



Who Needs To See This Bulletin?

Please ensure that this bulletin is circulated to ALL STAFF.

Please print out copies of this bulletin for distribution around your establishment. You may also wish to distribute it to Managers at your morning meeting.

Quick-Time Learning Bulletin Disruptive Behaviour - Young People

This QTLB aims to provide guidance for all staff Young Offender Institutions (YOIs) on identifying signs of distress by young people who display disruptive behaviour. Her Majesty's Inspectorate of Prisons (HMIP) reports and Prisons and Probation Ombudsman (PPO) investigations have identified disruptive behaviour and its management as a theme to be considered in managing the overall safety and well being of young people. Some potential signs are highlighted below:

- Damaging own cell and masking own vulnerability by displaying extreme aggressive behaviour towards staff.
- Experiencing memories of traumatic events (verbal, physical and psychological abuse, social isolation, victim of bullying/harassment, looked after child) and triggers of significant dates (for example bereavement, birthdays, mother's day) leading to disruptive behaviour,
- No contact with family causing upset in forms of breaking YOI rules.
- Blocking doors and observation panels when subjected to Assessment Care and Custody Teamwork (ACCT) monitoring procedures.
- Denial of feeling miserable following self-isolation, for example remaining in cells during association or meals and denial of thoughts or feelings of self-harm/suicide.

Patterns of disruptive behaviour in young people should be recognised as part of a broader picture of their state of mind and possible warning signs of personal distress that cause concerns for their safety and well being.

Disruptive behaviour can be reduced by applying suitable sanctions but investigating the underlying cause must also take place. A thorough check of historical behaviour prior to and during custody and speaking to the young person can bring out information to support their safety and well being.

For further information on managing disruptive behaviour and young people, please refer to PSI 64/2011 Safer Custody, Self Harm Guidance (April 2013) and PSI 28/2012 Care Management of Young People which are available on the NOMS intranet.

KEY LEARNING POINTS:

- Young people may display disruptive behaviour during periods of distress including when on an ACCT. Whilst this could be deemed as poor behaviour, it may also be a sign of increased risk of harm to themselves and should be fully explored and managed appropriately.
- Addressing causes of individual's disruptive behaviour in the early stages; staff and managers are able to identify any underlying issues such as mental health, learning difficulties, childhood adversity/maltreatment and/or low self-esteem.
- Distress can be expressed by different forms of disruptive behaviour; individuals may smash their cell furniture, verbally abuse staff/other young people, severely self-harm and continually fail to comply with the regime. A need to ensure that a detailed assessment of the individual is conducted immediately to highlight the specific vulnerabilities within the individual, for example healthcare/mental health, wing manager, safer custody team, offender Supervisor and security and the actions needed to support them.
- The care and management provided for individuals who display disruptive behaviour should include an active, on-going determined attempt to engage the individual and build a positive relationship which can reduce further disruptive behaviour. This includes appropriate sanctions that are relevant to the behaviour displayed but should take into account the causes and any current care plans (especially through the ACCT process) and set realistic and achievable behaviour targets.

PROMPTS FOR ACTIONS

- How do you ensure that the relevant information has been considered during the investigation of incidents related to those young people showing signs of increased disruptive behaviour? (E.g. physical and/or mental health triggers, severity of self-harm, family interaction, medication, vulnerability, personal issues, regime etc).
- How do you share information between internal and external agencies to better care for young people? Is this communicated and understood in your YOIs?
- Do your local processes consider risk holistically and manage vulnerability together with disruptive behaviour, utilising the Risk Assessment Management (RAM) documentation?
- What arrangements do you have in place for young people subject to ACCT procedures, who continuously display disruptive behaviour? (e.g. continually pressing their cell bell, damaging their cell).
- How often are health and mental health care teams consulted when a young person displays extreme aggressive behaviour towards staff and other young people?
- What arrangements do you have in place for family members to be involved when a young person is repetitively displaying disruptive behaviour? E.g. through telephone contact with the unit manager; social worker, youth offending officer and/or via the Offender Supervisor.
- What support mechanisms do you have in place for young people who are less able to communicate their distress or their low moods?

Contacts points at Equality, Rights and Deceny Group

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