011

Event	Subject	Date
Meeting	RAB pre-demonstration panel meeting 1	1 Oct 2010
Meeting	RAB pre-demonstration panel meeting 2	5 Oct 2010
Meeting	Chair with NOMS/NTRG	14 Oct 2010
Demonstration	First session	20/21 Oct 2010
Demonstration	Repeat session	1-2 Nov 2010
Demonstration	Repeat session	8-9 Nov 2010
Visit	Werrington YOI (R Barnett)	24 Nov 2010
Meeting	Behaviour management with NOMS/NTRG and YJB	3 Dec 2010
Meeting	RAB meeting: review of demonstration sessions	9 Dec 2010
Visit	Hillside SCH (G Hughes)	10 Dec 2010
Visit	Rainsbrook STC (C Stirling)	13 Dec 2010
Visit	Werrington YOI (C Stirling)	14 Dec 2010
Visit	Hassockfield STC (Deputy Chair)	4 Jan 2011
Visit	East Moor SCH (Deputy Chair)	12 Jan 2011
Visit	Oakhill STC (G Hughes)	14 Jan 2011
Meeting	Chair with YJB contracts management & monitoring	17 Jan 2011
Meeting	RAB meeting: to agree post-demonstration feedback	18 Jan 2011
Meeting	First Monthly Liaison Meeting (RAB Chair & Deputy with NOMS/NTRG & YJB	8 Feb 2011
Consultation	RAB subgroup with NOMS/NTRG: feedback on Incident Management volume	14 Feb 2011
Meeting	Chair with NOMS/NTRG to discuss the role of the independent advisors	23 Feb 2011

Event	Subject	Date
Consultation	RAB subgroup with NOMS/NTRG: feedback on Medical Advice volume	23 Feb 2011
Conference	Independent Advisory Panel (IAP) on Deaths in Custody (Deputy Chair)	1 March 2011
Meeting	Chair and Deputy Chair: end of year review with the Head of YJPU	8 March 2011
Consultation	RAB subgroup with NOMS/NTRG: feedback: ethics	8 March 2011
Consultation	RAB subgroup with NOMS/NTRG: feedback on behaviour management volume	14 March 2011
Consultation	RAB subgroup with NOMS/NTRG: feedback on restraint techniques volume	16 March 2011
Meeting	Chair with YJB, NOMS/NTRG/IA on IA's terms of reference	24 March 2011
Meeting	Chair with Department of Health re healthcare in the under 18 secure estate	30 March 2011
Visit	NTRG Kidlington training event (P Dix)	30 March 2011
Meeting	Chair and Deputy Chair with HM Chief Inspector of Prisons	13 April 2011
Meeting	YJB: data collection	26 April 2011
Meeting	NOMS/NTRG: risk assessments and role of IMA	26 April 2011
Meeting	Second Monthly Liaison Meeting	27 April 2011
Meeting	RAB members: preparation for May 9 demonstration	27 April 2011
Demonstration	Review of areas of concern	9 May 2011
Meeting	RAB members: review of 9 May demonstration	10 May 2011
Conference	'Health in secure settings' conference (R Barnett)	13 May 2011
Meeting	Third Monthly Liaison Meeting	24 May 2011
Meeting	RAB with YJB on restraint minimisation strategies	24 May 2011
Consultation	RAB feedback to NOMS/NTRG re 9 May session	24 May 2011

Event	Subject	Date
Meeting	RAB with STC Directors	24 May 2011
Visit	Cookham Wood YOI and Medawy STC (N Lessof)	17 June 2011
Conference	IAP expert medical seminar (Deputy Chair and RAB members)	10 June 2011
Meeting	Fourth Monthly Liaison Meeting	22 June 2011
Meeting	RAB Governance meeting	22 June 2011
Consultation	RAB with NOMS/NTRG (preparing for final demonstration)	22 June 2011
Meeting	With YJB on data collection etc. (P Hibbert)	4 July 2011
Demonstration	Final review including scenarios and discussions	12-13 July 2011
Visit	Hindley YOI (Deputy Chair, P Dix and P Hibbert)	19 July 2011
Meeting	RAB workshop in draft Report	26 July 2011
Meeting	Fifth Monthly Liaison Meeting	26 July 2011
Demonstration	Repeat final session	27 July 2011
Consultation	With NOMS/NTRG and YJB: late drafts of MMPR manual and the final RAB report discussed	12 Aug 2011

(To 16 August 2011)

Appendix 5

References and Further Reading

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Appendix 6

The Under-18 Secure Estate – England & Wales

		SCHs	STCs	YOIs
Number of units		17[39]	4	11[40]
Places:	Smallest	5	58	64
	Largest	38	92	440
Annual cost per person		£211,000	£170,000	£57,000
Population at 06/2011		172	280	1,623
Government Dept.		Education Dept.	Justice	Justice
Provided by		Local authorities	Private contractors	NOMS + contractors
Staff		Residential Social Work	Custody officers	Prison/contracted custodial staff
Relationship with YJB		Contract[41]	Contract	SLA/Contract
Regulation		Children and Care Standards Acts; Children's Homes Regulations	Children Acts and STC Rules	Prison Act/YOI Rules
Inspected by		Ofsted	Ofsted	HMCIP & Ofsted[42]
Inspection		Minimum Standards for Children's Home	'Every child matters'	HMIP 'Expectations for Young People'
Average age – 06/2011		15.0	15.5	16.6
Staff/Child ratio	Max	2:1	2.5:5	From 1:5 to 1:20[43]
	Min	1:2	3:8	
Use of segregation		×	×	✓
Used as part of restraint	Pain	×	×	✓
	Batons	×	×	×
	Handcuffs	×	✓	✓

39 The YJB commissions places with 10 SCHs

40 6 for boys: Cookham Wood, Feltham, Hindley, Warren Hill, Werrington, Wetherby; 3 for girls: Downview, Eastwoof Park, New Hall; 2 privately managed Ashfield and Parc

41 YJB commissions places at 10 of the SCHs,

42 Ofsted inspect the education provision in YOIs

43 Latest data available from the MoJ website;may not be up to date