

RAINSBROOK STC



Use of PCC in the Secure Estate for Children and Young People

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Summary of Agency

Rainsbrook Secure Training Centre (STC) is managed by G4S Children's Services within the Care and Justice sector. The Centre opened in July 1999 and was originally designed to accommodate 40 young males. Since then, the Centre has developed to meet the needs of a transient and expanding Youth Justice System. In 2002 the Centre expanded to accommodate a total of 76 young people of both sexes and then again in October 2006, a purpose-built mother and baby unit was developed to care for young mothers and their children.

Rainsbrook STC is an 87-bedded Centre for young people consisting of three Remand Units; two male, one female; seven male sentenced units and two female sentenced units. The Centre also contains an eight bedded Enhanced Female Unit alongside the three bedded Mother and Baby Unit.

The young people residing at the Centre are aged between 12 and 17 years and have been sentenced or remanded by the court. The young people placed at the centre are subject to either Detention and Training Orders (DTO), Section 91, Section 226 or 288 sentences, or have been remanded by the court. The demographic consists of young people from a variety of backgrounds across the UK who can display difficult and challenging behaviour, symptomatic of a chaotic and sometimes abusive background.

A strong emphasis is placed on promoting positive behaviour within this environment characterised by mutual respect, a child-centred culture and high quality relationships between young people and staff. Thus embracing the ethos of Every Child Matters and supporting and enabling young people to make the sometimes difficult transition to adulthood.

Rainsbrook is inspected twice yearly by OFSTED in line with National Requirements and has successfully achieved an overall outcome of OUTSTANDING for the past 3 years running, achieving outstanding in all the outcomes in 2010.

The Centre strives to protect all young people where their care and welfare is paramount. A comprehensive and effective regime revolves around 25 hours of National curriculum education, Offending Behaviour Programmes and targeted sessions addressing aspects of criminogenic need and individual risk / protective factors. A comprehensive Rewards and Sanction policy exists based on a Cognitive Behavioural approach, where good behaviour is rewarded and negative behaviour is challenged appropriately and immediately.

As a last resort to address harmful behaviour, Restrictive Physical Intervention (RPI) may be required in line with STC Rules. Rainsbrook STC advocates the beliefs held by the Youth Justice Board that if effective behaviour management strategies are in place, the need for physical intervention should be relatively limited, thus Physical Intervention is used as a last resort and occurs only as a result of significantly challenging behaviour which meets specific criteria.

Physical Control in Care (PCC) is a system of holds developed by The National Instructors at the Prison Service College, Kidlington, now known as the National Tactical Response Group (NTRG), in 1998 for use with young people in the secure estate. All techniques and holds used within PCC have been approved by the Youth Justice Board for use within Secure Training Centres and do not rely on pain compliance to regain control of a situation.

In the event of an incident staff are encouraged to promote dialogue with a young person and de-escalate the situation at the earliest opportunity, using all other forms of intervention such as verbal reasoning, low levels of physical intervention; using PCC only as a last resort.

There are 4 specified criteria that must be met before PCC may be used and with no more force than necessary, as identified within STC Rules 37 and 38 regarding the use of force. These criteria are: -

- i) To prevent a young person from escaping
- ii) To prevent damage to property
- iii) To prevent injury to self and others
- iv) Inciting another young person to do any of the above

Safeguarding Effectiveness with Regards to Physical Control

All practices used at Rainsbrook are underpinned by policies and procedures in place since it's opening in 1999. These are reviewed regularly in line with Section 11 of the Children's Act 2004, which dictates that the Director of the STC has a duty to make arrangements for safeguarding and promoting the welfare of young people placed in the centre.

It is understood that when there is problematic and challenging behaviour that physical intervention may become necessary; however a comprehensive PCC Minimisation Strategy is in place at Rainsbrook STC from the very point that a young person is referred to the centre by the Youth Justice Board.

Admissions:

At point of initial referral information is gathered regarding the young person's history and past behaviours, thus enabling a comprehensive assessment of need and the risks they may pose to themselves and others to be completed upon their arrival to the centre. This is recorded upon T1:V documentation, the initial healthcare screening and other relevant documentation specific to use at Rainsbrook; which are then circulated to all relevant departments following the admission interview. As part of the initial referral process any health concerns identified for a young person, such as asthma, epilepsy, sickle cell, pregnancy etc will be forwarded to a PCC instructor who will formulate a PCC protocol to safeguard young people with identified health concerns in the event of physical control.

If the young person has been transferred or is deemed high profile a risk management plan will be considered to ensure all staff are informed to manage the identified concerns, with a consistent approach, as they attempt to establish a positive relationship with the trainee. This is fed into a Risk Assessment Traffic light system which alerts staff of those young people who are deemed higher risk in relation to behaviour management and assists in effective deployment of staff in relation to this.

Each new admission to the centre will complete various assessments following their arrival, including mental health, substance misuse and education, and will complete an induction process whereby they are made aware of the expected levels of behaviour, the rewards and sanctions scheme and other policies such as Physical Control in Care (PCC), Anti-Bullying and Suicide and Self-harm (SASH). Part of this process introduces the young person to the various supportive agencies within the centre and signposts them to people who are involved in their care and welfare, to access with regards to their behavioural needs, thus reducing the likelihood of PCC incidents.

Care and Review:

A range of multi-disciplinary meetings are held within Rainsbrook as part of the care and review process for young people in relation to the management of behaviour and risk. On a weekly basis Trainee Monitoring Meetings are held with representatives from the Youth Offending Services (YOS) and the residential units, whereby each young person's vulnerability and behaviour during the previous week are discussed. If concerns are identified within this forum, discussion is held regarding supportive solutions, which can then be taken to a wider multi-agency meeting, chaired by the Head of YOS or Head of Care, both of whom have Social Work Qualifications. This meeting will also discuss all new admissions to the centre focusing again on any vulnerability and/or behavioural concerns, which may require additional supportive measures to be established for those individuals.

Review meetings chaired by the young person's case manager, to review a young person's progress against their sentence and care plan, are held as dictated by National Standards as set out by the YJB, and invite representatives from departments both within Rainsbrook and from the community, such as education, healthcare, YOT, family/carers and other professionals involved in the welfare of that young person. These meetings present a further multi-agency forum for discussion of the young person's vulnerability and behaviour and dictate the programmes of work the young people are set during their time at the centre, to address the dynamic risk factors identified including areas such as anger management, victim awareness, substance misuse and programmes relating to their specific offence. These are geared towards addressing the most predominant factors of their behaviour and thus reducing the risk they may pose to themselves and others.

Youth Offending Case workers, parents/carers and Social Workers are kept up to date in the event of a young person requiring the need for physical control and are contacted within 24 hours of the incident occurring to inform them of the information surrounding the incident and of any measures put in place for prevention of further incidents.

For those young people who exhibit challenging behaviours and are at increased risk of meeting the criteria for physical control due to their behaviour or vulnerabilities, management plans are developed based on individual need to reduce the risk and aid the young person in managing their behaviours more appropriately. These plans are established in a multi-disciplinary manner and involve input from the young person to ensure they are more effective and successful in their aims. Any plan established is reviewed on a regular basis in line with any improvements made by the young person or alternatively it may be adapted to consider and address any further negative changes in behaviour.

Young people who present with exceptionally challenging behaviours who struggle to respond to supportive measures established to manage their behaviours may be considered for referral to the Complex Cases Panel. This panel meets monthly to discuss young people by referral process only, chaired by the Head of Care, focusing on what additional extraordinary measures may be required to be initiated with those young people to address the complexities of their behaviours and reduce the risk of physical control as well as other associated vulnerable behaviours.

There are various other plans that are created on an individual needs basis to provide a young person with additional support. These can be developed to support issues surrounding self-harm and suicidal ideation, anti-bullying and other vulnerabilities which require additional support mechanisms to be established. These support plans form part of the PCC minimisation strategy as they aim to reduce the risk of meeting the criteria for physical control through reducing risk of harm to self and addresses negative behaviours associated with victimisation and bullying. These plans are again reviewed on a regular basis in a multi-disciplinary forum.

Incident Management:

A Duty Operations Manager (DOM), who is skilled in de-escalation techniques and conflict resolution, will be in attendance at all incidents where a young person has met the criteria for physical control, to ensure that all other de-escalation options have been exhausted and that PCC has only been used as a last resort. Following any physical control, the healthcare team will be notified and will see the young person to provide medical support if needed. The healthcare professional in attendance will complete a body-map of the young person documenting any injuries sustained during the PCC and will provide medical treatment if required or refer to hospital in the rare event of serious injury.

Following all incidents of physical control Restorative Justice Interventions (RJI) and mediation processes are utilised with the young person to explore the antecedent events leading up to the incident, the PCC itself, what harm may have been caused and what further support or alternative strategies can be initiated to prevent a repeat incident in the future, including any reparation required. The DOM completes the initial stages of this process in relation to the incident and often sets targets for the young person to minimise the risk of re-occurrence. The Residential Service Manager (RSM) then meets with the young person on a specified date for review to ascertain if the targets agreed are being achieved and are effective. In the event that the targets are not being achieved in full or are found to be ineffective the RSM and young person agree new targets or additional support measures, for example a Behaviour Management Plan, tracking log, support plan, etc. There are identified staff within the centre trained in RJI that can carry out formal restorative justice processes between young people and between young people and staff as part of the process to minimise occurrence of incidents within the centre.

After each incident of physical control an incident debrief will also take place, overseen by the DOM attending the incident. This will explore the incident summary and any resulting sanctions imposed on the young person; discuss and record any differing consideration from the staff involved; identify any lessons learnt from the incident and formulate alternative strategies for responding to future escalations in behaviour relating to that young person or similar incidents in order to prevent reoccurrence in the future.

Monitoring and Review:

All PCC incidents are viewed by both the Duty Director and a PCC instructor via CCTV footage where applicable as part of the safeguarding process for both staff and young people involved. This process is completed in order to consider the antecedent events leading up to the incident, ensure the criteria for PCC was met in that incident and ensures that there are no inconsistencies between visual evidence and that recorded within formal incident reports. This process enables strategies and practices used to be reviewed with regularity and can be used to inform future training and practice used within the centre.

The DOM's team produce a daily log which records all reportable incidents that occur within the centre, including incidents of physical control. These logs are distributed to the Director, YJB Monitor, Heads of Department, Residential Managers, and Youth Offending Services, as part of the review process for each incident and the strategies employed to manage challenging behaviours exhibited by the young people.

The Safeguarding and Effective Practice Meeting is held monthly chaired by the Director, whereby statistics are presented in a multi-disciplinary forum, with representation from substance misuse, psychology, residential services, DOM, Social Work, PCC instructor, YOS and Education. This meeting is held for the purpose of reviewing incidents within the centre for the previous month looking at proportionality of use of PCC in respect of age, ethnicity and gender, as well as looking at contributory factors such as substance use, mental health, educational ability, etc. It focuses on identification of any significant trigger factors which may contribute to an increased number of incidents including looking at those staff and young people involved in PCC incidents, with a view to identification of additional support or training needed. For those young people who have had more than three incidents of physical control within a one month period, an additional report will be generated by the RSM for the meeting to look at the young person's history, a consideration for the high number of incidents, what plans are currently in place and any handling policies established. A young person will also attend towards the end of the meeting to discuss their viewpoint of PCC and how it is used within Rainsbrook, using the perspective of a young person to contribute towards the minimisation strategy for physical control.

On a monthly basis information is collated by the Residential Services Managers (RSM) on a range of practices such as training, reportable incidents, sickness, incentive levels, allegations, complaints, permissible forms of control. This evaluation of practice provides opportunity for the residential managers to review and reflect on these practices, subsequently developing and informing and monitoring processes for staff to improve service delivery; with specific focus on developing skills to deal effectively with challenging behaviours and promotion of positive activity.

The Head of YOS within Rainsbrook is a member of the Local Safeguarding Children's board and has incorporated the LSCB reporting procedures into those of the centre to ensure there is no delay in processing referrals. The Centre Director, Senior Management team and the Local Authority Designated Officer (LADO) are informed of all allegations made, any child protection concerns or issues raised and all relevant outcomes. All allegations made against staff at the centre, including those relating to incidents of physical control, are investigated in accordance with policy and procedure SF2, in conjunction with the Social Work Team at Rainsbrook and the LADO in Northampton.

Training:

All residential staff teams have an allocated training day every three weeks and can complete learning circles within these, which focus on various areas relating to the development of skills and strategies to address challenging behaviours and work with young people. These training days cover such areas as child protection and allegations, suicide and self-harm, mental health and policies and procedures to name but a few, thus ensuring staff are trained and qualified to effectively intervene and develop strategies that assist in minimising the use of physical control. Additional more specific training is available in more specialised areas dependent on the roles of the individual staff within the centre to enhance their skills in working to address behaviours with young people resident at Rainsbrook, such as Restorative Justice and NVQ in Youth Justice Level 3.

All staff that are trained custody officers within Rainsbrook, complete a one day refresher course twice a year on physical control in care and de-escalation with regards to management of challenging behaviours. This not only provides a refresh on using the holds within the PCC curriculum and other associated verbal techniques, but also provides an opportunity for staff to identify alternative strategies to live incidents experienced, as well as discuss any issues raised with regards to physical control.

All Instructors for PCC complete an annual four-day training refresher facilitated by the National Tactical Response Group, based at Kidlington, thus ensuring they are up to date with any changes within the law that guides the use of physical control in care for young people, with particular focus on the use of de-escalation techniques. This is also their opportunity to take forth any issues they may have with the use of physical control and issues, which may have arisen, from the six-monthly refreshers they facilitate, with an ultimate view on safeguarding both staff and young people with reference to physical control.

Additional Preventative Measures:

All young people whether on remand or subject to a custodial sentence are expected to engage in programmes to address their offending behaviours as well as any other negative challenging behaviours they may exhibit. These are completed through daily group sessions as part of the wider offending behaviour programme and targeted one-to-one sessions with their allocated key worker, based on their individual dynamic risk factors. Young people are also offered access to specialist services within the centre on a referral basis, for both group and one-to-one intervention, again all with the view of addressing negative behaviours and identification of alternative strategies to dealing with these, subsequently reducing the risk they pose to themselves and others and the risk of meeting the criteria for physical control.

During education hours, if a young person's behaviour becomes negative or at risk of escalation into a situation where they may meet the criteria for PCC, young people are able to take themselves away from the educational environment for a short period of time affording them an opportunity to de-escalate their own behaviours. This removal from education can also be used by the staff present to encourage a young person to access the opportunity to remove themselves from a trigger situation and prevent occurrence of physical control. Any removals from education are recorded and the young person is monitored during their time away from the classroom, also being offered an opportunity to discuss their angst with staff should they feel able to do so. Statistics relating to the number of removals from education are recorded each month by the education department and fed into the SEP meeting as part of the monitoring and review process for the use of physical control.

Young people are encouraged to take part in regular meetings within the centre with their peers and staff on a daily, weekly and quarterly basis. These provide an opportunity for young people to resolve any issues they may have, keeps them informed of daily events, develops understanding of the expected levels of behaviour, provides opportunities for reflection and provides feedback and suggestions on improvement for services and practices within the centre.

Rainsbrook offers a wealth of activities to the young people at the centre to encourage them to engage in activities in line with the Every Child Matters outcome Enjoy and Achieve, These activities offered are done so outside of education hours and at weekends, to engage the young people in positive purposeful activity thus reducing the risk of becoming involved in negative behaviours resulting in an increased risk of physical control.

In the event that staff identifies a threat of risk to security or harm to others, a reporting process is in place to report these identified risk. These are documented on Security Information Reports (SIR) which are completed in detail regarding the risk identified and forwarded to an Residential Service Manager or Duty Operations Manager to formulate an action plan to reduce the risk posed, thus safeguarding against harm to others and breach of security.

Evidence of Good Practice

Use of Physical Control and De-escalation Techniques:

Since the centre opened in 1999 the use of de-escalation techniques to try to prevent the use of physical restraint has become increasingly prevalent. There are three stages of de-escalation techniques that are taught to staff during PCC training which are used prior to using physical intervention. Primarily verbal reasoning is used to try to de-escalate any potential volatile situations. If a young person is becoming angry or aggressive a member of staff will talk to them to establish why this is and advise them to take steps to try to calm themselves down. The next stage is for a member of staff to physically place themselves in between the young person and whatever their anger is directed at to provide a distraction and prevent any physical aggression towards the other person. After this low levels of physical intervention will be used such as touching their arm or shoulder to encourage them to step away from the situation. Once every avenue within these three stages has been exhausted, only then will physical intervention be used.

In addition to these three stages of de-escalation a further technique may be used to reduce the need for physical intervention. Where a young person is becoming angry or aggressive they may be requested to go to their room to spend a small amount of time calming themselves down away from whatever has caused them to become angry. The use of de-escalation techniques and their effectiveness are demonstrated through the reduction of the number of PCCs on a yearly basis as the staff become more skilled in firstly identifying potentially volatile situations and then using their skills to de-escalate the young person.

Since 2002 when the centre was expanded to 76 beds there has been a steady decrease in the number of incidents of physical control almost on a yearly basis (see Graph 1). Even when the centre was further expanded in 2006 to 87 beds the number of physical controls continued to decline demonstrating de-escalation techniques have become embedded in the centre's practice.

Graph 1: The Total Annual Number of PCC's (2002-2010)

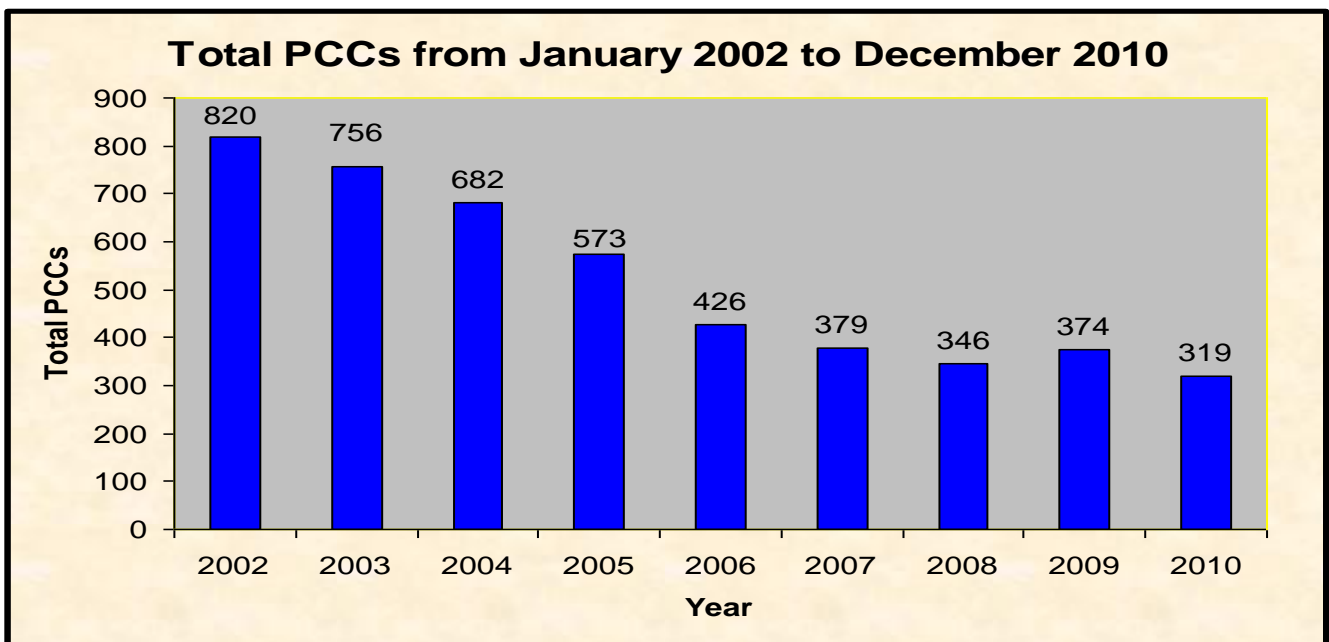


Table 1: The Rate of PCC's Compared to the Throughput for 2010

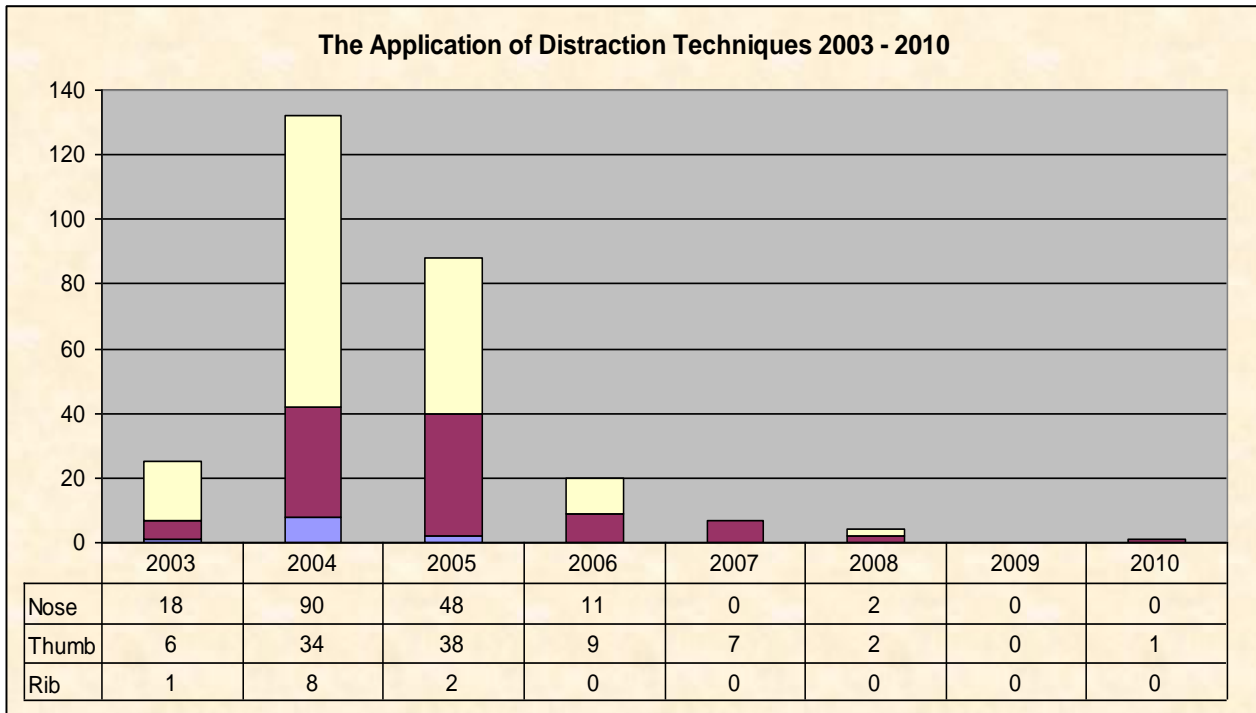
Month	Number of PCCs	Throughput	RPIs per trainee	Percentage not involved in PCC
Jan-10	27	91	0.30	82
Feb-10	14	93	0.15	86
Mar-10	12	106	0.11	90
Apr-10	21	107	0.20	88
May-10	27	103	0.26	84
Jun-10	38	107	0.36	82
Jul-10	44	108	0.41	79
Aug-10	37	98	0.38	81
Sep-10	33	97	0.34	82
Oct-10	31	108	0.29	89
Nov-10	17	99	0.17	89
Dec-10	18	100	0.18	89

As shown in Table 1, in July 2010, the Centre recorded the highest level of PCCs (44) over the annual monthly average recorded in 2010 of 27.4. There were a total of 24 individuals involved in PCCs during July, however three of these individuals accounted for 19 of the PCCs during this period which accounted for 43% of the total PCCs for July. There has been a regular influx of young people admitted to the Centre during 2010 which has created changes in dynamics on the residential units daily. There is some correlation between the high number of PCCs recorded in July and the high throughput that month and the previous month which had a continuing effect. However, when comparing the number of incidents of physical control to the number of young people at the centre the average number of Restrictive Physical Interventions (RPIs) per young person remains consistently low evidencing the use of physical control is a last resort.

Use of Distraction Techniques:

Distraction Techniques can be used during physical intervention. These methods of control are pain compliant and are only used in exceptional circumstances and are carried out with the minimum force and for the shortest possible period of time. If used, these techniques are clearly recorded on the Incident Report Form and on the D1 Form completed by the Duty Operations Manager. A monthly summary of the use of these techniques is forwarded to the YJB Performance Monitor in the form of a RPI summary. Graph 2 illustrates that over the past seven years the use of these techniques has declined and with in the last two years a distraction technique has only been used once. This is indicative that pain compliance is not deemed necessary during incidents of physical control as a result of staff using alternative de-escalation methods or techniques built upon training and development in this area.

Graph 2: The Application of Distraction Techniques 2003-2010



Training and Support:

There are ten instructors who work at Rainsbrook and each instructor is allocated two residential units to oversee. This results in there always being an instructor for staff to access to discuss any concerns they might have or to seek advice in relation to the use of physical control. Also it is standard practice for an instructor to meet with all members of staff following their first use of physical control to discuss with them what impact if any this has had on them, how they felt it went and whether they feel they require any further training, these are recorded by the instructors and forwarded to the staff members line manager to be held on the individuals supervision file. Instructors will also meet with staff members who have not had any involvement in an incident of physical control for over six months. This is to identify if the staff member is lacking confidence and has been avoiding involvement and thus may require further training or if there are merely circumstantial reasons such as working mainly on a unit which has had no incidents of physical control. Again these meetings will be recorded and kept on the individuals supervision file.

The National Tactical Response Group recommends that PCC refreshers are conducted with all staff on an annual basis. However, at Rainsbrook refreshers are delivered every six months as part of the annual training schedule demonstrating a best practice approach for the training of staff. By facilitating training every 6 months it ensures that staff's skills with regards to the use of physical control techniques are monitored more frequently to ensure they remain at a high standard and also provides a more frequent opportunity for staff to discuss any concerns they might have or seek advice in an open forum. When refresher training is conducted the PCC instructors will meet both immediately before and then again immediately after all centre staff have been trained. Prior to the refresher training the instructors will meet to discuss the structure of the training, the standards expected and required and to ensure continuity across the training. After the refreshers have taken place the instructors will meet again to discuss any concerns which may have been raised and how these have or will be addressed, whether there are any patterns with regards to concerns raised by staff and whether this indicates a gap in training which will need addressing. These meetings are recorded and actions plans are produced which the instructors will complete within the time frame identified.

Allegations:

In 2010 there were 319 incidents of physical control, 16 of which led to a young person making an allegation following the incident, this equates to only 5% of the PCC incidents in 2010 leading to an allegation. 14 (87.5%) of those allegations made by a young person were found after investigation and consultation with the LADO to be either unsubstantiated or required no further action. This clearly demonstrates that PCC is appropriate in its use and the application of holds are safe and consistent and that little concern is founded with regards to incidents of physical control at Rainsbrook. This further demonstrates that there is a robust system in place for the young people to report any concerns they have regarding an incident in a manner which is consistent with the safeguarding of both young people and staff.

Single Separation:

In 2010 there were a total of 255 incidents of single separation, defined under Policy and Procedure SI4, which states that “a period of time where young people are locked in their rooms or areas (other than at night when young people are normally locked in their rooms) without a member of staff present, in order to prevent exit or to further restrict their liberty in excess of that granted by a court under section 25 of the Children’s Act 1989 section 100 of the Powers of Criminal Court Sentencing Act 2000, section 90-92 of the Powers of Criminal Court Sentencing Act 2000 and STC Rules 1998 rule 36.”

Single separation can only be used in conjunction with STC rule 36: where it appears to be necessary in the interest of preventing him/her from causing significant harm to him/herself or to any other person or significant damage to property that a young person should not associate with other young people either generally or particular purposes. Single separation will only be used in exceptional circumstance and the time periods for this are required to be authorised by varying levels of management in accordance with the relevant time periods listed below:

0-15 minutes – a residential Team Leader

15-60 minutes – a Duty Operations Manager

1-3 hours – The Duty Director

A young person will only be singly separated for a period of no more than 3 hours in any given 24 hour period, unless authorised by the Youth Justice Board.

Table 2 illustrates the number of incidents of single separation for January-December 2010 and of those incidents, how many were following an incident of physical control.

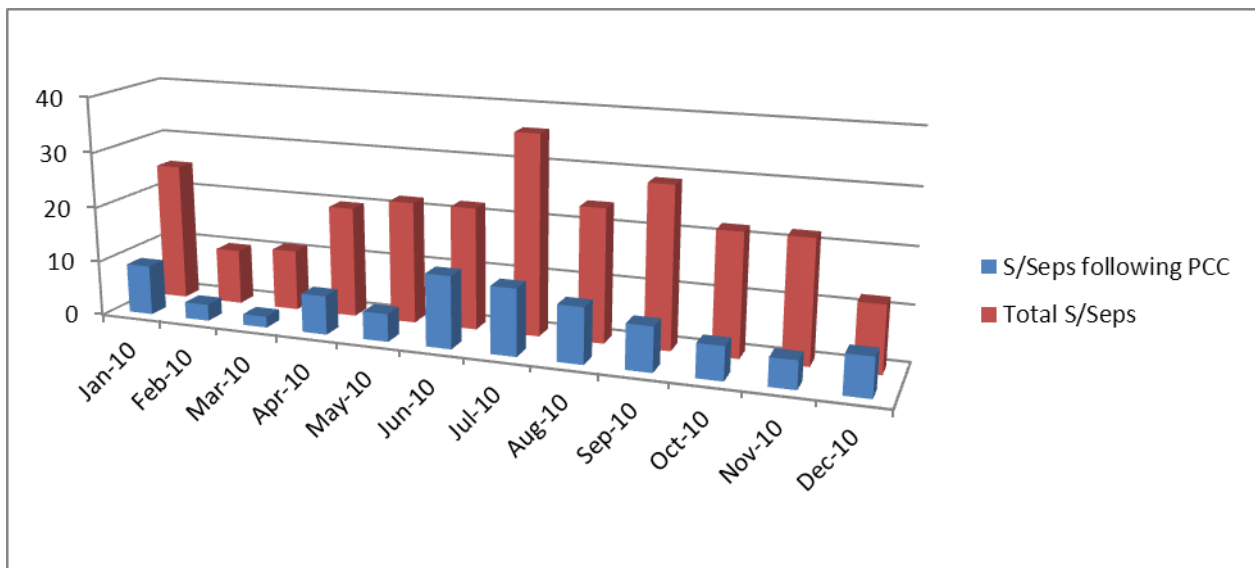
Table 2: Single Separations for 2010

	S/Seps following PCC	Total S/Seps
Jan-10	9	25
Feb-10	3	10
Mar-10	2	11
Apr-10	7	20
May-10	5	22
Jun-10	13	22
Jul-10	12	36
Aug-10	10	24
Sep-10	8	29
Oct-10	6	22
Nov-10	5	22
Dec-10	7	12
TOTAL	87	255

The criteria for single separation is comparative to the criteria for physical control and as such is an effective tool in reducing the potential number of incidents of physical control, when all other de-escalation techniques have been attempted.

Graph 3 visualises this more effectively and demonstrates the potential effectiveness of single separation in prevention of further incidents of physical control.

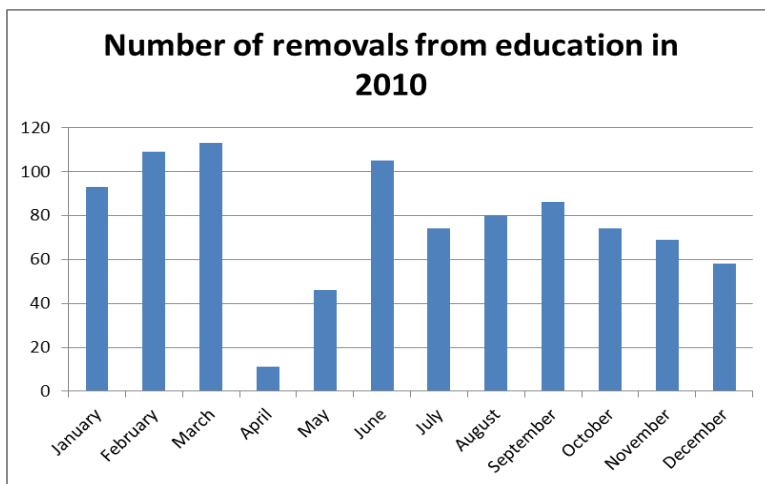
Graph 3: Single Separations 2010



Removals from Education:

Graph 4 details the number of removals from education for January-December 2010, whereby young people and staff utilise the opportunity for a young person to access short periods removed from the educational environment and de-escalate potentially high risk situations, which could result in physical control.

Graph 4: Number of Removals from Education 2010



Whilst this initially looks like a high number of removals, it demonstrates the potential number of further incidents that could have occurred had the young person not been presented with the opportunity to calm down away from the situation.

However the fact that the number of removals is decreasing with time in accordance with the reduction in number of physicals controls, is indicative of young people being able to identify alternative strategies with the aid of staff support.

Please note the recordings for the month of April are not fully accurate due to a change in recording procedures at this time.

Key Risks and Challenges

Use of Holds:

The use of PCC and the techniques and holds involved are strictly monitored by both Rainsbrook and the National Tactical Response Group (NTRG) and the YJB Monitors. At a local level within the centre the safety of holds and the use of restraint are monitored in a number of ways. During the biannual PCC training sessions staff have the opportunity to raise any concerns they have with the use of holds or how holds are applied with the PCC instructors and are offered the opportunity to have further training if required. There is also immediate opportunity for staff to raise concerns regarding holds or the use of restraint immediately following a physical control incident in the staff debriefing. This process offers the opportunity for all staff involved in the incident to give their feedback as to how they felt the incident was handled whether they felt the use of restraint was necessary and whether holds were applied correctly. Where concerns are raised a discussion is then held as to strategies to manage similar incidents more effectively in the future. This debrief is recorded on the V2 Incident Debrief Form and a copy forwarded to the Residential Service Manager and Head of Residential Services for their information and kept on record for future reference.

On a monthly basis all statistics relevant to the use of PCC are discussed at the Safeguarding and Effective Practice meeting (SEP). Here concerns with the use of PCC or the safety of holds can be determined through statistical data rather than anecdotal evidence from staff. The data produced for the SEP meeting analyses such areas as the frequency of use of different types of holds and the number of injuries sustained by staff and young people. It is also highlighted at this meeting if a particular member of staff has been involved in an above average number of PCCs so that this can then be addressed through their line manager to investigate the reasons for this and put in place an action plan if necessary which aims to reduce their involvement in physical controls in the future.

Injury during a Physical Control:

Any injury sustained by a trainee during a PCC incident has been minimal, consisting of a bruise, stiffness to the neck etc; there have been no injuries in 2010 which have required a trainee to attend hospital. All trainees are seen by a nurse following any PCC and where possible nurses attend the scene of a PCC so they can be present either during the PCC or during the de-escalation.

Plans for the Future

- Annual PCC instructor refresher training to be delivered to all instructors by the National Tactical Response Group.
- Bi-annual refresher training for all custody officers at the centre which will include not only the holds involved in physical restraint but also a presentation on the laws governing the use of physical control and medical complications that can arise from physical intervention.
- Continued four day PCC training for new members of staff on the Initial Training Course, teaching all physical control holds approved by the National Tactical Response Group and the laws and medical implications that surround it.
- The current PCC provision is currently under review due to the population at Rainsbrook and similar establishments becoming increasingly older and larger in stature. The NTRG are currently producing a new provision, Conflict Resolution Training (CRT) which will be suitable for all young people within the secure estate including STCs and YOIs.
- Restorative Justice Intervention procedure is used to reduce aggression and dissonance between young people or between staff and young people. There are future plans to train a small group of young people in this intervention who are already completing the role of peer mentor. Along with trained staff these young people will then complete mediations between their peers.

- A nominated person will view a designated time frame during the day and monitor the interaction between staff and trainees and trainee with trainees. This is recorded on the Physical Interaction QA form. Any comments and actions are passed onto the relevant people.
- PCC Refreshers will continue twice annually for all Custody Officers working with Young People at the Centre, which reiterates the philosophy of using PCC as a last resort and re-visiting de-escalation/diffusion techniques.