

television. I also observed a selection of scenes in the presence of DC Trott at NTRG Kidlington on Tuesday 16th January 2018.

7. In order for the use of force to be lawful it must comply with the following general principles; Necessary, Reasonable, No more than necessary and Proportionate to the circumstances. These general principles can be referenced in PSO 1600 section 1.1. In order for force to be necessary it has to take into account the risk of harm. Harm may cover but not be limited to; risk to life, risk to limb, risk to property and the risk to the good order of the establishment. In most cases the risk to life and limb would justify using force. Any force used must only be when all other methods of resolving the risk have been tried and failed or are judged as unlikely to succeed. The Detention Centre Rules 2001, rule 41 states; *(1) A detainee custody officer dealing with a detained person shall not use force unnecessarily and, when the application of force to a detained person is necessary, no more force than is necessary shall be used. (2) No officer shall act deliberately in a manner calculated to provoke a detained person.*
8. During both initial and refresher training staff are given detailed guidance on the law, communication skills and medical advice. These are mandatory subjects, within the communication section is reference to Betari's Box. Also known as the conflict cycle, it shows how attitude and behaviour are linked, and importantly how any negative attitude to a situation may influence the actions taken, and in turn the attitude and actions of others. A UOF continuum provides a visual aid in assessing the risk and the appropriate response to the behaviour level observed.
9. A medical DVD is shown to all staff prior to all UOF training. It covers; Principles of safe restraint, Medical complications of restraint, Mechanics of breathing, Restraint asphyxia, medical conditions & risk factors, medical emergencies. Of particular note is the advice- *Restraint Asphyxia can result from any restraint position where there is obstruction of the airway or where movement of the rib cage or abdomen is limited. Anything that holds the mouth closed or compresses the neck is potentially dangerous. NEVER hold a prisoner around the neck.*
10. I have been asked to specifically review one incident that was recorded by a Body worn Video Camera (BWVC) during an incident where physical force was used. The footage, recorded at approximately 48.48 onwards, starts with a Detention Custody Officer (DCO), who I now know to be Yan Paschali, stating to colleagues that he will 'put him to fuckin sleep'. The footage then proceeds to show DCO Paschali controlling the head of a detainee, who is known only as [D1527] who is in the supine position. It would appear that staff are also controlling the arms of the detainee, although the footage is unclear on how they actually have control. I can confirm that the training manual is very prescriptive on how to control detainees on the floor and that the medical advice previously taught is re-iterated in any position that may be of heightened risk. Section 5 of the training manual covers in great depth how to control a detainee and more importantly in this case the role and application of techniques by the person controlling the head.
11. The positioning of DCO Paschali is as that described and taught during training. The detainee is on his back and the knees of DCO Paschali are alongside the head. This is designed to prevent any excess movement of the detainees head and reduce the risk of injury, either

self-inflicted by the detainee or by the struggle taking place and any resistance to the restraints being applied by the staff. The position of the hands within the manual and during training is described as; *Number 1 (the description of the head support officer, who takes control of the team) places one hand on the forehead of the prisoner (in this case detainee) keeping the head securely on the floor without applying any undue pressure.* The footage clearly shows the hand position being around the neck of detainee D1527 and the thumbs of DCO Paschali being driven into the neck/throat area.

12. There is a technique taught to staff known as the Mandibular Angle Technique (MAT). It is used as a pain-inducing technique for use in circumstances where other techniques are proving ineffective or if the risk of harm is so great immediate action is required. Prior to any pain-inducing technique being applied staff should where possible, engage in verbal reasoning, inform the detainee of what is expected of them, warn the detainee and attempt to manage the situation without applying pain. If pain is applied it should not be for any longer than five seconds, although some circumstances may dictate longer. The application of this technique requires pressure to be exerted by the thumb through the point at the base of the earlobe. The technique used by DCO Paschali does not reflect the MAT and it can in no way be interpreted as attempting to apply the MAT. The pressure used by DCO Paschali was more to the centre of the neck and appeared to be either side of the windpipe. His actions appear deliberate and not a simple misapplication of an approved technique. The verbal dialogue given by DCO Paschali does not reflect the communication strategy expected of staff. Rather than trying to calm the situation and encouraging the detainee to comply he offering a more confrontational attitude and offers little or no genuine effort to de-escalate the situation and to reassure the detainee that staff are acting in his best interests.
13. When assessing the use of force evidenced on the footage against the general principles listed earlier in this report it is difficult to establish why the potentially dangerous use of pressure around the neck area was used. The detainee was under control and the staff did not appear to be struggling in their attempts to control him. If the detainee had initially been at a risk of self-harm the staff would be fully justified in using force for this reason. As in any other use of force staff would be expected to continually reassess the force used and look at reducing the force used. Communication skills, primarily de-escalation skills, are reinforced through training with staff understanding how to align the two in order to ensure only necessary and reasonable force is used. If force is required it should only be the amount of force that is proportionate to the threat. In this instance the threat, after the initial self-harm risk, is relatively low and would not warrant the use of force being applied to a vulnerable area, such as the neck. Whilst the whole body represents a legitimate target in the most extreme of circumstances staff are taught how to use techniques that are appropriate and the least injurious. The head support position described within the training manual for a detainee in the supine position would be suitable on this occasion.
14. I enquired as to access to the UOF report submitted by DCO Paschali and others for this incident. It is a requirement for all staff involved in any use of force, whether it be personal safety or other planned or unplanned incidents, to complete a UOF report within 72 hours of the incident. All training will reiterate what should be included within the report and the necessity for staff to record to the best of their recollection the type of force used and give a