Statistical Notice

Minimising and Managing Physical Restraint (MMPR) Data Collection

April 2014 - September 2014

Youth Justice Board

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Contents

Data on the use of Minimising and Managing Physical Restraint (MMPR): April 2014 to September 2014

Introduction

This ad hoc statistical notice presents analysis based on the latest six months of data on the use of the Minimising and Managing Physical Restraint (MMPR) system. It follows publication of the ad hoc report on the first thirteen months use (March 2013 - March 2014) of MMPR, in October 2014[1].

The data in this report is provisional management information and covers the period April 2014 to September 2014. It contains figures from three secure training centres (STCs), Rainsbrook, Oakhill, and Medway, and two under-18 young offender institutions (YOIs), Wetherby and Hindley. The report also contains some policy related commentary to put the main findings into context, and to explain any limitations.

Although the data collected under the MMPR system is rich in terms of detail and quality, there are a number of limitations which need to be considered. The statistics cover a period of six months for four of the five establishments, and a shorter period of four months at Medway, which started using MMPR on 2 June 2014. The data presented for 2013-14 also varies according to the date each establishment started using MMPR. For example, the figures for Hindley cover a limited period of three months, January 2014[2] to March 2014. Therefore, there are limitations to making any direct comparisons between establishments, and identifying any definitive trends.

There are many factors that can influence the behaviour of young people and staff and thus affect the number and type of incidents within individual secure establishments. These include the different risks and needs of individual young people, the frequency and severity of assaults by young people and the overall approach (and effectiveness) of behaviour management within any establishment (see page 7).

As more data is collected over a longer period of time, from a greater number of establishments, firmer evidence will emerge.

The implementation (and embedding) of MMPR into practice across STCs and under-18 YOIs is still in its relatively early stages. It is recognised that the required cultural change is expected to take a sustained period of time, particularly in the under-18 YOI sector.

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[1] Published at www.gov.uk/government/statistics/mmpr-data-march-2013-to-march-2014

[2] MMPR went live at Hindley on 6 January 2014 and data collection started from this date.

Under MMPR, establishments are required to report detailed data on all uses of force, irrespective of whether they meet the restrictive physical intervention (RPI) definition[3] or not. This includes the use of MMPR techniques and any use of force that is not an MMPR technique. As most secure establishments are not yet using MMPR, and there are no plans for MMPR to be adopted across secure children's homes, all establishments will continue to report against the RPI definition to ensure a degree of reporting consistency.

Summary-level data on restrictive physical interventions RPIs in the *Youth Justice Annual Statistics* report can be found on the .gov.uk website at: www.gov.uk/government/collections/youth-justice-annual-statistics

Monitoring and scrutiny of use of force incidents

There are a number of review processes in place for the monitoring and scrutiny of use of force incidents under MMPR. These include:

- the review and quality assurance of every use of force incident by senior managers and MMPR coordinators (local trainers).
- a review by local authority designated officers where an incident is submitted to them as part of a child protection referral.
- quarterly quality assurance visits to establishments by the MMPR national team. At these visits, a selection of use of force incidents are reviewed to identify learning on the effectiveness of training and to ensure local quality assurance processes are working as expected.
- review of incidents involving the use of pain inducing techniques in under-18 YOIs by the YJB and MMPR national team. This includes reviewing CCTV footage and paperwork of all incidents involving the use of pain, to consider whether it is in line with the government's policy on the use of force.
- a process to review any use of force incident where either a serious injury or medical warning sign or symptom is reported (see Annex A for definition of warning signs, and Annex B for definition of serious injury), including:
    - internal scrutiny by the secure establishment.
    - external scrutiny of the incident by the MMPR national team and the independent medical adviser to the National Offender Management Service (NOMS).
    - on a quarterly basis, obtaining further medical advice about each incident from the MMPR medical panel[4], to identify any learning points pertaining to the medical safety and effectiveness of physical restraint techniques.

[3] A restrictive physical intervention is defined as any occasion when force is used with the intention of overpowering or to overpower a young person. Overpower is defined as "restricting movement or mobility". This includes the use of low level techniques such as guiding hold.

[4] See annex A for details on the MMPR medical panel.

Additional local activities undertaken include:

- regular 'use of force' meetings involving all relevant stakeholders, which focus on reviewing CCTV footage and devising strategies and/or actions required in response to use of force incidents.
- regular meetings looking at restraint minimisation attended by senior managers, the MMPR co-ordinators and external partners, such as a representative from the local safeguarding children board and YJB monitors.
- the review of every use of force incident by the on-site YJB monitoring team in the STCs.
- annual review of restraint conducted by Local Safeguarding Children's Board with a secure establishment(s) in its area. Findings on how effectively the establishment(s) is managing use of restraint are reported to the YJB.
- six - monthly interviews and focus groups with young people in each establishment, lead by Barnardo's advocacy service, to obtain young people's views on MMPR and the support received during post-incident debriefs. Any learning achieved through this work will help inform the development of the MMPR syllabus, delivery of training, and also help to improve restraint-related practice at individual establishments.

Support for young people after any use of force incident includes:

- a debrief, undertaken by staff that were not involved in the incident.
- an assessment from a member of healthcare.
- the option to speak to an independent advocate.

Further details of the local and national governance arrangements for MMPR can be found in the *Minimising and Managing Physical Restraint: Safeguarding Processes, Governance Arrangements, and Roles and Responsibilities*[5] document, which is available on the GOV.UK website.

[5] *Minimising and Managing Physical Restraint: Safeguarding Processes, Governance Arrangements, and Roles and Responsibilities* (YJB, Ministry of Justice and National Offender Management Service, 2012), available at: webarchive.nationalarchives.gov.uk/20140715125548/http:/www.justice.gov.uk/downloads/youth-justice/custody/mmpr/minimising-managing-physical-restraint.pdf?type=Finjan-Download&slot=000003C1&id=00000BC0&location=0A64020E

Key findings

This report provides key findings from the latest six months data (April 2014 to September 2014) on the use of MMPR. It is important to note that the number of months on which the averages are based varies according to the date that each establishment started using MMPR.

The number of use of force[6] incidents

Table 1.1 provides information on the use of force incidents by month and establishment.

Rainsbrook: in the six-month period, April 2014 to September 2014, there were 163 use of force incidents in Rainsbrook in total, an average of 27 per month. On average, there were 27.6 use of force incidents per 100 young people per month.

The average number of use of force incidents at Rainsbrook from April 2013 to March 2014 was 34 incidents per month. On average, there were 34.2 use of force incidents per 100 young people per month.

Oakhill: in the six-month period, April 2014 to September 2014, there were 210 use of force incidents, an average of 35 per month. On average, there were 36.6 use of force incidents per 100 young people per month.

There was an increase in the number of use of force incidents at Oakhill between July and August 2014. The establishment's analysis showed that there were heightened levels of violence and aggression exhibited by a group of young people during this period, which subsequently resulted in a higher number of use of force incidents.

The average number of use of force incidents at Oakhill from September 2013 to March 2014[7] was 25 incidents per month. On average, there were 25.7 use of force incidents per 100 young people per month.

Medway: in the first four-months at Medway, June 2014 to September 2014, there were 89 use of force incidents, an average of 22 per month. On average, there were 25.4 use of force incidents per 100 young people per month.

As the data for Medway covers a limited period of four months, it is difficult to draw any firm conclusions at this stage.

Wetherby: in the six-month period, April 2014 to September 2014, there were 360 use of force incidents, an average of 60 per month. On average, there were

[6] This includes use of force incidents involving the use of MMPR techniques and non-MMPR techniques.

[7] MMPR went live at Oakhill on 2 September 2013 and data collection started from this date.

24.6 use of force incidents per 100 young people per month. There was an increase in the number of use of force incidents in May 2014[8].

The average number of use of force incidents at Wetherby from October 2013 to March 2014[9] was 51 incidents per month. On average, there were 21.4 use of force incidents per 100 young people per month.

Hindley: in the six-month period, April 2014 to September 2014, there were 404 use of force incidents, an average of 67 per month. On average, there were 33.7 use of force incidents per 100 young people per month.

There was an increase in the number of use of force incidents at Hindley in August 2014. The increase could be due to the higher levels of violence and aggression exhibited by a group of young people during the month, which subsequently resulted in a higher number of use of force incidents.

The average number of use of force incidents at Hindley in the previous data release was 63 incidents per month. On average, there were 31.1 use of force incidents per 100 young people per month. However, these figures covered a limited period of three months, January 2014 to March 2014[10].

There are a number of factors within any secure establishment that can influence the behaviour of young people, and thus affect the number and type of incidents in any given time period. These factors include:

- the different risks and needs of individual young people.
- the frequency and severity of assaults by young people (on both young people and staff).
- the prevalence of gang issues.
- the frequency and severity of instances of self-harm.
- the speed and effectiveness with which staff are able to respond to incidents.
- the training that staff have received.
- the effectiveness of restraint minimisation strategies.
- the overall approach to behaviour management within an establishment.
- the effectiveness of rewards and sanctions (incentives and earned privileges schemes).

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[8] Due to the temporary closure of the care and separation unit (CSU), young people were accommodated in a different unit but continued to use the CSU exercise yard. Following Individual risk assessments on young people, the majority required being placed in handcuffs during relocation to and from the exercise yard. This subsequently resulted in a high number of uses of force being reported during May 2014.

[9] MMPR went live at Wetherby on 23 October 2013 and data collection started from this date.

[10] MMPR went live at Hindley on 6 January 2014 and data collection started from this date.

- the extent of time out of room and whether association is managed effectively.

Reasons for the use of force

Table 1.2 provides data on use of force incidents by reason, type, position and duration.

In the vast majority of cases, force was used in 'spontaneous' incidents (in response to fights and assaults between young people) and the duration of its use was short. However, an average of 13 incidents per month at Wetherby and an average of six incidents per month at Hindley involved planned interventions. A planned use of force is an option available to staff to respond to incidents that have the potential to be dangerous and cause serious harm to individuals. Examples of these incidents include, but are not limited to: hostage-taking, an incident at height (for example a young person on a roof), an incident involving weapons, or an individual barricading themselves in a room.

The main reason reported for the use of force across both sectors was "preventing harm to a third party". However, in the two YOIs, "passive non-compliance" was the second most common reason for the use of force (in 34% of incidents at Wetherby and in 22% of incidents at Hindley). The term "passive non-compliance" has replaced "good order and security" (the previous reporting definition used by NOMS) to reflect the updated NOMS policy on use of force for under-18 YOIs. The policy sets out that in exceptional circumstances, the use of force on passive, non-compliant young people may be the only reasonable option available in view of the long term interest of the young person or others and the high risk of disorder due to impact on the wider regime and the possible reaction of other young people. However, any decision to use force for this reason must always be the last option and must be planned and authorised in advance by an officer of custodial manager rank or above. MMPR training and guidance accurately reflects the relevant legislation that stipulates use of force for reasons of passive non-compliance is permitted in under-18 YOIs, but not in STCs.

As part of the MMPR national team's quality assurance process, and the establishment's own review and quality assurance of every use of force incident, use of force for passive non-compliance is reviewed in light of the requirement provided under PSI 06/2014.[11]

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[11] The NOMS policy on use of force under the prison service instruction (PSI) 06/2014 provides that the use of force for passive non-compliance:

"must always be the last option and must be planned and authorised in advance by an officer of custodial manager rank or above. The authorising officer must be assured that all other options including persuasion and negotiation have been tried and have proved ineffective for the use of force to be considered justified".

PSI 06/2014 - www.justice.gov.uk/downloads/offenders/psipso/psi-2014/psi-06-2014-use-of-force-in-yp-estate.pdf

Handcuffs were used in 1% of incidents at Rainsbrook, Oakhill and Medway. 27% of incidents at Wetherby and 13% at Hindley involved the use of handcuffs.

Position of the use of force

Risks to young people are increased when use of force is applied in seated, prone and supine positions. MMPR training emphasises that application of restraint techniques in these positions must only be used if absolutely necessary and its duration must be kept to an absolute minimum. The training emphasises the importance of maintaining a young person in a standing position, whenever possible, but teaches that if a young person falls to the ground while being restrained, or where a young person might already be on the ground (e.g. fighting), staff have the option to apply MMPR techniques in the prone or supine position. However, they must bring the young person to a standing position as soon as it is safe to do so.

Table 1.2 shows that in all five establishments, the majority of uses of force were applied on a young person in a standing position. A higher percentage of incidents where use of force was applied on a young person in a prone position was seen in the under-18 YOIs than in the STCs. For example, at Wetherby, there were 85 incidents in total during the 6 months (23% of the total number of positions used during use of force incidents[12]) that involved the use of prone restraint. At Oakhill, there were 12 incidents (5%) involving the use of prone restraint during the same period.

Duration

Lengthy use of force incidents tend to involve young people who are particularly challenging, and pose a serious risk to themselves and/or others.

There are always underlying issues for young people's behaviour and each establishment will have its own interventions to help address these often complex issues, informing the young person's individual behaviour management plan. The YJB and NOMS are working closely with establishments to ensure that they are appropriately supported and take action where necessary (for example, obtaining a second opinion from independent medical experts with a view to helping establishments manage young people with particular medical conditions).

Table 1.2 shows the majority of use of force across all five establishments lasted for less than two minutes. However, there was one incident that lasted 60 minutes or more at Oakhill.

The incident at Oakhill has been quality assured locally by the MMPR coordinators, and reviewed by the YJB's service assurance monitor based at the establishment. There were no significant concerns raised about the overall management of the incident, or the young person involved.

[12] Restraint may be applied in more than one position in a single incident.

Characteristics of young people involved in use of force incidents

Table 1.3 gives an indication of the demographic characteristics of young people in each establishment and also of those involved in use of force incidents. A statistical significance test was undertaken to look at any disproportionality in the use force according to the protected characteristics of young people. The number of use of force incidents by the age, gender, ethnicity, disability and religious belief of young people appears to be in proportion with the make-up of the population across the three STCs (see the explanatory note on page 14 for more information about the recording of disability and religious belief data in YOIs, and page 15 for examining disproportionality).

Table 1.3 shows that most young people with a disability are identified as having a neurodevelopmental condition or a chronic physical illness. The YJB has been working closely with establishments to identify the most prevalent conditions. Most young people with a neurodevelopmental condition have attention deficit hyperactivity disorder (ADHD) and most young people with a chronic physical illness have asthma.

Additional data provided by the STCs shows that, of the total population at Rainsbrook from November 2014 to January 2015, 11% had asthma and 26% had ADHD. At Oakhill 9% had asthma and 8% had ADHD, and at Medway and 15% had asthma and 18% had ADHD. However, this data provides indicative demographics on disabilities for a limited period of three months.

The MMPR national team have received further training specifically with regard to the better management of young people with ADHD during incidents, with plans to deliver this training to staff at all MMPR establishments later this year.

MMPR training to staff includes a consideration of the risks to young people with asthma.

Injuries

Table 1.4 shows that the average number of minor injuries requiring medical treatment[13] was fairly similar across the five establishments, with an average of one per month in each STC and under-18 YOI. In the six-month period, April 2014 to September 2014, of a total 462 use of force incidents in the three STCs, 11 involved a minor injury requiring treatment, and there were no reported serious injuries requiring hospital treatment.

In the six-month period, April 2014 to September 2014, of a total 764 incidents in the under-18 YOIs, 8 involved a minor injury requiring treatment, and two involved a serious injury requiring hospital treatment.

The two serious injuries requiring hospital treatment[14] at Hindley YOI, involved the same young person who suffered fits. The investigations into these incidents concluded that the force used was appropriate, and both incidents

[13] See Annex B for definition of minor injury requiring medical treatment.

[14] See Annex B for definition of serious injury requiring hospital treatment.

were reviewed by the MMPR medical panel[15]. The young person involved has undergone a number of medical assessments (including cardiological, as recommended by the MMPR medical panel), and a detailed individual behaviour management plan is in place to mitigate the risk of harm.

Use of pain-inducing techniques

The government recognises that in very limited circumstances the use of pain-inducing restraint techniques may be necessary. The guidance on the use of pain, as set out in the government's use of restraint policy framework for the under-18 secure estate,[16] states that the use of pain-inducing techniques must be restricted to circumstances where it is necessary to protect a child or others from an immediate risk of serious physical harm.

There has not been any reported use of pain-inducing techniques in the STCs. In the under-18 YOIs, there have been incidents involving the use of pain-inducing techniques (on average, two incidents per month at Wetherby, and two incidents per month at Hindley).

A learning bulletin has been produced by the MMPR national team in conjunction with the Youth Justice Board (YJB), aimed at all staff working in a secure training centre (STC) or an under-18 young offender institution (YOI). Its purpose is to share learning and effective practice. The bulletin highlights that when staff take the decision to use a pain-inducing technique, it must be in line with the government's policy, and staff must be able to justify their reasons for using a pain inducing technique as part of their decision making process and be able to set these out in the subsequent MMPR use of force report.

The YJB and NOMS are working closely with establishments to monitor and review the use of pain-inducing techniques. To help facilitate this, establishments that are currently using MMPR retain relevant CCTV footage of those incidents that have involved the use of a pain-inducing technique. These are reviewed in detail by the YJB and NOMS as part of the review of pain incidents in the YOIs, as well as being reviewed locally.

Furthermore, in response to recommendation 18 of the Restraint Advisory Board's (RAB) MMPR assessment report, the YJB commissioned research into domestic and international evidence of non-pain-inducing restraint. The research aimed to identify, review and assess existing non-pain-inducing restraint techniques employed in a range of different settings and countries to manage volatile and serious situations. Any relevant learning from the research will be used to inform the development of the MMPR syllabus.

[15] See Annex A for details on the MMPR medical panel.

[16] webarchive.nationalarchives.gov.uk/20140715125548/http:/www.justice.gov.uk/downloads/youth-justice/custody/mmpr/use-restraint-policy-framework.pdf

MMPR techniques

Table 2.1 shows that in two of the three STCs, most incidents involving the use of MMPR techniques are resolved using medium-level techniques (Rainsbrook 57% and Medway 81%). A proportion of incidents were also resolved using high-level techniques at Rainsbrook (40%), and Oakhill (38%). However, more incidents at Oakhill were resolved using low-level techniques (25%) than in Rainsbrook (3%) and Medway (13%).

Most incidents involving the use of MMPR techniques in the under-18 YOIs are resolved using high-level interventions: Wetherby 45% and Hindley 40%. However, a number of incidents are also resolved using low-level interventions: Wetherby 29% and Hindley 34%.**Table 2.2** shows that the most frequently used MMPR techniques in the three STCs are the figure four arm hold and the head hold technique. The most frequently used MMPR techniques in the two under-18 YOIs are the head hold, inverted wrist hold and guiding hold.

The head hold technique should only be used in instances where it is thought to be necessary, as a preventative measure, to ensure the safety of the young people involved or member of staff. For example, this could be if the young person is head butting, kicking, spitting, or exhibiting threatening behaviour.

In response to recommendation 16 of the Restraint Advisory Board's (RAB)[17] MMPR assessment report, the YJB has commissioned a research project to look at alternative ways to hold the head. The research, *Assessing the Physiological and Psychological Impacts of Head-Hold Restraint Techniques,* compares the physiological and psychological impact of four different head-hold techniques. The aim of the research was to identify the least risky way of holding the head during incidents of use of force.

The YJB worked in close partnership with NOMS (as owners of the MMPR syllabus) throughout the research project. NOMS has rigorously tested an alternative head-hold technique identified by the research, but concluded that it would not be suitable in an operational setting. However, as a result of the report's findings, NOMS has proposed a number of changes to the MMPR training package, including changes to the teaching of the head hold technique.

The proposed changes would mean that staff do not automatically apply support to the chin area when using the head hold, and would only resort to its application if the young person is heading to the ground (to protect the young person's face from hitting the floor). The revisions to the teaching of the head hold technique have been approved by the MMPR medical panel.

Non-MMPR techniques

At Rainsbrook, Medway and Wetherby more than half of the incidents involved the use of an MMPR technique. At Oakhill and Hindley, 50% of incidents involved the use of a MMPR technique.

In the reporting periods, the percentage of use of force incidents that used MMPR techniques was (**Table 2.1**):

- 63% for Rainsbrook;

[17] See Annex A for details on the Restraint Advisory Board (RAB).

- 50% for Oakhill;
- 53% for Medway;
- 60% for Wetherby;
- 50% for Hindley.

The training emphasises that staff should always look to apply approved MMPR techniques and justify the reasons if they choose an alternative. For example, staff may face practical challenges of applying MMPR holds during an incident where a young person is particularly violent and thrashing about. Similarly, spontaneous incidents involving two young people fighting may mean that the safest and most effective strategy at the outset is simply to separate the young people before seeking to use an approved MMPR technique as soon as practicable.

The quality assurance undertaken by the local MMPR coordinators covers all uses of force i.e. incidents that involve both MMPR and/or non-MMPR techniques. An identical level of scrutiny is expected to be applied to all incidents.

Explanatory notes

Data sources and quality

The figures in this report have been provided by secure establishments currently using MMPR, which, as with any recording system, are subject to possible errors with data entry and processing and may be subject to change over time.

There are also a number of limitations and constraints on the data. These include:

Limited data - The statistics cover a period of six months at four of the five establishments, and a shorter period of four months at Medway, which started using MMPR on 2 June 2014. The 2013-14 data also varies according to the date each establishment started using MMPR. For example, the 2013-14 statistics for Hindley covers a limited period of three months, January 2014 to March 2014. Therefore, there are limitations to making any direct comparisons between establishments, and identifying any definitive trends.

As more data is collected over a longer period of time, from a greater number of establishments, firmer evidence will emerge.

Religion/disability demographic data - Data is available on the overall number of young people with and without a disability at Rainsbrook, Oakhill and Medway. This enables us to identify any disproportionate use of force on young people with disabilities.

Disability data is collected locally by individual establishments, and, on request, provided to the YJB for more detailed analysis on the most prevalent disability types (see page 10).

There is currently no demographic data on disability from the under-18 YOIs, and the demographic data on religion covers a limited period of four months (June 2014 – September 2014). NOMS is undertaking further work on their reporting processes to improve data quality.

Comparison with RPI figures - The data contained in the excel spreadsheet contains all uses of force, including those that do not meet the RPI definition. It is therefore not possible to compare directly this data with the RPI data in the annual Youth Justice Statistics Report. The RPI definition will continue to be used to ensure there is consistency of reporting across the secure estate.

MMPR implementation - Rainsbrook, Oakhill, Medway, Wetherby, Werrington and Cookham have all started using MMPR. MMPR training is due to begin at Feltham YOI in July 2015, and the establishment is expected to go-live in early 2016. The table shows the dates each establishment went live with MMPR.

Establishment	Training start date	'Go live' date	Status

Rainsbrook STC	3 September 2012	4 March 2013	Using MMPR
Oakhill STC	25 March 2013	2 September 2013	Using MMPR
Wetherby YOI	29 April 2013	23 October 2013	Using MMPR
Medway STC	2 December 2013	2 June 2014	Using MMPR
Werrington YOI	27 October 2014	18 May 2015	Using MMPR
Cookham Wood YOI	16 February 2014	29 June 2015	Using MMPR
Feltham YOI	13 July 2014	February 2016	Planning stage
Serco (YJB escort contract)	September 2015	December 2015	Planning stage
Parc YOI	November 2015	April 2016	Planning stage

Symbols and conventions

The figures provided in this publication relate to use of force incidents; these are given as full numbers where available. The percentages are rounded to the nearest number or one decimal place. The following symbols have been used throughout the tables in this bulletin:

- = Nil / Zero

.. = Not available

*** = small values (less than five cases)**

Examining disproportionality of data

The characteristics of young people involved in incidents within establishments (e.g. age, gender, religious belief) have been compared with the population of young people in custody in those establishments. This to determine whether there are proportionately more (or less) young people involved in incidents than would be expected.

For example, suppose that 13% (or p1=0.13) of young people involved in incidents were aged 10-14, but 8% (or p2 = 0.08) of young people in an establishment were aged 10-14. Are there proportionately more young people aged 10-14 involved in incidents?

A statistical test, known as a “Comparison of two proportions” has been carried out to determine if the two proportions are significantly different to each other. If they are, disproportionality exists.

Revisions policy

A reconciliation exercise on data is undertaken by the YJB towards the end of each reporting year to ensure that the data is consistent with each establishment's records before it is published as part of the Youth Justice Statistics report. The MMPR data submitted to the YJB by secure establishments has been subject to quality assurance processes, but the data is expected to undergo the reconciliation exercise at the end of the reporting year. Thus, the data is provisional and **revisions will only be made when there is a significant change or when an error was identified in the original data.**

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General information about the official statistics system of the UK is available from: www.statistics.gov.uk

For inquires direct to the YJB please email: analysis@yjb.gsi.gov.uk

Spreadsheet files of the tables contained in this document are also available for download with this publication.

Alternative formats are available on request from esd@justice.gsi.gov.uk

Annex A: Glossary

Civil detainee: Gang injunctions aim to prevent gang-related violence for those aged 14-17. Breach of an injunction is a civil contempt of court and is not a criminal offence. The court can deal with the breach by imposing a supervision or civil detention order (up to a maximum of three months) on the young person. Young people detained under a civil detention order will hold the legal status of a 'civil detainee'.

Independent Restraint Advisory Panel (Formerly Restraint Advisory Board): *The Independent Restraint Advisory Panel (IRAP) was established in February 2012 as a successor organisation to the RAB. The IRAP was chaired by Professor Susan Bailey with a number of members drawn from the RAB specialising in paediatrics, forensic psychiatry, physiotherapy and operational backgrounds. It was responsible for:*

- assessing the quality and safety of systems of restraint commissioned for use on children in secure children's homes
- supporting the implementation of MMPR, the new system of restraint for use in secure training centres and under-18 young offender institutions

The IRAP's ad-hoc advisory body status has now come to an end.

Minimising and Managing Physical Restraint (MMPR): A new system of behaviour management and restraint developed for use in STCs and under-18 YOIs. MMPR puts considerable emphasis on using appropriate de-escalation and deceleration techniques (non-physical interventions) to ensure that force is only ever used as a last resort, when no other intervention is possible or appropriate.

MMPR medical panel: An independent panel of medical experts tasked to provide medical expertise when reviewing use of force incidents involving serious injuries and warning signs (SIWS), as part of the process for determining the medical safety and effectiveness of MMPR. Expertise of panel members include; psychiatry, physiotherapy and paediatrics.

MMPR national team: The MMPR national team is responsible for the delivery of MMPR training, supported by local training instructors. The team is also responsible for the ongoing development and effectiveness of the MMPR syllabus and quality assures the delivery of training by local instructors (known as MMPR coordinators).

Restraint Advisory Board (RAB): The government established the Restraint Advisory Board (RAB) an independent panel of experts, chaired by Professor Dame Susan Bailey (President of the Royal College of Psychiatrists), with members drawn from paediatrics, forensic psychiatry, physiotherapy and operational backgrounds (including expertise in behaviour management). The primary objective of the RAB was to assess and advise ministers on the safety of MMPR.

Behaviour management and Restraint Governance Board (BMRGB): The BMRGB is responsible for overseeing restraint practice across the under-18 secure estate. It is chaired by the YJB's Chief Executive, and comprises of senior officials from the YJB, the Ministry of Justice, NOMS, HMIP, Royal Colleges, and NHS England. Key functions of the BMRGB include; overseeing the MMPR implementation programme, and In light of emerging evidence, to identify any potential required amendments to the MMPR syllabus, and any significant policy or operational issues, providing advice to ministers, as required.

Restrictive Physical Intervention: The RPI definition is: “Any occasion when force is used with the intention of overpowering or to overpower a young person. Overpower is defined as “restricting movement or mobility”.

The guidance below provides greater clarity around which physical interventions need to be reported to the YJB as RPIs. Whether or not a physical intervention falls within the definition of RPI depends on two factors:

1. Whether the hold has been applied as a measure of control. For example, the STC rules specify that force may only be applied in order to prevent a young person:-

    a) Escaping from custody;
    b) Injuring himself or others;
    c) Damaging property; or
    d) Inciting another trainee to injure themselves or others, or damage property.

2. Whether the hold has been applied with the intention of restricting movement or mobility.

Whether a hold is restrictive or not will also depend, in part, on the degree of intervention.

Secure Children’s Home (SCH): The YJB-contracted secure children’s homes (SCH) are run by local authorities and regulated by the Department for Education. SCHs are generally used to accommodate young people aged 12 to 14, girls up to the age of 16, and 15 to 16 year-old boys who are assessed as having needs that are best met by this environment.

Secure estate: There are three sectors of the secure estate. These are secure children’s homes (SCH), secure training centres (STC) and under-18 young offender institutions (YOI).

Secure Training Centres (STC): There are three purpose-built secure training centres (STC) in England offering secure provision to sentenced or remanded young people aged 12-17. They provide a secure environment where vulnerable young people can be educated and rehabilitated. They are run by private operators under contracts which set out detailed operational requirements.

Warning Signs: Medical warning signs and symptoms are reported as part of the Serious Injuries and Warning Signs (SIWS) process directly to the MMPR National Team within NOMS. These include:

- Lost or reduced consciousness
- Abruptly / unexpectedly stopped struggling or suddenly calmed down
- Blueness of lips / fingernails / ear lobes (cyanosis)
- Tiny pin point red dots seen on the skin (upper chest, neck, face, eye lids)
- Difficulty breathing
- Complaints of feeling sick
- Vomiting
- Complaints of difficulty breathing

Young offender institution (YOI): Under-18 young offender institutions (YOI) are facilities run by both the Prison Service and the private sector. YOIs hold 15-17-year-old boys who cannot be placed in either of the other sectors.

Young Person: The definition of a young person in the Children and Young Persons Act 1969 is a person over the age of 14, but under the age of 18. In this publication, young person covers people aged 10 to 17-years-old.

Annex B – Definitions of injuries reported as part of the MMPR data collection system

Definitions of injuries

The definitions for injuries reported as part of the MMPR data collection system are the same as those used for the data on RPIs within the Youth Justice Statistics annual report.

Minor injury requiring medical treatment: This includes cuts, scratches, grazes, blood noses, concussion, serious bruising and sprains where medical treatment is given by a member of staff or a nurse. Treatment could include cleaning and dressing wounds, providing pain relief, and monitoring symptoms by a health professional (e.g. in relation to concussion). This includes first aid administered by a staff member.

Serious injury requiring hospital treatment: This includes serious cuts, fractures, loss of consciousness, damage to internal organs, and poisoning. Where 24-hour healthcare is available the young person may remain onsite. At other establishments, the young person will be taken to a local hospital. Treatment will reflect the more serious nature of the injuries sustained and may include stitches, re-setting bones, operations and providing overnight observation.