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Security as a superior value at work with youth offenders: a new perspective for institutional social rehabilitation in the context of British practice approach

Bezpieczeństwo jako nadrzędna wartość w pracy z młodocianymi przestępcami: nowa perspektywa instytucjonalnej resocjalizacji w kontekście brytyjskiego podejścia do praktyki

Security understood as a support for youth offenders can be treated as the supreme value in the social rehabilitation of youth offenders. This value can be defined as freedom from threats, fear, and attack of others and self-harm. The aim of the article is a description of professional strategies and skills supported by a range of accredited physical techniques that are simple, safer, and more effective when managing conflict and violence in juvenile secure settings in England. The article refers to the ethical purposes of the use of force and describes in detail the entire process of using force, with an indication of correct communication, methods of dealing with distress, legal forms of use of force, and the circumstances of their use. The roles of individuals involved in the use of force were also discussed.

Key words: security, value, juvenile, social rehabilitation.

Bezpieczeństwo rozumiane jako wsparcie może być traktowane jako najwyższa wartość w resocjalizacji młodocianych przestępców. Wartość tę można zdefiniować jako wolność od gróźb, strachu i ataków innych oraz samookaleczenia. Celem artykułu jest opis profesjonalnych strategii bezpiecznego blokowania nieletniego popartych szeregiem akredytowanych technik fizycznych, które są proste, bezpieczniejsze i skuteczne

w sytuacji konfliktu i przemocy w ośrodkach resocjalizacyjnych dla nieletnich w Anglii. Artykuł odwołuje się do etycznych celów użycia siły względem nieletniego i szczegółowo opisuje cały proces zastosowania technik bezpiecznego blokowania, ze wskazaniem roli prawidłowej komunikacji, metod deeskalacji, prawnych form użycia siły oraz okoliczności ich użycia. Omówiono poszczególne role osób zaangażowanych w sytuacji użycia bezpośrednich technik blokowania.

Słowa kluczowe: bezpieczeństwo, wartość, nieletni, resocjalizacja.

Introduction

The juvenile justice (detention, probation, youth corrections facilities, etc.) system is currently faced with the task of providing mental health assessments, treatment services¹, and secure place in custody for its youth, as there is a greater reliance on the juvenile justice system to do so. Security understood as a support for youth offenders can be treated as the supreme value in the social rehabilitation of youth offenders. This value can be defined as freedom from threats, fear, and attack of others, and self-harm. Security as an important implementation goal in social rehabilitation should not threaten other important needs and values, such as freedom, freedom, autonomy, privacy, intimacy, and trust. Safety strategies while working with youth offenders helps minimise challenging behavior as a result of uncontrollable anger, aggression, and mental disorders. Whilst children in custody often display very challenging behavior and at times threatening behavior, they are the most vulnerable in society.

Young people in custody present some of the most difficult challenges. They often come from very disadvantaged family backgrounds and at some point in their lives, many have experienced substance misuse, violence, and mental health problems. They have levels of learning difficulties that are disproportionately higher than those found in young people in the community. The behavior of these young people presents a tremendous challenge to staff in young people's secure estate. It is essential that staff and other young people have the protection that they need in the face

¹ L.A. Underwood, A. Washington, *Mental Illness and Juvenile Offenders*, "International Journal of Environmental Research and Public Health" (2016)13, s. 228.

of violent and difficult behavior from others. The independent review found widespread acceptance that it is sometimes necessary to use force to restrain young people in the secure estate, particularly when failing to do so would place a young person or others in danger. The overriding need is to ensure that the need for restraint is minimised. It is essential that staff are fully trained in behavior management and de-escalation techniques and that appropriate safeguards and monitoring arrangements are in place². Security understood as a support for youth offenders can be treated as the supreme value in the social rehabilitation of youth offenders. This value can be defined as freedom from threats, fear and attack of others, and self-harm. Security as an important implementation goal in social rehabilitation should not threaten other important needs and values, such as freedom, freedom, autonomy, privacy, intimacy, and trust. Safety strategies while working with youth offenders helps minimise challenging behavior as a result of uncontrollable anger, aggression, and mental disorders.

Increasingly, research points to the negative effects of incarcerating youth offenders, particularly in adult facilities. Incarceration often results in negative behavioral and mental health consequences, including ongoing engagement in offending behaviors and contact with the justice system. Although incarceration of youth offenders is often viewed as a necessary means of public protection, research indicates that it is not an effective option in terms of either cost or outcome. The severe behavioral problems of juvenile offenders are a result of complex and interactive individual and environmental factors, which elicit and maintain offending behavior³. Nowadays, 75% of mental illnesses emerge before the age of 25 years, and young people bear the major burden for those disorders that threaten the many decades of productive adult life⁴. Young People who are detained in custody present a wide range of needs typically at a higher prevalence than the rest of the general population⁵. These include issues with substance misuse, lacking formal education or training or having

² P. Smallridge, A. Williamson, *Government response to use of restraint in juvenile secure settings*, Department for Children, Schools and Families (DCSF), London 2008, s. 3.

³ I. Lambie, I. Randell, *The impact of incarceration on juvenile offenders*, "Clinical Psychology Review" (2013)33, s. 452.

⁴ P.D. McGorry, C. Mei, Early intervention in youth mental health: progress and future directions, "Evidence Based Mental Health", (2018)21, s. 182-184.

⁵ R. Vermeiren, A. De Clippele, D. Deboutte, *A descriptive survey of Flemish delinquent adolescents*, "Journal of Adolescence" (2000)23, s. 279.

physical or mental health problems, or often a combination Independent Review of Restraint (IRR) in juvenile secure settings. Their needs often include issues to do with substance misuse, poor relationship skills, lack of formal education or training, physical or mental health problems, conduct disorders (CD), special educational needs and cultural involvement in deviant, criminal behavior, attention deficit hyperactivity disorder or major depression.

Commonly found mental health disorders in youth offenders include, affective disorders (major depression, persistent depression, and manic episodes), psychotic disorders, anxiety disorders (panic, separation anxiety, generalized anxiety, obsessive-compulsive disorder, and post-traumatic stress disorder), disruptive behavior disorders (conduct, oppositional defiant disorder, and attention-deficit hyperactivity disorder), and substance use disorders⁶. Many display a combination of these behaviors and needs. Some Young People accommodated within the secure estate may be on the Autistic Spectrum, have Asperger's Syndrome, Obsessive Compulsive Disorder, Defiance Disorder, or Attention Deficit Hyperactivity Disorder. Others may have suffered substantial neglect, physical, sexual or emotional abuse. Many will have experienced ineffective or deviant parenting, delinquent peer group involvement, and constant contact with media-generated violence and pornography. The Government IRR appears to have found widespread acceptance that there are times when it is necessary to use force to restrain a Young Person, particularly when failure to do so would place that person or others at serious risk of harm. It is equally evident that there is an overriding need to ensure that any use of force is maintained at the lowest level, for the shortest period of time and subject to positive young people-based behavior management principles.

It is essential that those who share living and working environments, both young people and staff, have equal access to sensitive levels of protection, assistance, and support at all times. Young People have the right to be cared for by adults who are appropriately and effectively trained to respond to violence and threat in the most effective and humane way

⁶ Zob. T. Grisso, *Adolescent offenders with mental disorders*, "Future Child" (2008)18, s. 144; L. Teplin, K. Abram, G. McClelland, A. Mericle, M. Dulcan, D. Washburn, (2006) *Psychiatric Disorders of Youth in Detention*, Washington: Office of Juvenile Justice and Delinquency Prevention., DC, USA 2006; C. Mallet, *Juvenile court probation-supervised youth: At-risk in Cuyahoga county*, Corrections Compendium, (2006)31, s. 1-33.

when faced with extreme and violent behavior. They have the right to be taught by competent and able Instructors who can maintain a positive learning environment underpinned by effective behavior management principles and strategies. Young people accommodated in secure settings will be referred to either as ‘young people’ or as the ‘young person’. It is emphasised that young people accommodated in secure settings who have not yet reached their 18th birthday are legally ‘children’ and remain entitled to the same level of care, protection, and safeguarding as any other child. This understanding must be at the heart of all work undertaken with young people. It has been agreed to use the terms ‘young person’ and ‘young people’ rather than ‘child’ or ‘children’ in recognition that a more positive response is likely to be given to that term by the young people themselves and, that they may feel that being described as a ‘child’ or ‘children’ is offensive and demeaning.

The aim of this article is the description of professional strategies and skills supported by a range of accredited physical techniques that are simple, safer, and more effective when managing conflict and violence in juvenile secure settings in England, aged 13 to 18 years old. Minimising and Managing Physical Restraint course is developed by the National Tactical Response Group for the National Offender Management Service in answer to the Independent Review of Restraint⁷. The course lasts eight days. To maintain the high quality of security in juvenile secure settings, every new employee is obliged to pass a theoretical and practical exam. The review looked at the use of restraint in 3 settings: (1) young offender institutions, (2) secure training centers, and (3) secure children’s homes.

Ethical principles of the use of force

Ethics are an anchor for behavior that provides a baseline from where we can decide what is acceptable and unacceptable. Ethics provides a ready understanding of how we should react to certain situations long before we are in that situation. Acting outside ethical views may make a secure care officer (SCO) feel uncomfortable, embarrassed, or guilty. A secure care officer must be aware of what action they can take when

⁷ National Offender Management Service, *Learner Initial Handbook* V1.0, Ministry of Justice, London 2014, s. 24.

helping young people cope with their own aggression, frustration, anger, hurt, and ignorance, especially in situations where restraint is becoming the only viable and safe option. Training, supported by reflection, helps to think through the current way of seeing things and shapes the behaviors use when SCO works with young people. A decision to use physical restraint must never be made because a Young Person is refusing to comply or is using abusive or unacceptable language. Restraint should only ever be used to protect personal physical safety and never simply to enforce instructions⁸.

An ethical approach is also associated with desensitisation. Constant contact with abusive, uncooperative, challenging others can move the boundaries by which make ethical judgments. When SCO is abused and subjected to deviant and hurtful responses by the young person, he can begin to lose empathy and concern for the young person and their needs and rights. Alison Liebling and David Price⁹ pointed out that the desensitisation produced by exposure to work in custody is another important theme. Officers may become numbed to experiences which should trigger 'corrective' responses. Prison work demands of staff that they cope with brutality without becoming brutalised, that they experience feelings without being able to express those feelings legitimately or without the risk of being ridiculed or rendered ineffective.

The use of physical intervention at Secure Training Centres and Young Offender Institutions can be ethically justified if we can reasonably establish that: (1) it was effective in protecting the individual and others from harm, (2) the risk of physical injury and psychological harm was low, (3) it was proportionate to the aim (i.e. should not use a sledge hammer to crack a nut), (4) it was relatively straightforward to use in practice. SCO must be technically competent, (5) measures, such as debriefing sessions and counselling services, are in place to minimise the risk of harm to Young People and staff. Measures are in place to keep detailed and accurate records of all Use of Force incidents to review practice and inform the future use of physical intervention techniques through audit and research, (6) the rare circumstances in which physical intervention is required can be determined with a reasonable degree of clarity.

⁸ National Offender Management Service, *Minimising and Managing Physical Restraint*, MMPR Learner Initial Handbook V.1.0, Ministry of Justice, London 2016, s. 10.

⁹ A. Liebling, D. Price, *The Prison Officer*, Prison Service Journal, Leyhill 2001, s. 252.

Two questions prison officers should always ask themselves before using any physical intervention on a young person: have I exhausted all reasonable options?, and am I acting in the best interests of either the young person or others?¹⁰ All SCO have to remember that use of force never should be used as: punishment, power abuse, trigger, usual solution, assault. The Secure Training Centre Rules (1998) define the legal basis for the use of force (Rule 37 and 38). Rule 37 Use of Force: (1) An officer in dealing with a trainee shall not use force unnecessarily and, when the application of force to a trainee is necessary, no more force than is necessary shall be used. (2) No officer shall act deliberately in a manner calculated to provoke a trainee. Rule 38 Physical Restraint: (1) No trainee shall be physically restrained save where necessary for the purpose of preventing him from: (a) escaping from custody; (b) injuring himself or others; (c) damaging property; or (d) inciting another trainee to do anything specified in paragraph (b) or (c) above, and then only where no alternative method of preventing the event specified in any of paragraphs (a) to (d) above is available. (2) No trainee shall be physically restrained under this rule except in accordance with methods approved by the Secretary of State and by an officer who has undergone a course of training which is so approved. (3) Particulars of every occasion on which a trainee is physically restrained under this rule shall be recorded within 12 hours of its occurrence¹¹.

Managing communication as a prevent use of force

Communication can be defined as the process of transmitting information and common understanding from one person to another¹². Whilst working with young people detained in custody SCO should understand the impact of good communication as opposed to ineffective communication and the elements that determine each. SCO must recognise that their use of language can determine the mood of the communication they have with young people. They should be able to recognise the language of

¹⁰ National Offender Management Service, *Physical Restraint Techniques*, Home Office Manual for Escorting Safely Redacted Version, London 2014a, s. 6.

¹¹ Op. cit. *Minimising and...*, 2016, s. 12.

¹² J. Keyton, *Communication and organizational culture: A key to understanding work experience*, Sage, Thousand Oaks 2011, s. 15.

conflict, empathy, harassment, abuse, compromise, and negotiation, and the impact they have on young people. They must know how to provide accurate, clear, relevant, and intended messages. This includes avoiding threatening or challenging verbal and nonverbal behavior and reducing levels of tension or anger in verbal exchanges and recognising the signs that a young person is becoming stressed or tense. SCO must listen to the young people, actually hearing what they are saying rather than merely assuming that they 'know' what the young person meant. Staff training must be of a quality that enables staff to understand how effective communication works. It is often assumed that staff working in a secure environment will bring many of the qualities required by their role with them. It is also assumed that the more life experience the person has, the better must be their ability to communicate, instructors must not entertain such arbitrary and largely inaccurate assumptions. They must help the members of staff to assess their communication competency, their awareness of nonverbal communication, and control the influence of space, working to ensure that communications can be appropriate to the young people's needs, especially when working under stressful conditions. When SCO's join an organization that provides for the education and welfare of young people they should receive training to help them understand how they are presenting themselves to the young people and how they should present themselves. If SCO does not teach young people how to treat them, the young people will decide for themselves and the members of staff will be the losers. Coupled with this is the need to identify how the young person is valued by staff and how the member of staff sees his or her own role in that situation. There is a need to tackle stereotyping, assumption making, and labeling. SCO should certainly be made aware of the impact of each and also should develop their competency in providing written and verbal reports which are objective, assumption-free, and accurate. SCO should be able to carry out relevant, focused self-reflection. When SCO interacts with young people (trainee) whose behavior can be challenging, they need to work to build a positive relationship over time with the young person in 'normal' situations, when there is no overt hostility and there is an opportunity to talk. This will allow staff to develop a relationship that, in times of more extreme behavior, can serve to avert, de-escalate or defuse conflict situations that might otherwise become serious issues. Disruptive incidents are best managed by prior involvement.

In practice, there are usually three ways of communication: one-way communication (monologue), two ways of communication (dialogue), and no way of communication. The second one is the most effective and supports mutual dialogue between a young person and staff. The first two are ineffective and do not increase the sense of security and understanding in relation to a young person. Good communication skills do not just happen they need to be developed. Effective communication in relationships with a young person takes place when barriers to transmitting, receiving, and decoding are removed. Listening is the most important part of effective communication (two ways). Interpret or assume as little as possible. SCO has to remember that people often see the same thing in different ways, and describe the same things using different words. Several barriers retard effective communication in custody. These can be divided into three categories: (1) physical: e.g. noise, a telephone call, visitors, distances between people, walls, doors, alarms, television, banging doors/windows; (2) emotional: e.g. frustration, crying, anger, bullying, fear, anxiety, trauma; (3) circumstances: e.g. lack of sleep, neglect, regime, lack of education, sexual orientation.

The presence of other young people or adults can lower the listener's ability to communicate or listen effectively. A one-to-one situation may leave the young person stressed or anxious. If location is linked by the young person to punishment it will distort the way the young person translates the information is provided. SCO should be aware and choose the best place for the young person to talk, be calm and patient; adopt an approach to the situation. Effective communication needs time to develop through active listening. All SCO's are reminded to use daily good active listening techniques, which involve: (1) removing personal influences/prejudices, (2) showing genuine interest and concern, (3) reading the face and nonverbal communication, (4) doing the words match the nonverbal communication, (5) give verbal encouragement without taking over, (6) check to understand, (7) validate emotions, (8) be non-judgmental, (9) allow a speaker to talk at own pace. Manage silences, (10) be a sounding board if necessary, (11) use "I" to claim responsibility "you" to stress others responsibility, and "we" to establish sharing.

Effective communication also includes giving young people a voice. Young people must be encouraged to express their views, concerns, fears, hopes, aspirations, and suggestions openly and freely in situations that are relatively free of stress or threat. SCO must seek feedback from

young people and demonstrate that the feedback they give is viewed positively and where appropriate used to influence decision making. If young people do not feel able to voice their feelings, concerns, and wishes about everyday events, how can they express their concerns and fears when they believe they are being abused by peers or members of staff? Enabling young people how to complain and express their concerns appropriately, and teaching them how to negotiate and compromise, will not only improve their communication effectiveness, it will also help them develop relevant social skills which will be of value when they have returned into the home community. At secure settings, young people communicate with staff, family members, other departments, and solicitors. They can use letters, e-mails, phone calls, and complaining forms. In addition, meetings and reviews are carried out to meet the needs of young people. All staff is responsible for the relationships they form. Staff must accept that they are accountable for their behavior and they should make every effort to develop positive relationships with the young people with whom they have contact. It is generally accepted that young people are more easily influenced than adults. Their personalities are not yet fully formed, and their attitudes towards life can change rapidly. Positive relationships with staff can be one of the most powerful influences the young person may encounter in the establishment. Poor communication skills and poor or negative relationships can present a risk to the young person's safety and self-worth, possibly leading to bullying, self-harm, or presenting a risk to staff and the safety and the security of the establishment. In order to minimize the risk of a negative relationship between a young person and staff, it is recommended that all staff has the following characteristics: non-judgemental attitude, be friendly (never friend), supportive, professional, encouragement, engaged in daily routine, and respectful for young people needs.

In order to avoid conflict situations in everyday contact with a young person, all staff is familiarized with the topic of exerting influence on others, i.e. the Betari Box Model. The Betari Box is a simple model that can help to understand the impact that our attitudes and behaviors have on the attitudes and behaviors of the young people around us (my attitude affects my behavior → my behavior affects their attitude → their attitude affects their behavior → their behavior affects my attitude). Another important issue during work with youth offenders at secure settings is managing physical distance. Where we physically place ourselves in

relation to other people signifies the nature of our relationship with that person at that point in time. By moving into other zones that are too close or too far away, it is possible to intimidate or disrespect the other person. Staff must understand how the physical distance between two people can shape the nature of their interaction with young people in secure settings. Physical space and distance have a significant impact on communication. The physical distance between people influences their reactions and the behavior they produce. How close you stand to another person communicates how you see your relationship with that person. In some situations standing too close can be felt to be offensive or disrespectful. Standing too far away can be interpreted as being disinterested, estranged or, frightened or uncertain. Within any culture, the appropriate distance or space between people usually remains consistent and rule-governed, but they are not always consistent across different cultures. The most effective communication occurs when both people feel they are standing in the appropriate space. For example, there are spaces: intimate (e.g. restraint, first aid, searching), personal (e.g. one to one in the kitchen), social (e.g. in the youth club, others activities), and public¹³.

Conflict styles and recognition of behavior

The Thomas-Kilmann Conflict Mode Instrument (TKI) has been used successfully for more than 30 years to help individuals in a variety of settings understand how different conflict styles affect personal and group dynamics. The TKI measures five “conflict-handling modes” or ways of dealing with conflict: competing, collaborating, compromising, avoiding, and accommodating. These five modes can be described along two dimensions, assertiveness, and cooperativeness. Assertiveness refers to the extent to which one tries to satisfy his or her own concerns, and cooperativeness refers to the extent to which one tries to satisfy the concerns of another person¹⁴. Competing is assertive and not cooperative, and accommodating is cooperative and not assertive. Avoiding is neither assertive nor cooperative, while collaborating is both assertive

¹³ Ibidem.

¹⁴ K.W. Thomas, R.H. Kilmann, *Thomas Kilmann Conflict Mode Instrument*, CA: Xicom, a subsidiary of CPP, Inc., Mountain View 1974.

and cooperative. Compromising falls in the middle on both dimensions¹⁵. Working in secure settings SCO have to deal daily with conflicts styles. In competing style, SCO has to try safety own concerns at the expense of the other persons. Will use any tactic available to ensure a win-lose situation in favour. In this style e.g. during restraint, SCO has to win. In collaborating style, SCO is willing to collaborate with the other person to find a solution that satisfies both peoples' concerns. SCO might not gain everything, but might gain things which did not expect. The outcome is usually a win-win situation (working together). In compromising style SCO will try to find an acceptable solution that is mutually acceptable and fulfils the needs of both parties at least partially. It differs form collaborating in that same may need to be sacrificed in order to have others met. The outcomes is usually win (not lose) – win (not lose). In avoiding styles SCO neither seek to have competition or cooperation with others. The conflict is not addressed and therefore SCO do not address either the needs of yourself or the other person. The outcome is often a lose-lose situation. Generally is recommended that SCO never should avoid confrontation with a young person in custody. However, there are situations when this is unavoidable. In this situation, SCO is a trigger and should be immediately replaced by another staff member. In accommodating style SCO is low assertive and high cooperative, it means neglecting own concerns to satisfy those of another person. The outcome is a lose-win in situation.

Assault Cycle and Resolution Options

To well understand young people behavior while being detained in custody, and be able to anticipate situations requiring special support, all staff members are acquainted with the Assault Cycle¹⁶ which contains six points: (1) baseline behavior: observed during daily involvement. The young person exhibits no signs of conflict and is compliant with normal regime activities; (2) trigger phase: during this phase an event or interpersonal situation “triggers” an aggressive response within the individual;

¹⁵ N.A. Schaubhut, *Technical Brief for the Thomas-Kilmann Conflict Mode Instrument*. Description of the Updated Normative Sample and Implications for Use, CPP Research Department 2007, s. 1.

¹⁶ S.G. Kaplan, E.G. Wheeler, *Survival skills for working with potentially violent clients*, Social Casework, (1983)64, s. 349.

(3) escalation phase: anger and aggression accelerate within the person's response. Often linked to growth of aggression or violence. Fight or flight – adrenaline rush. When young people, feel threatened, vulnerable, challenged, ridiculed, victimized, stressed etc. it creates a “fight”, “flight” or “freeze” response¹⁷. The brain moves into a state of perceptually rigidity (unable to think in a joined-up way). Communication is very difficult as the focus is on fight or flight. Young Person needs space to move into a thinking state; slow things down until they can cope with logical or rational ideas. If the young person's response is to fight, amygdala will maximise potential to attack and assault the other person. Under stress, threat, or fear, the member of staff can also experience the same “fight” or “flight” reactions. Young People are more likely to: get involved in dangerous situations experience addictive risks (drugs, alcohol) display social ignorance, be impulsive, respond to perceptions aggressively. Young people are therefore less likely to think before they act, carry out risk assessments before doing something, take time out to reflect or consider alternative actions, listen to other's points of views, moderator or change dangerous or inappropriate behaviour, question their current behaviour, learn from their mistakes; (4) Crisis phase: physical, emotional, and psychological impulses are sometimes expressed explosively. Communication becomes increasingly difficult and subject to increased misunderstanding. The mind becomes rigid, fixes on one aspect, and does not refer to past experience (e.g. fights, destroying things, hitting the wall /windows with a fist, throwing things, attacking others); (5) recovery phase: levels of agitation and anxiety decrease, more purposeful communication becomes possible. Young person begins to retreat inwards. Normal priorities in life begin to melt, young person calmed down; (6) depression phase: the young person feels helpless, hopeless, without personal value, isolated, violated. Staff must try to counter this even in the period of restrain itself as well as in the immediate after events. In this phase young people usually attempt to self-harm or suicide.

In the face of threat, violence, or risk there are three main ways we can respond.

(1) Avert the threat: deflect, redirect, or remove the cause; change the focus to a different issue or situation. This does not involve meeting

¹⁷ National Offender Management Service, *Physical Control in Care Training Manual*, Ministry of Justice, London 2010, s. 16.

the threat head-on but rather requires the introduction of different focal points.

(2) Defuse the situation: reduce the level of tension, anger, frustration; clear up misunderstandings, clarify situations, establish positive communication, introduce humour or light heartedness, empathise with the Young Person's feelings and emotions, establish interpersonal rapport. The issue is left to one side and efforts are directed at decelerating the stress and tension and encouraging and more thoughtful and positive response from the Young Person.

(3) Manage the situation: manage the environment, control the risk, threat levels; bring down the levels of aggression; establish thoughtful communication, remove antagonists or negative stimuli. This requires confronting and dealing with the threat¹⁸.

There may be circumstances where attempting to manage the situation directly could prove dangerous or inappropriate (hostage incidents are an example). The actions of the Young Person may prohibit and limit the staff member's ability to consider the above options progressively. As threat assessment is an ongoing process, staff must re-evaluate the success of their chosen strategies and adjust them accordingly by constantly cycling through the decision-making process. The staff has to remember, never threaten a Young Person. Once SCO has given an ultimatum you have ended the possibility of further negotiation and put yourself into a potential win or lose situation. SCO's primary strategy should be to do nothing which may escalate the problem in the Young Person's state of mind whilst exploring ways of reducing the tension. Even when using the above techniques, there will be occasions when you are unsuccessful in your attempt to decrease the other person's anger. This does not indicate that SCO has failed. Staff safety and that of others including the young person, remain your primary concern. Anyone having to intervene in an emotionally charged situation should have an "out" plan or an established way of gaining help if needed. When out of control people sense they are intimidating and scaring others, it can increase their sense of power and control, resulting in an escalation of the situation. Staff must remain calm and actively demonstrate that they are in control of themselves and the situation.

¹⁸ Op. cit., *Minimising and...*, s. 59.

Staff must not act provocatively (even unintentionally). Young People are entitled to their emotions and feelings. Staff have to concentrate on the Young Person's behavior, not their identity, and must recognise the triggers which accelerate Young People's behavior in general, and those specific to individual Young People. All staff must be able to recognise their own strengths and weaknesses in communication and relationship skills, including controlling and managing their own verbal, non-verbal, and body language communication. Staff must recognise the behavior of others which triggers emotional or aggressive responses in their own behaviour. Staff must value and use verbal interventions at all levels of difficulties. Verbal deceleration tactics should continue even when the situation has accelerated to require physical restraint. One member of staff should carry responsibility for decisions about the action to be taken during restraint including the selection of appropriate deceleration tactics and the decision to "release".

Use of Force: General Principles and Legal Framework

The following legal acts govern the law on the use of force against youth offenders in England:

1. Criminal Law Act 1967 Section 3(1): Any person may use such force as is reasonable in the circumstances in the prevention of a crime, or in the effecting or assisting in the lawful arrest of offenders or suspected offenders unlawfully at large.
2. Common-Law: As far as the use of force is concerned there is an established common law principle that a person has the right to act in defence of themselves or others. The use of force in such circumstances will be justified provided that the individual considered the use of that force to be reasonable in the circumstances at that time.
3. Human Rights Act 1998: Article Two: The Right to life; Article Three: Prohibition from torture, inhumane or degrading treatment.
4. Children Act 2004: Section 11: All agencies working with children, Young People and their families take all reasonable measures to ensure that the risk of harm to children's welfare are minimised, and where there are concerns about children and Young People's welfare, all agencies take all appropriate action to address those concerns.

5. Health and Safety at Work Act 1974: Members of staff employed across the secure estate are entitled to the protection afforded by the Health and Safety at Work Act 1974 and related legislation and their employer is obliged to comply with certain statutory duties.

When any Use of Force incident has been resolved, the member of staff must reflect on what has been achieved and ask, did we achieve what we wanted to achieve? if the conclusion is that we did not, we can ask, was the intervention objective chosen the most appropriate one in these circumstances? or did the chosen strategies fail to help us meet our objectives? The reflection log will assist in identifying alternative strategies or whether the force used was:

(1) *Reasonable in the circumstances*: the interpretation of reasonableness is a key issue concerning the Use of Force. The issue of reasonableness is a matter of fact to be decided in each individual case. Each set of circumstances will be unique and must be assessed on their own merits. Due consideration should be given to factors such as size, age, sex and history of both the Young Person and the member of staff concerned. Factors including the presence of weapons, the physical actions presented and the mental, emotional and psychological state of the Young Person should also be taken into account when deciding whether the Use of Force, or the use of a particular form of restraint, is 'reasonable' Also to be considered: Was there an honest held belief that the response was reasonable at the time of the incident? Would another reasonable person have had the same belief? Would another reasonable person have used the same level of force in that situation?

(2) *Necessary*: It is important to take into account the type of harm that a member of staff is trying to prevent. This will help determine whether force is necessary in particular circumstances. Harm may include risk to life, limb or property. Also to be considered: were there other ways of dealing with the anticipated harm? Did staff try to use those methods first? Did staff cease to use force immediately it was no longer necessary? Did staff ensure that any force used maintained the safety and dignity of the Young Person and others concerned.

(3) *No more force than necessary*: Is the force used 'no more force than is necessary' The term 'no more force than is necessary' can be viewed as proportional. Staff should demonstrate a reasonable relationship of proportionality between the means employed and the aim pursued. Any Use of Force should be at the minimum level required and carried out

for the shortest possible period of time. Action taken is unlikely to be regarded as proportionate where less injurious, but equally effective alternatives exist. Using more force than is required is unlawful, staff must prove that the intervention is proportionate to the aim (i.e. you should not use a sledge hammer to crack a nut).

(4) *Proportionate to the seriousness of the circumstances*: Staff should demonstrate a reasonable relationship of proportionality between the means employed and the aim pursued. Action taken is unlikely to be regarded as proportionate where less injurious, but equally effective alternatives exist¹⁹.

Consideration should also be given to what were the circumstances? Why force was used was there an urgent need to resolve the situation? Was there another means available? Did they try those means first? Was the force being used stopped when no longer necessary? It is also recommended that staff members use these logs and discuss issues with their trainer on refresher training to assist in creating scenarios which can enhance learning for all. A decision to use physical restraint must never be made because a young person is refusing to comply or is using abusive or unacceptable language. Restraint should only ever be used to protect personal physical safety and never simply to enforce instructions. Main safety restraint techniques includes e.g. figure four arm hold, head hold, guiding hold, single embrace, leg control, inverted wrist hold, side relocation, prone relocation and restraint recovery. Medical monitoring must be always used during restraint a young person.

The term Use of Force refers to any type of physical intervention used by one person on another. The Use of Force by one person on another without consent is unlawful unless it is carried out as described in the law governing the Use of Force in specific contexts. There is no single criterion against which the lawfulness of a particular Use of Force can be measured. The legality of action will always depend on the prevailing circumstances. Staff must understand the different legislative frameworks and general principles of the law on the Use of Force. Decisions about the appropriate application of force should be guided by that understanding. Everyone must adhere to all aspects of law, whether they are in a custodial setting or not. To act outside the law is unlawful, and can lead to criminal prosecution. Using force to restrain a Young Person must

¹⁹ Op. cit., *Minimising and...*, s. 68.

always be the last and most appropriate option in any situation. Justifying Restraint Display and explain the following extract. “The proper use of physical restraint requires skill, and judgment, as well as knowledge of the non-harmful methods of restraint. The onus is on the care worker to determine the degree of restraint appropriate in a situation and when it should be used” (5.2 DOH 1993). The applications of physical techniques are to be used only when: (1) all appropriate methods not involving the Use of Force have been tried and have failed, (2) all other methods have been adjudged inappropriate or unlikely to succeed, (3) action needs to be taken to prevent injury to Young Persons, to staff, to other persons or prevent serious damage to property, and (4) restraint is the final appropriate response (not the last remaining response)²⁰.

Independent Review of Restraint (IRR) in Juvenile Secure Settings issued the following key message: “Irrespective of technique, monitoring, and interpreting warning signs during restraint is critical and must be improved if restraint-related deaths are to be avoided”. Restraint should only be considered when the situation means that there are no other means of dealing with the Young Person. Before and during restraint is being Carried out, staff must talk to the Young Person to decelerate the need for that restraint. Debriefing of staff and the Young Person following restraint is key, to Identify triggers and avoidable factors to prevent future recurrence of the need of restraint. As there is a risk of injury in undertaking restraint, so the shortest time of restraint should be used until the Young Person can be managed without being held. It is not possible to create a totally safe restraint system, or to give a minimum duration of restraint. Essential throughout the duration of restraint is the assessment of the Young Person for any warning symptoms or signs of medical difficulties. These are detailed in this volume. Whilst the techniques documented are intended to minimise harm, any Use of Force will involve an element of risk of injury, both to the person being restrained and to staff. Staff should be aware of any health issues of the Young Person as this may have a bearing on the risk of complication, occurring during and following restraint. Medical conditions that staff should be aware of are listed in this volume. It is important to emphasise that injury seems to be uncommon from the records that are available.

²⁰ Ibidem.

All forms of restraint are documented so that there is information on the use of restraint. This helps to assess the risks of injury in undertaking restraint, according to which techniques are used. The data that should be recorded are detailed at the end of this volume. All the techniques have been subject to a risk assessment and submission through the Restraint Advisory Board (RAB). These techniques must be used, as described, and as taught by qualified instructors. By doing so, the risk of injury to the Young Person and staff will be reduced. The advice in this manual must be followed by all members of staff involved in the Use of Force, as reducing the likelihood of harm depends on understanding the medical complications that can occur. The techniques contained in Physical Restraint, have been designed for use on Young People whose ages range from 12-17. It is recognised that within this age group lies a broad range of physical sizes and strengths which can affect how staff gain and maintain control during physical restraint incidents. The selection of techniques should not be an automatic choice, due consideration of the impact factors specified above coupled with the nature of the incident and the capability of the Young Person. These factors may influence the staff members' selection of a particular technique but the objective should always be to decelerate to the lowest level of restraint and any rationale for selection of techniques should be evidenced within the Use of Force reporting documentation. *When force is used or potentially about to be used in order to restrain a violent or disturbed Young Person, a member of health care staff must, whenever reasonably practicable, attend every incident.* All staff must be made aware of the medical complications that can occur during restraint, these can be divided into airway obstruction, breathing difficulties, circulation disorders, fracture/dislocation, nerve injury, ligament/tendon, damage, soft tissue swelling, muscle damage, bruising²¹. As Peter Smallridge and Andrew Williamson²² pointed out that no restraint is 100% safe. As many of those who have contributed to the review have acknowledged, it is an area of controversy and competing claims, and there is little consensus among medical experts about the causes of injury and death associated with restraint use or the relative risk associated with alternative methods of restraint.

²¹ Op. cit., *Physical Restraint...*, London 2014a, s. 11.

²² Op. cit., *Government response...*, London 2008, s. 67.

It is important that all staff involved in restraining a young person are aware that the application of techniques in some positions may increase the risk to the young person during restraint (particularly prone). A restraint where the Young Person is seated requires particular caution, since the angle between the chest and lower limbs are already decreased. The compression of the torso against or towards the thighs restricts the diaphragm and further compromises lung inflation. There are increased risks with restraining Young People in a seated position this is largely due to the following factors: Increased risk of compromising breathing and duration of restraint can be unspecified/lengthy. It is acknowledged that there may be operational circumstances where staff have no option but to restrain a young person in a seated position because their actions dictate. The following techniques could be applied only if the angle between the chest and the lower limbs is not decreased.

Where possible staff should avoid a young person in the seated position. If staff restrain in a seated position then they should look for an alternative position as soon as practicable. The head support should *never* be applied to a young person in a seated position. All staff must have an understanding of the medical symptoms, signs, and actions to take, and it may be the case that an incident should be treated as a medical emergency rather than a Use of Force incident. It must be stressed that the onset of a serious medical condition following the application of physical restraint is extremely rare, however, individuals in custody have died as a result of restraint and this has almost always been due to failure to follow the correct procedures. In a few cases, the restraint has worsened a health condition that may have been previously undetected. When force is used or potentially about to be used in order to restrain a violent or disturbed Young Person a member of healthcare staff must whenever reasonably practicable attend every incident.

Planned and Unplanned Incidents

When force is used it falls under two categories: planned or unplanned. On each occasion it is important that the use of force is managed at an appropriate level. Each member of staff involved in the incident whether it is planned or unplanned plays a vital role in ensuring any Use of Force is applied ethically, appropriately, proportionately, and monitored

accordingly to ensure any medical emergency is dealt with immediately in the correct manner. The management of any incident requires two roles of an appropriate grade to oversee the incident until its conclusion. It is recommended that staff identified to fulfill those roles have attended an Initial MMPR course and received regular refresher training. Incident manager overall responsibility for the management of resources and logistics throughout an incident until it is concluded – takes no active part in the restraint Use of Force Supervisor – responsible for monitoring the physical restraint techniques that are applied within an incident – takes no active part in the restraint. It is recognised that in some circumstances such as unplanned Use of Force incidents, staffing levels, and the need to resolve the incident quickly may, (in the first instance), preclude the appointment of an Incident Manager or a Supervisor. In these circumstances, the initiating member of staff, or where there are three members of staff present, the number one, will assume the role of the Use of Force Supervisor of the team until such time as an appropriate grade assumes control. This must be achieved at the earliest opportunity. A Use of Force Supervisor must be appointed to monitor each individual that is being restrained. Supervisors must not monitor multiple restraint incidents. Should these types of incidents occur and sufficient Supervisors are unavailable, control and monitoring will lie with the number one of the team. The Incident Manager should articulate this at the earliest opportunity. All establishments must ensure that a member of the medical/ health care staff attend, whenever reasonably practicable, every incident where staff is deployed to restrain young people. The member of health care staff must monitor both the young person and members of staff, and provide clinical advice to the Incident Manager, Supervisor, and or team in the event of a medical emergency. Any clinical advice offered must be adhered to by all.

Unplanned Incidents

Many incidents that occur in establishments are unplanned. These can happen when staff answer alarm bells, personal alarms or radio messages, etc. The types of incidents that staff can encounter include assaults (either on staff or young people), fighting, young people damaging the fabric of the establishment, Escape/attempts, young people committing

acts of self-harm. Some unplanned incidents can be violent and difficult to control. This may be compounded, if members of the team arrive on scene at varying times and directions. Further impact factors may include the geographical layout of the incident area proximity of other team members or other young people, nature of the incident. All staff has a duty of care to young people, others in the vicinity and themselves. They may have to use whatever force is necessary and proportionate to protect themselves or others until such time as sufficient members of staff arrive on scene in order to deal with the incident safely. The decision to use force, even at the lowest level, should not be taken lightly. All staff must consider whether any other alternatives that do not involve force are considered and, where practicable attempted, prior to the application of physical techniques. Guiding holds are low-level techniques that can be applied by one member of staff (or in some circumstances two) to enable them to escort a young person away from an incident area in order to prevent a situation from escalating. Should an incident escalate where there is a requirement for three members of staff to restrain a young person, the member of staff charged with protecting and supporting the head and neck will become the number one of the team and will take the role of team lead, and that of the Use of Force Supervisor until such time as an appropriate grade arrives on scene and assumes control. They must ensure that the airway and breathing are not compromised and that any warning signs are managed appropriately.

Responsibilities of the member of staff protecting the head (the number one): In charge of the team, assess the need and type of physical intervention – health and welfare of the young person or others, initiate and maintain a dialogue with the purpose of deceleration, protect and support the head and neck of the Young Person, monitor the behavior of the young person – both visually and verbally, monitor the medical condition of the young person, identifying any specific warning signs and take appropriate action, monitor the condition of other staff involved, instigate movement of the other team members, continually assess the need for physical intervention, to liaise with the Use of Force Supervisor who will monitor and manage the force being applied. Further responsibilities of the members of staff controlling the arms when part of a team of three staff: as per responsibilities of low level, to act with and support

the lawful actions of the number one, to apply controlling holds and any transference of holds under the direction of the number one²³.

The supervisor is responsible for monitoring the physical restraint techniques that are applied within an incident – takes no active part in the restraint – unless outlined previously. If at any stage a young person may experience any medical difficulties or signs of distress the Supervisor is responsible for instructing staff to immediately release or modify the restraint as far as practicable to achieve an immediate reduction in any restriction of breathing or to deal appropriately with a medical emergency. The Supervisor should consider terminology such as Medical Emergency to alert staff of potential medical warnings and the appropriate action to take. The Supervisor in conjunction with the number one must continually assess: the health and welfare of the young person or others, the appropriateness of any other lower level responses, the appropriateness of the techniques in operation and associated risks of the position they are applied, the application of pain inducing techniques and ensure they are kept to a minimum, the duration of restraint on the ground and ensure it is kept to a minimum. When the Supervisor attends an unplanned incident that has already commenced, he/she should consider and assess the following:

(1) on arrival incident – assess and monitor the condition of the young person and staff involved in the incident with particular regard to any medical warning signs, be prepared to order the release of a young person under restraint immediately in cases of medical emergency or signs of distress. This responsibility should be maintained throughout the incident, be prepared to replace staff who show signs of fatigue or who have been injured, make a decision as to whether (and when) to apply/ remove ratchet handcuffs, work in conjunction with the number one of the team, continuously assessing the appropriate level of restraint required against the risk presented;

(2) During incident – continue to monitor the condition of the young person and the staff involved in the incident, ensure that communications between the number one of the team and the young person take place in an attempt to decelerate throughout the incident, remain throughout and oversee the relocation of the young person and ensure that all members of staff vacate the area and that the room is secured (It is recognised

²³ Op. cit. *Minimising and...*, London 2016, s. 118.

that in some circumstances it may be beneficial for staff to remain in the room to assist in the calming process.);

(3) After incident – once the room has been secured the young person must be observed for signs of medical distress or adverse reaction, debrief all staff involved²⁴.

Considerations for debrief – All staff involved should receive an initial verbal debrief by the Supervisor. This debrief should establish whether force used was reasonable in the circumstances, necessary, no more than necessary, proportionate to the seriousness of the circumstances. Topics of debrief should include: What were the circumstances? Why force was used? Was there an urgent need to resolve the situation? Was there another means available? Did they try those means first? Was the force being used stopped when no longer necessary? The Supervisor must follow up any concerns he/ she has about the techniques and methods used by any staff involved. Supervisors should also encourage staff who have been involved in using force on young people to complete a reflection log. The aim of both the verbal debrief and the reflection log is not to apportion blame, but to be used as a learning exercise to enhance future training and or operational events.

Role of an incident manager – unplanned The Incident Manager will have overall responsibility for the management of resources and logistics throughout an incident until it is concluded – they will take no active part in the restraint. The member of staff identified should be of an appropriate rank or grade and must consider the following: On arrival: Ensure a Use of Force Supervisor has been identified and is on scene – a Use of Force Supervisor must be appointed to monitor each individual that is being restrained. Supervisors must not monitor multiple restraint incidents, should these types of incidents occur and sufficient Supervisors are unavailable, control and monitoring will lie with the number one of the team. The Incident Manager should articulate this at the earliest opportunity. Manage the staff and sufficient replacements/support staff ensure those staff participating in the Use of Force (where practicable) are trained, competent and fit to carry out the task. If not staff must be replaced in a safe and controlled manner. Ensure the incident area is cleared of other young persons and staff not involved. Make arrangements to assemble such support services as required, (time permitting) e.g. Health Care

²⁴ Ibidem, s. 118 i nast.

and other specialist staff if not already on scene. Consider the use of a video camera for evidence gathering (in line with local policies). Work in conjunction with the Use of Force Supervisor, continuously assessing the appropriate level of restraint required as measured against the risk presented. During the incident - plan the route to be taken should there be a distance to travel for relocation and inform the relevant area of your requirements. Inform the team and support staff where the young person will be relocated Facilitate clear passage i.e. ensuring stairs/corridors are cleared, and any doors/gates are opened to ensure safe movement for the young person and the team Ensure that only those required in the relocation process are in the immediate vicinity Consider the requirement or type of search, (if under restraint), and seek the appropriate approval from the Governor/Director. After the incident – once the room has been secured the young person must be observed for signs of medical distress or adverse reaction. Staff has to ensure that dialogue is initiated with the young person when it is appropriate, ensure that any member of staff injured during the incident is offered medical attention, ensure that the young person is seen by a medical/healthcare as soon as possible. Offer care services to all staff should be involved, complete an injury form for the young person, even if no injury is visible or reported, collate video evidence and witness statements (CCTV or other evidence gathering media may also prove helpful), collate the Use of Force reports (the Use of Force reports should be completed by staff independently of any other staff involved in the incident), consider photographing any reported injuries for evidence. Staff should ensure that the Supervisor conducts an initial debrief with the staff, and be ensure the young person receives an initial debrief at an appropriate time. An Initial debrief with the young person should also cover the following aspects – Does the young person require medical attention? Are there any actions required to safeguard and promote their welfare? Is there any aspect of emotional support that the young person requires? Does an immediate referral need to be made to meet any need identified above? i.e. to Safeguarding or Mental Health²⁵.

The Incident Manager must follow up any concerns about the techniques and methods used by any staff involved. Incident Managers should also encourage staff who have been involved in using force on young

²⁵ Ibidem.

people to complete a reflection log. The aim of the reinfection log is not to apportion blame, but to be used as a learning exercise to enhance future training and or operational events.

Planned intervention

Planned interventions by their nature allow both the Incident Manager and Supervisor time to plan and prepare prior to the deployment of staff. The Incident Manager must make every reasonable effort to persuade the young person to end the incident peacefully. The Use of Force to restrain a young person must always be viewed as the last available option. The application of physical techniques are to be used only when other methods, not involving Use of Force, have been tried and failed, or are judged unlikely to succeed, and action needs to be taken to prevent injury to young persons, to staff, to other persons or serious damage to property. Any planned intervention of this type must have a health care specialist present at times who will monitor the condition of the young person for any signs of medical distress should force be used. NB: The majority of planned interventions will require the use of personal protective equipment (PPE e.g. helmet, shield, overalls, legs and hand protectors). This ensures employers and employees are covered as per the relevant legislation contained within The Health and Safety at Work Act 1974.

The Incident Manager having attempted to decelerate the incident by persuasion should prepare by considering the following (1) assemble the staff and sufficient replacements/ support staff, (2) ensure a Use of Force Supervisor is identified and allocated the role, (3) ensure all staff participating in the Use of Force are trained, competence and fit to carry out the task, (4) make arrangements to assemble such support services as may be needed (time permitting) e.g. Health Care and other specialist staff, (5) consider the use of a video camera for evidence gathering (in line with local policies). CCTV or other evidence-gathering media may also prove helpful, (6) Unlock any door(s) to facilitate the entry of the team(s), (7) delegate staff to ensure the route is clear of other young people and staff not involved, (8) work in conjunction with the Use of Force Supervisor, continuously assessing the appropriate level of restraint required as measured against the risk presented, (9) ensure

the Supervisor conducts an in-depth brief to the team and ensure the Supervisor conducts their duties as detailed²⁶.

The Use of Force Supervisor is responsible for ensuring the team is briefed and prepared prior to any planned intervention. Brief staff on the following: details of the young Person, including history and behaviour patterns, any known medical issues, the current situation Routes, and relocation area, their individual roles, Consult Health Care staff where time permits disclosure of any medical issues that present risk to the young person should restraint be required (medication, pregnancy, etc.), brief support group staff about their function, ensure the staff are properly attired and that articles that might cause injury to themselves or others during the resolution of the incident, e.g. obtrusive rings, necklaces, and security keys are removed, ensure that PPE is in good operational condition. It is recommended that all staff are provided with, and wear, protective equipment (in accordance with manufacturers instructions) in a planned Use of Force incident. If PPE is required, decide whether to remove some items of protective equipment before escorting a young person through an establishment.

Further instructor guidance on debriefing

Following every Use of Force, the young person(s) and staff involved should undergo a debriefing process. The purpose of this is to make the young person aware of why force was used on them. If they are willing to discuss the matter, he/she should be encouraged to explore why they reacted the way they did and what alternative behaviors they could have employed. A note of this discussion must be made within their history sheet. This does not form part of the training syllabus and is not included in the lesson plans or instructor notes, it may assist the instructor should questions arise from the debriefing element of incident management and Use of Force report writing. During their induction every young person should be informed of the rules governing Use of Force and the establishment's expectations of the young person's behaviour. The young person should also be informed of the debriefing process following any Use of Force incident. It is hoped this approach may reduce Use of Force

²⁶ Ibidem.

incidents whilst reassuring the young person that they will be supported and listened to if they are involved in such an incident. It is equally important to explore the young person's expectations of the establishment and its staff and give appropriate guidance and support as necessary. This is particularly important for young people who are experiencing custody for the first time and may find the experience distressing. The debriefing of young people who have experienced Use of Force is seen as an effective tool in regards to violence reduction and restraint minimisation. It can explore the reasons why young people in our care feel the need to react violently in situations of conflict, whether it is in regards to their peers, or members of staff. The overall aim of debriefing is to help support young people and staff working with them to develop alternative strategies to conflict, frustration or any other situation which as led to restraint being used. It will inevitably lead to discussions around the perceptions of the young people, issues of background, possible bullying incidents, gang-related issues, and in more severe cases, disclosures of abuse. The member of staff who debriefs the young person needs to be fully aware of these issues. The debriefing of young people is fundamental to an establishment's Use of Force Restraint Minimisation Strategy as per IRR recommendation as it assists young people to understand the reason force has been used. Initial Debrief is a critical part of the overall debriefing process and is the initial phase of 'repairing' relationships and the restorative process. This is primarily due to the fact that it gives young people a clear message that staff are concerned for their welfare and want to offer any support necessary. The term "initial debrief" strengthens its position as a two-way process and that there should be some discussion with the young person. It is not simply about asking whether they have an injury or need to see someone. In addition, the initial debrief "sets the scene" for the full debrief, this allows the young person some time to think and reflect on what has happened and assists them to prepare to take an active part in the full debrief.

Single separation

Single separation or SS is locking a young person in their room against their will. There are many reasons throughout the core day and as part of their routine that a young person will have to enter their room. SS,

however, involves the young person being in their room against their wishes. Criteria for SS In exceptional circumstances, it is necessary to place a young person (trainee) in a room by themselves to (1) prevent from them harming themselves or others, (2) damaging property, (3) inciting others to do the above, (4) continued aggression following restraint. The decision for singly separating a young person is made by the staff. It is an instruction, not a suggestion. The young person must be clearly informed of this decision and explained the reasons why this is necessary Staff can remove all risk-assessed items and potentially dangerous equipment, this must be stored securely away from others' reach. Authorising times of SS: (1) SCO – up to 15 minutes (MMPR team to be made aware), (2) Residential Manager – up to 30 minutes (Oscar to be made aware), (3) MMPR Team – up to 1 hour (inform Duty Director (DD)), (4) Duty Director – over 1 hour (Director to be made aware, max 3 hours in 24 hours). In exceptional circumstances, Director can seek authorisation from the Youth Custody Service to apply for extension single separation²⁷. Separation of a young person from other young people other than at night when he/she is locked in his/her bedroom except at night when he/she has lacked in his/her bedroom, a young person in custody at the Secure Training Centre will only be separated from other young people and placed in a locked room in exceptional circumstances to prevent him/her from harming him/herself or others or from damaging property and only where other appropriate methods of control have failed any trainee in custody at the Secure Training Centre who is separated from other Trainees and placed in a locked room other than at night when he/she is locked in his/her bedroom will be informed orally at the time when he/she is placed in the locked room and in writing within three hours of being placed in the locked room of the reason or reasons for his/her placement in the locked room. Any young person separated from other young people and locked in his/her Bedroom other than at night must be checked by appropriate staff at least once every 15 minutes (best practice at the Centre dictates every five mins constant observations proportionate to the circumstance). Any trainee separated from other trainees and locked in a bedroom will be checked in accordance with STC Rules and Department of Health guidance and regulations such as that contained in the Children Act 1989: Guidance and Regulations

²⁷ Ibidem, 20 i nast.

Volume 4 Residential Care and the Children Secure Accommodation Regulations 1991.

There may be circumstances in which staff may have to enter the bedroom of a young person under a single separation. Staff may enter the bedroom if there are concerns around the young person welfare being compromised by: risk to life, self-harm, and unresponsive. In some instances entering the bedroom of a highly aggressive young person under single separation could result in assaults or in extreme instances a hostage situation safeguarding protocols must be followed in the event of entering a young person's bedroom. In a situation where there is a risk to life staff are to enter the young person bedroom activating a body-worn camera to safeguard themselves. Whilst under single separation any decision to open a young person's door if the welfare of the young person is compromised does not need authorization from Residential manager, MMPR Team, or senior manager. Best practice dictates activating a body-worn camera to enter bedroom, in the event of self-harming or unresponsive young person. MMPR training must be adhered to ensuring 3 staff members present in the event restraint application may be necessary²⁸.

There is a difference between closing SS and entering bedroom whilst a young person is still under SS. Once a young person is deemed de-escalated enough for SS to finish, at this moment staff may enter the bedroom and speak with the young person about what has happened, nearly always in the presence of a residential manager, MMPR Team or senior manager. This de-brief allows the trainee to learn from the situation and in some cases start to rebuild up staff relationships with young person. It may be necessary for some situations to sanction/agree reparation with a young person for some behavior or action before/during the SS and this could be addressed with the young person. Once the young person has accepted all that has been said and assessed to be calm, and then they may join their peer group²⁹.

²⁸ Joint Committee on Human Rights, *The use of restraint in secure training centres: eleventh report of session 2007-2008*, House of Lords, London 2008.

²⁹ *Ibidem*.

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