

HOLDING SAFELY

A Guide for Residential Child Care Practitioners and Managers about Physically Restraining Children and Young People.

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Ministerial Foreword

Our vision is for a Scotland where all our children and young people are safe, nurtured, healthy, achieving, active, included, respected and responsible. In trying to achieve this vision, we face many challenges, but we must be prepared to overcome them.

In the spring of last year the Scottish Institute for Residential Child Care was asked to take on the difficult task of producing guidance on the restraining of children and young people in residential establishments. I welcome this important guidance.

Residential child care is intensive and at times very difficult work. Staff in residential childcare, therefore, need training, advice, supervision and support in undertaking this demanding work, since they are often doing the hardest of social care jobs. This good practice guidance has been commissioned to assist practitioners in working out policies and practices for restraining children and young people where no other appropriate options are available.

This guidance offers what might for some seem a radical approach to the care of children, based on a partnership between staff and children and young people, to ensure that those children and young people are safe and able to develop constructive ways of living. And this guidance will help people in residential child care across Scotland, with the appropriate training, to review if, when, why and how they restrain children, and to arrange matters so that the welfare of those children and young people is always given paramount importance, even and especially when they are likely to harm themselves or others.

My thanks go to the many experts who have given so generously of their time, who have managed to deliver such helpful guidance. But more especially my thanks go to the young people whose sobering voices we heard in *Let's Face It!* They showed great courage in speaking out about their experiences of being restrained and we appreciate all that we have learned from them.

I recommend this guidance as good practice, and I hope that all residential childcare homes and schools will apply this document rigorously, to develop the quality of care and restrain children safely.

Euan Robson MSP

Deputy Minister for Education and Young People

SIRCC Foreword

Residential child care practitioners are often doing the most difficult jobs: they work closely with children and young people who face significant challenges and express intense emotional reactions, and in this environment their patience, skills and personal strength are regularly tested. And yet the children under their care can also be creative, caring and capable, and practitioners must engage with them in ways that help them grow to their full potential. The weight of these responsibilities is heaviest when a child or young person is most distraught and violent, and if they cannot be calmed, staff must be prepared to intervene effectively and safely. Employers and managers are responsible to ensure that they are indeed prepared, through training, advice and supervision, to undertake this aspect of their demanding work. Yet despite the level of these responsibilities, there is a general absence of recent good practice guidance on the topic of physically restraining children and young people.

This lack of guidance is just one good reason to develop *Holding Safely*. There are others: In the Who Cares? Scotland report, *Let's Face It!* young people themselves have said how important it is that the staff caring for them know (1) how to restrain them properly, (2) what are the right reasons, and (3) how to listen genuinely to their views. In their recent review of children's rights in the United Kingdom, the United Nations monitoring body for the Convention on the Rights of the Child monitoring body called for the United Kingdom to review its use of physical restraint. We need to pay more attention to both the young people's, and the UN's concerns.

When the Scottish Institute for Residential Child Care was asked by the Scottish Executive Social Work Services Inspectorate (now the Social Work Inspection Agency) to produce this guidance, we were both honoured and daunted by the task. We were daunted, because we recognised that guidance which focuses on physically restraining young people will isolate restraint from the critical de-escalating interventions which must surround it. We were concerned that by producing guidance which focuses on physically restraining young people, some readers might interpret this as an encouragement to use physical restraint. We are fully aware of the importance of considering physical restraint in the broader context of ethos and de-escalation interventions. We have no intention of encouraging the restraint of young people where it is not absolutely necessary.

We believe that directly addressing the restraint of children and young people emphasizes the need for practitioners to have the right skills, knowledge and attitudes. Taking account of this guidance should reduce those occasions when you need to restrain a young person, and prepare you for the times when this is absolutely necessary.

continued

I have referred to ‘we’, as this document was created by a committed and passionate group of managers, practitioners and experts in the field, and informed by young people and staff who have spoken candidly about their experiences of being restrained and restraining. We thank the writers for all their hard work and the young people for their courage in speaking out about their experiences of being restrained. This guidance could not have existed without their willingness to share their experiences, time and vast knowledge.

Our hope is that this guidance will take us one step closer to more effectively meeting children and young people’s needs and upholding their rights in Scotland.

Jennifer Davidson

Director, Scottish Institute for Residential Child Care

Membership of the working group

This guidance has been put together by the Scottish Institute for Residential Child Care (SIRCC). They invited the following to assist them in producing this good practice guidance on restraining children in residential child care.

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Jane Weir, Care Commission Officer, Scottish Commission for the Regulation of Care

Thanks to Paul Tweedie of the Scottish Executive for his spreadsheet skills and patience.

Status of this guidance

It may be useful to clarify that this guidance aims to set out current best practice on restraining children. As such it does not impose legal obligations nor is it an authoritative statement of the law -- these are essentially matters for the courts, who will always look at the individual circumstances of each case. You should always reflect on whether the particular situation you find yourself in can be answered with reference to this guidance alone and consider seeking further advice. This said, *Holding Safely* could potentially be referred to in legal proceedings, and if residential child care practitioners and managers follow it, it could help to avoid an adverse judgement by a court.

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Glossary

We have written this guide for a professional audience who may already be familiar with many of the terms which we have listed in this glossary. However, we felt it would be helpful to be clear about the meanings we give to certain terms when we use them in this guide.

assault	See box at 1d4 and appendix 4
bed-night	a way of measuring the number of children in residential care where one child staying for one day is described as ‘one bed night’.
child	in this guidance we use the terms child and young person loosely. Many if not all adolescents resent being called or thought of as children, and so we have not followed strict legal meanings of ‘child’ or ‘young person’. All children and young people have the right to care and protection. Sometimes we write ‘child’ or ‘children’; other times we write ‘young person’ or ‘young people’. Please note, everything we say applies equally to children and young people in residential child care – nothing we say applies only to children nor only to young people.
child-centred	an approach to assessment, planning and action in which we put the child at the centre.
de-escalation	a process by which the thoughts, feelings and behaviours which were leading to danger are reduced in intensity and threat.
duty of care	See box at 1d4 and appendix 4
flashpoint	something which triggers an immediate and strong reaction.
hyperflexion	a seated or kneeling hold in which a child is bent forward at the waist.
physical intervention	an action involving using a worker’s body, for example blocking the path of a child or any guiding him or her away from a harmful situation. It includes physical restraint.
physical restraint/restraining a child	an intervention in which staff hold a child to restrict his or her movement and should only be used to prevent harm. We have largely avoided simply using the term restraint and instead have referred to restraining a child as just that – restraining a child. We deliberately chose to change this language to avoid losing sight of the child, who might otherwise be overlooked by the more clinical and depersonalised use of the term ‘restraint’.
power play	a frequently occurring dynamic between staff and children seen through actions that are usually unhelpful, where the aim is to win power over the other person or people involved. Naming this dynamic makes it possible to address it, reflect upon it, and raise it in supervision.

- self-mastery** possessing confidence, self control and a sense of personal capability, and taking responsibility for your own actions.
- service provider** any organisation providing residential care for children and young people, including local authorities, voluntary organisations and independent providers.
- SSSC** Scottish Social Services Council, which was established in October 2001 by the *Regulation of Care (Scotland) Act 2001*. Its main purpose is to regulate the social service workforce and their education and training.
- we** members of the SIRCC working group.
- young person** see child.

Preface

There are exceptional situations in residential establishments when physically restraining a child is necessary and the most appropriate action to take. It is important that you feel confident about this aspect of your work.

If you restrain children when there are other workable, less restrictive options available to them, children are hurt, their rights are breached, the focus remains on behavioural issues rather than the whole child and their needs, and civil or criminal proceedings could also result. However, you should be aware that if you do not restrain a young person in situations when it is needed, it can be dangerous to them and to others. Restraining a child at the right time, in the right way, for the right reasons, can be a better thing to do than failing to restrain them. This guide is intended to assist in building your confidence about when and how to restrain a child.

Physically restraining children is something which causes many staff, as well as children, a lot of anxiety. As it should – even when done properly it can be a traumatising experience for children and staff alike. As a result, some people may not want to be explicit about restraining children, and instead emphasise only the positive experiences of children in residential care. We don't believe this is good enough.

Many staff rarely if ever have reason to restrain children or young people in residential care. We see restraining children as a last resort. This means that children should only be restrained when restraining them cannot be avoided and restraining them is necessary because of your duty to care to the child or others.

This handbook provides guidance for managers and practitioners about physically restraining children and young people. While it would perhaps make sense to offer a handbook for practitioners only, since they are the ones who respond to the needs of children on a daily basis, we have not done so. Children and young people are always restrained within an organisational context, and decisions on when and how to do so are influenced by many different factors, some of which are in the control of managers and not practitioners. We recognise this in our choice of readership for this document.

This guide is for:

- practitioners (including teachers) working with children accommodated in residential child care establishments;
- managers working in residential child care establishments;
- other managers in organisations which provide residential child care establishments.

You can use the guide for a range of purposes, including:

- staff induction;
- in-service training;

- individual and group supervision;
- deciding on and developing good practice;
- developing policy and procedures;
- review and quality assurance.

We could have written much more about creating the conditions to make sure that children are restrained very rarely, and about the strategies workers should use to defuse potentially dangerous situations without restraining them. While these conditions and strategies are not the focus of this publication, we certainly see them as critical to good care. There are other areas we have also chosen not to focus on: the use of chemical and mechanical restraint is not covered here—these are for very particular cases and require other specialised training. The rights of staff to complain to the police when assaulted also fell beyond the core remit of this guidance.

Also, we recognise that different child care agencies use different methods of restraining children and we do not suggest that any one method is better than the others. Instead, we provide advice on choosing methods, and further advice and recommendations for best practice, whichever method you use. The right amount of training in the appropriate methods is absolutely essential.

You may have noticed already that we have avoided simply using the term restraint and instead have referred to restraining a child as just that – restraining a child. We deliberately chose to change this language to avoid losing sight of the child, who might otherwise be overlooked by the more clinical and depersonalised use of the word restraint.

We aimed to be thorough, which explains the document’s length. There is some repetition so that once you have read the whole document and are happy that you understand it, you can use the different sections one at a time. However, you should be aware that these separate issues are all closely linked. It is only possible to restrain children appropriately if you do the other important care tasks well.

We hope that you find this guide clear and simple to use.

Sections one and two provide a summary of some of the main issues about physically restraining children and the ways in which it is possible to create the conditions so that restraining a child is hardly ever needed.

Section three provides advice about training for physically restraining children.

Section four considers the place of physical restraint in a child’s care planning process as well as provides advice on risk assessment.

Sections five and six describe how and when (and when not to) restrain a child and offers practical advice.

The ways in which we reflect on, record, and monitor how and when we restrain children are significant for improving practice. We look at these in **sections seven, eight and nine**.

Physically restraining children always carries the risk of harm, and **section ten** highlights some of these risks.

A number of quotations from the *National Care Standards* have been inserted as boxes into the guidance, highlighting specific areas of practice where Care Standards may apply. These have all been drawn from *Care Homes for Children and Young People*. Other standards also may apply, such as the *School Care Accommodation Services*, and these use the same or very similar forms of words. The *Standards* have been written from the perspective of the service user, setting out what they can expect from their care home. The individual care standards should be understood in the context of the main principles (Dignity, Privacy, Choice, Safety, Realising Potential, Equality and Diversity). The *National Care Standards* are published by Scottish Ministers, and the Care Commission must take them into account when making its decisions.

We have also provided **examples and checklists** at various points in the guide. Wherever appropriate we have phrased the material as direct advice to practitioners, managers or both. Practice examples are specific and illustrative, and you should only generalise from them with great care.

We have included a flowchart at appendix 1 that summarises the steps that front line staff need to think through when considering restraining a child. This visual summary does not cover all the issues, only the key ones. It should help you find the relevant sections of the document easily and you must not look at it in isolation from the rest of the guidance.

We have provided space in the binder to allow you to add other advice and guidance from your employer.

We hope this guidance supports your learning and your establishment's development, and enables you to become more confident and competent in the rare situations when restraining a child is absolutely necessary.

Definition and Introduction



1a

Definition

The term physical restraint is not clearly defined in Scottish child care legislation or regulations. We have developed the following which applies throughout the guide.

Physical restraint is holding a child to restrict their movement. In this guidance we refer to physical restraint as holding them to prevent harm.

In all circumstances:

- in restraining a child you must act lawfully (see legal box at 1d4);
- the method of restraining the child must be approved by your employer and keep to the principles and standards in the *National Care Standards for Care Homes for Children*;
- staff who are restraining children must be appropriately trained and have the required skill and judgement;
- the restraint must be limited to the act of holding the child for the shortest necessary time.

Physical intervention is a wider term that we use which includes restraint but also includes methods where holding is not used, such as guiding the person away from a harmful situation or blocking his or her path.

Although this guide focuses on physical restraint, you should not see it in isolation. We need to look at the whole context within which children and young people who are looked after in residential care are provided with care and control.

In this guidance we use the terms child and young person loosely. Many if not all adolescents resent being called or thought of as children. We have not followed strict legal meanings of 'child' or 'young person'. All children and young people have the right to care and protection. Sometimes we write 'child' or 'children'; other times we write 'young person' or 'young people'. Please note, everything we say applies equally to children and young people in residential child care – nothing we say applies only to children or only to young people.


 Care Standards

**From National Care Standards -
Care Homes for Children and Young People**
Standard 7 - Management and staffing

You experience good quality care and support. This is provided by managers and staff whose professional training and expertise allows them to meet your needs. Your care is in line with the law and best practice guidelines.

1b Children's rights

The UK has said that they are committed to implementing the UN Convention on the Rights of the Child. In 2002 the UN committee responsible for examining how countries keep to the convention said they were concerned that children's rights could be breached by the way restraint is used in the UK. The parts of the convention they said were relevant were Article 25 (the right to periodic review of treatment and placement) and Article 37 (no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment). It could also be argued that Article 19 (the right to protection from all forms of physical or mental violence) has been breached if unreasonable or unnecessary force is used.

A more complicated set of rights, even where a child or young person is restrained with care, relates to a child losing their ability to be independent and control their environment. Local Authorities have a duty under the Children (Scotland) Act 1995 s.17 to safeguard and promote the welfare of the children in their care. This means not only keeping children safe from harm but actively helping them to develop, which includes supporting their need (and right) to express views and make choices about their own lives. Individual workers also have a duty of care at common law to the children and young people in their charge. Employers are also responsible for the actions of their staff in the normal course of their duties. From the child's viewpoint, restraining them to stop them from doing something may seem at odds with this goal. For a child, this will always be a serious matter.


 Care Standards

**From National Care Standards -
Care Homes for Children and Young People**
Introduction to standards 1 to 7 - Beginning your stay
Feeling safe and secure

You have the right to feel safe, secure and protected in all aspects of your life. Staff will help you to reduce any risks to yourself.

From Standard 1 – Arriving for the first time

You are welcomed to the care home and know what to expect during your stay.

- 1 You are made to feel welcome. You and your family have good quality, up-to-date information about the care home in a leaflet or information pack that is written in plain English or in a language or format that is suitable for you. It should include information about... how you will be protected from harm.

1c **When is physically restraining children or young people good practice?**

Physically restraining a child or young person can be the right thing to do. It doesn't always mean that you have failed in some way. Caring for children is a very complicated task and each situation must be judged on its merits. Read the legal box below.

Legal box 1c

Circumstances can dictate that restraining a child is necessary to prevent harm to the child or others. Here restraint may be essential to comply with the common law duty of care or the duty of the Local Authority under the Children (Scotland) Act 1995 to safeguard and promote the welfare of looked after children and children in need, as described in appendix 4.



If you restrain a child in the least restrictive way necessary to prevent a child from getting hurt, after you have exhausted all other strategies, and you restrain them correctly, it is good practice.

Children and young people do not disagree with this - it can actively promote their sense of being safe if they can trust adults to get involved physically to protect them. As one young person quoted in *Let's Face It! (Who Cares? Scotland 2003)* states:

If a restraint that's getting done on me is done correctly then I feel safe because they're stopping me from hurting myself, hurting somebody else or doing something stupid. (Page 35)

Using restraint in appropriate circumstances can reassure children and young people that you care enough to keep them safe from harm. It also passes on the important message that actions have consequences and that there must be limits to how people can behave. Children and young people recognise this and can take part in setting these limits if given the opportunity. Establishments that say

they will never use restraint because of the damaging effect on relationships with the young people *may* produce the opposite effect. Some young people in some circumstances may see staff as not bothered about their safety. The principles behind corporate parenting are important things to consider here. How would a reasonable parent respond to a child or young person displaying violent or very dangerous behaviour?

Physical restraint has an important part to play in keeping children and young people safe and making sure they are OK. However, people are often worried about its use, partly because of worries about things 'going wrong'.

1d **Concerns about physically restraining children and young people**

There have been many instances when using physical restraint has caused harm. Children have been injured and have died. More frequently, they may have suffered the less obvious harm of being traumatised, and feeling uncared-for and humiliated. Inquiries into poor practice within residential establishments have often highlighted the dangers of restraint slipping over into abuse (Utting 1997) and being dangerous to young people (Kent 1997).

We explore some of the possible problems here from the viewpoints of those involved.

1d1 **Children and young people's views**

It is clear from talking with looked after children that physical restraint provokes strong feelings. Children may be left physically or emotionally hurt. Even if a child has not directly experienced restraint, he or she may be scared that it will happen in future or have been upset by seeing others restrained. The young person who is quoted on page 3 highlighted restraint as a safety issue.

Most times in care I do feel safe, there's only a few times that I don't feel safe and the only times I don't feel safe is when I'm getting bullied or if I'm getting a restraint done which is being done wrong. (Page 35)

This sense that there is a right and a wrong way to use restraint is confirmed by other consultations with looked after children (Lindsay and Hosie 2000; Morgan 2004).

Some children and young people see being restrained as physically abusive and as a punishment – whatever the official justification. Young people also have a clear sense that there are right and wrong techniques and that they should be able to rely on staff to use the proper methods. Given the number of placements that some children have, they may have experienced different techniques and developed their own (possibly inaccurate) understanding of what should and should not be done.

From National Care Standards - Care Homes for Children and Young People

Standard 15 - Daily life

You play a full part in the life of the care home and in the wider community, using a range of resources (people, equipment or services) the care home has access to.

- 9 Sanctions are fair and in line with what you have done wrong. They follow the care home's policies and are properly recorded. No-one will be physically punished.**

Young people do not insist that they should never be restrained, but object to those situations where it is not justified. This is when they believe that there is no risk of harm to themselves or others or that all other measures have not been used.

These negative feelings can have a damaging effect on relationships within the establishment. Young people may worry that you don't like them or decide that they no longer like or trust you. They may be left feeling angry and powerless if they believe that they were restrained unfairly, incorrectly or with too much force. These feelings are particularly damaging if the child cannot voice them. Young people must have the opportunity to discuss and make sense of the incident, to make a complaint if they want to and to have that complaint properly investigated.

1d2

Residential workers' views

Staff report similar concerns (Bell 1997; Lindsay and Hosie 2000). They may be unclear about the circumstances when it is necessary to physically restrain a child or exactly which techniques can be used. They are often worried about when to restrain a child in case they do it too early, or leave it too late. They may be afraid that the techniques are not good enough or that someone will be injured. They may be afraid of making a mistake or being unfairly blamed. Unless these issues are addressed they may lead to failures in protecting children and young people from harm and to the abusive use of restraint.

After restraining the child or young person, you may question the way you handled the situation or be concerned that your relationship with them has been damaged. You may also question others' practice or the culture of the establishment. Are some colleagues 'heavy-handed'? Are children restrained too readily? Is it used as a substitute for proper care planning? If these anxieties can be freely expressed and explored, it will help protect against abusive (or negligent) practice.

What forum do we have to discuss some of these issues without fearing repercussions about opening your mouth?

(Lindsay and Hosie 2000, page 70)

You should also think about the ethics of physically restraining children and the way it challenges some of your personal and professional values. This may cause

you concern, but that is a good thing. Using force against another person is a serious matter, and physically restraining a young person is likely to be the only situation in your professional life where physical force is used. Most social care workers are very aware of issues of power and control. They are worried about using their own power responsibly and will have encouraged young people to take control of their own lives. An act of restraint may seem to go against the values which guide that work (see Section 2).

Finally, however confident you are about the way you restrain children or young people, you are likely to fear having a complaint made or legal action taken against you. You must feel that you can rely on appropriate support from your employers.

1d3 **Managers' views**

Although sometimes removed from the day-to-day need to restrain children, managers have their own pressures. They are responsible for making sure that the establishment has an effective policy on the restraint of children and for choosing an effective and appropriate method that can be justified in case of complaint.

This is complicated by the lack of research about how safe and effective different methods are.

Care Standards

From National Care Standards - Care Homes for Children and Young People

From Standard 6 – Feeling safe and secure

You feel safe and secure in all aspects of your stay in the care home.

- 11 You can be assured the care home has a written policy and procedures on the conditions where restraint may be used. Staff are fully trained and supported in the use of restraint. If it is necessary to restrain you at any time, this is written in your care plan. Records are kept of any incidents involving your restraint. You can expect to be supported after any episode of restraint.**
- 14 You know that accidents or other incidents are recorded and investigated. Your family is informed of any serious incident.**

As a manager you are also responsible for making sure that staff have the training, knowledge and skills to use restraint properly on their own and as a team. You have a duty of care to staff and children and must have ways to make sure everyone's wellbeing and safety is the best it can be. If all is not well, children will not thrive and staff morale will suffer. As a manager you must be able to recognise worrying signs even if nothing is being said.

1d4

Legal views

**Legal Box 1d4 - Legal and regulatory considerations**

Some of this legal box may represent unfamiliar territory to those without some knowledge of the law. Restraining a child at the right time in the right way and for the right reasons is lawful. We look here at some aspects of the legal framework which affect restraint. We have added some more detail about this in appendix 4.

Can I be sued?

A case where a child sues you or your employer following a restraint, is a civil case. A central issue is likely to be whether it was reasonable and necessary to restrain the child. It is sometimes necessary to restrain a child because of a duty of care to them or some other person. Damage to property may also be an issue here. Civil cases may follow deliberate assaults (whether or not there are criminal proceedings) or injury caused by negligence. Staff may be found to be negligent if their work falls below the ordinary standard of the ordinary skilled worker doing the type of job they are doing.

Can I be prosecuted?

In criminal law restraining a child could be assault if it is done in an abusive way. It will not be assault where the restraint is necessary and justified. Excessive force must not be used. For example restraining a child:

- a) to prevent them harming themselves or others or
- b) to prevent serious damage to property (note good practice guidance and regulations are more restrictive than the criminal law on protecting property - see section 5b and 5c) or
- c) to prevent a child running away where you reasonably believe they will put themselves at serious risk of harm or
- d) to prevent a child escaping from a secure establishment.

With good intentions, using reasonable force is likely to be lawful. For more detail on excessive force, assault and related issues see Appendix 4.

Legislation

Legislation is divided into primary legislation (Acts) and secondary legislation (Regulations and some other statutory instruments). A number of important statutory requirements are set out below, and some others of less general application have been included in appendix 4.

Children (Scotland) Act 1995

Section 17 – Local Authorities have a duty to safeguard and promote the welfare of children ‘looked after’ by them. ‘Looked after’ is defined in Section 17(6).

Section 22 – Local Authorities have a duty to safeguard and promote the welfare of children ‘in need’ in their area. ‘In need’ is defined in Section 93(4).

Regulatory Requirements

The regulations detailed in appendix 4 set out some of the duties and requirements which are relevant to the restraining of children, as well as to their general care.

One of the sets of regulations is particularly relevant, the Regulation of Care (Requirements as to Care Services)(Scotland) Regulations 2002. Regulation 4(1)(c) reads ‘the person for the time being providing the care service must ... ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user, and there are exceptional circumstances’.

Human Rights

The European Convention on Human Rights is an integral part of Scots Law. All public authorities are obliged to act in accordance with the European Convention on Human Rights, and the Convention is used by courts to interpret the law. In particular, Article 3 of the Convention prohibits ‘inhumane or degrading treatment or punishment’.

Not an exhaustive account

This is not full account of the legal position on the restraint of children. We have endeavoured to highlight the key material here and in appendix 4. Users of this guidance should ensure that they take account of other relevant legislation, together with such guidance and circulars as may from time to time be issued. Such material may be specific to your workplace.

1e

Conclusion

You are unlikely to get to the point where you feel comfortable with restraining children or young people. This is healthy. A culture where restraining people is seen as ‘no big deal’ is much more worrying than one where staff are concerned by restraint and want to discuss what happened. You must always take using power seriously and constantly question it. You must have the opportunity to explore your doubts and receive honest feedback. If you restrain a child it must be the only practicable means of securing the child’s welfare, there must be exceptional circumstances and it must be reasonable and proportionate, using the minimum force for the shortest time needed to prevent harm. Not all staff will get it right at all times, but you should always be open to reflecting on and discussing your practice. The voice of the young person must have a place within this discussion.

The way in which an adult uses their superior power, strength and status to impose their will on children is a significant measure of a society’s approach to children’s rights. Physically restraining children is at the heart of this debate and the UN Committee on the Rights of the Child has called for an urgent review of practice within the UK.

Creating the Right Conditions



2a

Introduction

Each establishment and each member of staff should reduce, as far as practicable, the need to restrain children, and keep to a minimum the risks to the child and others on those rare occasions when it is the only practicable means. This is in addition to the legal requirements (see box at 1d4). This section provides guidance on how you can create conditions where there is a wide range of other ways of reducing and addressing harmful behaviour.

The strategies we suggest in this section are aimed at helping you to create an appropriate ethos. The ethos of an establishment is the spirit and attitudes which are to be found among those who live and work there. Building an ethos which reduces the need for restraint as far as practicable means you need to do the following things.

2b

Develop and maintain a positive culture

A positive culture of care starts with factors such as the environment – is the building safe, well-maintained and pleasant to be in? Neither young people nor staff will feel safe or valued if there is graffiti on the walls and repairs don't get done, or where there are dark, unsupervised corners. Space for children to get away from the group when they are feeling down or tensions are running high may also help to prevent high-risk behaviour.

However, the ethos of an establishment is more than the environment. Research into effective residential care has highlighted how important is a shared sense of purpose, where staff understand and support the aims of the establishment (Department of Health 1998). The starting point for this shared sense of purpose is values.

If you are a manager, you have an important role in talking about and developing these shared values and aims, which are reflected in the establishment's 'statement of aims'. You must also take responsibility for the culture within your establishment, and take steps to deal with a negative culture so that staff can support the children.

There is a need for leadership as well as management

You should identify staff who are the best examples of what you want the establishment to achieve and you should increase their influence. They will be invaluable in introducing new staff to the establishment. You should appoint staff who you are confident will reflect and maintain the values of the establishment. You should also offer them opportunities for further training and development. The quality of the relationships between managers and staff, and within the staff group, is crucial.

There is a need for leadership as well as management: not only setting out the principles on which the establishment will operate but also living by them. We cannot expect young people to treat each other with respect if they see managers bullying staff or staff bickering among themselves. There should be a positive ethos of caring throughout the establishment (See box 2b). If staff feel valued and cared for, have opportunities to sort out differences and to express their fears and frustrations safely, they will use this approach with the young people they care for. As a result, the young people are less likely to lose control or threaten others. The young contributors to *Let's Face It!* recognised this clearly when they emphasised the value of being listened to by staff.

Box 2b Shared values and principles

We can best develop the values and principles which support a positive ethos when:

- ◆ there is a sense of identity and pride which is clear in the organisation;
- ◆ the reception and ethos are welcoming;
- ◆ young people's and staff members' morale is good and helps to motivate;
- ◆ the behaviour and discipline of young people fits with their age and stage of development;
- ◆ there are appropriate expectations and praise is used by staff and young people;
- ◆ staff promote an ethos of achievement;
- ◆ equality and fairness are a central part of the organisation;
- ◆ parents or carers and residential staff are encouraged to be involved in the young people's development and the life of the organisation;
- ◆ communication with other agencies and links with the community are effective;
- ◆ support is available to address the complicated needs of young people (where appropriate);
- ◆ young people are seen as individuals with unique needs;
- ◆ there is shared target-setting with young people;
- ◆ guidelines for living and learning have been drawn up by adults and young people;
- ◆ opportunities have been provided so young people can manage a number of situations with support through a thorough care planning process;
- ◆ there are opportunities for staff and young people to achieve.

They don't realise how much we want to be listened to and how much that makes us feel safe. (Page 42)

When you need to restrain young people, you cannot separate this from the other work carried out in your establishment. The way you restrain young people must be consistent with what guides all your other work.

e.g.

Practice example – changing a culture

Our present management team came together at a time of great change in residential child care. In common with many other residential establishments, our original way of working was decided by a small number of charismatic, highly controlling and powerful personalities. The organisation leant very heavily on their expertise, and other staff members frequently looked for them to step in and deal with problems. In other words, staff members handed their authority over to others who they considered to be stronger or who were part of the management structure.

This system worked while these people were around to support it, but as a new management team, we did not think it was appropriate or that it could work in the long term. In looking to change this way of working, we first defined it as being about the sort of behaviour we would encourage, the sort of behaviour we would discourage and, ultimately, how we would manage challenging behaviour.

We encouraged behaviour that invited co-operation and respected other people's interests and property. Young people talked about their problems and anxieties rather than acting them out, and we encouraged them to make positive choices in difficult situations rather than behave impulsively. So as a result, we discouraged the opposite of this behaviour. We believed that true control was self-control and that we should treat young people as unique individuals who we respected as a matter of course.

The same was true for staff. All practice became open to discussion, and staff members eventually became comfortable asking about one another's style of working. In this way, we kept children safe.

All adults had a deliberate, controlled and consistent reaction to misbehaviour. As a result, we managed misbehaviour, from the most trivial to that which may even lead to safe holding, using shared values and agreed professional standards.

This meant that staff members were better able to move away from the need to constantly look for support and help from further up the management structure. We gave them the power to take hold of their own authority through peer-based support and discussion. We also made sure that young people had a clear voice in the process.

Establishment manager

2c

Develop ethical practice

Put very simply, when considering whether or not to restrain a child, you are faced by two demands. First there is that child's right to freedom of movement. Secondly there is your duty of care to the child and others.

You can only ethically justify violating the child's right to freedom of movement if the circumstances are exceptional and restraining them is the only practicable way you can secure their welfare.

Although this guidance provides advice on situations in which using restraint may be justified, we cannot describe every situation. It is never a matter of simply following rules. Instead, you are faced with circumstances which will raise difficult and sensitive issues. This needs to be based on ethical practice.

Ethical practice means you must reach decisions taking account of all relevant factors - this is about real, vulnerable people. This has at its centre a process of moral thinking and deciding what matters, which is based on professional codes of conduct. You should create opportunities to discuss these issues with colleagues and supervisors to build a shared understanding.

While professional codes of conduct are designed to help you make ethical decisions they will not, by themselves, give you the answers to the moral problems that can be related to an incident of restraining a child. Restraining children involves difficult ethical choices. You should create opportunities to discuss the ethical issues that restraining children raises with colleagues and supervisors.

Care Standards for

From National Care Standards - Care Homes Children and Young People

Introduction to standards 8 to 16 – 'Leading your life'

Exercising rights and responsibilities

Staying in the care home, you have the right to be treated with dignity and respect. You also have a responsibility not to infringe the rights of others.

Standard 8 - Exercising your rights

You know about your rights and responsibilities. You can make choices within limits that are suited to your age. Staff support you in making decisions.

- 1 Staff understand the rights of children and young people and what this means in practice.
- 2 You and other children and young people are encouraged to respect and help each other. Staff speak respectfully about everyone, whatever their background, at all times when in contact with you and other children.

Standard 9 - Making choices

You live in an environment where everyone respects and supports personal choices. You can make choices that are right for your age and understanding in all areas of your personal and social life.

- 1 You have the help you need to make good decisions and reduce risk to yourself.
- 2 You are involved in day-to-day decisions and staff know what you like and do not like.

2d

Take a child-centred approach

Taking a child-centred approach means consistently putting the needs of children first, and always putting them before your own convenience. It involves recognising the worth of each child no matter what their behaviour. To be child-centred, you must do what is in the child's best interests and aim to see things from that child's viewpoint. This can be particularly challenging in the face of violence and aggression.

To safeguard and promote the welfare of children, you and your colleagues must have a shared understanding about what children need in order to thrive. We suggest that Scottish Ministers' vision for the outcomes for services for children and young people is a good starting point. It states that children should be:

- Safe:** Children and young people should be protected from abuse, neglect and harm by others at home, at school and in the community.
- Valued:** Children and young people should live within a supportive family setting, with additional assistance if required, or, where this is not possible, within another caring setting, ensuring a positive and rewarding childhood experience.
- Healthy:** Children and young people should enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare and support for safe and healthy lifestyle choices.
- Achieving:** Children and young people should have access to positive learning environments and opportunities to develop their skills, confidence and self-esteem to the fullest potential.
- Active:** Children and young people should be active with opportunities and encouragement to participate in play and recreation, including sport.
- Respected & Responsible:** Children, young people and their carers should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their communities.
- Included:** Children, young people and their families should have access to high quality services, when required, and should be assisted to overcome the social, educational, physical, environmental and economic barriers that create inequality.

As young people recognised in *Let's Face It!* (2003), they cannot reach their potential unless they are safe. However, this does not mean that children and young people are simply on the receiving end of care and protection by adults.

When young people are asked for their views, they clearly want to be active players in the process of keeping them safe. *Protecting Children and Young People: the Charter* (Scottish Executive 2004) sets out the need for adults to answer to the children and young people they are caring for, to treat them as individuals and to take their views seriously. An approach that treats all children (and staff) as being the same and tries to present a simple formula (circumstances and behaviour A = restraint technique B) is unhelpful and does not take account of the individuals involved. You should instead base your response on the young person's needs arising from her or his personality, age, ethnic, religious or cultural background, stage of development, gender and history.

2e**Understand high-risk or violent behaviour**

To manage a young person's high-risk or violent behaviour well you must first understand what is causing it. While this behaviour may be prompted purely by a young person's internal processes, such as disturbed brain activity or auditory hallucinations, in most cases there will also be other triggers.

For all young people, the need to test out 'how far they can go' is a normal part of development. So is the need to develop control over impulsive behaviour. The struggle to deal with these difficulties and to grow should be valued, even if it makes life harder for adults. Looked after children are dealing with these normal challenges, and many more besides. When young people with a range of difficulties are forced together through group living, the individual things which cause stress are exaggerated. We ask a lot of these young people.

To support young people effectively, you must learn about child development, the effects of negative experiences or impairments on that development, and about group processes.

2f**Develop and maintain self-awareness**

You must also have self-knowledge. It is not only young people who bring their history to residential care – you will have your own fears and impulses and particular young people may trigger unhelpful responses in you. You should be helped to develop strategies for working with those who are likely to 'wind you up' or with whom you may identify too much.

Also you should be helped to manage your own (often valid) feelings of anger that can be provoked by others' aggressive or violent behaviour.

As a group, you and your colleagues should be able to talk to each other honestly about the part you each may have played in generating and responding to high-risk or violent behaviour.

The advantage of understanding, rather than just controlling, behaviour applies to both staff and young people. Within a positive culture, discussion between staff and young people helps you to learn to live together and to solve problems.

2g**Promote self-mastery in children**

There are young people who lose control of themselves in the run up to being restrained and other young people who are fully in control when being violent or committing other high-risk behaviour. In either case, you can help reduce occasions when young people have to be restrained by helping them to learn self-mastery.

To help children and young people learn self-mastery you should:

- demonstrate self-control yourself;
- control young people's behaviour in ways which do not involve punishment;

- interact in ways which invite co-operation rather than convey coercion;
- show respect for the legitimate interests and property of others;
- promote impulse control by encouraging discussion and considered choices rather than impulsive action.

You must also offer young people opportunities to discuss and reflect on the difficulties which led to their placement and be helped to develop the strength and resources to make good choices. Giving young people opportunities for achievement also helps them feel good about themselves.

2h

Use authority appropriately

Child-centred practice does not mean that you should be reluctant to take charge when you should be in charge. You need to be clear about what the children can decide, what is negotiable and what is non-negotiable.

Not intervening with young people in situations where they may need to be restrained or otherwise stopped can have the unfortunate consequence of confirming for them that intimidation and violence are acceptable ways to achieve what they want.

A strong adult presence, using authority appropriately, will reduce the need for restraint. Acting in this way, you can give the young people and your colleagues a sense of security. However, there must be a sense of fairness and a spirit of care underlying all interactions and decision-making.

2i

Develop a policy to manage behaviour

However effective you and your colleagues are in creating the right conditions, problematic behaviour is bound to happen. Each establishment needs to develop a strategy for managing this behaviour, so that young people and staff know where they stand. Why? So that:

- A social worker may decide on the basis of the behaviour management policy used that one establishment is more suitable than another, in meeting the needs of a particular young person.
- The young person will be clear about what behaviour the establishment can manage and what will follow if they try to harm themselves or others.
- Parents are helped to understand and talk with care staff about how their child's behaviour is being managed.
- Staff have a clear grasp of what they can and cannot do when responding to problematic behaviour.

A clear policy on managing behaviour may reduce the need for physical restraint, but is unlikely to make it completely redundant in all circumstances. A clear policy will make sure that the way young people are restrained is placed within a holistic and child-centred approach.

Box 2i – A policy for managing behaviour

A policy on managing behaviour needs to be developed by managers, staff, children, parents and carers. The policy should clearly set out the following:

- ◆ The standards of behaviour you expect of the children and staff.
- ◆ The range of ways in which the establishment responds to behaviour.
- ◆ The ways in which the establishment responds to high-risk behaviour. This will let children know what the ‘bottom line’ is when staff may need to get involved to stop a particular form of behaviour. It will describe options to avoid confrontation through, for example, time out.
- ◆ The circumstances in which children will be restrained, and the legal basis for this. A decision to restrain a child should be firmly based on the safety of the children, and must never be made as a punishment or to get young people to comply with staff instructions.
- ◆ The training package for the methods of restraining children used within the establishment. It is important that you choose a package which is safe for specific children and can realistically be applied by these specific staff. It should also reflect the overall approach described here – not begin and end with physical techniques. It should start with suggestions for recognising and defusing potentially high-risk situations and offer a structure of response levels, depending on the needs of the child and the level of risk. This will mean that only the minimum force is used to deal with any situation. You must keep communicating with the child so that they know what they have to do to be released.
- ◆ The circumstances in which staff will call in services from outside the establishment, including the police.
- ◆ What will happen after an incident of restraint. You will need arrangements to check on the physical and emotional wellbeing of the child and staff, guidance about who needs to be told about incidents of restraint, including parents and social workers, and a system for recording and monitoring.
- ◆ Learning the lessons. Everyone involved will need the chance to talk about what has happened and to learn from it. These lessons may relate to individual children or staff members but may also raise wider issues for the establishment as a whole. Children and staff and other interested parties should be free to challenge what has happened, to make suggestions and to point out any possible patterns.
- ◆ Those inspecting the service or providing advocacy will have a clear way of measuring the actions taken in particular incidents.

2j

Promote positive relationships

Young people are restrained within the context of a relationship (Fisher 2003).

Relationships form the background to all of the other sections in this guidance. These include the relationships between you and your manager, among the staff team, and most importantly, between staff and young people. Each affects the others, and all have an effect on the culture as it relates to the restraining young people.

The main task in residential child care is to develop appropriate relationships with young people. This is because you cannot do any of the other tasks effectively without these relationships. The tasks of developing and maintaining relationships, which help young people cope with life's challenges, form the background for creating a child care establishment that works well.

e.g.

Practice example – creating a new way of working

In bringing about this new way of working, we had to think about how to start. It was important that we brought people on board gradually, starting with those who seemed open or even keen to work with young people in a different way. We also chose those staff with whom we felt we had a credibility, those who trusted our leadership. As other members of staff began to see the positive results of this change in practice, the influence began to broaden. We set aside time to discuss, explore and plan with everyone involved. We also developed a specific model designed to support this change within the organisation.

Creating and maintaining a new way of working has proven to be a difficult but worthwhile task. What lies behind the process has been and continues to be:

- *clarity about the behaviour we planned to promote;*
- *clarity in how we would achieve this;*
- *clarity about the values and beliefs behind managing problematic behaviour;*
- *having a number of significant adults who 'carry the culture' and who can train others into this new way of working; and*
- *believing in our system and sticking with it.*

Establishment manager

Training for the Physical Restraint of Children



3a

Introduction

To restrain children you must be appropriately trained. Restraining children, if you are not trained, is dangerous to them and to yourself. Training is one of the most important factors in making sure children are restrained safely and appropriately (Corby et al 2001).

Care Standards

From National Care Standards - Care Homes for Children and Young People

Standard 7 - Management and staffing

You experience good quality care and support. This is provided by managers and staff whose professional training and expertise allows them to meet your needs. Your care is in line with the law and best practice guidelines.

- 8 You know that care home staff have the knowledge and skills necessary to undertake their roles and tasks and to meet your needs. There is a staff development strategy and an effective training plan to allow them to gain suitable training and qualifications.**

Training must take place against a background of common values and principles and should play a part in developing and maintaining an agreed way of working. See section 2.

In training new staff it is useful to have a period of time between your induction training that includes dealing with challenging behaviour, and training in the actual techniques of restraining children. Sometimes staff only remember the physical part of the training, and this will have a negative effect on their work. New staff need time to develop relationships with the children before they might have to restrain them. This must be balanced with having enough staff trained to restrain children if necessary.

Students and members of staff who have not received appropriate, current and updated training should not restrain young people. There are many ways of intervening that don't involve restraining a young person. This does not mean that staff who haven't been trained in methods for restraining children should avoid intervening when it is absolutely necessary for the safety of the child or another person—you have a duty to care. The child's needs must be considered first.

Those who manage the managers of residential establishments should themselves have received training in the principles of physical restraint if they are to monitor services.

Box 3a - Training – regulations and national care standards

The Regulation of Care (Requirements as to Care Services)(Scotland) Regulations 2002 state that care service providers must 'ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.' (regulation 13(c)(i)) They also require 'suitable assistance, including time off work, for the purpose of obtaining qualifications appropriate to such work' (regulation 13 (c)(ii))

The national care standards for homes for children state 'you can be assured..... staff are fully trained and supported in the use of restraint' (standard 6(11):b). The *National Care Standards School Care Accommodation Services* contain a similar statement in standard 3(8).

3b Categories of training

Training that relates to the physical restraint of children is usually made up of four categories.

- 1 Induction training – part of which will usually deal with challenging situations. This will include:
 - crisis situations in which children are more often restrained;
 - the meaning of physical restraint;
 - the ethos underlying the restraint of children;
 - the principles and standards of practice.
- 2 Practitioner training – training in the management of challenge and crisis, including physically restraining children.
- 3 Trainer training – experienced workers become trainers in their own workplace after undergoing further training for trainers.
- 4 Training managers – managers should be trained in the physical restraint of children, and it is essential if they are operational managers. All managers should have enough training to fulfil their role in relation to physically restraining children. At the very least they should know the principles, content and application

of the training used. They have a role in:

- support and supervision;
- mentoring;
- monitoring;
- making sure that workers always operate within the law;
- making sure that the needs of service users are appropriately met;
- making sure that health and safety responsibilities are carried out;
- making sure that there is a training strategy in place so that all workers receive enough training, including practice and refresher training.

Training may take place in a number of ways – within or outside the workplace, with trainers who are themselves members of the staff team or with other trainers, in several or a few stages. It should always meet nationally recognised guidance and the needs of individual children.

3c

Questions for managers about physically restraining children

These questions should help you decide how appropriate your current training arrangements are. They should be regularly reviewed. If your answers to any of these questions are ‘no’ you must take action so that you can answer ‘yes’.

- Do you make sure that staff who receive training have no health problems that may prevent them from restraining children? There are legal implications for establishments employing staff; those who may be called on to restrain children must be able and trained to do so.
- Do you have a policy in place for staff who can no longer restrain?
- Is there a training strategy in place that makes sure that all relevant staff, including relief staff, receive induction as quickly as possible after their appointment, as well as training after the induction and refresher training appropriate to their role?
- Do induction and training introduce staff to the establishment’s values, ethos, organisational culture, programme structure and policies and procedures for restraining children?
- Does your training strategy include a minimum one day emergency first aid and CPR course for all staff who may be required to restrain a child?
- When choosing training that includes the physical restraint of children, are you satisfied that it:
 - respects the rights of the child;
 - is thoroughly quality assured and with built-in evaluation procedures;
 - keeps risks to a minimum;
 - reduces the need for the restraining of children as far as practicable;

- emphasises the need to work with a team;
 - is ethical and keeps to legal requirements and national care standards;
 - is appropriate to the needs of the children with whom your organisation works;
 - recognises the effects of physical restraint on children;
 - gives staff the skills they need to effectively support children and young people;
 - holds the view that restraining children is for their safety and not about discipline or punishment?
- Do you make sure that the training considers:
- policies and procedures, including documents and reporting requirements;
 - an overall assessment;
 - risk assessment and care planning;
 - the causes of challenging behaviours;
 - how staff behaviour can affect the behaviour of children;
 - de-escalation and break-away strategies;
 - signs of distress in children and issues of safety;
 - proper and allowable techniques;
 - ways of letting go of a child you have been restraining;
 - care for children and staff traumatised by restraint;
 - ways of learning from incidents involving restraint?
- Does the training process test the staff members' skill level prior to certifying them as able to restrain a child in the methods taught?
- Does the training provider review and update the training regularly to take account of new research findings and evidence?
- Are staff trained together in groups so you can develop individual skills and knowledge within a team working together?
- Are you trained in the same procedures as your staff members if you are an operational manager, or are you at least clear about the principles, content and the application of training used, if you are in a strategic management position?
- Do you use only trainers who are certified by the training providers in the specific methods of restraining children to train your staff members?
- Do you give members of staff regular opportunities to update and practise their skills through coaching, reinforcement and role play?
- If there is a change in approach or use of an updated method of restraint, are all staff trained in the changed approach or updated method?
- Do you provide feedback to training organisations, to improve the training they provide?

- Have you developed an appropriate agency policy and mechanism by which staff who are unsure their of ability to undertake training in restraining children can be offered an appropriate occupational health assessment?
- Have staff been given support, including time off work, to obtain relevant further training?

3d**Questions for staff about physically restraining children**

You should use this list to review your own training. If any of the questions concern you, you should discuss them with your manager.

- Is there anything about your health which may prevent you from carrying out physical restraint, or do you have concerns which you need to share with your employer?
- Does your training emphasise the rights of children as most important?
- Are your induction and the further stages of training appropriate to the work you need to do?
- Are you trained in emergency first aid and CPR and is this current?
- Is your training part of a programme that includes promoting positive behaviour and the importance of de-escalation, with physical restraint as only one aspect of action taken and only used as a last resort?
- Does your training allow you to make decisions about when you should restrain a child and when that restraint should end?
- Does your training emphasise that restraining children is about their safety and not about discipline or punishment?
- Does your training include guidance about learning from, and reflecting on, practice?
- Are you given regular opportunities to update and practise your skills through coaching and reinforcement?
- Does your training emphasise the need to work with others?
- Does your training allow you to examine and appreciate the effects of being restrained on children?
- Does the training you receive help you to do your job well?
- Have you had support, including time off work, to obtain relevant further training?

Risk Assessment and Care Planning



4a Introduction

Care planning is central to the task of caring for a child in residential care. It means that the child, his or her parents and professional staff are clear about why the child is accommodated and how their needs will be met. Care planning defines the aims of the placement and how you will meet these aims.

Box 4a – Regulations and care standards - planning care

Restraint is not clearly referred to in regulations directly concerned with care plans, but arrangements to do with restraint can reasonably be seen as included in a number of regulations.

The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 set out that providers must prepare, after consulting the service user, a written plan, referred to as the 'personal plan'. This plan sets out how the service user's health and welfare needs are to be met. The plan should be available to the service user and their representative and be reviewed at least once every six months. (Regulation (5)(1))

Similarly, the Arrangements to Look After Children (Scotland) Regulations 1996, regulation 3 sets out the duty to make a written plan 'to address the immediate and longer term needs with a view to safeguarding and promoting his welfare.' Regulation 4. adds 'the considerations which the local authority shall have regard to' when making the plan.

Regulation 9 states that reviews should held be after 6 weeks of the start of placement and then within 3 months of that review then at least six monthly

The *National Care Standards* for care homes for children advise that 'You can be assured that the care home has a written policy and procedures on the conditions where restraint may be used... If it is necessary to restrain you at any time this is written in your care plan. Records are kept of any incidents involving your restraint. You can expect to be supported after any episode of restraints.' (Standard 6(11))

Although the term ‘personal plan’ is used in the regulations, we have used the term ‘care plan’ in this section because that is the term most residential child care establishments use. The care plan is the overall plan which you have to produce under the regulations.

In addition to the requirements referred to in box 4a, we recommend as best practice that the care plan should:

- be clear about the aims of the local authority in looking after the child and how those aims are to be achieved;
- be based on an assessment, which should include input from a range of professionals;
- take account of the existing arrangements for looking after the child at home;
- include practical documents spelling out who will be doing what and when, where and how, to achieve clear aims.

Care Standards

From National Care Standards - Care Homes for Children and Young People

Standard 4 - Support arrangements

The support you receive in the care home is based on your Care Plan or personal plan. You are involved in the planning of your care. Statutory care review arrangements are met.

- 1 You are confident that staff care for you in a way that is in line with your Care Plan or personal plan and work with others to meet your needs. They have close working relationships with your family and friends and others involved in your education and care.**

To guide your day-to-day work, you will probably produce other, more detailed plans showing the ways in which you will meet the aims of the care plan. These plans can vary in how complex they are and how often they are reviewed. When necessary, some young people will also have detailed plans for managing behaviour.

As a member of staff in a residential establishment you should be clear about the part you will play day-to-day in putting the plan into action. If it is likely a particular child will need to be restrained, arrangements for doing so must be written in the child’s care plan. The plan should anticipate but not assume the child will be restrained as it will always have to be the only practicable means to secure the welfare of the child or another service user and only in exceptional circumstances.

Managers of residential establishments are also responsible for the staff who look after the children. In making plans for children, the manager must also protect the safety of staff.

This section will consider how all of these different parts work together to influence day-to-day practice in assessing risk and planning care in relation to the physical restraint of children.

In making plans for children, the manager must also protect the safety of staff.

4b**Assessing risk**

You should assess risk for the whole establishment, the individual young person and each separate event. This should inform a young person's care plan.

When you work with troubled and angry young people on a daily basis, you should keep a clear record of the risks, along with the measures put in place to reduce the risks. The measures may include the layout of the building and how it is used, staffing levels, ways of working with particular young people, routines and training. You and your employer are responsible for making sure that you take risks and control measures seriously and act on them.

In assessing risk, the employers will have to keep to the requirements of the Health and Safety at Work etc Act 1974 below and any further legal requirements. In planning to meet the needs of children, your employer cannot ignore their duty to protect the 'health, safety, and welfare' at work of all the employees.

4b1**Risk assessment – the establishment**

Assessing risk for the establishment is a management responsibility. If you are a manager, you must consider specific safety issues relating to the building, its furniture and its equipment.

- Are there areas where your staff will have difficulty in seeing or managing risky behaviour?
- If it becomes necessary to restrain a child, can this be done safely (for example, corridors may be too narrow for your staff to get either side of a child)?
- Are there obvious dangers in the environment, such as objects that could be used as weapons?

You must take action to prepare the environment as fully as possible to meet the children's needs.

In relation to the people who are living and working in the establishment, you must decide whether:

- the young people cared for are likely to behave dangerously;
- the size and composition of the group is one that can safely be managed by the available staff;
- your staff have the knowledge, skills and self-awareness to respond safely and how you will assess this;
- the rules and routines are child-centred.

Each child or young person entering residential care has their own history and personality, which will result in different reactions to stress. You should reflect these individual differences in the way their risk is assessed and their behaviour is managed.

Box 4b - Health and safety legislation and regulations

The Health and Safety at Work Act 1974 (HASAW Act) lays down wide-ranging duties on employers. They must protect the 'health, safety and welfare' at work of all their employees so far as reasonably practicable. The duty extends to people other than employees who may be affected (sections 2 and 3). Employees have a similar duty to themselves, other employees and other persons. Breaches of these duties can lead to criminal proceedings.

This Act allows the Government to issue regulations, guidance and approved codes of practice for employers. These set out detailed responsibilities for employers in every aspect of health and safety in the workplace. Codes of practice are admissible in criminal proceedings. The act also set up the Health and Safety Commission, and an inspectorate called the Health and Safety Executive.

The Management of Health and Safety at Work Regulations 1999 set out various requirements and in Regulation 4 and Schedule 1, set out the general principles of prevention as shown below.

General principles of prevention

The schedule specifies the general principles of prevention set out in Article 6(2) of Council Directive 89/391/EEC(24).

These can be paraphrased for this guidance as:

- a **Avoid risks.**
- b **Evaluate the risks which cannot be avoided.**
- c **Combat the risks at source.**
- d **Adapt the work to the individual, especially in terms of designing workplaces, the choice of work equipment and the choice of working methods. This will take account of monotonous work and of reducing their effect on health.**
- e **Adapt to technical progress.**
- f **Replace the dangerous by the non-dangerous or the less dangerous.**
- g **Develop a clear overall prevention policy which covers technology, how work is organised, working conditions, social relationships and the influence of factors which relate to the working environment.**
- h **Give collective protective measures priority over individual protective measures.**
- i **Give appropriate instructions to employees.**

4b2

Risk assessment – individual children and young people

Assessing risk must take account of both the specific risks posed by individual young people as well as the risk towards any individual young person if they are restrained. In either case, you should carry out an individual assessment. You should include the steps to be taken to deal with the risks in the young person's day-to-day care arrangements.

The risk factors of restraining a child or young person might include:

- the effect of prescribed medication;
- levels of intoxication from alcohol or drugs;
- pregnancy;
- obesity;
- health conditions (including asthma and heart problems);
- age and build of the child;
- psychological and emotional issues;
- history of abuse.

There are situations where restraining the child is so risky you must avoid it. For example, this could apply if there is a combination of the type of factors listed above.

Plan for managing behaviour

If you consider it is likely that you will have to restrain a young person, you should have an individualised plan for how you will manage their behaviour, to which the young person, parents, social workers and carers have all had reasonable opportunity to contribute. This will identify:

- the triggers that cause the young person distress;
- the early warning signs that all is not well;
- ways in which staff and children can help calm the situation.

You should review and update these specific plans frequently, and every time you restrain the young person. The challenge for establishments is to develop an overall policy within which these individual plans can sit.

Practice example – managing behaviour

e.g.

James gets very upset when his key worker takes time off work and can be physically aggressive towards other staff at this time. Once we recognised this, we made more effort to prepare James beforehand and to give him a calendar marking exactly when his worker would be leaving and coming back. James helped to choose the one or two other staff that would provide most of his care. If he started raising his voice – a sign that he wasn't coping – one of his identified workers would spend five minutes playing a computer game with him. If the situation did become out of hand and James started to physically attack a member of staff, everyone understood that he would be held using the method approved in the establishment until he had calmed down. This plan was recorded on James' file.

Practitioner

Risk assessments of individuals and your planned responses need to change as young people and their circumstances change. The aim is to allow each young person to grow so that they do not need other people to control their behaviour.

In appendix 2 we have included an example of a risk assessment proforma for children who present a risk which can be expected.

If you and your colleagues cannot keep a child safe without restraining them quite often, the placement is not meeting that child's needs. This is not to suggest that the child must necessarily move on. Numerous placements are likely to make the matter worse, not better. However, the young person and all agencies involved need to discuss ways to keep them safe without having to restrain them often, and ways to work towards this goal over time.

4b3

Risk assessment – each event

Although it may not be clearly stated, you are carrying out a risk assessment each time you think about restraining a child. The assessment will usually include considering the following:

- Who is at risk of harm and what is the nature of the risk?
- How likely is the harm and how serious will it be?
- Would restraining this young person really be about safety, or is it about my own feelings of powerlessness and frustration?
- Will the consequences of restraining the child be less or more harmful than the behaviour itself?
- What will be the effect on the rest of the group of restraining the child?
- What would the consequence be of not restraining the child?
- Are there alternatives that I could use?
- Are there enough staff with the right skills to restrain the child safely and effectively?
- What is the least restrictive and most respectful way of restraining the child to prevent harm?
- What is the plan if the young person cannot be restrained appropriately?

The outcome of this rapid assessment should be in line with the child's care plan unless there are clear reasons based on the risk of harm that justify overriding it. We consider these matters further on in section 4.

4b4

Risk and care planning - questions for managers

- Do you have a general risk assessment for each workplace which deals with the risk of violence?
- If so, is it readily available?
- Does the assessment integrate well with care planning?

- Does it address risks to children and staff from restraint?
- Does it deal with the full range of risks?
- Is the risk assessment reviewed regularly?

These questions should be regularly reviewed. If your answers to any of them are 'no', you must take action so that you can answer 'yes'.

4b5

Risk and care planning - questions for staff.

- Have you got access to the general risk assessment relating to violence in your workplace?
- Have you read it and understood how it affects your work?
- Are there specific children in your care who present a particular risk and, if so, have plans been made?
- Are there children in your care whom you should not restrain – do you know what to do if they present a danger of harm?
- Are you aware of any other risks? Have you shared these with your manager?

These questions should be regularly reviewed. If your answers to any of them are 'no', you must take action so that you can answer 'yes'.

4c

Care plans and restraining children

You should work towards a team approach to managing young people's behaviour, using the detailed, day-to-day plan to help with that work. The team is likely to include the young person's social worker, the teacher, the child, the parent or carer as well as the residential care team.

The plan should help you decide when to restrain a child or young person. We describe the possible situations in which it is appropriate to restrain a child in section 4b and 5b and 5c. A care plan should not encourage restraining a child in any other circumstances.

Practice example – Care plans and restraining children

e.g.

A child who generally runs to the end of the road and returns a few minutes later or who slams a door and kicks over a table is unlikely to need restraining. However, children who run off and harm themselves or place themselves at risk of sexual exploitation should be prevented from leaving if this concern is reasonable and it is possible to do so. (You may also need to think about the appropriateness of this placement.)

You will need to restrain a child who is determined to smash the windows of the establishment, but only because they place themselves and others in danger.

See 5b and 5c.

Children and young people may lose control when something upsets them. The care plans should help you to tailor your approach, to help them manage the situations, people and behaviour, which cause them to lose control. When working with children or young people who have language and communication difficulties, you should list the specialist communication approaches you will use in their care plan.

Care Standards

From National Care Standards - Care Homes for Children and Young People

Standard 7 - Management and staffing

You experience good quality care and support. This is provided by managers and staff whose professional training and expertise allows them to meet your needs. Your care is in line with the law and best practice guidelines.

- 10 You can be confident that if you have special needs because of disability, staff will have an understanding of this and be able to provide appropriate help and support.**

4c1

Care plans and restraining children - questions for managers and staff

- For each child, what behaviour do they display that might place that child or others at significant risk of harm, and how should you respond to keep people safe?
- Does the care plan consider how issues such as personality, gender, religion, cultural or ethnic background, developmental delays, and previous history affect behaviour and influence decisions on when to restrain the child?
- If there is a big risk of the young person behaving dangerously, is a behaviour management plan in place, including plans for restraining them, where needed?
- Will adult involvement increase the risk of violent behaviour and lead to harm, even where the aim is to support the young person?
- Does the care plan consider the young person's use of alcohol and drugs?
- Does it consider their relationships and daily routines?
- Does it identify possible 'flashpoints', how they should be dealt with and by whom?
- Does the care plan outline the alternatives to physically restraining the young person which have proved effective in the past?
- Is the young person's care plan changed so that lessons learned change their care?

e.g.

Practice example – Caring for each child's specific needs

A reassuring arm on the shoulder may be seen as an attack. Taking the arm of an already angry teenager may provoke them to lash out. So, you should be careful not to use an approach that works with some children, but not with this child.

For many young people, moving from one activity to another, for example getting ready for school or returning from contact with their family, can be a flashpoint. Others may have difficulty in situations where adults come into conflict with them, such as when the adults decide to use a sanction. Know your child, and adapt your care to fit them.

4d The child's involvement

The child is a key stakeholder in all aspects of her or his care and, under the Children (Scotland) Act 1995, you must take proper account of the child's views of their care. The child's welfare is paramount.

4d1 Getting children involved - Questions for managers

- When carrying out any assessment, care plan, behaviour plan, review or similar, do you put the child's views at the centre of the activity?
- After children are restrained, do you make sure that you consider and discuss their thoughts and feelings with them, and record these?
- Do you take steps to discuss, with the young people, the action you will use if their behaviour presents serious risks?
- Do you give the group of residents opportunities to have a say in defining behavioural limits and reviewing the establishment's approach to managing behaviour?

4e Care plan reviews

You should review the care plans of young people in residential care at least every six months. At the initial stages of a placement more frequent reviews are required: that is, within six weeks from the start of the placement, and three months from that first review. This may rightly happen far more frequently, especially in relation to the detailed plans developed in residential establishments. Reviews play a major role in monitoring progress and revising the child's care plan. The review should consider the child's behaviour and his or her response to the planned action used. (See box 4a)

The Practice of Restraining Children

5a

Introduction

This section describes good practice which makes sure that children and young people are restrained appropriately. We offer these recommendations directly to those staff who carry out physical restraint.

Each agency which provides residential care for children must have trained its staff in a particular method of physical restraint, if restraint is ever used. We do not recommend specific techniques here — we leave that task to the training organisations. This guidance applies on top of that training, and should be helpful to you no matter what method of restraint you have been trained in.

5b

When to restrain a child or young person

Physical restraints should be acts of care and control and be designed to make sure the young person and others are safe. If you manage them well, you can help young people to move away from automatic and habitual responses, to a position where they can better control their choices.

You should receive thorough guidance from your employer, in training programmes and at other times, about the action you should take when restraining a child.

No matter which method your employer has chosen, you may only physically restrain a child when it is the only practicable means of securing the welfare of that child or another child and there are exceptional circumstances. You must reasonably believe that:

- a child will cause physical harm to themselves or another person;
- a child will run away and will put themselves or others at serious risk of harm; or
- a child will cause significant damage which is likely to have a serious emotional effect or create a physical danger. See below.

5c**Is damage to property ever a reason for restraining children?**

Property damage is not sufficient reason on its own for restraining a child. However the damage done to the welfare of the child or other children by their damaging of property may be sufficient reason. A child destroying their history (all their photographs for example) or destroying communal or private living space may cause significant harm to themselves or other children– psychological in this case. It is harm to the child, not harm to property that is the issue here. Damage being done to property does not necessarily mean that a child or other children are being significantly harmed.

5d**When not to restrain a child or young person**

You should not use physical restraint when:

- you can restore safety in another practicable way;
- you are not in control of yourself;
- you consider it clearly unsafe to do so (for example, the young person has a weapon);
- you know the young person has a medical difficulty that may be made worse by being restrained;
- you consider there are not enough adults to restrain the child safely;
- even with enough adults you are not confident you can manage to restrain the child safely;
- you are on your own with a young person, unless you assess restraining them to be is the least risky action to take (in very rare circumstances).

You may come across dangerous or difficult situations which appear not to be covered by your employer’s physical restraint guidelines. Your employer should provide guidelines about personal discretion, and the likely effects particular action will have. These guidelines should include what you can do if you have used the techniques taught to you in training, found them ineffective and yet there is still an immediate danger. You will find a decision tree called ‘Hard Choices’ which will help you walk through the possibilities at the end of section 5.

5e**How to restrain a child**

When restraining a child or young person is necessary, you must do so in a way that doesn’t harm your relationship with them and creates the possibility of making good progress when the crisis is over. This will permit the continuation of other therapeutic work once the restraint is over.

There are three important parts involved in the process of restraining children well:

- How you think.
- How you act.
- What you do.

5e1

How you should think

How you think about what you are doing will dictate how you act. It is important for you to have the right frame of mind.

- Set aside unhelpful thoughts. (See practice example in the table below.)
- Think of young people as unique individuals and each occasion as a unique occasion. (This helps you to use previous information without thinking that you are always bound to get the same outcome.)
- Be aware of your own emotional state and that restraint happens within the context of a relationship. (Ask yourself, how am I possibly contributing to this situation?)
- Be aware of the young person's history and of anything that may increase or reduce the likelihood of things getting worse.
- Try and work out the young person's intention in behaving in this way (for example, they may be 'acting out' to get away from an otherwise frightening situation).
- Think of violence and aggression as a form of strong communication and avoid becoming defensive. (Consider challenging behaviour as a code when normal communication isn't working well.)
- Consider how you speak with your co-workers. The way you do this can make your thinking clear to the young person, and help you maintain a neutral viewpoint. Said in the right way, something like, "I'd really like to let Helen go but I don't feel able to do that until she can show me she's back in control of herself" may achieve this.

e.g.

Practice example – internal dialogue

It was late and Amy was struggling. We should have been off shift over an hour ago and I was frustrated. I had been through this before with Amy. She regularly behaved worse and worse in a controlled and deliberate way so that we had to restrain her – for instance, she would tie things tightly round her neck with the potential to do great harm to herself. She frequently built towards this, often in a long drawn-out manner and late at night. As a team we spent lots of time and energy discussing ways to manage this behaviour without resorting to the use of restraint.

During these situations I remember thinking, 'Here we go again.' 'She just wants to be restrained.' 'She is trying to keep us here all night.' 'We might as well just get it over with.' 'This kid doesn't belong here.' My thoughts were actually more about my own wants and needs; they kept me from focusing in on the particulars at hand and supported me to personalise her behaviour.

On this night after trying everything we could think of to get Amy through yet another ordeal, I remember thinking, 'How am I adding to this mess?' We were all milling around the downstairs office pretending not to be paying attention to her behaviour while still trying to keep an eye on her through the glass. I asked my two co-workers what they were thinking and feeling. We all briefly acknowledged our frustration, and I asked what they thought Amy needed and wanted right now.

Somehow something subtly shifted. Looking back, I think we needed to actively put aside our own reactions to Amy's infuriating and somewhat frightening behaviour so that we could think about what was going on in a more useful way. This made us more able to respond to Amy and not just her behaviour. While we were aware of the importance of this, it had been easy to lose sight of in the wee hours of the morning.

I don't remember exactly what we did from that point forward, but I do remember that we were able to help Amy through the situation without restraining her. I don't think what we did was all that different from other nights but how we did it made the difference, and I believe this came about as a result of a conscious effort to acknowledge and change our thinking to focus on Amy's needs and not just her behaviour.

Practitioner

5e2

How you should act

You can consider physically restraining a child or young person as being a way of managing their behaviour on the surface. It can pave the way for other therapeutic action with them later. The way you act while restraining a child or young person contributes greatly to maintaining the relationship you need to do this further work.

While restraining a young person:

- keep calm and controlled and act in a way that absorbs and responds to aggression without retaliating;
- be sensitive about your choice of words, your tone of voice and your pace of speaking;
- convey a genuine willingness to help;
- acknowledge the young person's feelings;
- say why you are concerned and don't use it as a play for power;
- work with and don't compete with the young person;
- don't rush the process, and let it take as long as it takes. However, you should be aware of the young person's level of discomfort and the dangers of restraining them for too long.

5e3

What you should do

After assessing the risk in a situation, and as it becomes clearer that you need to restrain a child or young person immediately, several things become particularly important.

You should:

- check where you are and the way this may affect the way you restrain them (for example, type of flooring, space and so on);
- communicate with colleagues;
- make sure that someone takes the lead;
- make sure that there are enough competent people to manage the situation safely;
- assess the possible reaction of the other young people present and make sure that they are not drawn in, and moved away where possible;
- use only the techniques you have trained in;

- choose the least restrictive way of restraining the child;
- use as little force as reasonably practicable for the shortest time necessary.

When practicable, you should assign someone the responsibility of monitoring the restraining process to check to make sure that the child is not in unnecessary or life-threatening distress and that they are being restrained properly. Signs to look for which indicate distress include:

- Most significantly, signs of limited breathing such as:
 - Rapid and shallow breathing
 - Laboured breathing
 - Panting or grunting
 - Statement of an inability to breathe
 - Absence of breathing

Children can die from you limiting their breathing, even while they are still moving or while seeming to still be breathing. Moving does not mean the child is getting enough air to live (Swann and Brucer cited in Miller, 2004). Don't be fooled if there's shouting or moving. This has been a factor in restraint related deaths, with 'I can't breathe' being the young person's last words in some cases (Weiss et al, 1998).

- Other signs include:
 - Limpness
 - Discolouration of face—ashen, grey or dusky purple
 - Vomiting
 - Seizure

If you see signs of life-threatening distress, stop restraining them immediately and seek medical help.

In carrying out the techniques there are certain safety considerations. You should:

- Minimise as far as practicable any pain or discomfort which may be involved;
- Avoid pressure on or across joints;
- Make sure you carefully move to the floor in a controlled way (if this is involved in the type of restraint used);
- Protect the young person's head, especially if techniques involve moving to the floor;
- Make sure that you use only holds you have been taught and are authorised to use in your establishment;
- Constantly monitor the young person's breathing and wellbeing, taking account of factors that may affect the restraint (for example age, gender, obesity, medical difficulties, cultural issues, the child's history);
- Continually review the need for the restraint and the safety of all concerned.

5e4 **What you must never do**

With safety still as an important consideration, there are things you should never do.

You should never:

- deliberately inflict pain (unless all available authorised techniques have failed or cannot be used and you cannot escape because you are unable to do so or because to escape would lead to greater harm to the child or others). You must always act reasonably, proportionately and without resort to excess. (See decision tree 'Hard choices' at the end of section 5)
- put weight on the young person's neck, torso or hips, because of the dangers of affecting their breathing;
- use 'choke' or 'strangle' neck holds;
- use seated or kneeling holds if the person is bent forward at the waist (hyperflexion); or
- restrict airways, for example, by obstructing the nose or mouth.

You will find a more detailed description of some of these concerns and other matters of safety in section 10.

5f **Other considerations**

There are three other factors which you may have to consider.

5f1 **Changing staff**

It is appropriate for you to change the staff involved in restraining a young person when:

- it is unlikely that the young person will calm down without changing staff;
- you are no longer in enough control of your own feelings;
- you are injured in a way which makes continuing the restraint impractical;
- you are so tired you cannot continue;
- you believe that the young person is deliberately making you continue restraining them, for some form of gratification.

Before deciding to change the workers involved in a restraint, you should think carefully about the ways in which the change will be understood by the young person. Avoid acting in ways which undermine the authority of the worker who took the lead at first. For example some male workers may feel it necessary to take over from a female colleague, because they are uncomfortable with the situation as a result of her gender. Although well intentioned, these interventions can be unhelpful.

5f2 **Ending a restraint before it's done**

Section 6 provides advice on how to end a restraint. However, in rare circumstances, you may need to stop restraining a child or young person before she or he has control of themselves and before you have completed a proper process of letting

go. This can present you with particular difficulties: for example you may have made a wrong assessment of how appropriate it was to restrain the child in the first place. However, it is always better to admit your mistakes than to carry on with an ineffective and sometimes dangerous situation.

You will need to release a child early when:

- the child has been injured, been sick or had breathing difficulties;
- you become aware of a threat to their wellbeing as a result of other more long-standing health concerns;
- you cannot continue safely because of the child's violence or your own loss of control and it is not possible for someone else to take over;
- you cannot continue safely because you have been injured and it is not possible for someone else to take over.

You and your colleagues need to make it clear to the child why you are ending the restraint and should, if possible, go on engaging with the child. If a practitioner is the target of a complaint, allegation, criminal charge or prosecution, civil claim or litigation and has acted within establishment guidelines and training on restraint and, where relevant, according to the SSSC code of practice, they should reasonably expect to be supported by their employer.

5f3

Restraining a child who has a disability, learning difficulties or other similar needs

In the lead up to and during a restraint, you should keep in mind any issues that might complicate the situation because of a young person's disability. Some examples are:

- A child may not understand your body language, tone of voice or facial expressions in the same way other children might.
- A child may have great difficulty with changes to their routine and can be very sensitive to sounds or touch.
- While being restrained, children whose hearing is impaired may not communicate in their accustomed way and will likely not be able to express their hurt, rage or fear. What is already a disempowering experience for a hearing/speaking child could strip this child of all control.

One establishment we know of adapts their hold where possible to allow the child to communicate using sign language. They also assign a staff member whose sole responsibility is to maintain communication with the child while the child is being held. We recommend this practice.

- Children with certain learning disabilities might not be able to understand what is happening to them before and while they are being held. The meaning they attach to what has happened may be very different from the adults' understanding.

Whatever factors may complicate holding this child, you must arrange things to minimise the chances of traumatising or re-traumatising them.

5g

Hard choices – a decision tree

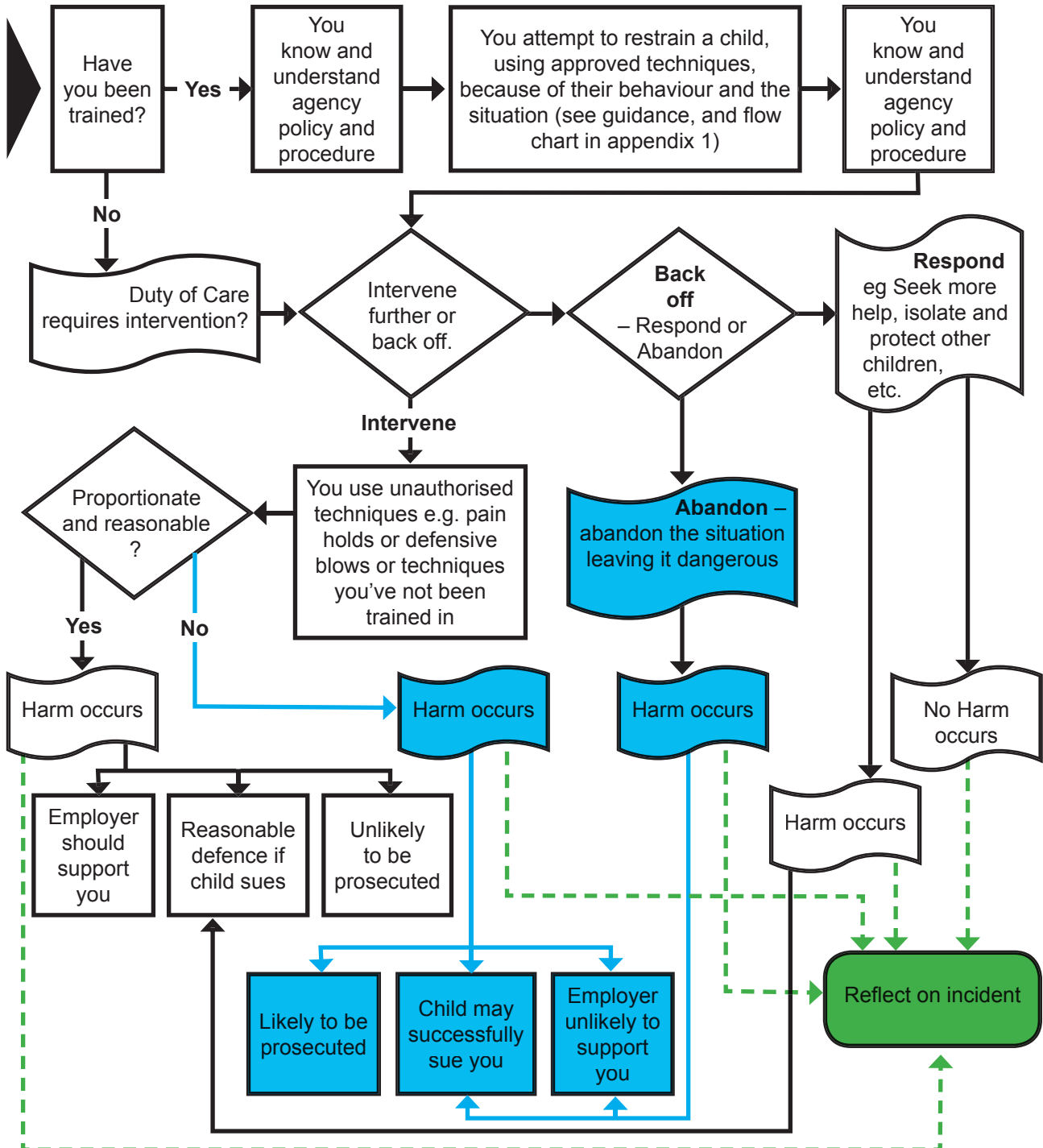
We created this decision tree at the end of section five to help you think through the potential consequences of those difficult situations where you are restraining a young person and it does not go according to plan. For instance those times when you have been unable to restrain the young person, for whatever reason, even though the situation might still call for it.

In the decision tree we did not include the consequence of ‘no harm’ following the use of unauthorised techniques, as harm will always occur. The use of unauthorised techniques is never good or harm-free. It must never be supported in the policy or culture of an agency. However in highly exceptional, one-off instances, unauthorised actions may be both reasonable and proportionate. In this we are clearly not describing normal restraint best practice.

Start at the top of the flowchart and follow the arrows.

Don't use this flowchart without reading section 5g in Chapter 5 on hard choices. This decision tree will help you think through the potential consequences, where you have been unable to restrain a child, for whatever reason, even though the situation may still call for it.

The use of unauthorised techniques is never good or harm-free. It must never be supported in the policy or culture of an agency. However, in highly exceptional, one-off instances, unauthorised actions may be both reasonable and proportionate. In this we are clearly not describing normal restraint best practice. This flow chart must not be seen as a substitute for the guidance. See it as an aid to memory but read, re-read, and know the guidance.



Ending a Physical Restraint of a Young Person



6a

Introduction

The way in which a physical restraint is ended, and the action you take immediately after it, will have a large influence on its overall effect.

We have split this section into two main themes. We look at the complicated process of how you can best decide when to let a child go. We then consider the ways in which you can regain a positive working environment immediately after restraining a young person.

6b

Letting go

The process through which you give back control to the young person and let go is important in terms of the effect it has on the young person and her or his relationships with the staff involved. Releasing too soon and having to immediately manage violent or otherwise high-risk behaviour all over again is obviously something to avoid. And holding a child for longer than is needed is not only poor practice, but in some cases could be considered abuse, assault or negligence.

In between the extremes of much too soon and far too long lies a difficult area that involves skilled and knowledgeable practice.

6b1

Preparing to let go

- Only one person should lead the process of letting go of the young person. This is often the person who has been the lead in the restraint, but there can be exceptions to this if you believe that the young person cannot calm down when spoken to by the lead staff.
- If the young person does not appear ready to start or continue the letting-go process, don't start or continue.

While this may seem obvious, at the time it can be difficult to assess. So, tell the

Use a firm, neutral and reassuring tone throughout the process.

young person clearly, and as often as needed, how they can let you know they are ready. Do not confuse the young person by starting to let them go, or continuing to let them go, if they have not let you know that they are ready.

- Use a firm, neutral and reassuring tone throughout the process.

Avoid statements that further provoke or stimulate the young person, including accusations and demands. At the same time, be firm: mean what you are saying. It may help the young person to be able to calm down when all other staff stay silent.

- Once you see that the young person has calmed down enough, let them know what you want them to do to show you that they are ready to begin the process of letting go.

Tensions are likely to still be high, and having to answer questions while still being held can often feel like a further humiliation. To avoid this, let the young person know what you are looking for in terms of an indication that he or she is ready.

Focus on what you are looking for so you know that the young person is ready to start the process of letting go (for example, asking him or her to take two deep breaths). You may want to tell the young person that what you are already seeing shows you that the young person is ready to start the process of letting go.

Once a young person is calm, slow deep breaths can be a good place to start. This offers a simple indication that the young person is ready and also helps to calm the body.

As the last step of the process, let the young person know what will happen after you release them, before you make the final release (for example, that the young person can take a few moments to get themselves together, and then will be brought something to drink and checked for injuries).

- Letting go should be more of a process than an abrupt event. Take your time and assess throughout whether the young person is showing that they remain ready to regain control and be safe. A gradual release (either of limbs or firmness of hold—depending on the hold used) will give you time to make this assessment.

6b2

What to say

- Keep your statements short and simple. Long and complicated messages can be difficult to follow.
- You should offer brief words of reassurance throughout the process.
- You need a firm, neutral and reassuring tone. The process of letting go is also a good time to slow... things... down.
- Once the young person has shown that they are ready to start the process of letting go, let them know what your next step will be and what you will look for from them to show they are ready to continue with the process.
- Deliver your messages in a child-centred way (see next box).

e.g.

Practice example - child-centred messages

Suppose you have decided to tell the young person that you want to see two deep breaths to start the process of letting go. Depending on what you say and how you say it, the message might come across to the young person as:

'You have to do exactly what I say before I'm going to let you go. Give me two deep breaths, or you are staying here'.

Or it could come across as:

'I'll know you're ready for us to start letting go when you take two deep breaths. That will show me you are ready take control of yourself in a safe way.'

The first example is adult-centred in that the child is expected to meet an adult demand, and the second is geared toward gradually giving control back to the young person.

The young person will pick up on your intentions though the words you say and your tone of voice.

6b3 What not to say

The process of letting go is not a time for negotiation. You are the person who must assess when it is appropriate to let go. Teaching young people to negotiate appropriately, so they can get what they want, is an important part of good practice. However, so is teaching them to deal with those situations which are non-negotiable. The process of letting go is one of these situations.

This may seem to contradict some of the guidance we have given previously. However, once you have decided that the young person's behaviour is serious enough to call for physical restraint, you must then take full control. It would send an inappropriate message if the young person were in any position to negotiate. You need to be in control as an adult, in a way which lets the child feel cared for, and not abused.

Don't think that this means that the young person doesn't deserve to be negotiated with in general. It is not about what the child deserves in general. It is about securing her or his welfare. Because of the seriousness of the events that led to this point, it is your responsibility to keep control until you assess that the young person is ready to begin to be given that control back, with you supporting and helping all the way through.

6b4 Power and control

Usually, the behaviour and events leading up to the restraint feel out of control to the young person, the staff or both, as can the restraint itself. The process of letting go can be affected by the young person's or the staff's reaction to losing control and the desire to get it back. So, it is essential that the letting-go process does not become a 'power play' in which you 'show who's boss'. Sometimes a young person may appear to be in control of themselves but they are still not able to show

It is important to let the child know, as soon as it is safe, your willingness to share control of the situation

you they are ready to act safely. In these circumstances they may still be looking to assert power in a dangerous way.

A desire to feel in control of what is happening is natural, especially while being restrained, and in itself this is not the problem. Be clear about the appropriate boundaries of control (who really should be in control of what), and manage that desire to control. This helps to prevent it from becoming counterproductive.

Your influence at this time can be huge as the final stages of being restrained can make some young people drop their defences. Being careful about the messages you are delivering, and managing your own urges for a power-play will greatly influence how the young person makes sense of their restraint.

It is sometimes the case that the only thing the child feels he or she has left is control over the point at which you let them go. This can be difficult when the child decides to make a power play of this issue.

You should invite an attitude of partnership with the child. When restrained, most young people will feel stripped of all control. This may be necessary in circumstances in which there is no other way to keep a situation safe. It is important to let the child know, as soon as it is safe, your willingness to share control of the situation and help them through the restraint. This is not the same as negotiating and may be passed on as much through your overall attitude as the words you choose.

6b5

Restraining a child for a long time

When a young person seems to be making a restraint last a long time, treat it as a type of communication. These types of situation can be extremely difficult to manage, partly because of the feelings they sometimes provoke in staff, and also because staff are rightly wary of restraining a child or young person any longer than is needed. While there is no simple solution, the following may be useful.

- Resist any desire to deal with the situation with your own ‘power play.’ Acknowledge what you want (to be finished!), but focus on the young person’s needs.
- Try to see that their difficulty in calming down may not be a deliberate power play. Being restrained can bring up feelings that are extremely difficult to manage, which may also tap into unresolved rage, loss, grief and sadness. For some young people, it can take a long time before they can once again control their emotions and be calm. In these situations, it may be best to give periods of silence, interrupted by brief messages of reassurance. You should also tell them how they can let you know when they are ready to begin thinking about the letting-go process.
- Remember that the young person resisting our control over them, and trying to assert their own control can have a positive side, even though the way this is being expressed is not appropriate. This resistance might well represent a level of resilience that helped them survive previous abuse.

Avoid taking it personally

- Clearly say that you think the young person's behaviour is an indication that they still need you to hold them.
- Show that you are willing to wait with the young person and hold him or her as long as she or he needs you to. This can turn the power play on its head, as most young people in this situation do not want to see themselves as having needs that staff are meeting. (This is exactly what staff are doing by making sure that the young person is ready.)
- Avoid taking it personally. We realise that this can be hard to do, but it is vital in staying child-centred. Even if you sense the behaviour is an attempt to 'get at' you, on a deeper level it is less about you, and more about that young person's history, beliefs and unresolved pain. The better you can understand this, the more effective you are likely to be.

6b6**Questions when considering whether to let go**

- What is the young person doing to show that they are ready (or not ready) to start regaining full control of their body?
- What am I feeling and thinking, and how might this be affecting the process?
- How is my tone and is what I am saying helping the young person to work with me toward regaining control and being safe?
- How might my tone and what I am saying be provoking the young person?
- What does this young person need right now?
- Are there other factors to do with the event which need to change before I can safely let go?

e.g.**Practice example - letting go**

Lead member of staff: 'Okay Ian, you've done a good job getting calm, quiet and still. I think we can start letting go. You can let us know you're ready by taking two, deep breaths.'

Ian: 'I am ready!! Get off!!'

Lead member of staff: 'The only way we'll know you're ready, Ian, is when you're calm enough to be quiet and still, and to take two deep breaths.'

(Silence)

Ian: *(Starts to cry)*

Lead member of staff: 'It's okay to take as long as you need, Ian. No-one's going to rush you. We'll stick with you until you are ready.'

(Silence)

Ian: *(takes two deep breaths)*

Lead member of staff: ‘Well done Ian. Looks like we’re ready to begin. Ian, I’m going to ask Eileen to release your right leg. When she does, you can move your leg around a little for comfort but then keep it still. That way I’ll know you’re ready to continue. Eileen, can you release Ian’s right leg?’

(Eileen releases Ian’s right leg, Ian does not try to break free)

Lead member of staff: ‘You’re doing well Ian. I’m going to release your left leg and the same goes. When it’s still we’ll know you’re ready to keep going.’

(Lead member of staff releases Ian’s left leg, again Ian does not try to break free)

Lead member of staff: ‘I’m going to ask Eileen to release your right arm. When she does, you can move it about a bit if it’s stiff, and then rest it still. Eileen, please release Ian’s right arm.’

(Eileen releases Ian’s right arm)

Lead member of staff: ‘Okay Ian, you’ve done a great job getting yourself calm. When we’re done with this, someone’s going to get you a drink and make sure you’re okay. Then we’ll have a chance to get things sorted and hear about what has upset you. First, though, I’m going to release your left arm.’

(Lead staff releases Ian’s left arm)

Some things to keep in mind.

- This is an example of a very straightforward letting-go process. Some take much longer and are more complex.
- The specific wording and actions are not a model to follow, as they will vary with methods of restraint. This is simply an example of the type of process to follow and the spirit in which it is carried out.
- Let the young person know at the beginning that this will be done in several steps, especially if it is the young person’s first restraint.
- Don’t rush the process.

6c

Actions immediately after letting go

It is difficult to provide specific advice for the action to take in the period immediately after a physical restraint. It will vary considerably depending on several factors including:

- the type of residential establishment (for example, consider the differences between secure units, small group homes and educational units);

- the time of day (or night) at which the restraint took place;
- where the restraint took place;
- whether or not other children were present;
- whether anyone has been injured;
- the numbers and skills of other staff who are available to help.

However, there are considerations which should form the basis of all practice. These are activities which are shared appropriately among the team, and managers should actively lead at these times. This includes what needs to be done with the young person who was restrained, the other children and the staff.

6c1

Work with the child who was restrained

- See, ask and check whether the child is hurt and needs any medical help or any other practical help. This might involve simple acts of caring such as getting them a drink or a cool flannel. Seek medical help immediately if required.
- Continue to look after the emotional needs of the child. Children very often experience being restrained as a traumatic experience they find hard to digest. It can bring up echoes of their previous experience of abuse. How and whether the child is able to make sense of the experience is dependent on the wider context of their care, as outlined in this guidance.
- Decide whether the young person needs to continue to be protected from the rest of the group or if the group needs to be protected from them. Help the young person continue to calm down and begin the process of reflecting on what has happened.
- Decide who should now work with the young person, and the amount of discussion and reflection it would be reasonable to carry out at this time. It can be a good idea for the person who has taken the lead in restraining the young person to continue to work with them. However, there also are times when the young person clearly does not think this is a good idea, and it is better for a colleague to take the lead. Sometimes it is important for the child to have some time alone. While you should be aware of the possible risks, this should usually be allowed to happen (see section 7).
- Help the young person work out how they can best get back into the group and provide appropriate help.
- Make sure, by your actions and by what you say, that the child knows that you still care for them and you want to continue to help.

6c2

Work with the other children

- Look after the needs of the other children and work to get the group back together, physically and otherwise. Provide appropriate explanations and reassurance.
- Get back to the activities you previously planned, but be open to the possibility of change. It is especially important to try to honour commitments to other children, so that one child's needs do not continue to take priority over all others.

- Stay in tune with the mood of the group, listening closely to what all the children are saying and being sensitive to how the incident may have affected them.

6c3**Staff considerations**

- Recognise that although you decided to let go of the child, the situation may still be extremely tense and difficult. You need to be aware of continuing risks.
- Make sure that no staff are physically hurt or need medical attention. Take appropriate steps to help them deal with the current situation.
- Check that staff are feeling OK in themselves. Some people find restraining a child to be a traumatic experience, which can trigger difficult, deep feelings.
- By deciding to let go, you have decided to return to the child or young person a large measure of their own self-control. You must avoid becoming involved in new power plays, just as you have avoided them in deciding when to let go.
- Consider the impact on the relationship between you and the young person and give them the time, space and contact they need.
- Return furniture and other objects which may have been removed before and during the restraint, in a way which is not too obvious. It is sometimes good for the young person to help with this.
- Let senior staff or others know about the child having been restrained, as set down in your local procedures.

Usually before the shift ends, the worker who has taken the lead in restraining the child will need to begin the process of recording events. We discuss this in sections 8 and 9. However, it is important to stress here that although maintaining accurate and appropriate records is a very important part of the process, you should not allow the pressure to record to distract you from the more pressing tasks set out above.

It is likely that an initial review by staff will take place during the shift, but this should not take priority over getting back to a stable living environment. The early review is a good start to the process of learning from these events.

**be
aware of
continuing
risks**

Learning from Events

7a

Introduction

This section examines the ways in which you can best use the experience of physically restraining children and young people to help shape future practice and policy.

Whilst restraint is a method of last resort, there is a danger that when you only use a particular practice when other action has not been effective, the practice itself can be seen as failure. We need to change this view.

The period following a physical restraint provides an opportunity for learning for:

- the child who was restrained;
- all who were involved in or affected by the restraint;
- the manager of the establishment and the service provider organisation.

7b

Giving the young person space to reflect on and learn from the experience

The fact that a young person needed to be restrained shows that there are situations where the young person's behaviour is so unsafe as to place them or other people at risk.

You should give the young person opportunities to learn from the experience and to develop different ways of coping with difficult situations.

You should consider the following:

7b1

Timing

Some children will want to be comforted in the period immediately after the restraint and as part of that will see the immediate opportunity to discuss the event as helpful. Some may welcome the period of calm, but will not be ready immediately to discuss events. Others may be angry, resentful and extremely resistant to any discussion. It is your responsibility to find the right time to talk with the child about how they can be helped to manage similar situations differently. Your primary purpose should be to assist the child.

The guiding principle must be the needs of the young person, and the timing of the discussion should reflect those needs

Assess the situation and decide, preferably by discussion with the young person, how best to go ahead. Consider the young person's emotional state, as well as factors such as his or her age and developmental ability, in reaching any decisions. The guiding principle must be the needs of the young person, and the timing of the discussion should reflect those needs. However, this does not mean that you always do as the young person wants or demands.

There are situations, such as unaddressed patterns or seriousness of behaviour, in which you or a colleague might insist the young person talk about what has happened before you allow them to re-enter the group, even if this is against their wishes. Careful judgement is required here, and you may still need to give time to the process.

If you have to insist on discussing the matter with the young person, against their wishes, how you express your insistence is extremely important. You need to let the young person know that you are acting this way because you are concerned for the young person and others. You must resist anything which suggests that your decision is about asserting power. Here, as elsewhere, you must resist power plays.

7b2

Time for discussion

There is often a benefit when the person who took the lead in the restraint leads the discussion. The young person can share her or his understanding of the event and use the discussion to continue the process of restoring a relationship which does not involve using restraint. However, as with timing you must be sensitive to the needs and wishes of each young person, and if a young person would clearly prefer to discuss the event with another worker, you should normally arrange that. When working with children who have language and communication difficulties, you should be sure to use the specialist communication approaches which should be listed in their care plan. The adult will need to consider their own physical and emotional state, skills, experience and training to decide if any of those factors might obstruct the aim of promoting the welfare of the child.

The discussion is unlikely to be a one-off, and it may be helpful for the young person to discuss the event with several staff on several occasions. For example, in most establishments, the young person may want to discuss being restrained and the surrounding issues with their keyworker. The young person may also ask to discuss the restraint with staff or others who work outwith the establishment, for example their social worker or a 'Who Cares?' worker. You should make arrangements for these discussions. However, you should not see them as a substitute for discussions which should take place between you and the young person.

7b3

Content and tone

Hold the discussion in a way in which the young person is confident that you are properly considering their views and that you are not blaming them. It is helpful for the child to tell it how they see it first. Just listening to the young person speak at length instead of challenging them about who did what and when often helps the

child and you to be more open to the other's point of view.

To learn from the event, it is likely that your discussions will cover:

- the young person's experience of being restrained;
- the young person's view of why the adults may have restrained them;
- the events leading up to their being restrained;
- the part played by other people in the events leading up to their being restrained;
- the behaviour of the young person and the staff which led to their being restrained;
- the young person's thoughts and feelings and how they affected their behaviour;
- what the young person was hoping to achieve by their behaviour;
- the process of the young person regaining control;
- helping the young person identify and understand the connection between their thoughts and feelings and their behaviour;
- what has been learnt from restraining the young person and surrounding events, including a plan for the young person and staff about what they will try to do differently the next time the young person has similar difficulties, or experiences similar thoughts and feelings;
- anything which you or the young person needs to do to deal with the effect of events on relationships in the establishment;
- space and support for the young person to begin dealing with any difficult memories that the restraint may have brought up.

The period after a young person has been restrained is a time when he or she can learn how to deal with the consequences of poor choices and learn about mending relationships. The way in which you and your colleagues reflect on your own work in the discussions will affect that learning.

7c

Giving staff time and space to reflect on and learn from the experience

If you have been involved in physically restraining a young person, you must have the opportunity to reflect on what you did. The process of providing learning opportunities for young people should be mirrored by opportunities for staff to learn from their experiences.

As staff in residential establishments you should develop and support a culture in which you can talk with your colleagues about how you do your job, including restraining children. Be open to hearing as well as giving both criticism and praise. In these discussions, it is generally better to invite others' views, and ask about what others were thinking and hoping to achieve, than it is to launch into criticism. You should ask your colleagues to give you feedback on your practice. Of course you should challenge poor practice, but even then it may be useful to start with questions.

As staff in residential establishments you should develop and support a culture in which you can talk with your colleagues about how you do your job

The reflection serves at least three purposes;

- It gives you and your colleagues an opportunity to express the difficult emotional pressures created by physically restraining children;
- It gives you, your colleagues and your manager an opportunity to reflect, in detail, on what happened and set out the facts;
- It gives you an opportunity to reflect on what you have learnt, to help in the future and to contribute to your professional development.

The discussions should take place during planned staff meetings as well as more informal gatherings, for example at the end of a shift. Some will happen very shortly after the event, and others after a longer time, when you have had more opportunity for reflection. They may be organised by your manager or may be meetings of different staff members. Discussions should be centred on the welfare of the child in the establishment. The discussions which would encourage reflection on practice might include:

- what you have learned about the young person as a result of restraining them and the events leading up to this;
- what you have learned about yourself and your colleagues as a result of restraining the young person and the events leading up to this;
- what you think the young person's views of the events leading up to being restrained may have been;
- the view the young person might now have about why you restrained him or her;
- what appeared to work this time or in the past, what didn't work well and what you will try to do differently in the future;
- any implications for the ways shifts or other matters should be organised and the ways staff should communicate with each other;
- whether and how you should share this discussion with the young person;
- any implications for training or staff development.

As well as these meetings, you should include discussion of occasions when you have had to restrain young people on the agenda for staff supervision sessions, and should make use of monitoring information as discussed in section 9. The supervision session will probably reflect the list of topics immediately above, but it is more tightly focused on the work and professional development of the individual or group. The work in supervision sessions is likely to sit well alongside the work carried out in the larger meetings.

It is likely that you will also want to discuss the issues arising from any restraint with the residents as a group. Episodes of restraint can affect all the young people, not only the child who has been restrained. Group discussions can help young people and staff learn from the event.

7d**When things go badly wrong**

In an extreme situation, you may decide that the poor practice you have witnessed is abusive. Abusive practice could be a serious single incident that is not dealt with properly, or it could also be a working culture or a series of incidents which added together amount to abuse.

Staff in residential care rely on each other to do a difficult job well. This is a mutual reliance which exists to a far greater extent in residential care than in most other social work or social care jobs. As a result, you may find you have a conflict between supporting your colleagues and reporting abusive practice. A decision to report a colleague is likely to be one of the most difficult you as a practitioner will face, and it boils down to this: you have to judge the difference between poor practice which you can change through challenging your colleague, and abusive practice which must be reported.

When faced with such a decision, you may find it useful to talk things through with someone who is not involved. The most important factor influencing your decision must be the young people's safety, welfare, needs and rights.

When you judge conduct to be serious enough to do more than challenge your colleague, in most cases you should speak to internal managers first. Poor and unacceptable practice must be reported and dealt with.

If your internal management is not taking effective steps to put things right, and the practice is serious enough to break with normal reporting arrangements, in most cases you must report the abusive practice directly to an external manager, or a member of the Care Commission, or the police.

You may feel you are or will be implicated and wrapped up in the abuse – take courage and take the necessary steps anyway.

7e**Managers and their organisations – what they can learn**

Managers and their organisations will gain many important lessons from paper records and spreadsheets (see sections 8 and 9), but there are other important ways in which they can learn from events. Managers need to discuss this difficult aspect of practice with their staff.

If you are a manager, you need to make sure that you have systems and procedures in place which give the young people and staff the opportunities to reflect on and learn from the experience of restraining children. You also need to provide evidence that information provided from young people and from staff is understood and acted on by you and others who manage the service.

Most of the work related to supporting staff who are directly involved in restraining children and young people is carried out by their immediate managers. However, we recommend that senior staff become familiar with how young people are restrained in their organisations, to consider how best they can support the staff

Care Standards

From National Care Standards - Care Homes for Children and Young People

Standard 7 - Management and staffing

You experience good quality care and support. This is provided by managers and staff whose professional training and expertise allows them to meet your needs. Your care is in line with the law and best practice guidelines.

- 1 You can be assured that the care home has policies and procedures that cover all legal requirements, including:
 - staffing and training;
 - ‘whistle-blowing’;
 - managing risk;
 - proper record-keeping, including recording incidents and complaints.

- 6 You know that external managers monitor the care you receive in the care home. The quality and performance of the care home and children and young people’s views and complaints are monitored. The external manager or board makes sure the manager is suitable for the role.

and the young people, and make sure that practice meets the highest standards. In addition to young people being hurt, senior staff may be found liable in law or subject to disciplinary action if things go wrong. This is too important an area to be delegated blindly.

To help your staff to learn from each episode of restraint you should make sure that:

- you have enough understanding of the physical restraint of young people so you can carry out your management role and offer support and guidance to your staff;
- you are available and approachable for consultation, advice and appraisal;
- you have provided staffing levels and shift patterns which take account of the need for regular supervision, staff meetings and informal staff discussion;
- you show genuine concern about the restraint of young people and don’t just seek to blame;
- children and young people know that they can approach you directly if they do not feel safe;
- you respond to reports of assault, abuse or concerns and know who to report to, be they your managers, the Care Commission or the Police.

If managers and staff are actively involved in learning from events, it is more likely that the learning for the young people will be effective. If you are not learning from experience, why should you expect it of the young people?

Recording the Event and Letting Others Know

8a

Introduction

After physically restraining a child or young person, you must let the appropriate people know, and make sure that it is all properly recorded. Employers will have their own specific arrangements about recording and letting others know, and you must always follow these. If you feel these are inadequate, discuss this with your manager and report serious concerns to the more senior managers and if necessary the Care Commission.

Service providers do not have to record information in a standard way, but we suggest that the details below would be helpful in monitoring when and how children are restrained.

8b

Letting the right people know about the restraint

As noted, each provider will have their own procedures about letting staff and others know when a child or young person has been restrained. The procedures are likely to include details about when particular individuals should be told, and you must keep to any timescales. Those likely to be included on any list are:

- the child's family and, where appropriate, carers;
- the child's social worker;
- managers within the residential establishment;
- external managers; and
- the police in cases where a crime may have been committed, including instances of assault by the child or staff member.

If there are more serious and exceptional incidents, it is possible that managers may decide to refer the matter to:

- the Health and Safety Executive;
- the Reporter to the Children's Panel;

Care Standards

**From National Care Standards -
Care Homes for Children and Young People**

Standard 3 - Keeping in touch with people who are important to you

You are helped to keep in touch with your family and friends and to have a good understanding of your family history and relationships.

- 4 **If you cannot tell them yourself, your family will quickly be told about any significant events, developments or incidents in your life.**

- the Child Protection Lead Officer or local equivalent;
- The Care Commission.

Examples include a serious assault or events which suggest child-protection procedures might need to begin or be reviewed.

8c

Why record?

Recording details of incidents where a child or young person has been restrained serves many purposes:

- It provides an account of the care and control within an establishment;
- It encourages staff to reflect on their practice;
- It helps management and staff plan care by helping to identify problematic behavioural patterns;
- It helps a young person face and confront difficulties;

Care Standards

**From National Care Standards -
Care Homes for Children and Young People**

Standard 6 Feeling safe and secure

You feel safe and secure in all aspects of your stay in the care home.

At any time, there are enough staff available to help you when needed.

- 2 **You are protected from all kinds of abuse. You can be confident that staff are aware of child protection procedures and that they know what to do when they have a concern. Staff know what to do and will help you get appropriate specialist help if you wish to tell someone that you have been abused or ill-treated in any way by anyone at any time.**

- It allows organisations who check the quality of care to see how establishments restrain children (for example, by Care Commission, or SWIA);
- It may form evidence in civil or criminal courts or formal inquiries.

You must record all occasions when you have had to physically restrain young people in a way which:

- Is thorough (meaning rigorous and detailed);
- Is transparent (meaning that it is written and presented in clear ways which help all those who need access to the record);
- Records different views of an incident.

Box 8c - Regulations about recording

‘A provider shall keep a record of any occasion on which restraint has been applied to a user, with details of the form of restraint or control, and the reason why it was necessary and the name of the person authorising it.’ (The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002, regulation 19(3)(a)).

Regulation 12 of the Residential Establishments Child Care (Scotland) Regulations 1996 states that ‘Managers shall ensure in consultation with the person in charge that there is maintained for each establishment a log book or books of day to day events of importance or of an official nature, including, ... details of sanction imposed.’ In this situation (and only in this situation) restraint is seen as a sanction. But see regulation 4 (1)(c) of these regulations in box 1d4. Regulation 13 covers records for each child.

Data protection issues are covered more fully in chapter 9.

8d

What to record

You should record this information as soon as possible and usually within 24 hours of the event.

It may be helpful to collect information in four main categories:

- Details of the actual incident which will usually be completed by the lead member of staff restraining the child;
- Details of any injuries which will usually be completed by a staff member or manager not directly involved in restraining the child;
- Details of the child’s view of the incident, the follow-up in respect of the care plan and any changes which are needed as a result;
- Details of any witnesses’ views, and the differences in their recollections;

- Other information where appropriate, including:
 - Witness statements (these are particularly useful when an incident is serious or complex and if people have differing views or recollections);
 - A record of the staff debriefing and the monitoring by internal and external managers;
 - Comments on how staff could improve their practice;
 - Any need for further staff training.

Recording events of violence to staff is very important for health and safety requirements, and should not be confused with recording occasions when children are restrained.

8d1

Details needed

You should record details of the incident as soon as possible and usually within 24 hours of the event. The details should be made available as soon as possible to other staff members who need to know about the restraint, and also to the child. We recommend that you should include:

- a list of the staff present during the incident, including those not directly involved;
- the names of any other professional staff or visitors to the establishment who saw the incident;
- the names of any other children who were present and who had any significant involvement, including witnesses. A witness may have seen the events leading up to the child being restrained, the restraint itself, what followed, or indeed what people said. Remember that you will need to discuss their involvement with them, especially if you believe that it went beyond simply being a witness.
- details of the events leading to the incident;
- details of the behaviour of the child in the period leading up to them being restrained;
- details of the responses of adults before the restraint;
- a statement about why physical restraint was the only practicable means to deal with the situation, including details of the risks of harm and exceptional circumstances you believed were present;
- a description of the methods of restraint you used and how long the restraint lasted;
- details of how the restraint came to an end;
- details of any involvement by the police;
- information about the immediate support offered to the child after being restrained;
- how events fit with the care plan and any issues which need to be reviewed;
- a list of those who were told about the child being restrained.

8d2

Injuries**Regulations.**

Regulation 19(3)a of the Requirements as to Care Services Regulations requires providers to keep a record of ‘any occasion on which restraint or control has been applied to a user, with details of the form of restraint or control, the reason why it was necessary and the name of the person authorising it.’

As with the other details of the incident, you should record this information as soon as possible and usually within 24 hours of the event. If possible the information should be recorded by a member of staff who has not been directly involved in the restraint to avoid accusations of inaccurate or biased recording. The information should include:

- details of any injuries the child, the members of staff or any other person suffered and when these became apparent, e.g. immediately or later and if so when;
- the medical help which was asked for and what was actually provided;
- confirmation that the child has been asked about his or her physical condition after the restraint and that their general physical condition has been checked and by whom;
- confirmation that the staff directly involved have been asked about their physical condition after the restraint; and
- whether there has been a need to make an entry in the establishment’s accident book.

8d3

What the young person thought

You should discuss who might be the most appropriate person to talk about the incident with the young person. Although staff aim to discuss the incident with the young person as soon as possible, they should be sensitive to the child or young person’s needs.

Disabled children may have their own particular communication needs and you may help them understand an incident by using symbols or drawings.

From National Care Standards - Care Homes for Children and Young People

**Care
Standards**

From Standard 6 – Feeling safe and secure

You feel safe and secure in all aspects of your stay in the care home.

At any time, there are enough staff available to help you when needed.

8 If you are a younger, frail or less confident child, or have a disability, or if you find it difficult to communicate, you are protected from more challenging or stronger children.

Be creative in finding ways that work for the child or young person. Methods could include offering a computer or tape recorder, or using a diary.

Arranging for the child or young person to speak in more relaxed surroundings, for example in a car or in a quieter or busier place, may sometimes be appropriate.

You should make a record of the discussion as soon as practicable and no later than a week after the incident.

Whatever methods you use to help the child or young person express their views of the incident, you must accurately put those views in writing. Whether they write it themselves, or ask others to record it, the record is likely to contain:

- The dates of the discussions and the staff involved;
- The young person's account of events leading up to them being restrained;
- The young person's views about the reasons why the staff restrained them;
- Any views the young person may have about how things might have been done differently;
- The young person's view of how relationships within the establishment have been affected;
- Other action which the young person would like to take in the future; and
- Action which the young person would like the staff to take in future.

8e

Other things to consider

You will need the records of occasions when you have restrained children for a range of purposes. They have considerable potential as a tool to help you, the child and the organisation learn from the experience. They also might be significant, long after the event, in deciding on legal disputes or settling claims for compensation. This might include criminal proceedings against staff or children. They could be criminal injuries compensation claims or civil damages proceedings for an employee or a child making a claim for improper care.

Given this range of possible uses, it is important that all records are:

- Accurate (which may include accurately recording different versions);
- Appropriately filed and cross-referenced;
- Typed (or in very rare cases written in clearly legible black handwriting);
- Signed by the individuals who are directly involved, providing witness statements or carrying out follow-up discussions.

Because of the complexity and volume of the information which is gathered, employers will want to create methods to avoid duplicating records. Wherever possible, the main record of the restraint should be the first record of the restraint, and you should cross-reference this document in other records and files.

Some staff or residents may wish to keep, for their own record, personal notes. Anyone keeping such personal notes for their own purposes should be aware that a court may order them to produce such notes in civil or criminal proceedings. In a criminal case the police may seize such notes as evidence. People keeping notes should also be aware that they must keep such notes confidential to respect the privacy of anyone referred to in them.

On the attached CD, available as a download from the Scottish Institute for Residential Child Care's website and in appendix 3 we provide a form which you can use to record the information shown in sections 8d1, 8d2, and 8d3.

Monitoring the Restraining of Children



9a

Introduction

Managers within services and external managers of services should monitor the restraint of the children and young people in their care. This monitoring is essential to make sure children are protected from any risk of physical abuse through using physical restraint improperly.

Monitoring for these purposes is entirely appropriate, but a good system of monitoring also provides benefits for everyone involved with residential care, including the children and young people. To provide those benefits, the monitoring must be carried out in a way which emphasises its value as a tool for protecting staff and children, for improving practice and not as a way of pinning blame on people.

In this section we suggest you keep an electronic database. We also recommend the minimum information which you should record on this database. It is possible to do what is needed here using paper-based systems, but this would take a great deal of time.

A database will not be enough to provide all the information which managers and others need to appropriately monitor occasions when children and young people have been physically restrained. A database will not, for example, reveal the quality of the work carried out with a child after a restraint or the details of witness statements. As a result the narrative records discussed in section 8, and the work outlined in section 7, will always be important for monitoring practice. However, they do not themselves provide easy access to discovering important issues about the restraint of children and young people.

9b

Why keep a database?

'Information systems in current use in children's social services, are generally designed more for recording information than for retrieving and using it, especially in daily practice. This severely limits their usefulness and reduces the quality of the data they contain' (Gatehouse et al 2004).

To be thorough and transparent (see section 8) recording must at least use some spreadsheets or databases, kept either manually or on computer. These are simply tables that make it possible for you to count a few critical ‘events’. Using simple spreadsheets or databases to record important information makes it possible for you to bring together information, analyse, see patterns and report on the physical restraint of children in ways which support good practice at all levels. As a result, you will protect children. Being open about and answerable for how you and your organisation restrain children is important for both staff and children.

9c

What should be counted?

It is best to record some information as narrative, as numbers can never provide the whole story. A very disturbed child, new to an establishment that accommodates exceptional children, may be restrained many times appropriately. But how often this child is restrained should cause reflection and enquiry. A list of the information which you should record in a spreadsheet or database includes:

- the incident number (the unique number also recorded in the establishment log);
- the day, date and time the restraint started;
- the child’s name (see below for issues to do with data protection);
- two key staff involved - more staff may well be involved, but the first two are enough for the purposes here (see below for issues to do with data protection);
- where it happened - for example, the lounge, kitchen or bedroom and so on;
- any obvious trigger (in other words a visit, bedtime, unknown);
- whether the restraint gives rise to significant injury, complaints, police enquiry or child protection activities.

9d

How can this be analysed?

The reason for putting information into a database is so that it becomes easier to spot patterns in the times and places and people involved in restraining children. This is helpful for the children, the practitioners, the establishment’s staff team and management, the service provider and the Care Commission. Each of these is dealt with in turn.

9d1

Child or young person

In some cases, depending upon developmental levels, you can share certain information with a young person. Seeing, for instance, that they are restrained on a Monday might help a young person look at their behaviour and (more importantly) the issues behind it. This must be done within the context of a trusting relationship, and with a spirit of support rather than accusation or blame.

9d2

Front-line care staff

As a front-line worker you should know how often you restrain children compared with your colleagues. You should be able to ask and answer the questions ‘Do I end up restraining more than my colleagues?’ and ‘Do I avoid restraining inappropriately?’

The numbers can only raise these questions, not answer them, since the numbers are not the whole story.

As front-line workers you might also use the data to identify patterns about a young person's behaviour. An obvious example would be noticing a pattern of a young person being restrained on a Monday, and this might lead you to reflect on possible issues relating to home leave and returning to the establishment. While you might identify this pattern without the help of a database, other more subtle patterns will possibly be less clear.

9d3

The establishment's staff team

The process of identifying patterns should also take place within the staff team. The database might also help you to reflect on how teams are functioning (and individuals are functioning within the team), overall patterns of restraint related to the time of day, day of week, place, or partnerships within the overall team. The more you as a team can reflect on and discuss these things openly and honestly, as well as take individual responsibility for areas you need to improve on, the more effective you will be in providing a safe environment for children to develop.

Practice example – Using data to reduce harmful incidents

e.g.

We wanted to address the high level of incidents involving child self-injuries and staff injuries in our residential children's home for children diagnosed with autism, so we set out to develop a system to analyse the children's behaviour. We realised that to analyse the incidents and children's behaviour patterns effectively would require a system that would allow people to record, monitor and analyse the relevant information methodically and efficiently. We designed a series of forms that recorded information from incidents related to time of day, day of week, day of month, triggers to behaviour, self-injury and type, injury to staff and relevant issues identified. We then analysed this information monthly and a clearer picture was built up, allowing a more efficient way of managing behaviour related issues. Through this process, we identified several issues, including inconsistencies between staff members in interpretation of guidelines and practice.

This system has led to positive outcomes that have benefited both children and staff members. Colin is a good example. Our monthly analysis indicated that he appeared to be having problems on Sundays around his swimming activity, with more incidents than normal. Discussion of this with the staff team found a number of inconsistencies. Some staff were taking him swimming while others were not. Some staff were giving Colin his afternoon snack before leaving for the swimming pool and others were not. Staff were using different bus routes to go to the pool and Colin was unsettled by this. A series of measures was put in place to structure Colin's swimming routine, and all staff agreed to guidelines related to his snack, the route to the swimming pool, and routines on the outing. Also, Colin was given a photograph of the pool before leaving to give him a visual aid to help him understand where he was going. Since these measures have been put in place, Colin rarely shows anxiety or distress during his Sunday activities.

Practitioner

9d4 The establishment's management

As the manager you provide a central role in supervising staff and giving them the opportunity to reflect on their practice. It is vital that you take a leadership role in starting or maintaining this process. You are responsible for these areas.

Using a spreadsheet would increase your awareness of:

- how often each child is restrained;
- how often each worker is carrying out restraints;
- restraints used on particular days or at particular times of the day;
- restraint being used in particular places;
- the main triggers for the high risk behaviour that led to the child being restrained.


Care Standards
**From National Care Standards -
Care Homes for Children and Young People**
Standard 7 - Management and staffing

You experience good quality care and support. This is provided by managers and staff whose professional training and expertise allows them to meet your needs. Your care is in line with the law and best practice guidelines.

4 You can be confident that effective recording and information systems are in place. All significant incidents are recorded.

9 You can expect the service to evaluate what it does and make improvements and that it will do this by making sure that:

- **staff are trained and re-accredited appropriately;**
- **staff are involved in the systematic evaluation and discussion of their work and the work of the service, including the use of assessment information;**

9d5 Service provider

As senior managers in an organisation, you also must monitor the occasions when children have been restrained. In local authorities, information should be available to elected members and in voluntary and independent organisations it is necessary to provide management board members with reports. It is important that the information is available to those who pay for your service. You need to know, for example, whether similar establishments which accommodate children with similar needs are restraining these children at broadly similar levels. You also need to know that arrangements are in place to deal with any issues highlighted by the analysis of occasions when children have been restrained. Consider the examples discussed in 9d2 and 9d3.

9d6**Care Commission**

The Care Commission already receives important information in the Pre-Inspection Returns (PIR), and may inspect the restraint records. Establishments with well-managed restraint arrangements will be asking themselves the questions set out previously, and the Care Commission officers may expect to see evidence that this is being done. The Care Commission, as well as reviewing individual records and general arrangements, may also want to review the main information collected. This could include:

- the number of restraints for each bed-night since the last inspection;
- the maximum restraints on any one child in the same period;
- the median number (in other words, the middle of the range).

Again, the Care Commission may want to know if establishments holding similar children have cause to restrain them at broadly similar levels, and how often their restraints give rise to significant injury, complaints, police enquiries or child protection issues. Of course this does not tell us if the establishments are restraining children in line with good practice, but it is enormously helpful in gaining an overview against which the practice of any particular establishment can be 'assessed'.

Training providers

The training providers should helpfully collect and organise relevant information on incident and injury rates across all user agencies. These should be published and publicly available.

9e**Practicalities**

On the attached CD, and available as a download from our website, (www.sircc.strath.ac.uk) is a simple spreadsheet. Including this in your recording practice will support you in using the guidance in this section. Some establishments will be able to do all this and more besides, and we do not expect that they will downgrade to this spreadsheet.

Using this spreadsheet, together with satisfactory paper recording, should assist establishments to meet relevant aspects of the National Care Standards, against which the Care Commission inspects.

We have provided an example of a simple spreadsheet printout in Figure 9a and Figure 9b shows some of the ways the information can be organised to show helpful patterns.

Using this spreadsheet systematically will let you see fairly easily the totals for numbers of restraints, triggers, staff members, etc, as required for the good practice set out in this section.

We have made four versions of the spreadsheet available. The first is the restraint of children log with dummy data. We suggest you play about and practice with this

dummy data version, to see how it works and to give you a concrete example. The second version, the restraint of children log, has no information in it, since you will 'populate' it as you log the restraint of each child.

Each of these is provided with and without macros – macros are bits of computer code. Some people's computers will not open files which have macros, to protect them against attack from computer viruses. Because of this we have provided a repeat set of files, one filled in, the other not – which should not pose the same problems. Try to use the ones with macros if you can, as they work a bit more straightforwardly.

So, use the versions with 'macros' if you can. Start by playing with the version with dummy data to see how it works – you can't break these.

Available spreadsheets	With macro	Without macro
With dummy information	Try first	Try if macro doesn't work
With no information, so you can 'populate' it.	Try first	Try if macro doesn't work

If you cannot see the whole of the Totals and Summaries screen, this will be because of the 'screen resolution' your computer has been set at. This is simple to fix. Either increase the screen resolution (by right clicking on the desk top, selecting 'Properties' from the menu which appears, and selecting 'Settings') until you can see the full screen on the Totals and Summaries page OR reduce the percentage on the formatting toolbar at the top of the screen (marked %) until you can see the full Totals and Summaries.

Don't worry if you get strange things appearing on your spreadsheet like '#value'; these will disappear when you enter information into your spreadsheet.

Please remember to back up (i.e. make a copy of) your records, in case your computer goes wrong, and you lose all your information. You can print out the pages, and sign and date them if you wish.

Some additional guidance on how to use the spreadsheet is included within the spreadsheet. We have intentionally kept it simple. This is so that staff with some experience of using Microsoft Excel could adapt, and where necessary fix it. The spreadsheet is 'protected', but is supplied without a password. We advise keeping the protection on, or you run the risk of deleting the formulas which make this spreadsheet work.

Fig 9a Excerpt from the spreadsheet

Incident indicator	No.	date	day	time	where	trigger?	Child	main staff involved	2nd staff involved	CP & Police alerted	Complaints	any serious injury to any child
	inc 04/61	02/10/2002	Wednesday	21:30	bedroom	Visit	1-moved	1-left	1-Fred	None	Yes	no
	inc 04/62	01/10/2003	Wednesday	15:30	lounge	School	6-left	5-Tessa	5-Tessa	None	No	No
	inc 04/63	01/08/2004	Sunday	19:30	living room	"unfair!"	4-Joanne	7-Henry	7-Henry	None	No	no
	inc 04/65	04/10/2004	Monday	07:45	hall	Fight	5-lesley	13-Lee	6-Sam	None	no	no
	inc 04/66	05/10/2004	Tuesday	17:45	Living Room	Argument	5-lesley	18-lauren	8-tommy	None	No	No
	inc 04/68	06/10/2004	Wednesday	21:15	Bedroom	Bedtime	13-Ralph	1-Fred	1-Fred	None	No	No
	inc 04/69	07/10/2004	Thursday	08:15	hall	School	14-Fred	12-lesley	12-lesley	Both	Yes	Yes
	inc 04/71	08/10/2004	Friday	19:30	tv room	School	7-John	14-John	14-John	None	No	No
	inc 04/72	09/10/2004	Saturday	22:00	lounge	Bedtime	15-Rita	4-Ally	4-Ally	None	No	No
	inc 04/74	10/10/2004	Sunday	12:36	hall	Fight	14-Fred	7-Henry	7-Henry	None	Yes	no
	inc 04/75	01/10/2004	Friday	13:00	Hall	Argument	15-Rita	19-Evlyn	19-Evlyn	None	No	No
	inc 04/76	02/10/2004	Saturday	21:45	living room	Bedtime	8-Tom	7-Henry	7-Henry	None	No	No
	inc 04/78	03/10/2004	Sunday	22:00	bedroom	Argument	6-left	14-John	14-John	None	Yes	no
	inc 04/79	04/10/2004	Monday	17:45	tv room	Fight	5-lesley	8-tommy	8-tommy	None	No	no
	inc 04/80	05/10/2004	Tuesday	20:45	bedroom	Argument	5-lesley	15-Tom	15-Tom	None	No	No
	inc 04/82	06/10/2004	Wednesday	21:50	Living Room	Bedtime	6-left	7-Henry	7-Henry	None	no	no
	inc 04/83	07/10/2004	Thursday	23:00	living room	Visit	2-Alan	15-Tom	15-Tom	None	No	No
	inc 04/85	08/10/2004	Friday	16:39	lounge	Argument	6-left	16-Betty	16-Betty	None	No	No
	inc 04/86	09/10/2004	Saturday	08:30	bedroom	School	7-John	5-Tessa	5-Tessa	None	Yes	No

Fig 9b Automatic reports from the full spreadsheet

Microsoft Excel - Dummy Log Macro .xls

File Edit View Insert Format Tools Data Window Help

Arial 10 No

G19 No

Close

Restrains

Print

All the information here is only about the restraints of children between the dates you enter at start and end date

start date 01/10/2004 dd/mm/yyyy

end date 10/10/2004 dd/mm/yyyy

No. of bed nights (eg 7 children staying 7nights? Enter 49) 540 you need to enter number of bed nights here

total restraints between dates 16

total restraints per bed night between dates 0.03

max restraints on any one child between dates 4

select a child 1-moved 0 Total

select main staff involved 7-Henry 3 Total

select 2nd staff involved 7-Henry 3 Total

select day of the week Sunday 2 Total

select location tv room 2 Total

select trigger Boredom 0 Total

serious injuries to children No 15 Total

complaints No 12 Total

Restrains per child between dates

median 2 ie the middle of a range of numbers

mode 2 ie the most frequently occurring score

mean 2.00 ie what is commonly called the average

Restraints Totals and summaries How to.../

Ready

9f**Data protection**

When collecting and protecting this data consider the regulations you must follow. Local Authorities generally have a Data Protection Policy and a Data Protection Officer and may issue guidance to their establishments. If it is not a Local Authority establishment, the owners should have a Data Protection Policy and someone responsible for giving guidance on how to maintain records. This guide is not a substitute for checking the policy and consulting with the relevant person to ensure that your record keeping complies with the data protection principles.

In relation to the recording of the restraint of children by staff you need to balance the need to keep records relating to an individual incident (as described in section 8) and the need to keep summary or statistical information with enough to detail to allow you to review your practice and to spot developing problems or patterns.

The spreadsheet is designed to help you avoid holding personal information inappropriately. It expects you to enter first names only, and an identifying number, thereby keeping the data in a semi-anonymous fashion. Furthermore, a year after the date on which it is recorded that the child was restrained, the 'cell' to the left of the incident identification number will turn red. Either at this point, or when the child or staff leave the unit (whichever is sooner), the name should be removed from the record, leaving the number. This will make the record anonymous (provided, of course, that you do not keep a separate list of which name links with which number). Regularly reviewing and 'anonymising' your records in this way, to ensure that the information does not identify individuals for any longer than is useful and necessary, will reduce any privacy issues. It will, however, still enable you to monitor the frequency with which you restrain children, and thereby aid you in protecting and caring for them.

9g**Conclusions**

Whatever methods of monitoring you use, managers will want to provide evidence that they have carried out appropriate monitoring and have taken appropriate action as a result of that monitoring.

The advice we offer here along with the advice on recording which we offer in section 8 should support managers in this task.

Areas of Danger and Concern

10a Introduction

Physical action including restraint carries risks. These include the possibility of serious physical and psychological trauma and even death. Such situations could result in criminal or civil proceedings or fatal accident inquiries. Disciplinary action may result from some situations.

Although serious injuries and deaths have been reported in the UK, there is still a lack of appropriate research to provide clear guidance. There is well founded and widespread concern about certain aspects of practice. So far, these have focused on the following:

10b Neck holds

Holding a child by the neck risks asphyxiation (suffocation) or restricting the blood flow to the brain. It carries the risk of death. You should never use any form of neck hold.

10c Obstructing Mouth or Nose

Children spitting or biting while being restrained are legitimate concerns for staff. Your welfare should be suitably protected and your concerns should be looked at by occupational health services. While you may understandably wish to cover the child's mouth to protect yourself from spitting or biting, **you must never do so.**

10d Prone restraint

The term prone restraint simply means to hold a child 'face down', when on the ground, usually with their head to one side. There are many versions of this procedure. Risks associated with prone restraint can be reduced if the procedure used has a minimum effect on breathing and the health of the child is good (Graham 2002).

However, the procedure may carry unacceptable risks if pressure is placed on the

child's torso or hips or the health of child gives cause for concern. Health concerns may include obesity, asthma or other respiratory problems (Day 2002).

- Restraining children in a prone position carries a higher risk of serious harm than other holds done correctly, and as such should always be treated as a final option.
- Restraining children in a prone position is more likely than other forms, such as standing or seated restraints, to be seen by them as a punishment or as abuse.
- Service providers should only approve the restraining of children in a prone position when an assessment of risk shows that this is the least restrictive action necessary to achieve a safe outcome for all involved.

10e

Seated holds

There are many seated holds with different names in different systems and approaches to restraint. The research suggests that these techniques are seen by service users as less intrusive than prone restraint (McDonnell et al. 1993).

However, seated holds are not without risk. 'Hyperflexion', where the individual is bent forward at the waist while seated, can severely restrict breathing and you must never use it. Hyperflexion is also dangerous if it happens in a kneeling position (Paterson and Leadbetter 1998).

10f

Supine restraint

Supine simply means 'face up' when on the ground, and there are again many varieties of this procedure. It is sometimes suggested that supine restraint is safer than prone restraint but it may be associated with risks of a different type. It carries the risk of choking or inhaling vomit (Morrison et al 2001). Staff need to be aware of this danger.

10g

Basket holds

Basket holds again exist in several versions involving combinations of one or two people with the staff and children involved variously standing or sitting. Though bad outcomes have been reported, the risks associated with basket holds can be reduced.

Two variations give cause for concern. Firstly, if you are doing a basket hold in a seated position the child must not be bent forward, as this will interfere with breathing. Secondly, staff can fall accidentally across a child's back (into a prone position) but continue to hold on. A basket hold should **never** be continued under these circumstances.

Sometimes staff pull a child's hands across their chest from behind, and it is less risky practice to hold the child's hands down to their hips – this should be done without pulling the arms back, as compressing a child's abdominal area will compress the diaphragm and interfere with their ability to breathe.

10h **Pain compliance**

Pain compliance is not an acceptable practice in child care. Getting a child to go along with what you say by inflicting pain exists in a number of forms. These include, for example, deliberately using pressure across a joint or the use of pressure points.

Pain increases the power professionals have over vulnerable people and so the possibility of abuse. At the same time the use of pain reduces the chance of building up a therapeutic relationship (Paterson et al. 2004). As a result, its use in child care is not acceptable.

10i **Medication**

Children may be receiving medication for a range of physical or psychological disorders. Some forms of medication may increase the risk of a child experiencing problems after a restraint. All risk assessments should take account of the possible side effects of medication both generally and in the context of restraint (Hughes and Van Dusen 1993).

10j **Conclusion**

It is service providers and not those who provide training in physically restraining children who are ultimately responsible for making sure that the methods used are appropriate and safe in their residential establishments. Their decisions will be guided by considering a wide range of issues, for example the needs of children who are accommodated and the nature of the services provided. However, all service providers should be working with their training providers towards reducing or getting rid of those procedures associated with a higher risk of problems discussed here. Individual staff remain personally responsible for their actions in individual situations.

Recommended further reading and references

1 Recommended further reading

You may find the following texts particularly helpful. Most titles that follow are either available from the SIRCC Library or the internet. The writers of these works are independent of the authors of this guidance and their views are their own.

Managing behaviour

Barrie, L. & Richardson, V. (2003). The development of a model of behavioural analysis in a residential service for children with autism. *Scottish Journal of Residential Child Care* 2(1), pp. 222-26.

This article offers a case study in which a unit reduces problematic behaviour and restraint by developing and putting into practice a behavioural analysis model.

Colton D (2004). *Checklist for assessing your organisation's readiness for reducing seclusion and restraint*. Staunton, VA: Commonwealth Center for Children and Adolescence.

URL: http://www.ccca.dmhmrzas.virginia.gov/content/SR_Checklist.pdf

This is a useful guide in reducing the need for restraint.

Jamieson, J., Leadbetter, D. & Paterson, B. (2000). Coping with physical violence: Some more suggestions. *Emotional and Behavioural Difficulties* 5(3), pp. 3-11.

This article provides guidance related to practice in dealing with potentially aggressive children and young people.

Lindsay, M. & Hosie, A. (1997). *Clear expectations, consistent limits*. Glasgow: The Centre for Residential Child Care.

This paper provides clear and straightforward advice related to providing care and control in residential establishments. While the guidance in this document is more up to date, it is still relevant.

Mann, V. (2003). Relatedness and control. *Relational Child and Youth Care Practice* 16(3) pp.10-14.

This brief article breaks apart the myth that care and control, or attachment and discipline, are separate aspects of working effectively with children and young people. It offers practical advice for linking the two.

Redl, F. and Wineman, D. (1952). *Controls from within: Techniques for the treatment of the aggressive child*. New York: The Free Press.

This book continues to withstand the test of time.

Training

Braxton, E.T. (1995). Angry children, frightened staff: Implications for training and staff development. *Residential Treatment for Children and Youth* 13(1) pp.13-28.

This article addresses many of the issues behind the behaviours that lead to restraint, both of young people and of staff.

Goldstein AP, Glick B and Gibbs JC (1998). *Aggression replacement training: A comprehensive intervention for aggressive youth*. Research Press, Illinois.

This gives guidance to staff on how to engage with aggressive children and young people, and is grounded in research.

The practice of restraint

Hart, D. & Howell, S. (2004). *Report on the use of physical intervention across children's services*. National Children's Bureau

URL: http://www.ncb.org.uk/resources/res_detail.asp?id=597

This report reviews policies and practices across England and is available on-line.

Paterson, B. (2004). *Only when there is no alternative: Improving safety in physical interventions in child care*.

URL: http://www.nm.stir.ac.uk/diploma/sirc_report.pdf

This article is a useful resource in identifying and reducing risks in restraining children and young people.

Specific services

Department of Health /Department of Education and Skills (2003). *Guidance on the use of restrictive physical interventions for staff working with children and adults who display extreme behaviour in association with learning disability and/or autistic spectrum disorders*. London.

URL: http://www.teachernet.gov.uk/doc/6059/PI_Guidance.pdf

This guidance may be particularly useful for those working with children and young people who have special needs related to disability. It is available on-line.

Harris, J et al. (1996). *Physical interventions: A policy framework*. Kidderminster: BILD.

While aimed at different clients, much of this document can be applied to the residential child care experience.

Department for Education and Skills (2003). *Guidance on the use of restrictive physical interventions for pupils with severe behavioural difficulties*. London.

URL: http://eduwight.iow.gov.uk/the_lea/behaviour_policies/images/LEA.0264.2003.pdf

This guidance is particularly relevant for residential schools.

The voice of young people

Paterson, S., Watson, D. & Whiteford, J. (2003). *Let's Face It! Care 2003: Young people tell us how it is*. Glasgow: Who Cares? Scotland.

While this report is not specifically aimed at young people's views of being restrained, they addressed being restrained in their interviews.

Morgan, R. (2004). *Children's views on restraint: The views of children and young people in residential homes and residential special schools*. Newcastle upon Tyne: Commission for Social Care Inspection.

This report sets out the views of children and young people about being restrained.

2

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Hughes, CI and Van Dusen, G (1993). *Report Of a Review Of The Neglect, Restraint, And Death Of Zouhair Jadeed At Napa State Hospital*. Protection and Advocacy Inc., California. <http://www.pai-ca.org/pubs/700401.htm#III>

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Appendix 1 Key considerations

[Click here to go to the Key Considerations Flow Chart](#)

Appendix 2

Appendix 2 is a form for assessing and managing expected risks for children. You may wish to use this form. However it may be that the forms you use are already integrated with your care planning arrangements. If that is the case, you may like to use this form as a checklist against which to check your own recording arrangements. Does it cover the same ground?

FORM FOR ASSESSING AND MANAGING EXPECTED RISKS FOR CHILDREN WHO PRESENT CHALLENGING BEHAVIOUR (page 1 of 4)

(Reproduced with permission of NCH).

Name of child:

Group or class:

Key worker or teacher:

Establishment:

Identification of risk	
Describe the risk	
Is the risk possible or actual?	
List who is affected by the risk	

Assessment of risk	
In which situations does the risk usually happen?	
How likely is it that the risk will arise?	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to happen?	
How serious are the outcomes?	

Assessment completed by:

Signature:

Date:

Signature of child (if appropriate):

Date:

Form for assessing and managing expected risks for children who present challenging behaviour (page 2 of 4)

Options to reduce the risk			
Measures	Possible options	Benefits	Drawbacks
Deliberate action to prevent risk			
Early action to manage risk			
Action to respond to negative outcomes			

Agreed behaviour management plan		
Focus of measures	Measures to be employed	Level of risk
Deliberate action to prevent risks		
Early action to manage risks		
Action to respond to negative outcomes		

Agreed by: _____

Relationship to child: _____

Signature: _____

Date: _____

Signature of child (if appropriate): _____

Date: _____

Form for assessing and managing expected risks for children who present challenging behaviour (page 3 of 4)

Communicating the behaviour management plan		
Plans or strategies shared with	How this was done	Date

Staff training issues			
Identified training needs	Training provided to meet needs	Name of staff trained	Date training completed

Form for assessing and managing expected risks for children who present challenging behaviour (page 4 of 4)

Evaluating the behaviour management plan		
Measures set out	Effectiveness in supporting the child	The effect on the risk
Deliberate action to prevent risks		
Early action to manage risks		
Action to respond to negative outcomes		
Action for the future		

Plans and strategies evaluated by: _____

Relationship to child: _____

Signature: _____

Date: _____

Signature of child (if appropriate): _____

Date: _____

Appendix 3

Appendix 3 is a report for recording incidents where you restrain a child. This form could be used as it is, but it can also be used as a checklist against which to check the adequacy of your existing recording arrangements. Wherever possible it is best to avoid recording the same information more than once. The spreadsheet, which has been distributed with this guidance (see section 9), may assist in this. For example to avoid filling it out twice you can select a specific row/incident on the main page and this can then be printed, signed, dated and attached to this form.

REPORT FOR RECORDING INCIDENTS WHERE YOU RESTRAIN A CHILD (page 1 of 5)**Part 1 A (Fill this in immediately after the incident and no later than 24 hours afterwards)****Incident Number:****Name of establishment:****Child's name:****Date of birth:****Time of incident:****Adults involved:****Other children involved:****Witnesses to incident (see bullet regarding witnesses in paragraph 8d1)****If appropriate, please attach any witness statements.****Day and date of incident:****Place of incident:**

Events leading to incident	
(What was happening for the child before the incident, what seemed to trigger the behaviour, who else was involved or present.)	

Behaviour of child	
(What behaviour alerted you that the child was struggling to cope?)	

Response from adults	
(Which techniques did you use to de-escalate the situation? Before restraining the child what was the response from them and others?)	

Report for recording incidents where you restrain a child (page 2 of 5)

Reason for the restraint	
(What was the specific risk to the welfare of the child or others?)	

Description of restraint	
(What method or type of hold did you use and were there any complications that arose during the restraint?)	
How long did the restraint last?	

Conclusion of restraint	
(How did the restraint come to an end, and what help and support did you offer to the child?)	

Staff signature:

Date:

Report for recording incidents where you restrain a child (page 3 of 5)

Part 1 B

(A member of staff not involved in the restraint must fill this in.)

Injuries

Was the child injured? Yes No If 'Yes', what were the injuries?

Was a member of staff injured? Yes No If 'Yes', what were the injuries?

Did someone get medical help? Yes No

Was first aid given? Yes No

Was an accident form filled in? Yes No

Were the police involved? Yes No If 'Yes', please say why, who called and when, and the outcome of their involvement.

Who was told about the restraint?

	Name of person told	Date	Time	Initials of Informing Staff
Appropriate manager	_____	_____	_____	_____
Parent	_____	_____	_____	_____
Social worker	_____	_____	_____	_____
Witness to the incident	_____	_____	_____	_____
Other	_____	_____	_____	_____

Staff signature:

Date:

Report for recording incidents where you restrain a child (page 4 of 5)

Part 2

(This must be filled in as soon as possible, but at the latest within one week.)

Discussing the incident with the child

(If you need a separate sheet, please attach it and put a reference to it in this box.)

Name of child:

Date of discussion:

Staff involved:

Child's point of view

(What did they hope to achieve, what did they think the staff member's motivation was, and what was their view of the restraint?)

Other main points of discussion

(What could have been done differently by the child and by staff, how has the relationship been affected, what is the staff member's view of what is going on for the child, and has this kind of situation arisen before?)

Outcome of discussion.

(What other behaviour could the child use in future? What further steps to can be taken, what action is planned for the child and what is the plan of action for staff?)

If the situation is still not fully resolved, please give details of the options explored and the outcome.

(This should involve discussions with other staff, managers, social workers or advocates offered, other communication and expression tried and the offer to complain.)

Report for recording incidents where you restrain a child (page 5 of 5)

Part 2 continued

Personal plan or care plan

Was this action in line with the part of the child’s plan that deals with violent or otherwise dangerous behaviour? Yes No If ‘No’, please explain.

Does the care plan need to be changed? Yes No If ‘Yes’, please explain.

Is a statutory review needed? Yes No

If ‘Yes’, has a date been made? Yes No

Signatures

	Print name	Signature	Date
Staff involved	_____	_____	_____
Young person	_____	_____	_____
Establishment managers	_____	_____	_____
Other manager	_____	_____	_____

Appendix 4 More detailed legal matters

The material in this appendix is mainly for those readers with a particular interest in legal matters. Some of it will only be relevant to specific work settings. Managers may wish to pay more particular attention to it. Employees should look to their managers to explain relevant parts to them.

In the legal Box at 1d4 we referred to ‘duty of care’, ‘assault’ and other related topics. Here we include some more information but please remember this is not a legal textbook and you should always take advice from a lawyer about how the law affects particular cases, events, techniques or circumstances.

In the context of restraining a child, a **duty of care** is a responsibility to take reasonable steps to prevent injuries to children and staff in the establishment and prevent damage to property. Injuries can be physical or psychological. A duty of care arises from a relationship so employers have a duty of care towards their workers and staff have a duty of care towards all the children they are looking after and to fellow staff. Duties to fellow staff depend on individual circumstances and employers should make their expectations as clear as possible. In secure units restraining a child may be necessary to stop an attempted escape. Less restrictive options than physically restraining a child should always be considered, particularly in advance planning and training.

Assault is an intentional physical attack on another person. Attack has a wide meaning so might not involve the use of substantial violence or cause injury to the victim. Assault can therefore include physically restraining a child if you use restraint with intent to cause harm or you use excessive force. Restraining a child can start as a lawful act but become an assault if you lose control of your feelings and actions. Further, it is possible that what starts out as reasonable restraint could become an assault, if the state of mind of the restrainer changes. You could go from being a controlled responder to an angry assaulter. However, if you follow this guidance, follow the instructions from good quality training, and act to promote the best interests of the residents in your place of work, your actions should not be considered assault.

What is **excessive force**? This depends on all the circumstances, so that includes the age, size and actions of all the people, the type of danger involved and anything which might affect how people are acting or reacting. Sometimes actions are obviously excessive: for example, it’s hard to think of a situation where you could justify deliberately standing on a child’s hands and feet. Section 10 gives advice on some actions you must avoid and your training must cover appropriate techniques.

Culpable and reckless conduct is a less well known crime. If a person acts so recklessly as to endanger another person or cause them injury they could be committing this offence. The main difference from assault is a lack of intent. Causing the injury might not be deliberate but the person responsible acts with a dangerous disregard for the consequences of their actions.

If you follow this guide and your training, when restraining a child you should not normally need to consider issues arising from allegations of assault or issues of

self defence. However, if for whatever reason you do need to consider these issues, it should be borne in mind that there may be a legal justification for using what would otherwise be criminal force. Self defence is a special defence to a charge of assault and more serious related charges like murder. If a situation is very serious and you or another person are under attack or threat of attack you may have had no other reasonable option but to use an unauthorised technique or even a physical blow. These actions would be assaults unless they could be justified in terms of self defence. To claim self defence:

- a) There must be imminent danger to the life or limb of the accused (in this context the residential child care worker) or others;
- b) The retaliation used in the face of this danger must be necessary for the safety of the accused or others and proportionate to the threat and therefore not excessive;
- c) If the accused or others under threat have a means of escape or retreat from the attack, they are bound to use it.

Not surprisingly there is a very important principle that fatal force should not be inflicted other than where absolutely necessary.

The courts apply the law. However if a person is facing, or believes that he or she is facing, a personal attack or an attack on someone else, she or he may defend themselves with sufficient force necessary for their safety and proportionate to the threat faced. You do not need an exact proportion of injury - it is not a matter that is balanced too finely. Some allowance is made for the excitement of the moment or the state of fear. The courts will take account of the pressurised circumstances involved.

Standards in Scotland's Schools etc (Scotland) Act 2000

Teachers were at one time allowed to employ reasonable chastisement in schools. This meant corporal punishment was allowed. The legislation was changed with the Education (No.2) Act 1986. Section 16 of the 2000 Act above now contains the main provision about corporal punishment.

Corporal punishment is now an assault - the defence to an assault charge of 'reasonable chastisement' is removed for teachers. Teachers or other people working at a school, who have lawful charge or control of a pupil, may not use corporal punishment on pupils. However, under section 16 above, 'anything done' to prevent immediate danger of personal injury to or damage to property of any person including the pupil is not corporal punishment. This is not an open invite to teachers to do 'anything' when there is such a danger. Teachers will still be subject to prosecution for assault or claims for damages if they act beyond what is necessary in the circumstances.

Education (Scotland) Act 1980

Section 125A of the 1980 Act (this was added by Section 35 of the Children (Scotland) Act 1995) states that the education authority or managers (of a grant-aided or independent school) shall have the duty to safeguard and promote the welfare of a child while she or he is so accommodated for purposes of school attendance.

The following regulations have some relevance to this guidance.

**THE REGULATION OF CARE (REQUIREMENTS AS TO CARE SERVICES)
(SCOTLAND) REGULATIONS 2002 (SSI no.114)**

Regulation 2 – headed ‘Principles’ states ‘A provider of a care service shall provide the service in a manner which promotes and respects the independence of service users and, so far as it is practicable to do so, affords them choice in the way in which the service is provided to them.’

Regulation 4(1)(a) to (c) states that the person for the time being providing the care service must:

- (a) make proper provision for the health and welfare of service users;
- (b) provide services in a manner which respects the privacy and dignity of service users;
- (c) ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user, and there are exceptional circumstances.

Regulation 5 imposes a responsibility on providers to prepare and review ‘personal plans’ on how a child’s health and welfare needs are to be met. In practice this will be the same document as the ‘care plan’ in The Arrangements to Look After Children Regulations below.

Regulation 13 – headed states ‘Staffing’ ‘A provider shall, having regard to the size and nature of the service, the statement of aims and objectives and the number and needs of service users, ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare of service users;’

Regulation 19 deals with recording (see section 8) and **Regulation 25** with complaints.

**ARRANGEMENTS TO LOOK AFTER CHILDREN (SCOTLAND)
REGULATIONS 1996 (SI NO.3262)**

Regulation 3 – Local authorities have a duty to make a ‘care plan’. In the Regulation of Care Regulations above this is described as a ‘personal plan’. In practice this will be the same document.

Regulation 4 (2)... the local authority in making a care plan shall have regard to:

- (a) the nature of the service to be provided in the immediate and longer-term ...;
- (b) alternative courses of action;
- (e) so far as practicable, the views of the child, parents and others with parental rights and the child’s religion, race, culture and language; and
- (f) any further matters relating to the child as appear to the authority to be relevant for the making of the care plan.

These regulations also have provisions for various matters including reviews and records and in particular: **Regulation 19 (1)** for termination of the placement: ‘Where for any reason it appears to the local authority that it is no longer in a

child's best interests to remain in a placement the local authority shall make arrangements to terminate the placement as soon as is practicable...'.

RESIDENTIAL ESTABLISHMENTS - CHILD CARE (SCOTLAND) REGULATIONS 1996 (SI no.3256) ("RECCSR")

Regulation 4 'The managers of any residential establishment to which these Regulations apply shall ensure that the welfare of the child placed and kept in such accommodation is safeguarded and promoted and that the child receives such provision for his development and control as is conducive to his best interests.'

Regulation 5 makes rules for reports to managers, visits by managers and the preparation of a statement of functions and objectives for the establishment.

Regulation 10 makes rules about sanctions and states that:

- (1) Arrangements for sanctions, relevant to the control of children resident in a residential establishment, shall be determined by the managers in accordance with the statement of functions and objectives formulated under regulation 5(1).
- (2) The arrangements shall not authorise the giving of corporal punishment and corporal punishment shall for this purpose have the same meaning as in section 48A of the Education (Scotland) Act 1980 (Now replaced by s16 of the Standards in Scotland's Schools etc (Scotland) Act 2000).

Regulations 12 and 13 cover log books and personal records (see section 8).

Regulation 17 - When placing a child in a residential establishment a local authority - shall provide the person in charge with the following:-

- (i) written information about the child's background, health, and mental and emotional development; and
- (ii) any other information which the local authority considers relevant to the placement including information about the child's wishes and feelings about the placement, so far as this is appropriate having regard to his age and maturity.

Schedule 2 explains what must be kept in a statement of aims and objectives.

REFUGES FOR CHILDREN (SCOTLAND) REGULATIONS 1996 (SI no.3259)

These regulations deal with short term accommodation and **Regulation 10** allows a local authority to withdraw a designation or approval from an establishment if it fails to comply with part II of the RECCSR above. Part II includes the regulations described above.

SECURE ACCOMMODATION (SCOTLAND) REGULATIONS 1996 (SI no. 3255)

Regulations for secure accommodation **Regulation 4** imposes a duty similar to regulation 4 of the RECCSR above and managers and the person in charge must comply with the regulations in part II of RECCSR (above) where they apply.

Guidance on minimising the use of physical restraint in Scotland's residential child care establishments

Written by Ian Milligan and Graham McCann

Contents

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Please Note: **Throughout this document, the terms child and children are used to mean child or young person and children and young people, respectively.**

Introduction



Residential staff provide direct personal care for some children who may at times be threatening and destructive, and potentially place themselves and others in very risky situations in which carers have to intervene. One of the most difficult and unavoidable aspects of good care, then, is working with what has become known as ‘challenging behaviour’ within the context of promoting the rights of the child. Providers of residential child care services therefore must manage and address the duty of care to children and a duty of care to their staff. It is in this context that demands for guidance on the use and minimisation of physical restraint have emerged.

It is important to note that there is a difference between physical restraint and other physical interventions which do not include the use of force. These other forms of physical intervention maybe used to defuse a difficult situation or calm a child who is becoming agitated. These physical interventions may include sitting beside a child, placing a hand on their arm or shoulder, standing in front of the child, gently guiding them or re-directing them away from a flashpoint. This guidance is concerned with physical restraint and not the type of interventions just listed.

The physical restraint of a child is an extreme form of intervention by residential child care workers and must never be seen to be the ‘norm’ and it must never be used to comply with the wishes of staff. Exceptional circumstances can and do present themselves within residential child care where physically restraining a child may be necessary and appropriate due to the escalating risk of serious physical or psychological harm to the child or another person. However, if alternative **and** less restrictive methods of intervention for managing and/or de-escalating the child’s behaviour have a realistic chance of success then they should be used in preference to physically restraining the child.

Where a decision is taken physically to restrain a child it is essential that children’s rights are recognised and respected and the members of staff involved act reasonably, proportionately and in accordance with the law (see *Holding Safely - Appendix 4 - More detailed legal matters*).

Physically restraining a child can have a negative impact on the child and the staff members involved; not least on the relationship between the child and the staff members. It can cause a great deal of anxiety and can be traumatising (or re-traumatising) for all involved. There is also a potential for physical injury to the child or the staff involved. It is, therefore, essential that the appropriate support and guidance is provided to all involved following a physical restraint to ensure that the negative impact is minimised and the potential for positive outcomes explored. Residential child care establishments must develop a culture which seeks to minimise the use of physical restraint whilst supporting the children and the staff members involved in a physical restraint.

Since its publication, *Holding Safely: a guide for residential child care practitioners about physically restraining children and young people* (SIRCC 2005) has been well received. However it has remained clear that improvements in practice are necessary (e.g. ' *This isn't the road I want to go down*', Who Cares? Scotland, 2008). Certain elements require to be emphasised, clarified or further developed to ensure that direct care staff are confident in this challenging area, whilst also ensuring that children get the best possible care. This guidance is designed to complement *Holding Safely* and ensure that its key principles and practices are adopted in all residential child care establishments across Scotland, including secure care and establishments which services for children affected by a disability.

This guidance has been developed by a working group drawn from a comprehensive group of stakeholders representing all sectors, including the regulatory and inspection agencies and advocacy services. The main task of the group was to, building on the guidance in *Holding Safely*, clarify procedures for staff, service users and regulators, and help staff to understand when it is safe and appropriate to restrain a child.

1.1 This guidance and the link to care inspections

As an update section of *Holding Safely*, this guidance provides more detailed information about the use and minimisation of physical restraint in all residential child care establishments across Scotland. Care inspection processes already reference *Holding Safely* but these will be updated to include specific questions on minimising the use of restraint in all residential child care establishments in Scotland. Services will need to provide detailed and specific information to evidence a commitment to following this guidance.

1.2 Who is this guidance for?

This guidance has been developed for use by managers responsible for residential child care services, the staff members working in the residential child care settings, the children themselves and an advocate acting on their behalf. As stated above it will also assist the regulatory and inspection agencies involved in the inspection and regulation of care homes for children and school care accommodation, including secure care.

Context

2

Care and protection for children, and support for families, is the aim of all social work intervention, and residential services play their part by providing a positive care environment in which relationships with caring adults can help children recover from neglect, disadvantage and trauma. Many of Scotland's residential units have to engage with, and provide care for, children at moments of great turmoil and distress. In relation to those children who are aggressive or self-destructive the task is to help them re-consider their experience of violence as an acceptable way of behaving. Some children do bring aggressive behaviour and reactions into the residential environment and it is the job of the residential child care workers to keep everybody safe while not using violence or physical threats themselves. It is in this context that guidance on 'safe holding' or physical restraint has evolved.

This context places a significant demand on social service agencies and individual residential child care teams to create cultures where aggression is routinely responded to calmly and professionally using diversion, mediation and restorative approaches to conflict. On the basis of the principles of the caring professions and sensitive to the human rights of children and staff, there is a need to create non-violent, caring cultures which can contain the frustrations, emotional upsets and aggression of the children. Such cultures will be ones where the staff themselves also feel safe, valued and supported when they do have to deal with various forms of self-harm, 'challenging behaviour' and the threat of violence. Residential child care workers, with the informed guidance and understanding of their senior managers, must manage those times where children do need to be physically restrained in the most professional and safe manner possible.

2.1 **Children's human rights**

The rights of children and young people must be a central feature of the discussion about restraint. The *Human Rights Act 1998*, which came into force on 2 October 2000, incorporated the *European Convention on Human Rights* (ECHR) of 1950 into UK law, and made ECHR rights directly enforceable in the UK courts and binding upon public authorities. In 1989, the United Nations General Assembly passed the *United Nations Convention on the Rights of the Child* (UNCRC), which the UK ratified in 1991. Unlike the ECHR it is not legally enforceable through the courts, but as an international treaty to which the UK is a state party it is binding upon the UK and devolved governments. It is notable that the European Court of Human Rights increasingly makes reference to the standards set in the UNCRC in its jurisprudence relating to children, adding force to its provisions. The Scottish Government has recently restated its commitment to the UNCRC, and pledged action on 21 priority areas laid out in *Do the Right Thing* (2009). Children's rights increasingly feature in Scottish legislation and policy.

A number of the provisions of the UNCRC and ECHR are pertinent to the issue of restraint in residential care settings, including the absolute prohibition of torture, inhumane and degrading treatment or punishment (article 3 ECHR, and article 37 (a) UNCRC); the principle of non-discrimination (article 14 ECHR, article 2 UNCRC); the principle that in all actions concerning a child, their best interest shall be a primary consideration (article 3 UNCRC); the child's right to express their views on any decision that affects their life, and due weight being given to those views (article 12 UNCRC), and the right to protection from abuse, neglect, injury and exploitation (article 19 UNCRC).

Taking a children's rights approach may require changes to policy, practice and behaviour on the part of all members of staff and those involved in the management of care establishments. It requires always to treat children as children first and foremost, rather than as 'offenders' or 'troublemakers' first and as children second. It further requires that staff always endeavour to act in the best interest of children as a primary objective, informed by children's views, experiences and aspirations – the UN Committee on the Rights of the Child has pointed out that one cannot claim to act in the child's best interests if the child's views were not sought, heard and taken into account (UN Committee on the Rights of the Child, *General Comment 12: The Right of the Child to be Heard*, para 74).

2.2 **Physical restraint must be seen as part of the broader approaches to behaviour support**

If physical restraint is to be minimised then residential child care establishments must have a positive ethos, or culture, which promotes relationship-based care, including peaceful conflict resolution. Developing such cultures requires well-trained staff, with a primary focus on what residential child care workers *should* be doing, positively and proactively, not in what they *should not* be doing. Training needs to promote the reflective capacity of staff, the ability to analyse inter-personal situations coolly, the ability to draw on a range of strategies and techniques, and a

high degree of self-awareness. Such training also needs to include training in the management of challenging behaviours of all kinds, and training around physical restraint, while essential, must be seen as part of a broader approach to behaviour management or 'support'. This should include training in conflict resolution or 'restorative practices'; identifying 'triggers', their own as much as children's, and how effectively to implement diversion and de-escalation strategies.

Establishments with positive cultures will also be places where there is a climate of respect among staff and between staff and children, and where there are various opportunities for children to raise complaints easily, both informally and formally.

2.3 Behaviour management and behaviour support methods currently in use across Scotland

It is recognised that there are a number of different behaviour management and behaviour support methods currently being used by providers of residential child care in Scotland (e.g., T.C.I., C.A.L.M., Team Teach, etc.). Organisations must recognise that it is not always possible to follow through with restraint practice exactly as it says 'in the manual' - for example, there will be occasions when staff must act to keep someone safe when there is not enough space to undertake holds as prescribed, or when not all staff present have received initial or refresher training. Staff still have a duty of care and may still be required to take action of some kind, including removing themselves or others from the situation rather than tackling the source of the challenging behaviour directly. Organisations and practitioners are reminded of the flow-chart in *Holding Safely (5G - 'Hard choices - a decision tree')*, which illustrates that even in a situation where a child has been injured and the member of staff involved had not followed the restraint technique exactly, they may not be found to have acted wrongly if it can be shown that they acted proportionately and with the intention of keeping someone safe.

Proprietary methods and restraint techniques are not designed to be used as a means of self-defence or in situations where weapons are being used, or to address large-scale group disruption.

Whatever method is in use, it should be approved by the senior management of the organisation and meet the core principles of both *Holding Safely* and of this document. It is recognised that BILD (Formerly the British Institute for Learning Disabilities) currently offers an accreditation scheme for behaviour management methods, which provides a very valuable framework for evaluating the suitability of various proprietary methods currently in use. In any case, there must be regular initial and refresher training that includes not only the methods used for physical restraint but training in skills for understanding and de-escalating challenging and disruptive behaviour, and more generally training for all staff in how to promote positive residential cultures and manage conflict non-violently.

2.4 ***Children affected by a disability or a condition which affects health***

A number of residential child care establishments across Scotland provide services for children who are affected by a physical and/or learning disability or who experience mental health difficulties. It is essential that as part of the assessment underpinning the decision on whether or not to physically restrain a child, staff must consider whether the use of physical restraint is appropriate in this context. For example, can the approved technique be used safely on a child with a disability, who has breathing or heart problems, who has communication difficulties, who may be obese or who is under the influence of drugs/alcohol? How will good support after a physical restraint be provided effectively?

Particular consideration needs to be given to matters relating to physical restraint involving children where there is developmental delay/disorder or cognitive impairment.

A child may not be able to link the consequence (physical restraint) to the event that triggered the intervention. They may not be able to report pain, trauma, or the experience of being physically restrained, making it difficult to ensure effective debriefing approaches are available. If routinely held by an adult and unable to report the experience, there may be mental health risks. Developmentally young children for example, or children on the autism spectrum, may be unable to identify or locate pain. It may be difficult to check for injury, as the child may not be able to report his or her experience in a typical manner.

Many children may have particular sensory needs, including defensiveness or sensitivity to touch, and may respond atypically to any physical contact. Talk from adults, which may be an effective de-escalation strategy in certain situations, is likely to be confusing for many children. Surrounding such events, the environment may often be busy, crowded and noisy; this is likely to increase levels of arousal and exacerbate the situation.

Physical intervention is also likely to inhibit or misdirect learning of appropriate coping/self-management skills, particularly where it is not possible to engage with the child in effective debriefing or explanation after the event. In general, the safe and effective approach is likely to be to stand back, providing space and time for calm and acknowledging that physical intervention accentuates the risk to either party.

2.5 ***Restraint in the context of secure care***

Having children in crisis is not unique to secure settings, and children who behave in a physically challenging way can be found in all residential settings. Secure care is nevertheless a place where there can be a greater intensity of challenging behaviour across a group of children. Staff in secure units in particular have a duty of care to children who are often admitted at a time of chaos and crisis into an establishment whose aim (in addition to care) is to *hold* or *contain* them. Many of the children are admitted to secure care via the Hearing System or the Courts. They have been placed there because they have not been able to be safely cared for in other placements or because they have refused to stay in them, and are considered to be a serious risk to themselves or others.

For some children, being in secure care may provide them with a greater sense of security and safety and with a feeling of being emotionally as well as physically contained. The potential impact of the loss of liberty on the children, particularly at the point of admission and the initial period in secure care (e.g. no option to abscond) should not be underestimated in terms of managing challenging behaviour and physical restraint. Similarly, the requirement to protect children's human rights in the context of secure care must be strongly upheld in all circumstances.

Core principles for the use of physical restraint in residential child care organisations

3

A number of principles which are central to both the guidance and to the management and minimisation of the need to use physical restraint in residential child care settings have been identified. Providers of residential child care and staff working within the various residential child care establishments across Scotland should be able to demonstrate and evidence that when a child has been physically restrained the principles outlined below have been adhered to. Fundamentally, care service providers and senior managers of services must demonstrate a commitment to child-centred practice, children's rights, and realising their duty of care towards their staff. In well-managed establishments, with cultures founded on relationship-based care, both of these aspects reinforce each other. It is not acceptable for either children's rights or support for staff to be discounted.

3.1

Staff members must work from a common definition of physical restraint

It is important that residential child care organisations across Scotland develop a clear and common definition of physical restraint, and distinguish it from lower levels of physical *intervention* which include physical guidance, positioning or prompting techniques, or response blocking and brief redirection used to interrupt an individual's limbs or body without the use of force. As an update section to *Holding Safely* we would propose continuing with the glossary definition:

“an intervention in which staff hold a child to restrict his or her movement and should only be used to prevent harm.”

This definition implies the use of force; it is a restraining hold which is being described. This definition is consistent with guidance for schools, *Safe and Well* (Scottish Executive, 2005).

There has been a degree of confusion over the distinction between physical intervention and physical restraint – and sometimes staff have been required to record incidents of physical interventions within records of restraint. This may have arisen because some training organisations include a number of physical interventions, such as sitting beside a child, or placing a hand on their shoulder, within their training courses on physical restraint.

In ensuring that staff work to a common definition of physical restraint the following points (a number of which are based on *Holding Safely*) should be appropriately reinforced.

In all circumstances:

- Physically restraining a child must only be undertaken when there is an escalating risk of serious physical or psychological harm to the child or another person, and alternative, less restrictive methods of intervention for managing and/or de-escalating the child's behaviour have no realistic chance of success.
- In restraining a child members of staff must act reasonably, proportionately and in accordance with the law.
- The method of restraining the child must be approved by your employer and keep to the principles and standards in the *National Care Standards*.
- Staff who are restraining children must be appropriately trained, have received refresher training, practice and have the required skill and judgement.
- The restraint must be limited to the act of holding the child for the shortest necessary time.
- The use of physical restraint must be, and be seen to be, reasonable and proportionate to the needs of the individual child, the presenting circumstances and the assessed risk to the child and others at the time.
- Following an incident involving the use of physical restraint the child and the staff members involved must have the opportunity to discuss what has happened.

3.2

The use of physical restraint must be child-centred

“Taking a child-centred approach means consistently putting the needs of children first, and always putting them before your own convenience. It involves recognising the worth of each child no matter what their behaviour. To be child-centred, you must do what is in the child's best interests and aim to see things from that child's viewpoint. This can be particularly challenging in the face of violence and aggression.”

Holding Safely

As mentioned earlier, exceptional circumstances can and do present themselves within residential child care where physically restraining a child may be necessary and appropriate. Physically restraining a child must only be undertaken when there is an escalating risk of serious physical or psychological harm to the child or another person and alternative, less restrictive methods of intervention for managing and/or de-escalating the child's behaviour have no realistic chance of success. The physical restraint of a child must not be used in response to the damage of property *unless* there is a risk of serious physical or psychological harm to a child or another person.

The welfare, rights and the needs of the child must remain central to the assessment which underpins any decision physically to restrain the child. For example, even in circumstances where the use of physical restraint may be considered to be an appropriate intervention, cognisance must be given to the child's age, health, any physical and learning difficulties or disabilities, known attachment issues, any history of abuse, etc.

Physical restraint of a child must never be used as a punishment for a child's behaviour or simply to ensure compliance with the wishes of staff as this is inconsistent with the rights of children.

Mechanical restraint

As a general principle, methods of mechanical restraint (e.g., handcuffs) *must not* be used by staff members in residential child care establishments.

It should be noted, however, that on occasion and based on a risk assessment, handcuffs may be used by the police to restrain a child and also by staff from organisations contracted to transport a child who is subject to criminal justice legislation in secure care. In the context of travelling to courts or medical appointments the use of handcuffs must not be a routine policy unless an individual risk assessment confirms otherwise.

Similarly, there are situations where disabled children *who seriously self harm* may be prescribed arm cuffs or splints which are designed to prevent self injury through restricting free movement. BILD produced a very helpful paper addressing this issue in 2008 (a copy can be found using the following link: <http://www.bild.org.uk/docs/03behaviour/use%20of%20mechanical%20devices.pdf>). Also in the disability sector, safety gates and other items which may be described as restrictive are also used.

Protective clothing

In response to an episode of particularly challenging behaviour, irrespective of the residential child care setting, protective equipment (i.e. helmets, body armour, body shields, etc.) *must not* be used by residential child care staff. Such equipment is not appropriate in any residential child care establishment as its use undermines relationships between staff and children.

However, there may be some circumstances where *other kinds of protective clothing* may be appropriate. The key to best practice is an assessment of the child's specific needs and particular patterns of behaviour, and how best to respond to minimise injury (to the child and to the staff) and to reduce the frequency of the behaviour. In services where children present seriously challenging behaviour such as biting, hair pulling, nail stabbing or severe scratching, the use of protective clothing may be a sensible response to managing risk and one which gives due regard to the health and safety responsibilities of the service provider. For example:

- Using a "Snood" (like a headscarf) to prevent hair pulling
- Arm protectors and gloves to prevent injury from nail stabbing and scratching - worn under long sleeved clothing
- Protective jacket worn under a top so not visible
- Shin pads to reduce injury from kicking

Senior management responsibility

Physical restraint must never be used simply as a reaction to a child defying a staff member's instruction. Restraint is only justified in situations of serious imminent harm or danger and alternative, less restrictive methods of intervention for managing and/or de-escalating the child's behaviour have no realistic chance of success. In some situations, however, what starts as defiant behaviour can escalate the behaviour of other children and threaten the stability and behaviour of the wider group, making it unsafe for everyone. In these instances, the management needs to make a professional judgement about whether the use of physical restraint is necessary to keep everyone safe.

The key to this is not about compliance with staff wishes but about the presence of escalating imminent risk of physical and psychological harm to the child or others.

Child-centred care can only happen in a residential establishment which has a positive ethos and a culture of respect for children's and worker's human rights, and which seeks to minimise the use of physical restraint. The duty to create and maintain such a culture is the responsibility of the senior management of the organisation. Child-centred care can best be provided by staff who feel valued and cared-for themselves and who take responsibility for their actions and for their continued professional development.

The policies and practices outlined in this guidance can only be implemented by staff who feel supported by their managers at all levels. This requires senior managers to understand the context in which care is provided, and that appropriate training, supervision and thorough post-incident de-briefing and monitoring is part of the standard organisational practice.

3.3 *Physical restraint must be understood within the context of relationships*

The way physical restraint is experienced is strongly affected by the relationships between those involved. Children have reported feeling safe when being held by someone whom they trust; more commonly, however, they have also reported feeling frustrated, violated, angry and hateful as a result of being physically restrained. Children have also reported a feeling of being unjustly treated (Steckley & Kendrick, 2008). Sometimes this is due to a lack of trust being built prior to the restraint. At other times the experience is affected by whether or not the relationship is repaired afterward. Children have acknowledged that *their* own behaviour has escalated to the point where it is outwith their control and that they require to be held safely to help them regain control. Some children have actually reported feeling a stronger sense of trust after being restrained by a staff member, and this is usually associated with their sense that the staff did the hold properly, tried not to hurt them and tried to avoid restraining them when possible (Steckley, 2010).

The creation and maintenance of good relationships is central to good residential child care practice. When addressing individual situations involving physical restraint and working to reduce and (where possible) eliminate them, attention to relationships is vital. This involves creating and maintaining forums for staff, and staff and children, to make sense of and work through the difficult challenges brought about by challenging behaviour, setting boundaries, closeness, distance and learning to trust (amongst many others).

3.4 **Staff and children must have good support after a restraint**

“The process of providing learning opportunities for young people should be mirrored by opportunities for staff to learn from their experiences.”

Holding Safely

After a child has been physically restrained, debriefing for all involved must occur. Physical restraint is often extremely upsetting and sometimes traumatic for children, and their physical and emotional needs must be attended to after the event. Likewise, staff can experience significant upset and injuries. Debriefing, however, involves more than simply checking in with someone as to whether or not they are okay. It is essential the emotional wellbeing needs of the children and the staff members involved are given priority.

Children must be afforded the opportunity to reflect on and learn from the experience and to develop alternative ways of coping with the set of circumstances which lead to their behaviour becoming unsafe. As noted in *Holding Safely*, the appropriate use of physical restraint can reassure children that staff care enough for them to keep them safe and prevent them from harm. Similarly, it is essential that staff are supported and provided with the opportunity to reflect on what happened and the role that they played.

Staff should feel able to talk to colleagues and supervisors openly about their job with a view to improving their practice and learning from the variety of situations that they experience.

Good debriefing, however, goes deeper than reviewing what happened and whether it could have been done differently. Most importantly, staff and children require support to make sense of situations involving restraint and how to repair any damage done to their relationships. This includes support to understand the behaviour that led up to the restraint, and the issues and emotions that underlie that behaviour. Providing this kind of support can be more challenging when working with children with disabilities that affect their cognitive abilities and means of communication, and helping children to make sense of their experiences of restraint must be tailored to their developmental level and capacities for communication. The outcome

of the debriefing should feed directly into the review of the child's plan and into staff supervision sessions, and ways should be found appropriately to remind the child and staff of any agreements that have been made as a result of the debriefing.

Staff and children need support to understand restraint. When faced with aggressive or otherwise provocative behaviour, staff may have to contend with triggers associated with their own past, as well as their natural instincts of counter-aggression. Making sense of this, how it manifests in practice, and how children pick up on and understand these staff reactions is a necessary part of debriefing.

Debriefing can take place more formally during time explicitly set aside for this purpose, and conveys a message about the importance the organisation places on it. Debriefing can also take place during supervision sessions, team meetings and with the support of an outside consultant. For children, the use of a report that requires their point of view may facilitate good debriefing. For other children, this formality can be inhibiting and a more informal approach (while on a walk, for instance) may be more effective. Throughout debriefing, children must also have access to a complaints procedure.

It is likely that all of these forums for debriefing are necessary to meet the needs of staff and children; for this to be possible, organisations must robustly support them all. Throughout the process of debriefing, children and staff involved should have the opportunity to access advocacy support (e.g. children's rights organisations and staff welfare services, respectively) and a record of the debriefing (and any agreements reached) must be routinely kept.

3.5 Communication

It is essential that all providers of residential child care produce and publish a clear statement on the use of physical restraint in their establishments. In addition providers must ensure, within the context of wider behaviour support, that:

- At the point of admission (or before), children and their parents/ carers are provided with *establishment specific* information about the use of physical restraint within the establishment. They should also be provided with the opportunity to discuss this and have access to someone to advocate on their behalf. This opportunity should be available throughout the time the child is living in the establishment.
- As part of the recruitment process, potential employees are made aware of the possibility that they may be involved in physically restraining a child and provided with the opportunity to discuss this.
- The support provided to everyone involved in the physical restraint of a child must be highlighted in the context of learning and development.

3.6 ***The potential for injury – the impact of physical restraint***

Given the nature of physical restraint it must be acknowledged that, even when it is an appropriate method of intervention and it is undertaken correctly, the potential exists for:

- children and staff to sustain an injury; and
- children and staff to experience an element of pain and/or discomfort.

In order to minimise the risk of injury to the child during a physical restraint, staff must ensure that they use only the physical restraint techniques specified by the particular behaviour management/support method used within their residential child care establishment. At all times, staff must ensure that they do not restrict the child's ability to breathe or put weight onto the child's torso or joints. To assist staff minimise the potential for injury, the providers of the various behaviour management/support methods used in residential child care establishments across Scotland should highlight the potential for injury and what safeguards should be used in relation to their particular physical restraint techniques.

Expectations on providers of residential child care



The Scottish Government requires all employers of residential child care workers to play a part in regulating the workforce. The Scottish Social Services Council (SSSC) have developed and published a *Code of Practice for Employers of Social Service Workers* which requires employers to adhere to the standards set out in the code, to support residential child care workers in meeting the expectations of their own code of practice (*Code of Practice for Social Service Workers*) and to take appropriate action when residential child care workers fail to meet the expected standards of conduct.

To meet their responsibilities, social service employers must:

1. Make sure people are suitable to enter the workforce and understand their roles and responsibilities.
2. Have written policies and procedures in place to enable social service workers to meet the Scottish Social Services Council (SSSC) *Code of Practice for Social Service Workers*.
3. Provide training and development opportunities to enable social service workers to strengthen and develop their skills and knowledge.
4. Put in place and implement written processes and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice.
5. Promote the SSSC's *Code of Practice* to social service workers, service users and carers and co-operate with SSSC's proceedings.

Code of Practice for Employers of Social Service Workers
(SSSC 2009)

In relation to the use of physical restraint in their establishments, providers of residential child care should embed in both their policies and practice within their organisation the *core principles* outlined in section 3 of this guidance. Furthermore, providers should be able to clearly and readily demonstrate how they have embedded the core principles within their organisation and each of their residential child care establishments.

4.1 **Culture and ethos**

The culture and ethos within residential child care establishments (and their parent organisation) in relation to the use of physical restraint must be supportive of the needs of the children as well as the needs of staff members working in the establishment. Providers should develop, publish and regularly review a policy for their organisation (and for each of their residential child care establishments) in relation to the use of physical restraint in the context of wider behaviour support. The policy must clearly define which behaviour support programme(s) are being used by the organisation and should cover (as a minimum) the following:

- *The implementation of consistent practice and procedures in the use of physical restraint.*
- *The core principles outlined in section 3 of this guidance.*
- *A statement covering the principles of restraint minimisation.*
- *Clear expectations of staff and support for staff implementing the policy and when physical restraint should/can be used.*
- *What happens if a child or member of staff gets injured.*
- *Access to a complaints procedure and advocacy for children.*

4.2 **The views of the children**

Central to creating a supportive culture within the organisation and within each of their establishments, providers must ensure that they actively seek and listen to the views of the children living in their establishments in relation to restraint and how their behaviour should be managed. There must be a clear and transparent complaints procedure and, if they wish to do so, children should feel able to discuss and share their views and concerns about the use of physical restraint with staff within the organisation. In addition, the children should know how to access independent advocacy (e.g. from a children's rights organisation) should they wish to speak with someone outwith the establishment or organisation. There must also be a mechanism built into the provision of residential child care services whereby external managers have regular and periodic access to the views expressed by the children placed in the establishments for which they have responsibility. Furthermore, external managers should be able to give evidence that such views were taken into consideration when action plans were being developed or reviewed.

4.3 **Training**

Providers of residential child care must ensure that all their staff are trained in the use of their chosen method(s) of behaviour management and that they have complied with the training provider's monitoring and reporting requirements, and their expectations regarding 'refresher' training. This must include initial training in the programme(s) and regular and ongoing refresher training which covers all aspects of the programme(s); not just the practice of physical restraint techniques. Providers must ensure that their staff are kept fully up-to-date (and where appropriate, re-trained) when behaviour management programmes are updated to take onboard policy and practice developments.

Providers must also ensure that staff working in their residential child care establishments are appropriately deployed; based on the needs of the children and a range of staff factors, including gender balance, level of experience and training.

4.4 **Recording, monitoring, reporting and accountability**

It is essential that all providers of residential child care have clear systems in place (at organisational and establishment level) consistently to record, monitor and report on the use of physical restraint within their organisation. As a basis for this, providers should consider using the *Holding Safely* software as part of their system of recording, monitoring and reporting the use of physical restraint. Where providers chose not to use this software, the system they develop and implement must fulfil, as a minimum, the same degree of monitoring suggested in the *Holding Safely* guidance. As part of their recording procedures, providers must ensure that the views of the child following the physical restraint are included. Similarly, there is the opportunity to record the limitations of the method used (e.g. environmental factors, difficulty in obtaining the initial hold, etc.).

Providers must also regularly review and analyse the use of physical restraint within their organisation and their residential child care establishments to identify trends and develop practice accordingly. Providers must also consider publishing their findings, or providing information back to the 'corporate parent' responsible for the children. Similarly, providers must ensure that their recording, monitoring and reporting system is open to external scrutiny (e.g. by the regulatory and inspection agencies, the Health and Safety Executive and placing local authorities).

Providers of residential child care must ensure that all members of staff are familiar with the organisation's policies and procedures about the appropriate use of physical restraint. Similarly, providers must ensure that all staff fully understand the potential for disciplinary action and the possibility of criminal proceedings should their practice be outwith the established policies and procedures.

Expectations on staff working in residential child care

5

The Scottish Government requires all residential child care workers to be registered with the Scottish Social Services Council (SSSC) with all new workers aiming to be registered within six months of taking up their employment. The SSSC have developed and published a *Code of Practice for Social Service Workers* which describes the standards of professional conduct and practice required of social service workers. As part of the social service workforce, the SSSC expects residential child care workers to meet this code and may take action if registered workers fail to do so.

Social service workers must:

1. Protect the rights and promote the interests of service users and carers.
2. Strive to establish and maintain the trust and confidence of service users and carers.
3. Promote the independence of service users while protecting them as far as possible from danger or harm.
4. Respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people.
5. Uphold public trust and confidence in social services.
6. Be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills.

Code of Practice for Social Service Workers (SSSC 2009)

All staff working in residential child care have a duty of care towards the children they are looking after and in discharging this responsibility staff must ensure that they inform their line manager and document all incidents of physical restraint that they are involved in. They must report this to their employer in accordance with the organisations policies and procedures about the use of physical restraint.

“In the context of restraining a child, a duty of care is a responsibility to take reasonable steps to prevent injuries to children and staff in the establishment and prevent damage to property. Injuries can be physical or psychological. A duty of care arises from a relationship so employers have a duty of care towards their workers and staff have a duty of care towards all the children they are looking after and to fellow staff. Duties to fellow staff depend on individual circumstances, and employers should make their expectations as clear as possible. In secure units restraining a child may be necessary to stop an attempted escape. Less restrictive options than physically restraining a child should always be considered, particularly in advance planning and training.”

Holding Safely

All staff must make themselves familiar with their employer’s policies and procedures around the use of physical restraint within their establishment and ensure that they work within the context of these policies and procedures and children’s rights. They are also required to adhere to the core principles outlined in this guidance. Similarly, all staff must also recognise the potential for disciplinary action and the possibility of criminal proceedings should their practice be outwith the established policies and procedures or where their conduct is considered to be culpable and reckless.

Holding Safely provided more information about the legal context relating to the use of physical restraint: this information has been included in Annex C of this guidance document.

Expectations on commissioners of service

6

When commissioning residential child care services and the transport/escort of children in secure care, commissioners must take into consideration the core principles outlined in section 3 of this guidance. In practice they should:

- Obtain information from the service provider about their policies and procedures in relation to the use of physical restraint and be satisfied that the service providers are working within the framework offered by *Holding Safely* and this guidance. Commissioners should also be satisfied that the service provider is implementing safe care practices and physical restraint minimisation policies in accordance with the legal framework and the relevant *National Care Standards*.
- Obtain information from service providers about the arrangements for reporting, monitoring, analysing and publishing information about the use of physical restraint and confirm the arrangements for reporting the use of physical restraint of a child back to the placing local authority.
- At the point of placement (or before), provide accurate and up-to-date information about the child (and where appropriate, information from a previous placement) to the provider of residential child care in relation to the child's needs, etc. In particular, any known issues about the use of physical restraint must be provided.
- Obtain information from service providers about policies and procedures for listening to children, child protection, managing allegations and complaints and access for children to advocacy services.
- Consider incorporating the above points into service level agreements and contracts with service providers.

Annex A – References

Steckley, L. (2010) 'Containment and holding environments: Understanding and reducing physical restraint in residential child care.' *Children and Youth Services Review*, 32(1), 120-128.

Steckley, L., & Kendrick, A. (2008) 'Young people's experiences of physical restraint in residential care: Subtlety and complexity in policy and practice.' In M. A. Nunno, D. M. Day & L. B. Bullard (Eds.), *For our own safety: Examining the safety of high-risk interventions for children and young people*. Washington, D.C.: Child Welfare League of America.