

Update on Restraint Advisory Board (RAB) Report Recommendations

The table below provides an update on the recommendations made by the Restraint Advisory Board in 2011. The successor to the RAB, the Independent Advisory Panel (IRAP) has further monitored progress against these recommendations. The IRAP's observations, together with a Government response are set out below.

Rec. No.	RAB Recommendation	Initial Government Response	IRAP comments	Latest Position including Government response to IRAP comments	Owner	Status of Recommendation
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.	The Government accepts this recommendation and will look to embed the values and ethical framework throughout the training of the new syllabus and decision making process.	IRAP members have attended and observed training-details can be found in the body of the report. Quarterly MMPR data has been received although this has not specifically included circumstances surrounding the use of pain techniques. From observation of both initial and refresher training, it is still not completely clear what options are advised/available/to be used when pain induction does not have the required effect. This still leaves a risk of prolonged use of restraint if pain is ineffective	Volume 2 of the MMPR Manual covers the decision making process extensively. In addition, the RAB's ethical framework has been adopted as the main backbone of the Government Use of Restraint Policy Framework. Establishments conduct quality assurance reviews of every restraint incident. The decisions made by staff are examined to ensure they are in line with MMPR training and appropriate under the circumstances. Action is taken when required. <u>Response to IRAP</u> In a situation where the use of a pain-inducing technique is not effective, staff should determine what options are available to them based on the circumstances of the incident. These options might include consideration of other pain-inducing techniques (subject to satisfying the government's guidance on pain-inducing techniques), and the use of non-pain inducing techniques.'	NOMS MoJ	Complete – see response to IRAP comments
2	Commissioners and training providers should adopt the systematic approach to decision-making about	The Government accepts this recommendation and will instruct commissioners and	IRAP members attending training (both initial and refresher) have noted the emphasis given to the decision making process.	The YJB and NOMS is committed to adopt good practice in decision making about the use of restraint. Volume 2 of the MMPR Manual covers the decision making process extensively.	YJB NOMS	Complete – see response to IRAP comments

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	the use and conduct of restraint outlined in Chapter 3.	training providers to adopt the systematic approach to decision-making about the use and conduct of restraint outlined in Chapter 3.	However, IRAP remains concerned about the decision making process when the incident moves from one of restraint to one of medical emergency. There still is a lack of clarity about who makes the decision, on what information, provided by who and how the instruction for staff to release restraint and move to different emergency action is given. In observed refresher training, there appears to be a focus on moving into the recovery position before assessing and making the decision to release the holds.	<p>The YJB Behaviour Management Code of Practice has also been updated and is consistent with, and encourages the recognition of, the rights of children and young people in law and international conventions.</p> <p>The code of practice advocates a systematic approach to decision making and effective practice around managing the behaviour of young people.</p> <p><u>Response to IRAP</u></p> <p>Staff are trained that they are all responsible for monitoring the welfare of the Young Person and any person can call a medical emergency in a response to a warning sign or symptom. However it is emphasised that the Use Of Force Supervisors main responsibility is the welfare of the Young Person, which is why wherever possible they should not actively be involved in the restraint. Staff are tested in this knowledge in both the practical section of the course and the assessment of knowledge exam paper. To ensure they have understood the message. We do not stipulate that any one person is responsible in case that person misses something. It is imperative that all staff fully understand the risks of restraint and the action to take in an emergency.</p>		
3	The quality and fitness	The Government	IRAP observed training for MMPR	Ongoing monitoring of the syllabus is	YJB	Ongoing – see

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	<p>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.</p>	<p>accepts this recommendation and is committed to ensuring that the new training programme is robustly reviewed, and is effectively delivered and developed.</p>	<p>delivery and received I updates based on the ongoing analysis of MMPR.</p> <p>IRAP members have noted changes made as a result of Serious Injuries and Warning Signs reviews.</p> <p>If physical restraint techniques will not be reviewed until they have been used in all sites that will mean 2015 at the earliest.</p>	<p>undertaken by the MMPR National Team and independent advisors via an agreed Quality Assurance protocol with the YJB. Ongoing monitoring of the techniques will take place through data collection and the updating of the risk of injury matrix. The MMPR syllabus will be formally reviewed every 12 months. Constant monitoring of the syllabus content and delivery is required by Skills for Justice.</p> <p><u>Response to IRAP</u></p> <p>Having considered the information recorded to date under the SIWS reporting process and operational evidence gathered for all incidents, there would not appear to be sufficient evidence to warrant a change to the risk of injury matrix. However, further work is being conducted, such as the head hold research and on petechial rash .</p> <p>Although not related to specific techniques, changes to training have been made to improve staff understanding of the risks associated with seated restraint and walls/solid surfaces where restraint takes place in a confined space.</p> <p>The monitoring of MMPR is ongoing through analysis of the use of force data provided, monthly incident review panels at each establishment, the Serious Injuries and Warning Signs Process (SIWS), the feedback from the training,</p>	<p>NOMS</p>	<p>response to IRAP comments</p>

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				<p>and through the independent research being carried out around restraint. None of the above processes have highlighted any serious issues or concerns with the syllabus or the physical restraint techniques. This year the MMPR team have carried out a review of the training materials and made some minor changes to the manuals which will bring them in line with other NOMS Learning and Development training packages. NOMS do not consider it prudent to make any substantial changes to the syllabus or the physical techniques until such time as MMPR has been delivered to the whole estate. If however any of the monitoring processes highlighted concerns about the syllabus and physical techniques NOMS would take the appropriate action.</p>		
4	<p>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</p>	<p>The Government accepts this recommendation. The National Offender Management Service (NOMS) will ensure that scenario testing is an intrinsic part of the new training programme.</p>	<p>IRAP members have observed, and taken part in, a variety of scenarios to test the application of techniques during training. The number of scenarios has been increased as training has evolved.</p>	<p>Scenario based practices which pressure test the decision making by staff and their knowledge of risk have been designed and delivered as part of the training on the MMPR syllabus.</p> <p>However there needs to be the scope to allow local delivery to factor in their own scenario's that meet the risk of that particular establishment. As a result, practice based scenarios have been incorporated within the training and tailored to reflect practice at each establishment.</p>	NOMS	Complete

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	moderate risk when applying restraint techniques operationally.			All initial and refresher training will cover the most up to date risk of injury matrix as part of the training.		
5	The training delivery teams for MMPR should have substantial female representation.	The Government accepts this recommendation. The current secure estate recruitment processes comply with equal opportunity legislation and include specific strategies to recruit female members of staff.	IRAP members attending training courses have noted the female representation among trainers, The MMPR national team has two female members but it is less clear how many in house coordinators are female, this should be monitored.	<p>National MMPR team recruited under NOMS open competition rules and secondments from STC estate. The MMPR National Team is headed by a female and the team comprises of both male and female members. There is also a good balance of male and female staff who have been selected as local MMPR coordinators at each establishment to deliver the training.</p> <p>The current position is that six out of 23 local trainers are female. There are less female staff than male staff overall, due to the YOI looking after males. However as stated in the meeting we are an equal opportunities employer and we have a recruitment process to follow which is based on a scoring system around competencies we can not take gender into the equation</p>	NOMS	Complete– see response to IRAP comments
6	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	The Government accepts this recommendation. The YJB will work jointly with the Dept of Health to introduce the new Comprehensive Health Assessment Tool (CHAT) for the whole Youth Justice System.	See detailed response regarding CHAT at recommendation 26.	The Comprehensive Health Assessment Tool (CHAT) has been developed in order to better identify and assess any mental health, physical health and substance misuse needs of young people and to inform care pathways. CHAT is in its early developmental stages and has recently been rolled out in the under-18 YOI sector.	YJB DH	Ongoing

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	<p>incident of restraint. The profile must be easily accessible to all staff and include the 'warning signs and immediate actions' advice.</p>	<p>The custody version of the CHAT consists of: Part 1- A first night initial risk assessment (which includes Mental Health, Physical Health and Substance risks) to be completed within 2 hours. Part 2 - Social Circumstances and Physical Health Assessment (which includes Physical Health & Wellbeing assessment) to be completed within 72 hours. Part 3 - Substance Misuse Assessment to be completed within 5 days. Part 4 - Mental Health Assessment to be completed within 72 hours. (This provides a framework for the systematic assessment of mental health). Part 5 - Neurodevelopmental Disorders (inc. Learning Disabilities, ASD and Speech Language and Communication Needs) and Traumatic Brain Injury Screen to be</p>		<p>There are handling plans for each young person in STCs which highlights any medical concerns, high risk behaviour, and any other needs of the young person which staff should be aware of and any actions that need to taken when restraining a young person. All staff including healthcare have access to the handling plans, these are reviewed and updated following each incident of restraint to ensure that staff have the most up to date information on the young person.</p>		

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		completed within 10 days.				
7	<p>Staff authorised to use the restraint system must:</p> <p>(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).</p> <p>(2) Demonstrate their understanding of the generic factors associated with increased health risks.</p> <p>(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.</p> <p>(4) Demonstrate their understanding of their duty of care in relation to health risk factors</p>	<p>The Government accepts this recommendation, pending some scoping work to be undertaken to assess the financial implications of meeting it fully in the under-18 YOI sector. With the exception of all staff being trained in basic life support points 1 through 4 are clear learning outcomes covered within the new syllabus and curriculum.</p>	<p>IRAP observed MMPR training combined with visits and speaking to staff.</p> <p>IRAP notes the comments regarding the procurement of a First Aid package with a view to commencement of training in May.</p> <p>There is an issue for YOIs in relation to authorised staff (ie those trained in MMPR) when staff from the adult estate are drafted in. IRAP would like some feedback from NOMs as to how this is being addressed</p>	<p>Basic Life Support (BLS) training has been procured through the British Red Cross and will be delivered alongside MMPR for NOMS staff from 27 October 2014. Volume 3 of the MMPR syllabus incorporates learning about generic factors associated with increased health risks and awareness of an individual's specific health risk factors when involved in a restraint incident. The MMPR syllabus also instructs staff who are conducting a restraint on how to deal with a medical emergency should one arise. For staff that have already completed MMPR training, the BLS course will be delivered as an addition through the MMPR annual refresher process.</p> <p>Via the newly appointed Deputy Director of Custody for Young People, NOMS is currently in the process of finalising proposals for a completely distinct workforce within their YP estate.</p>	NOMS	Ongoing

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	under the exceptional circumstances of restraint, and of the principles of data protection.					
8	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 Government accepts this recommendation.	IRAP support this initiative and encourage further use of such posters as they have not been obvious to visiting IRAP members. It would be helpful if YPG could confirm that they are widely distributed in places in daily use by staff	This requirement has already been implemented in STCs where there are medical advice posters appropriately located across the centres. The posters sets out the key medical conditions, warning signs and actions staff need to take on observing warning signs when restraining a young person. NOMS have circulated the updated medical advice and Medical Advice aide memoires to all establishments (including those who still have Control and Restraint) Ongoing efforts through visits to ensure compliance	NOMS YJB	Ongoing
9	The restraint system makes 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	The Government accepts this recommendation in principle. CHAT (see recommendation 6) will be templated on to 'SystemOne' (health IT case management system) which is currently available in all YOIs and will be rolled out to Secure Training Centres and Secure Children's Homes in		All YOIs have access to System One. The 2 nd generation profile will cover all IT needs for services the NHA Commissioning Board will commission in regards to Offender Health from April 2013 onwards. This will be tendered from 2014 onwards. Local interim arrangements will be supported for the STC/SCHs to access SystemOne for CHAT secure, although it may not be feasible to connect to the SystemOne 'spine', which enables the secure movement of information within the wider	YJB NOMS DH	Ongoing

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	<p>secure estate, including highlighting of any health and medical conditions.</p> <p>(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.</p> <p>(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;</p> <p>(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.</p>	<p>order to assist transitions in that a young person's health records can be accessed wherever they 'surface' within the young people's secure estate.</p>		<p>custodial estate.</p> <p>Health assessments are carried out on each young person by healthcare on arrival in both STCs and YOIs to determine any health needs of young people.</p> <p>In STCs MMPR/PCC handling plans are completed based on admission assessments or information received, this may be where medical concerns, high risk behaviours, past or recent history have been noted that meet the criteria for a plan. All staff including healthcare have access to the handling plans.</p> <p>The Comprehensive Health Assessment Tool (CHAT) has been developed in order to better identify and assess any health needs of young people and to inform care pathways. CHAT has recently been rolled out in the under-18 YOIs.</p> <p>A new system for data collection has been developed for MMPR and captures detailed information on the young person's well being which may impact the use of restraint. These include;</p> <ul style="list-style-type: none"> • Any medical conditions; • Disabilities; • BMI; and, • Injuries and warning signs resulting from the use of restraint <p>The new data collection system is being</p>		

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				rolled out as each establishment goes live with MMRP. It is currently live in the following establishments that are using MMRP; Rainsbrook STC, Oakhill STC, Wetherby YOI and Hindley YOI.		
10	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.	The Government accepts this recommendation.	This recommendation had been addressed in the MMRP syllabus and has been observed by IRAP members attending training.	This has been incorporated as part of the MMRP training syllabus which assesses these elements as both a joint and individual process.	NOMS	Complete
11	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.	The Government accepts that staff competence in the use of restraint should be part of annual appraisals. All staff will receive restraint refresher training twice a year.	Refresher training of staff took place before implementation in establishments and this will continue to be the practice. Staff in establishments where implementation has taken place and where staff have required their 6 monthly refresher have done so.	This will be managed through staff appraisals, the staff log books and individual training plans.	YJB NOMS	Complete
12	An early feasibility study should be commissioned concerning the introduction of 'online'	A feasibility study regarding online training will be considered once staff at the early adopter site	Update on this after Rainsbrook STC has been trained in MMRP.	The assessment of staff, and the delivery of regular refresher training, is in place and operational evidence suggests the processes are robust and fit for purpose. At this moment in time, there would not		Complete

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	training for - or as a key element of – the assessment of competence and the need for additional/‘refresher’ training for individual employees.	have been trained in MMPR and their competency levels have been assessed.	This recommendation has not yet been actioned.	appear to be a need to introduce ‘online’ training. We will re-visit this position if evidence suggests there is merit in doing so, particularly in light of HMIP’s review of MMPR and formal reviews of the MMPR syllabus.		
13	All managers are trained in the new restraint system, wherever practicable alongside their staff.	The Government accepts this recommendation and the requirement will therefore be extended to current or new contractual and service level agreements held with the Youth Justice Board (YJB).	IRAP attended training. All levels of operational staff have been targeted for training. Managers have also been encouraged to attend and most, but not all, have done so. It sends an important message if all senior managers, especially Governors are trained.	Staff at levels including custody officers and senior managers receive training alongside each other on the whole MMPR syllabus including; physical restraint techniques, managing challenging behaviour and report writing.	YJB NOMS	Complete
14	All managers are trained in managing the new restraint system and their specific governance responsibilities for it in their establishment.	The Government accepts this recommendation. The new syllabus looks to deliver appropriate training for all grades. The responsibilities of managers are captured in a comprehensive document that covers roles & responsibilities, safeguarding and governance in relation to restraint.	As Recommendation 13 although IRAP members attending training did not notice any specific training for Managers during scenarios.	As per Government response. These responsibilities are discussed with managers during the implementation of MMPR and their performance in fulfilling these responsibilities is monitored. Additionally, MMPR co-ordinators (local trainers) are given training in how to quality assure restraint incidents and action that should be taken when required. As outlined in the update, this recommendation is delivered through non-training methods. Therefore, we suggest closing this recommendation.	YJB NOMS	Complete – see response to IRAP comments
15	The straight arm hold should be removed from the MMPR	This recommendation has been delivered.	IRAP note that this recommendation has been actioned	This has been completed.		Complete

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16	<p>system.</p> <p>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.</p>	<p>The Government accepts this recommendation and has asked the Independent Restraint Advisory Panel to carry out this research and report its findings to the Ministry of Justice.</p>	<p>The IRAP Chair was fully involved with the setting up of this research and the work has started. YJB should consider whether they wish to continue the involvement of the IRAP Chair (albeit IRAP will have been dissolved) as and when the research team starts to discuss and write up their findings.</p>	<p>The YJB have commissioned research which will examine alternative ways to hold the head during restraint. This will be done by comparing the physiological and psychological impact of four different head-hold techniques. Professor Dame Sue Bailey sits on the project steering group for the research to ensure that the concerns of the RAB are addressed through the work.</p>	YJB	Ongoing – see response to IRAP comments
17	<p>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)</p>	<p>The Government accepts this recommendation. The training manual has been written in accordance with the Government's policy on the use of pain. The Government will make it clear that where the evidence indicates a pain technique that has been applied correctly</p>	<p>The restrictions on the use of pain techniques are emphasised during training. Governance arrangements at local and National level should use the data base to support the Government's policy on use of pain.</p>	Complete.	NOMS	Complete

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	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.	is not working there should be no repetition of that technique.				
18	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.	The Government accepts this recommendation. Work is underway to consider a range of restraint systems and related evidence.	The IRAP Chair has been on the project steering group. YJB should decide if they wish this involvement to continue after the demise of IRAP.	The YJB have commissioned research to identify, review and assess existing non-pain-inducing restraint techniques employed in a range of different and countries to manage volatile and serious situations. It will then seek to assess the potential for applying any effective or promising approaches within the secure estate for children and young people in England and Wales. Professor Dame Sue Bailey sits on the project steering group for the research to ensure that the concerns of the RAB are addressed through the work.	YJB	Ongoing – see response to IRAP comments
19	Management of each establishment must ensure that those staff tasked with the roles of incident manager and Use of Force supervisor are trained	The Government accepts this recommendation.	IRAP members attending training noted that managers and others were trained in techniques but specific training for Use of Force supervisors should be given a higher profile.	As per Government response.	YJB NOMS	Ongoing pending clarification from IRAP

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	in the skills and competencies as specified in the restraint manual.					
20	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.	The Government accepts this recommendation. The incident management system and documentation will be continually reviewed and monitored both within an establishment (by local use of force supervisors and local management) and externally (though YJB monitoring arrangements, inspectorates and LSCBs).	<p>IRAP have received quarterly data, which is somewhat limited given the rollout programme but it is clear that, as MMPR data increases, there will be much more scope for analysis than under the C&R system when data was poor. IRAP members have been involved in reviewing cases where serious injuries and warning signs have been reported although this will cease when IRAP is dissolved in April 2014.</p> <p>The new Governance arrangements which have been put in place are substantial in helping to ensure the safety of children and detailed analysis of the data base will enable better informed decisions to be made in the future.</p>	<p>The new UOF form is used to record data on each incident of restraint in STCs and YOIs. Data collection under the new incident management system enables more detailed scrutiny of restraint incidents by the MMPR national team (and the independent medical advisors), local MMPR coordinators, and YJB monitors, among others. This includes:</p> <ul style="list-style-type: none"> • warning signs and symptoms arising from the use of restraint • monitoring the use of any pain inducing techniques • monitoring injuries to young people or staff • Monitoring restraint-related child protection and safeguarding referrals. <p>More information is available in the MMPR roles and responsibilities document which outlines the processes that will ensure the safety and effectiveness of MMPR. These processes include safeguarding and governance arrangements, and the differing roles and responsibilities of all parties involved with the MMPR system.</p>	YJB NOMS	Complete
21	There should be a central collection and analysis of data	The Government accepts this recommendation. The	IRAP members have observed the policies and practices for collecting and recording accurate data. There is a huge	A new system for data collection has been developed for MMPR and is being rolled-out at each establishment as they go-live	YJB NOMS	Complete

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	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.	development of a new data collection and analysis process is well underway and will be intrinsic to this process.	scope for detailed analysis as other establishments come on stream and further data is added. Data collection is not an end in itself but must the information received must be used to its full potential	with MMPR. Data is collected centrally by the YJB as the single route for data collection. The YJB, MMPR national team and staff at each establishment regularly review and analyse data to: <ul style="list-style-type: none"> • identify any trends and issues related to the use of MMPR; • identify any concerns/issues regarding the safety and effectiveness of restraint techniques; and, • Identify any action required to inform any changes to practice or adjust the MMPR syllabus. <p>The MMPR roles and responsibilities document sets out the governance arrangements, and the differing roles and responsibilities of all parties for the new MMPR data collection system.</p>		
22	The establishment of an encrypted web based system is recommended with different access levels to enable quick and accurate access to data.	The Government accepts this recommendation and is considering options on the best way in which this recommendation can be met.	The Central data base is in place but the encrypted web base system must be considered to be on going work. YJB should decide whether or not they still consider the options to be not feasible and if there is less of a need to have an encrypted system. It is therefore not clear if YJB are now rejecting this recommendation or not. If not, they should set a target date for implementation of an of an encrypted web based system.	A central data collection system for MMPR is in place. The YJB has reviewed options around implementing an encrypted web based system, however these options were not considered feasible. An improved data collection system along with more frequent publication of restraint data going forward, means that there is less of a need to have an encrypted system for different levels of access. As part of the Government's agenda on greater transparency, detailed data on the first six months use of MMPR at Rainsbrook STC was published on the	YJB	Complete – see response to IRAP comments

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				<p>Justice website in January 2014. We intend to continue to publish data more frequently to improve the quality and frequency of communication with stakeholders.</p> <p>The YJB does not believe a web-based system is feasible or required now that we publish data on a frequent basis, and share it with all parties with a responsibility for MMPR (including the IRAP and HMIP), as required.</p>		
23	<p>There must be clarity as to the purpose for which data are collected, which is to ensure that restraint techniques are safe 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.</p>	<p>The Government accepts this recommendation. The development of a new data collection and analysis process is well underway and will be intrinsic to the standardised and structured monitoring of the MMPR syllabus.</p>	<p>To share the Use of Force form and accompanying guidance for staff completing this once it has been finalised.</p> <p>Some detail around how this data will be analysed and actions taken is outlined in the recently published 'Roles and Responsibilities' document for MMPR.</p>	<p>The new MMPR data collection system has been designed to ensure the medical safety and effectiveness of the physical restraint techniques. The new MMPR UOF form collects data on a technique by technique basis, this includes recording:</p> <ul style="list-style-type: none"> • the number of times each technique is used; • the approximate duration of each use; • the position of the young person at the time the technique was applied; • the application of pain and its duration; • the use of handcuffs; and, • any injuries to young people and staff <p>The collation of technique specific data helps understand how MMPR techniques are being used and undertake more detailed analysis into</p>	YJB NOMS	Complete

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				<p>potential links between techniques and injuries/warning signs.</p> <p>The MMPR national team, supported by their independent medical advisor, review information related to the effectiveness and safety of the physical restraint techniques. The team recommends any changes to the MMPR syllabus, be it to the physical restraint techniques or significant alterations to training methods, to the Restraint Management Board.</p>		
24	<p>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.</p>	<p>The Government accepts this recommendation. A new exception reporting process will be in place in time for the roll out of the new system.</p>	<p>IRAP members have taken part in reviews involving SIWS. More detail is contained in the body of the report.</p>	<p>The new process for monitoring serious injuries and warning signs applies to both STCs and under-18 YOIs.</p> <p>The serious injuries and warnings signs form is completed for all use of forces where there is a serious injury sustained or a medical warning sign observed.</p> <p>As part of the MMPR training staff receive training on UOF report writing.</p>	YJB MoJ NOMS	Complete
25	<p>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</p>	<p>The Government accepts this recommendation. A clear governance framework will support the delivery of the new training manual. The framework will include arrangements for data collection, data analysis, expert medical advice and decision making.</p>	<p>IRAP receipt of MMPR quarterly data – both quantitative and qualitative analysis.</p>	<p>This is covered in the MMPR roles and responsibilities document.</p> <p>Changes to training have been made to improve staff understanding of the risks associated with seated restraint and walls/solid surfaces where restraint takes place in a confined space.</p>	YJB NOMS	Complete – see response to IRAP comments

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	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.					
26	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.	Scoping work is required between the Department of Health and the Ministry of Justice about how feasible this recommendation is and the likely significant costs involved.		<p>The Community CHAT is complete and ready for any YOT to use – it contains a comprehensive physical/mental/substance misuse/neurodisability section – similar to the secure but a slightly condensed physical health/substance misuse section. The screening tool sits within AssetPlus, completed by YOT workers. The Asset questions were enhanced but also to flag more urgent/immediate needs.</p> <p>When a young person is released from a secure establishment, the CHAT discharge care plan will be sent to all YOT health workers/LAC nurses' and GP's. It is assumed that this would be a detailed health profile although <i>it may not list all restraints they have been involved in as there is no section on the discharge care plan for this.</i></p>		Complete - but see concerns re information sharing
27	Recording of a restraint incident must be completed contemporaneously	The Government accepts this recommendation. The new training manual	This is a sensible recommendation but some managers reported that it could take up to 2 weeks to fully complete a use of force report before the information can	As per Government response. Ongoing efforts are taking place to ensure timely completion of reports. For example, Wetherby have added use of force	YJB NOMS	Ongoing

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	other than in exceptional circumstances.	makes clear that use of force reports need to be completed as soon as practicable/possible.	be logged on to the database.	paperwork submission to managers performance targets in a bid to focus their attention on ensuring staff complete paperwork on time		
28	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.	The Government accepts this recommendation. Clear guidance will be issued to all establishments setting out what is and what is not use of force and the Governments position on the use of pain induction.	The follow up visits by IRAP and observation of scenarios in training has demonstrated the very real issue of what happens at the start of a restraint incident before an approved hold can be applied. IRAP notes that at least one of the trained establishment records this as 'use of force' and then goes on to record use of MMPR techniques. It is unclear whether this differential recording is universal or whether guidance, policy and data requirements reflect this.	The new Use of Restraint Policy Framework has been published which outlines the threshold under which pain-inducing restraint techniques can be used. The MMPR data reporting guidance issued to establishments is clear. The YJB is confident the data we have received to date is consistent and an accurate reflection of the number of restraint incidents involving the use of MMPR techniques and/or a use of force (non-MMPR technique).	MoJ	Ongoing – see response to IRAP comments
29	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,	The Government accepts this recommendation. Work is underway throughout the secure estate for young people to improve the outcomes of restraint debriefs. This includes making improvements to the	There is clear evidence that STCs and YOIS recognise the importance of involving children in de-briefs following incidents involving restraint. Barnardo's, for example, may act as independent advocates in Rainsbrook and Weatherby and the children are aware of debriefs and their avenues of complaint.	To improve debrief practice in under 18 YOIs there will be greater resource dedicated to re debriefs i.e. MMPR coordinators who will be trained with the necessary skills to undertake restraint debriefs with young people. A national protocol on restraint debriefs outlining the role of establishments and advocacy service providers was recently	YJB	Complete

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	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.	training and skills of staff identified to conduct debriefs. Young people can request the support of an independent advocate throughout the debriefing process.		issued to STCs and YOIs to improve access to advocacy support during restraint debriefs. In 2012, the YJB commissioned the Independent Review of Restraint (IRR) authors, to review the progress of secure establishments against a number of IRR recommendations relating to restraint debriefs. The report indicates that the secure establishments visited have accepted and implemented the IRR recommendations concerning restraint debriefing.		
30	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.	The Government accepts this recommendation.	The involvement of the IA and the IMA has been a significant factor in the design, culture change, technique review, implementation and monitoring of MMPR. IRAP hope that these roles can be sustained in the future.	Both Dr Alan Davison and Dr Ian Maconochie will remain in advisory capacity for the rollout process by NOMS via YJB funding.	NOMS	Complete
31	Early adopter sites for the new MMPR system are introduced in parallel, i.e. at the same time, in the STC and YOI sectors.	There are practical and logistical challenges in delivering training at two early adopter sites at the same time. Training is planned for delivery at the under-18 YOI site once the training at the STC site	This recommendation was not implemented. There was an eight month gap between Rainsbrook STC and Wetherby YOI going "live".	Rainsbrook STC was the early adopter site in the STC sector. Rainsbrook began using MMPR in March 2013. Wetherby YOI was the early adopter site in the YOI sector. Wetherby YOI began using MMPR in October 2013.	NOMS YJB	Not achieved

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32	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.	has been completed. The Government is considering the best approach to the independent assessment of the delivery of training to the 'early adopter' site. NOMS has its own internal assessment processes for all training programmes and the delivery of the training will undergo formal assessment by Skills for Justice.	IRAP welcomes the commissioning of HMCIP to report independently on the implementation of MMRP. This will help to "future proof" the ongoing use of MMRP, particularly if HMCIP continue to inspect on a thematic basis and/ or during their regular inspections of individual establishments in the under 18 estate.	Under MMRP, are a number of Boards that receive information on issues pertinent to the safety of MMRP, appropriate action taken (i.e. modifications to techniques, staff training, QA of training), its results, and improvements to practice. A number of issues are reviewed by the MMRP national team (including their independent medical advisors), local use of force supervisors, and YJB performance monitors, among others. These issues include: <ul style="list-style-type: none"> • warning signs and symptoms • the use of pain inducing techniques • injuries to young people or staff • restraint-related child protection and safeguarding referrals. <p>There is a higher level of scrutiny and wider information gathering for incidents that involve these issues, and a more in-depth analysis of this information by appropriately qualified professionals, i.e. those with necessary medical and operational experience.</p> <p>More information is available in the MMRP roles and responsibilities document which sets out the governance arrangements, and the differing roles and responsibilities of all parties involved.</p> <p>There are also a number of processes in</p>	NOMS YJB	Ongoing

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				<p>place for the external scrutiny of MMPR. The IRAP performed a key role in the ongoing monitoring of MMPR, including the medical review of SIWS incidents.</p> <p>Following a recommendation from the Justice Select Committee, HMIP will be conducting a review of MMPR which will involve reviewing the training delivered by the MMPR National team and how MMPR is used operationally by individual establishment.</p> <p>This work has begun and is due to report in 2015.</p>		
33	<p>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.</p>	<p>The Government accepts this recommendation.</p>	<p>Clearly this will be ongoing work for YJB and others. IRAP is unsure of the extent of reviews every 12 months as the response to Recommendation 3 says the techniques will not be reviewed until all sites have implemented and used MMPR. If implementation and use is not to happen at Feltham for another year or more that suggests that a full review of MMPR cannot take place at the 12 month mark.</p>	<p>Ongoing monitoring of the syllabus will be undertaken by the new MMPR team and independent advisors via an agreed Quality Assurance protocol with the YJB. Ongoing monitoring of the techniques will take place via data collection and the updating of the risk of injury matrix. The MMPR syllabus will be formally reviewed every 12 months. Constant monitoring of the syllabus content and delivery is required by Skills for Justice.</p>	YJB NOMS	Complete
34	<p>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.</p>	<p>The Government accepts this recommendation. Recent upgrades to the CCTV system across the under-18 secure estate have been undertaken. The YJB will continue to work</p>	<p>While staff generally welcome increased use of CCTV they have expressed concerns about the lack of sound as vocal attempts to de-escalate by staff or threats of violence by YPs cannot be heard.</p>	<p>As per Government response. Existing CCTV systems at MMPR establishments are fit for purpose. There is work to determine the value and feasibility in extending the coverage of CCTV cameras to areas where there currently is none, and work to consider the use of portable body cameras.</p>	YJB	Ongoing

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		closely with all stakeholders to identify any issues with the CCTV system to ensure that it is fit for purpose.				
35	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.	The Government accepts this recommendation and will look at the best way to provide guidance to managers.	IRAP have had no involvement in monitoring this recommendation.	<p>As referenced in the MMPP roles and responsibilities document restraint data is complemented by CCTV and/or video footage and, where relevant and appropriate. This material is stored safely for future review, together with other files on an establishment's data system to provide an accurate record for any future investigation.</p> <p>Once recorded, establishments must ensure that relevant people/agencies are informed about the use of physical restraint. These include as a minimum:</p> <ul style="list-style-type: none"> • the young person's 'home' local authority (either through the YOT worker and/or a young person's social worker) • the young person's parent/carer • the young person's key worker/personal officer. <p>Work is ongoing to develop a data sharing agreement with G4S and Serco to ensure that all footage available where Serious Injuries and Warning Signs are recorded can be viewed by the Independent Medical Advisor. NOMS work with each establishment and the MMPP coordinators to ensure that footage from YOIs related to SIWS is retained and provided for viewing.</p>	YJB NOMS	Ongoing

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				<p>NOMS are developing a new CCTV policy which will be for the whole NOMS estate and YPG will ensure that the requirements and specifications of MMPR are taken into consideration.</p>		
36	<p>The best possible use should be made of real time CCTV footage to enhance the realism of the training programmes.</p>	<p>The Government accepts this recommendation and will look to see how best CCTV can be used in delivering the training.</p>	<p>IRAP is not aware of real time CCTV footage being used to enhance training programmes.</p>	<p>This will be taken this forward with each establishment at the point of MMPR delivery.</p> <p>“Live” incidents cannot be used for training purposes without the full consent of all those involved. However, important learning outcomes from “live” incidents can be verbalised within the training environment.</p>	NOMS	Ongoing
37	<p>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.</p>	<p>The Government has agreed to scope the feasibility of using modern technology and whether existing IT systems would lend themselves to this approach.</p>	<p>IRAP is not aware of further progress being made.</p>	<p>This recommendation will be revisited once we have learned from the delivery of training at Rainsbrook and the assessment of competency levels once staff actually start using MMPR operationally.</p> <p>Consideration will be given to exploring the benefits of using technology to enable staff to dedicate more time to front-line duties in the STC procurement exercise. This would need to be commissioned separately from the existing roll-out.</p>	YJB NOMS	Ongoing