

Behaviour management and restraint work programme update

30 October 2014

Introduction

The Youth Justice Board for England and Wales (YJB) is committed to providing a secure estate that ensures safety for both young people and staff, and significant improvements have been made to the secure estate for children and young people in recent years. We are clear that restraint should only ever be used as a last resort where it is absolutely necessary and where no other form of intervention is possible or appropriate.

The YJB is also committed to driving improvements to restraint-related practice, through continued research and by applying learning, to help minimise the use of restraint across the secure estate.

This update covers:

- the Minimising and Managing Physical Restraint (MMPR) implementation programme
- the publication of the latest data on the use of MMPR in two secure training centres (STCs) and two under-18 young offender institutions (under-18 YOIs)
- the views of young people about MMPR
- body-worn video equipment
- the new medical panel for serious injuries and warning signs
- the publication of a report by the Independent Restraint Advisory Panel (IRAP) on the implementation of MMPR, a response to the IRAP's recommendations, and an update on recommendations made by the Restraint Advisory Board.

MMPR implementation programme

MMPR, the new system of behaviour management and restraint for staff working with young people in STCs and under-18 YOIs, is now in operation in the following establishments:

- Medway STC (since June 2014)
- Oakhill STC (since September 2013)
- Rainsbrook STC (since March 2013)
- Hindley YOI (since January 2014)
- Wetherby YOI (since October 2013).

MMPR training has now commenced at Werrington YOI. The establishment is expected to begin using MMPR in April 2015, following its period of training. Cookham Wood, Feltham and Parc YOIs are scheduled to receive MMPR training next year. The entire under-18 YOI MMPR training programme is forecast to be completed in 2015.

MMPR data collection system

Since the introduction of the MMPR data collection system, the YJB has received data on every use of force carried out under this system. The data includes, among other things, details on the technique used, the reason for the use of force, protected characteristics of the young people involved, and any injuries. The data collection system has been designed to enable understanding of how MMPR is being used by secure establishments.

The publication of the [data on the first thirteen months' use of MMPR at Rainsbrook and Oakhill STCs and Wetherby and Hindley YOIs \(March 2013 – March 2014\)](#) reflects the government's commitment to provide greater openness and transparency by improving the quality and frequency of communication with stakeholders on restraint-related issues. The Statistical Notice published alongside the data aims to:

- provide statistical analysis of the data
- help readers to understand and contextualise the statistics
- explain the processes in place for the monitoring and scrutiny of use of force incidents
- explain what factors can influence reported levels of use of force
- highlight any disproportionate levels of use of force for particular groups of young people.

Although the data collected under the MMPR system is rich in terms of detail and quality, there are a number of limitations and constraints which need to be considered. As the data is limited to the first thirteen months' use of MMPR at Rainsbrook STC, and shorter periods for the other three establishments, there are limitations to identifying any definitive patterns or trends. As more data is collected over a longer period of time, from a greater number of establishments, firmer evidence will emerge.

The views of young people about MMPR

The YJB recognises that there is a need to obtain young people's views on MMPR more frequently and independently of existing practices such as post-incident restraint debriefs.

The advocacy service in youth custody is ideally placed to lead on this work, as it offers a level of impartiality and independence, as well as experience of working closely with young people in the secure estate. The proposed approach involves the advocacy teams based in each establishment conducting one-to-one interviews and focus groups with young people, particularly focusing on capturing their experiences of being restrained under MMPR and the support they receive during post-incident restraint debriefs.

There are a number of benefits of obtaining young people's views on MMPR. From a training perspective, any issues they raise that are considered pertinent to the safety and effectiveness of MMPR (i.e. the use of particular techniques) will help inform the ongoing development of the syllabus and the delivery of

training. Any learning achieved through this work will also help to improve restraint-related practice at individual establishments. By consulting regularly, we will be able to monitor changes to young people's views and the impact of any changes to local practice and training.

Body-worn video equipment

The YJB and the National Offender Management Service (NOMS) are shortly due to commence a six-month pilot of body-worn video equipment at Feltham YOI. The YJB is also working with G4S to start a pilot at Rainsbrook STC. The equipment, which combines audio and video, is clipped onto officers' clothing and will capture an incident to provide a clear and irrefutable record of events. The introduction of this technology will:

- allow for a more detailed examination of the antecedents to, and management of, incidents that have resulted in force being used
- help to improve staff practice
- support transparency, trust and confidence in members of staff.

The new medical panel for serious injuries and warning signs

The previous medical sub-panel of the Independent Restraint Advisory Panel (IRAP) was tasked to provide medical expertise (in addition to the NOMS independent medical advisor) when reviewing serious injuries and warning signs (SIWS) incidents, as part of the process for determining the medical safety and effectiveness of MMPR. Although the IRAP's ad-hoc advisory body status has come to an end, the work of the medical sub-panel is continuing.

The scope of the new medical panel's work includes:

- attending quarterly meetings to review SIWS incidents in STCs and under-18 YOIs. This includes reviewing CCTV footage and paperwork concerning SIWS incidents to identify learning points pertaining to the medical safety and effectiveness of physical restraint techniques
- providing a written report to the YJB and NOMS with their main findings and comments following each meeting
- providing ad-hoc medical advice, as requested by the YJB and/or NOMS, in relation to particular incidents, general subjects related to restraint, and individual behaviour management plans
- monitoring progress against SIWS-related recommendations and areas suggested for further consideration by IRAP.

Membership of the new medical panel includes Dr David Perry, Richard Barnett, Dr Gillian Baird and Dr John Jackman.

Dr David Perry is a consultant psychiatrist specialising in learning disabilities, with a long-standing 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. Dr Perry is a former member of the Restraint Advisory Board and IRAP.

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. Richard is a former member of the Restraint Advisory Board and IRAP.

Dr Gillian Baird is a consultant paediatrician at Guy's and St Thomas' NHS Foundation Trust. Dr Baird has over 30 years' consultant experience as leader of a nationally renowned multi-disciplinary team specialising in children and young people with special educational needs, disability and challenging behaviour of all levels of intellectual ability and with a variety of mental health problems. Dr Baird is a former member of IRAP.

Dr John Jackman is a consultant at Evelina London Children's Hospital. He is a general paediatrician and liaison paediatrician for the emergency department. He has been head of service for general paediatrics since 2004. Dr Jackman's specialist interests include general paediatrics, paediatric emergency medicine, paediatric epilepsy, and medical education and training.

Independent Restraint Advisory Panel report on MMPR

On 30 October 2014, the Ministry of Justice (MoJ) published a report by IRAP on the implementation of MMPR, together with a response to the recommendations made in the report. The MoJ also published an update on progress against recommendations made by the Restraint Advisory Board. These reports are published together on the [GOV.UK website](#).

Feedback and suggestions

We welcome feedback on any aspect of this update and any suggestions for future updates. Please submit your feedback by [email](#).