Youth detention: solitary confinement and restraint: Government Response to the Committee’s Nineteenth Report of Session 2017-19

Seventh Special Report of Session 2017–19

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Joint Committee on Human Rights

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Publication

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On 18 April 2019, the Joint Committee on Human Rights published its Nineteenth Report of Session 2017–19 [HC 994 / HL Paper 343] Youth detention: solitary confinement and restraint. The response from the Government was received on 5 July 2019 and is appended to this report.

Appendix: Government Response

Letter from Edward Argar MP, Parliamentary Under-Secretary of State for Justice, Jackie Doyle-Price MP, Parliamentary Under-Secretary of State for Health and Social Care, Nadhim Zahawi MP, Parliamentary Under Secretary of State for Children and Families, 5 July 2019

Dear Harriet

We are grateful to the committee for its report on youth detention. We take the findings raised in the report very seriously. Ensuring the safety and well-being of the children in our care is the highest priority and we have, therefore, always sought to minimise the use of restraint and segregation.

We have carefully considered the report’s recommendations and our response to each is set out in the memorandum attached to this letter. Overall, we have responded positively to the recommendations, which will help to improve procedures and transparency regarding the use of restraint and segregation.

The memorandum explains that the use of pain-inducing restraint techniques in young offenders’ institutions and secure training centres is currently the subject of an independent review commissioned by the Ministry of Justice in late 2018. The outcome of that review is due in the summer and will inform future policy in this area. We will respond to the report’s recommendation on the use of pain-inducing restraint techniques in due course.

We thank the committee for its work on these important issues.

Government Response: memorandum

The Government is grateful for the committee’s consideration of these important issues and for its recommendations. These are issues under constant review as befits their importance and we agree that the areas highlighted by the committee are those that require the most consideration. We have outlined the actions we are taking in each field to address the committee’s concerns and ensure that the welfare of the children in our care remains our utmost priority.

The Government’s position is and will remain clear: children are placed in secure settings only when absolutely necessary and for the minimum period possible. Restraint and separation should not be used in these settings other than in exceptional circumstances.
The Government’s formal response to the Committee’s recommendations and conclusions is set out below. The Committee’s findings are in bold, with the Government’s responses in plain text. For ease of reference, paragraph numbering follows that in the “Conclusions and Recommendations” of the Committee’s report.

Conclusions and recommendations

1. The issue of restraint must be tackled from both angles, with continued improvements in reporting in order to see the true scale of the issues, and action to reduce the need for restraint and separation, in all secure settings. (Paragraph 23)

We share the committee’s concerns about high levels of restraint in youth detention and custody settings and we are taking action to better address children’s complex needs (see section 7) and upskill staff (see section 10) to reduce the number of incidents that are deemed to require restraint.

As the committee highlights, recent improvements in reporting have helped expose the scale of the issue, but improvements can still be made to expand and clarify these datasets. The YCS has recently begun an information development project to assess all existing data recording practice across a wide range of business areas. Reviewing ‘use of force’ data is a priority for the project, which will run to March 2020 and will develop proposals for amending, harmonising and publishing data.

We continue to believe that, in all secure settings, the restraint of children should always be a last resort, used only when necessary for the safety of the child or others and when all attempts to de-escalate the situation have been exhausted. Further work specific to each sector to monitor and minimise incidents of restraint are set out below.

Young Offender Institutions (YOIs) & Secure Training Centres (STCs)

The committee will be aware that the current restraint system used in STCs and YOIs, Minimising and Managing Physical Restraint (MMPR), trains all staff in these settings to use de-escalation and diversion strategies to minimise the use of restraint through the application of behaviour management techniques. The fundamental principle, as underlined by the title, is to minimise the use of force as much as possible, to continually analyse the effectiveness and safety of individual techniques and the manner in which they are used, and make appropriate changes. Each YCS establishment is required to have a “Restraint Minimisation Strategy” that is subject to an annual assurance process.

We acknowledge that this restraint policy works most effectively if the surrounding behaviour management and care framework are rigorous and holistic. That is why the YCS has developed a new behaviour management strategy, designed to provide a positive, child-focused culture and ethos.

Earlier this year, the YCS published ‘Building Bridges - A Positive Behaviour Framework’, which provides a framework for developing positive relationships between staff and children. It stresses the importance of leadership and culture to create a positive environment and of staff modelling the desired behaviour, and sets requirements for incentivising and promoting positive behaviour, minimising behaviour that can cause harm and working
effectively with unacceptable behaviour. The framework includes addressing the needs of children who are particularly complex, with high levels of harm, need and vulnerability. All YCS sites and professionals are expected to work to this framework.

The strategy also includes the implementation of SECURE STAIRS—an NHS England-led initiative providing an integrated framework of care encompassing health, education and behavioural support to children in custody, and the continued roll out of the Custody Support Plan, to provide children with a personal member of staff to improve consistency and trust.

By more comprehensively addressing children’s complex needs in this way, and supporting staff to develop positive and proactive relationships, we hope to reduce violence, increase engagement and time out of room and, ultimately, reduce the need for restraint or segregation.

The YCS will also shortly be publishing its internal safeguarding review. A new position—Head of Safeguarding—has been created to take forward work to address the issues raised in this review, and the reports of this committee and the Independent Inquiry into Child Sexual Abuse, among others.

**Secure Children’s Homes**

The guide to the Children’s Homes (England) Regulations 2015, which applies to secure children’s homes, is clear on the use of restraint and the factors that should be considered concerning the restraint of children. The registered manager of a Secure Children’s Home (SCH) is responsible for ensuring that there is a policy in place for the use of restraint in the home and for regularly reviewing this. This includes ensuring that staff are adequately trained in the use of restraint and that they are required to demonstrate that they fully understand the associated risks and the appropriate techniques.

SCHs in England must keep a record of all uses of restraint and ensure children who have been restrained have the opportunity to add their thoughts and feelings to reports. SCHs should use records to regularly review practice and identify and respond promptly where any issues or trends of concern emerge.

When inspecting SCHs, Ofsted reviews the use of restraint, including reviewing CCTV footage of incidents. Where poor practice is identified, Ofsted can take enforcement action to ensure practice remains safe and is compliant with the regulations.

**Secure hospitals**

Since 2017, NHS England and NHS Improvement (NHSE&I) has overseen a strategic programme to reduce restrictive practices and incidents of harm to patients and staff due to violence.

In December 2018, the Mental Health Unit (Use of Force) Act (“Seni’s Law”) became law. This will increase the oversight and management of the use of force in mental health units, with the aim of reducing restraint and separation/segregation by:

- requiring service providers operating a mental health unit to appoint a “responsible person” to ensure the requirements of the act are carried out and
for them to have a written policy setting out the steps the unit is taking to reduce the use of force, and to publish information about the rights of patient in relation to the use of force;

• setting out requirements for staff training;

• requiring providers to keep a record of any use of force on a patient by staff. There is a new duty for the Secretary of State for Health and Social Care to ensure annual statistics using the recorded information are published;

• requiring the Secretary of State to publish an annual review of relevant coroners’ findings where the death was determined to be as a result of the use of force;

• investigating any deaths that occur during, or result from, the use of force; and

• requiring police officers to wear and operate body worn video cameras when attending a mental health unit.

Healthcare staff in the in English YOIs, STCs and SCHs are not involved in undertaking restraint at any time.

There is a requirement for these staff to attend a planned restraint to assess and monitor its impact on health. The role of these staff in this situation, is:

• to highlight health risks that are known when children enter the setting and that may impact upon the safety of restraining a child, or where the impact of these known health risks become apparent during a restraint;

• to request a stop to a restraint if health issues become apparent; and

• to assess and follow up on health issues after a restraint.

2. We recommend that the use of specific pain-inducing techniques in Youth Offenders’ Institutes should be prohibited. We also recognise the right of prison officers to act in self-defence and we are aware that these issues are currently subject to review. (Paragraph 27)

The committee will be aware that, in October 2018, the Ministry of Justice commissioned Charlie Taylor, Chair of the Youth Justice Board, but acting in an independent capacity, to review of the use of pain-inducing techniques in YOIs and STCs. The review is due to conclude in the summer. We will respond to this recommendation once we have considered its findings.

3. We recommend that the use of restraint for the purposes of “discipline and good order” in Young Offenders Institutes be prohibited in all but the most exceptional circumstances, and that the guidelines produced by the Ministry of Justice and its agencies be updated accordingly. (Paragraph 31)

We agree with the committee that the use of restraint for the purposes of “discipline and good order” should only ever permitted in extreme circumstances, as outlined in the MMPR guidance.
We recognise, too, the deleterious effect such restraint can have on the trust and relationships between children and staff in custody which are integral to effective rehabilitation. This is the rationale behind our new behaviour management strategy (set out in section 1) which we anticipate will reduce the need for such incidents of restraint.

It is important to note that governors within YOIs have a duty to maintain safety and good order. In exceptional circumstances of noncompliance, it may be that the use of restraint is the only reasonable and proportionate option available to meet the long-term interest and safety of a child, their peers or staff, and to reduce the considerable risks of wider disorder.

However, in light of the committee’s recommendations, the YCS will review the current policy, particularly concerning the use of restraint for passive noncompliance by children in YOIs, to ensure it does effectively balance and mitigate all these concerns.

4. While we acknowledge that there may be exceptional circumstances in which prone restraint is preferable to alternatives, it must be more rigorously regulated by governing health bodies and regulators, including by annual publication of statistics for each institution (broken down by patients’ diagnoses, age and justification for not using an alternative method). (Paragraph 34)

All providers of NHS-commissioned mental health and learning disability inpatient services are required to report the use of restrictive interventions as per the Mental Health Services Data Set (MHSDS). Version 4 went live in April 2019 and provides comprehensive definitions and working examples to improve the consistency of reporting. NHSE&I will be monitoring returns to ensure that all service providers submit data as part of their contractual obligations.

The MHSDS records the number and type of restrictive interventions for those who are in contact with secondary mental health services or learning disability and autism services. This data is published monthly by NHS Digital.

Version 4 will require a significant increase in the detail of restrictive practices utilised by services including the duration of any use of prone restraint. It will also detail:

- the number of people who were subject to restrictive intervention, of each type; and
- the number of restrictive interventions by each age group, gender or ethnicity for each type of restrictive intervention.

Data is published for each provider including Mental Health Trusts and independent sector healthcare providers. The data collection will be strengthened by requirements under the Mental Health Units (Use of Force) Act 2018 (see above).

The Care Quality Commission (CQC) was commissioned by the Secretary of State for Health and Social Care to review and to make recommendations about the use of restrictive interventions in settings that provide inpatient and residential care for people with, or who might have, mental health problems, learning disabilities and/or autism. The terms of reference for this review have been published.
Initially, the review has considered segregation, prolonged seclusion and restraint in specialist NHS and independent sector wards for people of all ages with learning disabilities and/or autism. These include assessment and treatment units (ATUs), and specialist NHS and independent child and adolescent mental health wards. The interim report was published on 21 May 2019 and the government has accepted all five of its recommendations.

- There should be an independent and an in-depth review of the care provided to, and the discharge plan for, each person who is in segregation on a ward for children or on a ward for people with a learning disability and/or autism.

- An expert group should be convened to consider what would be the key features of a better system of care for those with a learning disability and/or autism whose behaviour is so challenging that they are, or are at risk of, being cared for in segregation.

- Urgent consideration should be given to how the system of safeguards can be strengthened and what additional safeguards might be needed.

- All parties involved in providing, commissioning or assuring the quality of care of people in segregation, or people at risk of being segregated, should explicitly consider the implications for the person's human rights.

- Informed by these interim findings, and the future work of the review, CQC should review and revise its approach to regulating and monitoring hospitals that use segregation.

In its latter stages, due to report back at the end of 2019, the review will look at:

- segregation/prolonged seclusion in NHS and independent sector mental health rehabilitation and low secure mental health wards, and

- restrictive interventions in residential care homes designated for the care of people with learning disabilities and/or autism, children's residential services that are jointly registered with CQC and Ofsted, and the 14 secure children's homes in England.

5. **We recommend that all use of separation in all institutions is regulated and monitored, with data published annually by institution. (Paragraph 50)**

**Young Offender Institutions**

We agree that more can be done to improve and clarify the published datasets concerning separation, and that is why, as mentioned above (see section 1), the YCS is conducting an information development project to review all existing data recording practice. Along with use of force, separation is a high priority for the project which, by March 2020, will develop proposals for amending, harmonising and publishing data.

With specific reference to the committee's recommendation, this data review will also consider the possibility of publishing data by institution, bearing in mind the need to avoid situations in which individual children can be identified due to small populations and datasets.
Currently, under-18YOIs are required to track and record the number of days children spend in segregation units. In addition, anyone ‘removed from association’ under rule 49 of the YOI rules is also monitored by the YCS, which identifies the children in segregation (as defined in Prison Service Order 1700) in each 24-hour period to ensure that all relevant management checks are in place. What data is collected and published, and how, from this monitoring will form part of the scope for the information development project.

**Secure Children’s Homes & Secure Training Centres**

The guide to the Children’s Homes (England) Regulations 2015 makes clear that children in SCHs should only be placed in single separation when necessary to prevent injury to any person (including, for example, the child who is being restrained) or to prevent serious damage to the property of any person (including the child who is being restrained). SCHs must keep a record of all uses of single separation under regulation 17 of The Children (Secure Accommodation) Regulations 1991. Ofsted review this on inspection.

Figures for ‘single separation’, for children in STCs and SCHs (for children placed on justice grounds) are published as part of the annual youth justice statistics. The publication of this data, and the format it takes, will also be in scope for the YCS information development project.

Although not published, across the three sectors (YOIs, STCs & SCHs) of the children and young people secure estate (CYPSE) a set of indicators are collected from healthcare staff, called the Children and Young People Indicators of Performance (CYPIPs). One of these collects information on care and separation. From 2019/20, this was expanded and is as below:

- D06K08: The % of CYP separated from their main location who have had a healthcare plan within 24 hours of admission.

This indicator will be collected from the four under-18YOIs and two STCs within NHSE&I regulations. It is collected to aid performance monitoring of providers by commissioners and secure settings with regards to the health of children in separation.

**Secure hospitals**

The Mental Health Services Data Set records the number and type of restrictive interventions for those who are in contact with secondary mental health services or learning disability and autism services. This data can be broken down for each trust and is published. The data collection will be strengthened by requirements under the Mental Health Units (Use of Force) Act.

As such, use of separation is closely monitored within secure settings. However, the referenced data projects will allow us to take a better view as to the quality and availability of existing data, and how it is published.

6. **We recommend that every decision, or review of a decision, by YOIs to extend a period of separation beyond 72 hours is reported to the responsible Minister on a monthly basis, who will certify the information and lay it before each House for**
publication. The information provided to the Minister should specifically highlight any separations that extend beyond 21 days. These figures should be simultaneously copied to the Independent Monitoring Board. (Paragraph 56)

When providing his oral evidence to the committee, the Parliamentary Under-Secretary of State for Justice confirmed that the current processes for separation are robust and effective. He explained that experienced frontline professionals are best placed to make decisions on separation and such decisions are reviewed and ratified (or not) by governors or other senior managers in the YCS.

Nevertheless, we fully understand the concerns the committee and others have raised regarding separation and the Minister will therefore be provided with details each month on all cases of separation over 21 days in public-sector YOIs, for information. This includes case details and justification for the decisions taken. The key features of the decision making and oversight arrangements are:

- a child in a YOI cannot be removed for more than 72 hours without the authority of senior managers and healthcare. The process is subject to monitoring by the establishment’s Independent Monitoring Board (IMB);

- removal can be authorised by the Segregation Review Board for periods of up to 14 days at a time to a maximum of 21 days. After this period, and at each subsequent 21-day period, authority is required from the Prison Group Director for removal to continue. The responsible Director must review any case where removal continues to three months;

- while it is within policy to sign on for a further 14 days, most YOIs have Rule 49 reviews at least twice a week. Review boards are multi-disciplinary, including staff from healthcare, psychology and chaplaincy, who know the child and are used to interacting with them, and the IMB; and

- if a child is removed for a period of more than seven days, they undergo a short-term assessment of risk and needs (STARN). This helps identify short-term goals to support reintegration. Every child subject to Rule 49 rules for a continuous period of seven days must have a STARN initiated.

YOIs are subject to regular scrutiny and comprehensive inspections by HM Inspectorate Prisons, the IMB and other regulatory bodies to monitor the safety and welfare of children in custody. In particular, IMBs are notified within 24 hours of segregation, they can visit the segregation unit and individual children at any point; they monitor the decisions taken by the establishment and can escalate concerns if required.

As with other restraint and segregation data, the means of collecting and publishing data concerning separation beyond 72 hours, including whether and how often they be laid before each House, will be considered by the aforementioned YCS information development project.

Regarding STCs, Rule 36 of the STC rules states that children should not “be left unaccompanied [i.e. removed from association] during normal waking hours for a continuous period of more than 3 hours nor for periods which total in aggregate more
than 3 hours in any period of 24 hours”. All incidents of removal from association in STCs are published as part of the annual youth justice statistics, which will also be reviewed by the information development project.

Where STCs are privately operated, the provider is required to notify the STC monitor within 24 hours of every occurrence of the use of Removal from Association under STC Rule 36 including length of time, who authorised it, reasons for the removal and any observations (which are required to take place at least once every 15 minutes). The STC monitors review this information each day to ascertain if there have been any breaches of the rules and identify if further action is required.

7. **We acknowledge that there are cases of children in custody who are so unwell, violent or afraid that it is difficult to know how to treat them. They should be moved to an institution that is equipped to look after them, or the institutions in which they reside should be reconfigured to enable them to adopt responses other than solitary confinement.** (Paragraph 58)

Children in custody have a range of challenging and complex needs. The YCS has a placements process dedicated to thoroughly assessing these children and placing them in the setting that best meets their safeguarding and rehabilitative needs. These decisions are reviewed regularly. The YCS’s comprehensive review of safeguarding, along with the creation of a new head of safeguarding role, will help to ensure settings remain appropriate or action is taken if a child’s needs change.

We are taking action to improve both access to appropriate health accommodation for those who need it and the quality and consistency of care across all secure settings.

**Improving access to secure health accommodation**

NHSE&I have identified that there is a cohort of children within the CYPSE who present significant risks and for whom systems fail to meet their needs. Some of these children are considered for placement in the children's secure hospital estate. Work is underway to understand how and why current services do not meet their needs and what placement options could be available. The work will include a full review of cases thought to be in this cohort over the last two years and a detailed analysis of placement issues and options. It is expected to report in September 2019. A simultaneous review of Tier 4 mental health provision is taking place in Wales.

In the meantime, mental health transfer protocols have been developed by NHSE&I for both youth justice and welfare settings in the CYPSE. These protocols are currently being taken through internal clearance processes prior to publication and will replace the existing DHSC guidance.

We are also reviewing NHSE&I Child & Adolescent Mental Health Services (CAMHS) and the delivery of the Accelerated Bed Programme to eliminate inappropriate out-of-area placements by providing an improved geographical distribution of inpatient beds, addressing the urgent gaps and improving local access, to deliver more effective integrated treatment pathways.

Further, NHSE&I is implementing a national Clinical Assurance and Individual Review Panel which will complement and strengthen the existing escalation arrangements that are
in place locally and regionally. The overall aim of the Panel is to ensure that optimal, high quality care is being delivered and that all appropriate treatment and placement options have been explored. Referral to the Review Panel is part of an exceptional escalation process for complex cases and will recommend actions to address concerns where it has not been possible to fully address at a local or regional level.

**Improving healthcare in custody**

When the YCS places children into custody, they will go into either a SCH, STC or YOI. The information provided by the Youth Offending Team (YOT) is used to determine suitability for a particular placement, with the aim of promoting children’s safety and ensuring decisions are made with their best interests as a primary consideration. The YCS considers a wide range of factors when determining suitability for a placement. These are set out in the YCS placement guidance and include (but are not limited to) risk of harm, risk to others, welfare, medical history (including mental health), family and resettlement, maturity and resilience.

NHSE&I are leading the implementation of a new psychologically- and trauma-informed integrated care framework (SECURE STAIRS), addressing the needs of children holistically and co-ordinating the services of health providers and other functions into a coherent package. We have also opened two new Enhanced Support Units for children with the most complex needs at Feltham and Wetherby YOIs. We are developing Enhanced Support Teams to provide psychological support for children in those YOIs without a dedicated unit.

The YCS also oversee complex cases as part of the Critical Case Panel which aims to support sites in the management of this cohort via a multidisciplinary approach. This approach also allows us to identify themes and gaps in services for support of the most challenging and traumatised of our children, which is hoped will enable us to commission our estate effectively in the future.

8. **We recommend that the use of separation in hospitals be more rigorously regulated. Each institution in the health sector must report data on extension of separations to the responsible Minister on a monthly basis, who will certify the information and lay it before each House for publication. (Paragraph 61)**

We accept that the regulation of hospitals that use separation could be improved, and CQC will be reviewing and revising its approach to this as per the recommendations of its review on the use of restrictive interventions in settings that provide in patient and residential care for people with mental health problems, learning disabilities and/or autism. DHSC will work with the CQC and other strategic partners to support this.

The use of seclusion and segregation in hospitals requires all providers to adhere to the Mental Health Act Code of Practice. All seclusion and segregation is also reported to regional CAMHS case managers monthly and the use of segregation requires commissioner approval prior to implementation.

As mentioned above (see section 4), all seclusion and segregation is reported through the MHSDS and information from this data collection is published monthly.
9. The Ministry of Justice, the Department of Health and Social Care, and the Department for Education all have responsibilities for children in detention, and must increase their efforts to coordinate and reconfigure resources, to ensure that there are enough specialised placements (including in SCHs and CAMHS), so that each child can be placed in the most appropriate setting and as near as possible to home. (Paragraph 69)

We understand and recognise the need for our respective departments and bodies to work closely and in a co-ordinated way if we are to achieve the best outcomes for the children in our joint care. We have long worked across organisational boundaries to consider the needs of all children held in the secure estate and ensure that the right provision is in place at the right time and in the right location.

Furthermore, we have asked Sir Alan Wood, through his role as chair of the Residential Care Leadership Board, to lead work to develop a vision for the secure estate, ensuring each departments’ respective reform programmes are developed and delivered with shared aims and objectives, which recognise that cohorts of children in different parts of the estate have overlapping needs and characteristics.

Specific projects our departments are collaborating on to review detention and custodial capacity across the estate are detailed below.

MoJ are leading the development of secure schools, with input from other departments to ensure alignment and effective interaction with other parts of the estate. This new type of custodial provision has been developed with the close co-operation of DfE and NHSE&I.

DfE are leading work with MoJ and NHSE&I to develop central commissioning arrangements for all provision in secure children’s homes and are also working to improve and expand the capacity of the SCH estate through their £40m capital grants programme.

NHSE&I are leading a review of services with the aim of eliminating inappropriate out-of-area placements by providing an improved geographical distribution of inpatient beds. Since June 2017, 109 additional CAMHS beds have been opened and a further 80 beds are due to open during 2019/20.

10. We urge the Government and agencies to take steps to increase the numbers of staff qualified to manage children across the Youth Custody Service, NHS England and their respective estates and contractors. The objective should be to ensure that there is an appropriate mix of skills, so that staff can manage difficult situations without recourse to restraint and separation. (Paragraph 75)

We absolutely understand the need to get the right workforce in place to minimise violence and incidents where restraint and separation are deemed necessary.

The right values and a specialist skillset when working with vulnerable and complex children in detention or in a secure setting is paramount. That is why we are implementing an ambitious workforce reform programme in the YCS to provide significantly more advanced training for frontline staff and new child-centric recruitment and assessment processes. These measures should further ensure that our staff are appropriately screened and trained to work with vulnerable children, and are better equipped to build positive relationships, defuse and de-escalate incidents and address safeguarding concerns.
We have introduced a new Youth Justice Specialist role and are funding all Band 3 Prison Officers and Band 4 Supervising Officers to undertake a foundation degree in youth justice and transition into this new role. We are also funding the delivery of this qualification to all equivalent officer grades in contracted-out STCs and YOIs.

This degree is fully accredited by the University of Suffolk and has both academic modules on the causes and contexts of youth offending and effective practice modules based on the eight skills outlined in the Youth Justice Board’s “effective practice skills matrix”. The qualification is designed to reflect the latest research and understanding of youth offending and the needs of children in the system.

We aim to have all these frontline officers trained, or in training, for this role by 2023, or be supported to redeploy into a role outside of the primary care of children. Over 400 staff have so far been enrolled on this qualification and as of 12 June, the first 17 specialists were trained and in post.

In April 2018, we introduced a new recruitment route for YCS, specifically targeting those with the motivation to work with children and, in October 2018, this was updated with new recruitment assessment processes which assess candidates based on the values, skills and behaviours required for working with vulnerable children in a rehabilitative way. Since the launch of this new route, the YCS has recruited 255 additional Band 3-5 officers—an increase of 26%.

In NHSE&I, we are working to deliver the mental health workforce plan, “Stepping Forward: a mental health workforce plan for England” which sets out an ambition for 21,000 new posts (professional and allied) across the mental health system occupied by 19,000 new staff by the end of March 2021. This includes an additional 4,500 new mental health staff specialising in the needs of children.

Alongside this, the mental health sector is recruiting more innovatively such as by bringing more people with lived experience into the mental health workforce and working more closely with voluntary-sector organisations.

Providers of NHS-commissioned services have the responsibility to ensure adequate staffing levels are in place to deliver services delivered via an appropriate mix of skills. The Mental Health Unit (Use of Force) Act sets out requirements for staff training in mental health units.

NHS England is committed to understanding the current position around workforce in CAMHS services and in February 2019, NHS Benchmark launched a workforce audit which was commissioned by Health Education England. The report will be available in late May.

The CAMHS Clinical Reference Group (CRG) are reviewing the workforce recommendations developed by the Royal College of Psychiatrists Quality Network for Inpatient CAMHS (QNIC). The CRG are also involved in developing a competency framework for inpatient services.

The CAMHS CRG has developed a staff training CQUIN which has been included in all CAMHS provider contracts for 2019/20. This aims to transform existing Tier 4 inpatient services for children by adopting and adapting where necessary, appropriate
team-based training, including elements and principles of the children and young people IAPT programme. This will ensure assessment and treatment is based on best evidence, is outcomes focused and is client informed. This approach to training will support staff to provide ‘family friendly’ services.

As part of the roll-out of SECURE STAIRS (see section 9) in the CYPSE, we will provide enhanced training for residential staff in trauma-informed practice, alongside improving their access to ongoing practice supervision. This training will cover issues of attachment, complex trauma, and child development, with a focus on the practical application of this knowledge in enhancing care and reducing risk.

11. **We recommend that (a) parents or other representatives should be informed of incidents and consulted about the appropriateness of interventions; (b) that independent advocates should be given responsibility for proactively helping children to understand their rights; (c) that debriefs about restraints and separation should allow the child to discuss the incidents with the staff who were involved; (d) and that staff who have acted in breach of the rules must face disciplinary action that must be communicated to the child. (e) There must be annual publication of statistics for each institution about appeals and their outcomes, including about disciplinary action against staff. This is an area in which the Independent Monitoring Boards are well placed to play a role. Any concerns they raise with respect to these issues should be seriously considered. (Paragraphs 81–82)**

The new “Building Bridges” policy framework for behaviour management in the CYPSE reflects the principles of this recommendation. Indeed, we have measures already in place within establishments to achieve these outcomes.

a) YCS establishments are required to ensure that parents or other representatives are informed following incidents where ‘use of force’ applies. For Rule 49–‘removal from association’–caseworkers are required to update the YOT, who are also informed about Rule 49 review boards so they are able to attend as required. The care and management approach–including behaviour targets and reintegration plans–will be discussed at care and sentence planning meetings, to which YOTs and parents/carers are also invited.

b) The YCS contracts an independent advocacy service across STCs and YOIs to help children understand their rights and have an independent, confidential and widely-advertised route to raise concerns and challenges.

SCHs too must ensure all children have access to independent advocates, and that children are aware of how to access them, and what for. SCHs also must ensure children in their care know how to contact the Office of the Children’s Commissioner for advice and assistance about their rights and entitlements.

When the Mental Health Units (Use of Force) Act comes into force, it will require all mental health units to publish easily accessible information for patients explaining their rights when subject to use of force and steps taken to ensure that the patient understands this.

c) Whilst it is our view that de-briefs following incidents should be managed and risk-assessed locally, we believe it is right that staff and children are de-briefed
together where appropriate to promote trusting and respectful relationships, develop understanding of the incident and action taking and provide the opportunity for conflict resolution.

Under the Children (Secure Accommodation) regulations 1991, SCHs are required to offer children the opportunity to read and add a comment to the record of their separation.

NHSE&I will also explore the introduction of specific requirements for debriefing children after the use such practices and access to advocacy and reporting use of restrictions to parents and/or carers in mental health units.

d) Wherever staff are found to have breached rules within a secure setting, they will be disciplined accordingly and appropriately, and in line with formal processes, with any relevant outcomes communicated to individuals involved.

In NHS England, the responsibility for investigating and potentially disciplining staff who may have breached national or provider policy lies with the individual provider. Commissioners will receive notifications of any concerns that have been referred to the Local Authority Designated Officer as well as the outcomes of provider investigations where staff have been investigated.

e) The YCS Information Development Project is looking into the way both complaints and allegations are recorded locally, with a view to harmonising data recording processes for those high-level key data items the YCS believes should be tracked centrally. As well as tracking complaint and allegation volumes, the project proposes to track categories, allowing internal insight into the number of incidents per establishment relating to use of force, and separation. Whilst harmonisation may be desirable, it may not be completely achievable across the CYPSE, due to the variance in practice and process between them. As referenced above, the YCS Information Development Project is due to close in March 2020, after which time the YCS will look to assess which datasets might be suitable for publication.