

Statistical Notice

Minimising and Managing Physical Restraint (MMPR) Data Collection

March 2013 – March 2014

Youth Justice Board

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Contents

| | |
|--|-----------|
| Data collection under Minimising and Managing Physical Restraint | 3 |
| Introduction | 3 |
| Monitoring and scrutiny of use of force incidents | 4 |
| Statement of use | 5 |
| Key findings | 6 |
| The number of use of force incidents | 6 |
| Reasons for the use of force | 7 |
| Position of the use of force | 8 |
| Duration | 8 |
| Characteristics of young people involved in use of force incidents | 8 |
| Injuries | 9 |
| Use of pain-inducing techniques | 9 |
| MMPR techniques | 10 |
| Non-MMPR techniques | 11 |
| Future publication of MMPR data | 11 |
| Explanatory notes | 12 |
| Data sources and quality | 12 |
| Symbols and conventions | 13 |
| Revisions policy | 13 |
| Contacts | 14 |
| Annex A: Glossary | 16 |
| Annex B – Definitions of injuries reported as part of the MMPR data collection system | 19 |
| Definitions of injuries | 19 |

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Data collection under Minimising and Managing Physical Restraint

Introduction

This ad hoc statistical notice presents analysis based on the first 13 months of data on the use of the Minimising and Managing Physical Restraint (MMPR) system. This data is provisional management information and covers the period March 2013¹ to March 2014. It contains figures from the two secure training centres (STCs), Rainsbrook and Oakhill, and the two under-18 young offender institutions (YOIs), Wetherby and Hindley, that started using MMPR during this period.

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

It is also difficult to make direct, meaningful comparisons between establishments or between the two sectors (under-18 YOIs and STCs). There are many factors that can influence the behaviour of young people and staff and thus affect the number and type of incidents within individual secure establishments. These include the different risks and needs of individual young people, the frequency and severity of assaults by young people and the overall approach (and effectiveness) of behaviour management within any establishment (see pages 6 and 7).

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

Under MMPR, establishments are required to report detailed data on all uses of force, irrespective of whether they meet the restrictive physical intervention (RPI) definition² or not. This includes the use of MMPR techniques and any use of force that is not an MMPR technique. As most secure establishments are not yet using MMPR, and there are no plans for MMPR to be adopted across

¹ MMPR went live at Rainsbrook STC on 4 March 2013 and data collection started on this date.

² A restrictive physical intervention is defined as any occasion when force is used with the intention of overpowering or to overpower a young person. Overpower is defined as “restricting movement or mobility”. This includes the use of low level techniques such as guiding hold.

secure children's homes, all establishments will continue to report against the RPI definition to ensure a degree of reporting consistency.

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

Monitoring and scrutiny of use of force incidents

Following the implementation of MMPR, a number of review processes are put in place for the monitoring and scrutiny of use of force incidents. These include:

- the review and quality assurance of every use of force incident by senior managers and MMPR coordinators (local trainers).
- a review by local authority designated officers where an incident is submitted to them as part of a child protection referral.
- monthly 'incident review' meetings, attended by the YJB and the MMPR national team. At these meetings, a selection of use of force incidents are reviewed to identify learning on the effectiveness of training and to ensure local quality assurance processes are working as expected.
- a process to review any use of force incident where either a serious injury or medical warning sign or symptom is reported (see Annex A for definition of warning signs, and Annex B for definition of serious injury), including:
 - internal scrutiny by the secure establishment.
 - external scrutiny of the incident by the MMPR national team and the independent medical adviser to the National Offender Management Service (NOMS).
 - obtaining further medical advice about the incident from an independent panel of medical experts.

Additional local activities undertaken include:

- regular 'use of force' meetings involving all relevant stakeholders, which focus on reviewing CCTV footage and devising strategies and/or actions required in response to use of force incidents.
- regular meetings looking at restraint minimisation attended by senior managers, the MMPR co-ordinators and external partners, such as a representative from the local safeguarding children board and YJB monitors.
- The review of every use of force incident by the on-site YJB monitoring team in the STCs.

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

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

Further details of the local and national governance arrangements for MMPR can be found in the *Minimising and Managing Physical Restraint: Safeguarding Processes, Governance Arrangements, and Roles and Responsibilities*³ document, which is available on the GOV.UK website.

Statement of use

The publication of this data reflects the government's commitment to provide greater openness and transparency by improving the quality and frequency of communication with stakeholders on restraint-related issues.

The purpose of this document is to:

- provide an analysis of MMPR data from secure establishments during the period March 2013 to March 2014.
- explain what factors can influence reported levels of use of force, highlight any disproportionate use of force for particular groups of young people, and to help understand and contextualise the statistics presented in the accompanying excel document.
- set out what processes are in place for the monitoring and scrutiny of use of force incidents in STCs and under-18 YOIs.
- improve the quality and frequency of communication with stakeholders on restraint-related issues. This follows feedback from stakeholders who attended the government's MMPR conference in July 2012, and requested more frequent publication of detailed use of force data.

The contents of the report will be of interest to government policy makers and those monitoring policy; the local agencies engaged with the youth justice system at both national and local levels; as well as academics, the voluntary and community sector and others who want to understand more about the youth justice system.

If you have any feedback, questions or requests for further information about this statistical bulletin, please direct them to the appropriate contact given at the end of this report.

³ *Minimising and Managing Physical Restraint: Safeguarding Processes, Governance Arrangements, and Roles and Responsibilities* (YJB, Ministry of Justice and National Offender Management Service, 2012), available at: <http://webarchive.nationalarchives.gov.uk/20140715125548/http://www.justice.gov.uk/downloads/youth-justice/custody/mmpr/minimising-managing-physical-restraint.pdf?type=Finjan-Download&slot=000003C1&id=00000BC0&location=0A64020E>

Key findings

As the data is limited to the first thirteen months of MMPR at Rainsbrook, and shorter periods from the other three establishments, there are limitations to identifying any definitive patterns or trends. However, all data is monitored closely by the YJB and NOMS (the latter as lead agency with responsibility for the MMPR syllabus).

The key findings from the data are set out in the following paragraphs.

The number of use of force⁴ incidents

Table 1.1 shows that in the 13-month period, March 2013 to March 2014, there were 440 use of force incidents in Rainsbrook STC, an average of 34 per month. On average, there were 34.2 use of force incidents per 100 young people per month.

The data for Rainsbrook STC shows that the number of use of force incidents was, on average, higher in the first six months compared to the following six months. In the period March 13 - August 13 there were 227 use of force incidents (on average, 40.2 per 100 young people per month), reducing to 188 incidents from September 13 - February 14 (on average, 30.2 per 100 young people per month).

Rainsbrook was the first establishment to adopt MMPR and the YJB worked closely with the operator during the early implementation stage to ensure appropriate lessons were learned that could inform implementation at subsequent establishments.

Data for Oakhill, from September 2013 to March 2014, shows that there were 178 use of force incidents, an average of 25 per month. On average, there were 25.7 use of force incidents per 100 young people per month.

Data for Wetherby, from October 2013 to March 2014, shows that there were 303 use of force incidents, an average of 51 per month. On average, there were 20.0 use of force incidents per 100 young people per month.

Data for the first three months at Hindley shows that there were 188 use of force incidents, an average of 63 per month. On average, there were 31.1 use of force incidents per 100 young people per month. As the data for Hindley is for a limited period of just three months, it is difficult to draw any firm conclusions at this stage.

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

⁴ This includes use of force incidents involving the use of MMPR techniques and non-MMPR techniques.

These factors include:

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

Reasons for the use of force

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

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

For Rainsbrook and Oakhill, the main reason reported for the use of force was “preventing harm to a third party”. This is also the predominant reason reported by Wetherby and Hindley. However, in the two YOIs, “good order and security” was the second most common reason for the use of force.

Use of force for reasons of good order and security is permitted in under-18 YOIs (but not in STCs). The NOMS policy on use of force under the prison service instruction (PSI) 06/2014 provides that the use of force for good order and security:

“must always be the last option and must be planned and authorised in advance by an officer of custodial manager rank or above. The authorising officer must be assured that all other options including

*persuasion and negotiation have been tried and have proved ineffective for the use of force to be considered justified”.*⁵

The data shows that good order and security is the reason for use of force in 28% of incidents at Wetherby and 20% at Hindley. As part of the incident review process involving the YJB and NOMS, and the establishment’s own review and quality assurance of every use of force incident by senior managers and MMPR coordinators (local trainers), incidents involving the use of force for good order and security are reviewed in light of the requirement provided under PSI 06/2014.

There was no use of handcuffs at Rainsbrook or at Oakhill. However, 14% of incidents at Wetherby and 19% at Hindley involved the use of handcuffs.

Position of the use of force

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

Table 1.2 shows that in all four establishments, the majority of uses of force were applied on a young person in a standing position. The data also shows a higher percentage of incidents where use of force was applied on a young person in a prone position in the under-18 YOIs than in the STCs. For example, at Wetherby, there were 75 incidents (20% of the total number of positions used during use of force incidents⁶) that involved the use of prone restraint.

Duration

Table 1.2 shows the majority of use of force incidents across all four establishments lasted for less than two minutes. At Rainsbrook STC, a greater proportion of incidents lasted for less than two minutes in the six-month period between September 2013 to February 2014 (69%) than in the preceding six month period between March to August 2013 (56%).

Characteristics of young people involved in use of force incidents

Table 1.3 gives an indication of the demographic characteristics of young people in each establishment and also of those involved in use of force

⁵ PSI 06/2014 - <https://www.justice.gov.uk/downloads/offenders/psipso/psi-2014/psi-06-2014-use-of-force-in-yp-estate.pdf>

⁶ Restraint may be applied in more than one position in a single incident.

incidents. The number of use of force incidents by the age, gender, ethnicity and religious belief of young people appears to be in proportion with their make-up of the population within each establishment (see the explanatory note on page 12 for more information about the recording of disability and religious belief data in YOIs).

However, at Rainsbrook, there appears to be a disproportionate use of force on young people with disabilities. On average, 65% of incidents per month involved a young person with a disability⁷; whilst, on average, 47% of young people at Rainsbrook have a disability.

The data shows that most young people with a disability are identified as having a neurodevelopmental condition or a chronic physical illness. The YJB has been working closely with Rainsbrook (and Oakhill) to establish the most prevalent conditions within these two categories. Most young people with a neurodevelopmental condition have attention deficit hyperactivity disorder (ADHD) and most young people with a chronic physical illness have asthma. For example, Oakhill provided an analysis of the most prevalent conditions under neurodevelopmental condition and chronic physical illness over a period of three months from January 2014 to March 2014, which showed that of the 51% young people recorded as having a disability, 47% had asthma, 44% had ADHD and 7.8% had other disabilities such as epilepsy, anxiety or depression.

The MMPR national team are scheduled to receive further training specifically with regard to the better management of young people with ADHD during incidents, with plans to deliver this training to staff at all MMPR establishments in the new year.

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

Injuries

Table 1.4 shows that the average number of minor injuries requiring treatment was fairly similar across the four establishments, with an average of two per month in STCs and one per month in the under-18 YOIs.

A serious injury to a young person was reported at Rainsbrook STC where the young person fractured a wrist. This incident is currently undergoing investigation, and we will consider what action needs to be taken once it is concluded.

75% of all minor injuries requiring treatment at Rainsbrook and Oakhill involved the administering of pain relief.

Use of pain-inducing techniques

The government recognises that in very limited circumstances the use of pain-inducing restraint techniques may be necessary. The guidance on the use of pain, as set out in the government's use of restraint policy framework for the

⁷ A young person can be involved in more than one incident in a period.

under-18 secure estate,⁸ states that the use of pain-inducing techniques must be restricted to circumstances where it is necessary to protect a child or others from an immediate risk of serious physical harm.

The data shows that there has not been any reported use of pain-inducing techniques in the STCs. In the under-18 YOIs, there have been incidents involving the use of pain-inducing techniques (on average, four incidents per month at Wetherby, and two incidents per month at Hindley). MMPR training places considerable emphasis on the government's policy on the use of pain-inducing techniques, so staff are absolutely clear about the circumstances in which it can be used.

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

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

MMPR techniques

Table 2.1 shows that in the STCs, most incidents involving the use of MMPR techniques are resolved using medium-level techniques (Rainsbrook 76% and Oakhill 46%). **Table 2.2** shows that the most frequently used MMPR techniques in the two STCs are the figure four arm hold and the head hold technique.

The most frequently used MMPR techniques in Wetherby and Hindley are the head hold, inverted wrist hold and guiding hold. In the under-18 YOIs, most incidents involving the use of MMPR techniques are resolved using high-level interventions; Wetherby 39% and Hindley 42%. However, a number of incidents in the two YOIs are also resolved using low-level interventions; Wetherby 31% and Hindley 37%.

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

In response to recommendation 16 of the RAB's MMPR assessment report, the YJB has commissioned a research project to look at alternative ways to hold the head. This will compare the physiological and psychological impact of four

⁸<http://webarchive.nationalarchives.gov.uk/20140715125548/http://www.justice.gov.uk/downloads/youth-justice/custody/mmpr/use-restraint-policy-framework.pdf>

different head-hold techniques. The aim of the research is to identify the least risky way of holding the head during incidents of use of force.

Non-MMPR techniques

At Rainsbrook, Oakhill and Wetherby more than half of the incidents involved the use of an MMPR technique. At Hindley, 59% of incidents involved the use of a non-MMPR technique, although this data is for a three-month period only.

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

- 63% for Rainsbrook;
- 55% for Oakhill;
- 67% for Wetherby;
- 41% for Hindley (the most recent establishment to start using MMPR).

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

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

Future publication of MMPR data

The YJB plans to publish data on the use of MMPR on a regular basis as new establishments go live with the system. The next publication is planned for spring 2015.

Explanatory notes

Data sources and quality

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

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

Limited data - There is limited data available for each of the establishments using MMPR, other than for Rainsbrook, for which data is available for a 13-month period, March 13 to March 14. As more data is collected over a longer period of time, from a greater number of establishments, firmer evidence will emerge.

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

Disability data is collected locally by individual establishments, and, on request, provided to the YJB for more detailed analysis on the most prevalent disability types (see page 9).

There is currently no data available on religious belief and disability from the under-18 YOIs. NOMS is undertaking further work on their reporting processes to improve data quality. Data on disability and religious belief for under-18 YOIs will be available in future publications of MMPR data.

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

By the end of March 2014, Rainsbrook, Oakhill, Wetherby and Hindley had all started using MMPR. MMPR has also now been implemented at Medway STC, but as this was after the period examined in this data release, figures from Medway will be contained in the next MMPR data publication. The table shows the dates each establishment went live with MMPR.

| Establishment | Training start date | 'Go live' date | Status |
|----------------|---------------------|------------------|------------|
| Rainsbrook STC | 3 September 2012 | 4 March 2013 | Using MMPR |
| Oakhill STC | 25 March 2013 | 2 September 2013 | Using MMPR |
| Wetherby YOI | 29 April 2013 | 23 October 2013 | Using MMPR |
| Hindley YOI | 7 October 2013 | 6 January 2014 | Using MMPR |
| Medway STC | 2 December 2013 | 2 June 2014 | Using MMPR |

As the date that each establishment started using MMPR does not correspond with the start of a calendar month, the figures for each first 'month' may be lower than subsequent months.

Symbols and conventions

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

- = Nil / Zero

.. = Not available

* = small values (less than five cases)

Revisions policy

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

Contacts

Press enquiries should be directed to the Ministry of Justice press office:

Tel: 020 3334 3536

Email: newsdesk@justice.gsi.gov.uk

Other enquiries about these statistics should be directed to:

Gary Herbert

Youth Justice Board

13th Floor

102 Petty France

London

SW1H 9AJ

Tel: 020 3334 5579

Email: gary.herbert@yjb.gsi.gov.uk

Tracie Kilbey

Ministry of Justice

102 Petty France

London SW1H 9AJ

Tel: 020 3334 6775

General enquiries about the statistical work of the Ministry of Justice can be e-mailed to: statistics.enquiries@justice.gsi.gov.uk

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

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

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Annex A: Glossary

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

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

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

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

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

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

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

Restraint Management Board: The Restraint Management Board (RMB) comprises senior officials from the YJB, the Ministry of Justice and NOMS, and is charged with overseeing restraint policy and practice across the secure estate for children and young people (under-18 year-olds). The RMB makes recommendations to ministers about the approval of restraint systems and has

the authority to recommend changes to these systems in light of emerging evidence.

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

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

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

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

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

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

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

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

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

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

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

- Vomiting
- Complaints of difficulty breathing

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

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

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

Definitions of injuries

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

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

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