Statement on restrictive physical interventions with children

The Challenging Behaviour Foundation

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Council for disabled children

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Children's Commissioner
Promoting and protecting children's rights

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The voice of learning disability

Positive and Proactive Care (2014)[1] provides guidance about the use of restrictive physical interventions with adults. The Department of Health has commissioned the Council for Disabled Children to produce equivalent guidance for children.

While that guidance is under development, this statement aims to clarify the current position.

Restrictive interventions with children in England

There is evidence of over-reliance on restrictive interventions in learning disability services (CQC, June 2012)[1] and in mental health services (Mind, 2013)[2] and anecdotal evidence of restrictive interventions used regularly within some schools.

National policy in recent years has been clear that services must change this culture and avoid the inappropriate use of restrictive interventions on children, including physical, mechanical and chemical restraint (such as sedation) as well as seclusion.

National guidance

The Children's Homes Regulations[3] and *Children's views on restraint: Reported by the Children's Rights Director for England*, (Ofsted 2012)[4] state that restraint should never involve more force than is necessary and should not involve holding children face down on the floor.

The NICE guideline on challenging behaviour and learning disabilities (2015) states that any restrictive interventions, used as part of a reactive strategy should be "accompanied by a restrictive intervention reduction programme, as part of the long-term behaviour support plan, to reduce the use of and need for restrictive interventions."[5]

The British Institute of Learning Disabilities (BILD) accredit physical intervention training and state that "The BILD Accreditation Scheme remains fundamentally focused on restraint reduction… greater emphasis is placed on the legal framework around the use of restrictive practices, with a strong focus on an individual's human rights."[6]

NHS England (2015) is clear that "support and interventions should always be provided in the least restrictive manner. Where an individual needs to be restrained in any way – either for their own protection or the protection of others, restrictive interventions should be for the shortest time possible and using the least restrictive means possible."[7]

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[1] Care Quality Commission (2012), *Learning disability services inspection programme: National overview*.
[2] Mind (2013), *Mental health crisis care: physical restraint in crisis.*
[3] Department for Education (2014), *Guide to the children's homes regulations including the quality standards.*
[4] Ofsted (2012), *Children's views on restraint: Reported by the Children's Rights Director for England.*
[5] National Institute for Health Care and Excellence (2015), *Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges.*
[6] British Institute of Learning Disability (2014), *The BILD Accreditation Scheme.*
[7] Department of Health (2014), *Positive and Proactive Care: reducing the need for restrictive interventions.*

Prone restraint

Positive and Proactive Care (2014)[8] states that prone restraint – holding a person face down to the floor – is extremely distressing and poses a risk to the person's breathing and therefore their life. The guidance makes it clear that prone restraint should no longer be used as a planned intervention.

There are vulnerable children with learning disabilities in this country regularly subject to restrictive interventions, including the use of prone restraint.

There is no evidence base for the effectiveness of prone restraint in reducing the frequency or intensity of behaviours that challenge. It is a hugely traumatic and damaging experience for children and their families. The deaths of several people have been associated with prone restraint.[9] The regular use of prone restraint is not consistent with the United Nations Convention on the Rights of the Child.[10]

Positive behavioural support

There is evidence about how to effectively support children and young people with learning disabilities who display behaviour described as challenging. Understanding the function, or reason, for a child's behaviour allows effective support to be put in place and their quality of life to be enhanced.

The BILD accreditation framework and *Positive and Proactive Care* all state that Positive behavioural support (PBS) represents the most effective evidence-based approach to supporting people with learning disabilities whose behaviours challenge services.[11] [12] The NICE guideline and a recent Briefing Paper (Challenging Behaviour Foundation, 2014)[13] clarify that this applies to children as well as adults.

[8] Department of Health (2014), *Positive and Proactive Care: reducing the need for restrictive interventions.*
[9] O'Halloran RL, Lewman LV. *Asphyxial death during prone restraint revisited: A report of 21 cases.* Am J Forensic Med Pathol (March) 2000, 21(1); 39-52.
[10] United Nation (1989), *Convention on the Rights of the Child.*
[11] British Institute of Learning Disability (2014), *BILD Code of Practice for minimising the use of restrictive physical interventions: planning, developing and delivering training*.
[12] Department of Health (2014), *Positive and Proactive Care: reducing the need for restrictive interventions.*
[13] The Challenging Behaviour Foundation (2014), *Early intervention for children with learning disabilities whose behaviours challenge.*