



**Behaviour management and support:
reducing the use of restraint and
restrictive intervention**

What do we mean by restraint and restrictive intervention?

- ‘restraint’ means using force or restricting liberty of movement (Children’s Homes (England) Regulations 2015)
- ‘restrictive intervention’ means a deliberate act to restrict a person’s movement, liberty and/or freedom to act independently (Mental Health Act Code of Practice, January 2015)



New guidance

- Children and young people have reported feeling traumatised by restraint, which they feel was too often heavy handed, though they also recognised the need for restraint under specific circumstances (Ofsted, 2012)
- New guidance has been commissioned by the Department for Education and the Department of Health to address concerns about:
 - overuse of restrictive interventions across children's services (UK Children's Commissioners 2008, Smallridge and Williamson, 2008)
 - inconsistencies in practice in their use (National Children's Bureau, 2004)
 - over-reliance on restrictive interventions in learning disability services (Care Quality Commission, June 2012) and mental health services (Mind, 2012)



Who is it for?...

- Staff responsible for providing education and care to children and young people up to 18 years of age with learning disabilities, Autistic Spectrum Disorders and mental health issues who have presented challenging behaviour which has required restraint at a greater frequency, or to a greater degree, than the majority of children and young people.



Who is it for?

- Maintained special schools
- Special academies/special free schools
- Non-maintained special schools
- Special post 16 institutions
- Independent education institutions which could apply to the Secretary of State for Education for approval (under section 41 of the Children and Families Act 2014) to be named in an Education, Health and Care plan
- Children's homes
- Secure children's homes
- Foster care services
- All settings providing health care commissioned by the National Health Service.



Purposes

- To eliminate the inappropriate use of restraint and restrictive intervention with children who have learning disabilities, autistic spectrum disorders and mental health issues by promoting a preventative approach to supporting those whose behaviour challenges
- To set out the legal framework, core values and key principles that should underpin any use of restraint and restrictive intervention
- To highlight action for settings and services to improve their planning, assessment of risk and support for those whose behaviour challenges so that restraint and restrictive intervention are only used appropriately, where necessary, by trained staff and in line with core values and principles
- To support effective practice by providing examples of successful evidence based, proactive approaches



Key content...

- Definitions of key terms, audiences for and purposes of the guidance
- The legal and ethical framework
- Core values and key principles
- The moral and economic cases for minimising and reducing use of restraint and restrictive interventions
- Positive outcomes for children and young people of positive behaviour management and support



Key content

- Importance of engaging children and young people and their families
- Need for a sound policy framework and plans
- Crucial importance of staff training and development
- Need for effective communication across services
- Focus on assessing risk, reporting, recording and reviewing use of restraint and restrictive interventions
- Importance of using evidence based approaches to behaviour support



Core values

- Children, young people and staff, should be treated fairly and with dignity and respect.
- Minimising the risk of harm to children, young people and staff should be a key priority.
- A focus on the child or young person's safety and welfare should underpin any use of restraint or restrictive intervention. A decision to restrain a child or young person should be based on their best interests.
- The needs and circumstances of individual children and young people should be considered and balanced with the needs and circumstances of others. Decisions on whether or not to restrain or intervene with an individual affect others, including staff.



Key principles

- Restrictive interventions should never be used to punish or for the sole intention of inflicting pain, suffering or humiliation.
- There must be a real possibility of harm to the child or to staff, the public or others if no action is undertaken.
- The intervention should be in the best interests of the child or young person and respect the safety and dignity of all concerned, including other children, young people or adults present.
- The nature of techniques used to restrain or restrict must be reasonable and proportionate to the risk of harm and the seriousness of that harm.



Key Principles

Any action taken to restrict a child's freedom of movement must be the least restrictive option that will meet the need and should be imposed for no longer than is necessary.

Use of restraint and restriction, why and with what consequences, must be subject to audit and monitoring and be open and transparent.

Restrictive intervention should only be used when necessary, appropriately and following an assessment of risk.

When reviewing plans for use of restrictive intervention children and young people, their families, and advocates, should be involved as appropriate.



Action for all settings and services...

- Have a clear policy for managing behaviour and minimising and reducing use of restraint which reflects core values and key principles and includes clear governance and arrangements for accountability and working across services
- Involve children and young people and their parents/carers in decisions about education, health and care, including those relating to behaviour and any use of restraint and restrictive intervention
- Use evidence based approaches to:
 - maintain a positive culture and relationships
 - promote ethical practice
 - maintain a child-centred approach
 - understand high risk or violent behaviour
 - promote self-control in children and young people
 - develop a hierarchy of responses to support children and young people whose behaviour challenges (including use of de-escalation techniques) and minimise use of restraint and restrictive intervention
 - use authority appropriately



Action for all settings and services

- Have sound measures in place for ensuring training of staff; being clear about types of restraint and who can deploy them (and who must be trained)
- Have clear arrangements in place for assessing risk in respect of use of restraint and restrictive intervention
- Have a system for recording and reporting incidents (distinguishing between planned and unplanned interventions)
- Have a system in place for reviewing how restraint has been used in individual cases and changing approaches where necessary in light of experience.



How the guidance is being developed

- Council for Disabled Children has been commissioned by Department of Health and Department of Education to develop guidance
- Advice and comments have been sought from a range of people and organisations with experience and expertise, including:
 - Schools, with help from the National Association of Non-maintained and Independent Special Schools
 - Health services, including CAMHS
 - Professional groups, including the Royal Colleges
 - Social care, including social work teams and children's homes
 - Local authorities, including children's services



Comments to date...

The following are the key comments on early drafts of the guidance received from expert groups and individuals:

- Focus on law, core values and key principles but also reflect different legal and practical contexts in education, health and social care
- Emphasise establishing a positive culture and a preventative approach as the means of reducing restraint and restrictive intervention – especially a “hierarchy of responses” to behaviour
- Recognise challenging behaviour as a means of communication and impact of puberty and child’s development on their behaviour
- Give central prominence to Involvement of children, young people, parents and carers in decisions about their support and in use of restraint
- Stress importance of having clear accountability and good data to monitor use of restraint and restrictive intervention
- Ensure a strong focus on training and development as key in eliminating inappropriate use of restraint and restriction and promoting consistency of approach to behaviour that challenges eg in school, across services and at home



Questions: Core values and key Principles

- Are the core values and key principles clear and appropriate?
- Are they equally applicable across education, health and care?



Questions:

Key content/action for all settings and services

- Will the proposed key content and action for all settings and services help to promote positive behaviour management and a reduction in use of restraint and restrictive interventions?
- Do they apply equally across education, health and care?
- What are the gaps and how can they be filled?



Questions: Evidence based approaches

- What are the key features of successful behaviour management *policies/strategies* – in education, health and care settings?
- What are the most effective approaches to *behaviour management and support for individual children and young people* in education, health and care settings and services?
- How do these contribute to minimising and reducing use of restraint and restrictive interventions?

