Restrictive Intervention of children and young people with SEN and disabilities during the pandemic

Results of Family Carer and School Staff Surveys

Summary Report

June 2021

Executive summary

This report sets out the findings of two small scale surveys of families and schools which took place in the autumn of 2020 during the covid-19 pandemic. The aim was to try and gather some information about any impact of the pandemic (and associated restrictions) on disabled children's experiences of restrictive interventions, such as physical restraint and seclusion.

48 family carers and 12 school staff responded. Although the results are not nationally representative, they point to worrying trends which require further scrutiny.

Key Findings

During this period, some children displayed an increased severity or frequency of challenging behaviour, putting increased strain on family carers who, in addition to the general impact of the pandemic experienced by the whole population, had increased caring responsibilities coupled with reduced support. Yet, **almost half of respondents received no behaviour support** from the NHS or their local authority.

More than **1 in 3 families reported that their child had experienced restrictive interventions at school** since the pandemic began in March 2020. Some families (23%) reported that their children experienced *more* restrictive practices during the autumn term compared to the same period in 2019. No families reported a decrease in restrictive interventions during the pandemic. Nearly half of respondents (46%) declined to answer the questions on the frequency of restrictive interventions at school during the autumn term.

School staff self-reported **high anxiety levels** but were also able to **identify factors which they associated with lower levels of restrictive intervention during the pandemic,** including the use of more consistent staff "bubbles," the use of more skilled and experienced staff, more physical space for students, a personalised curriculum focussed on wellbeing and recovery and close collaboration and good communication with family carers and other staff.

Recommendations

There is an urgent need, as set out in our 2019 and 2020 reports, for the Government to **investigate the scale of restrictive interventions** within schools and the impact these practices are having on disabled children.

The findings indicate a **gap in local, community-based behaviour support** during the pandemic. NHS England has recognised such support as one of the protective factors against inappropriate admission to mental health settings (NHS England, 2017) and committed to investing in these services in the NHS England long term plan.

Since the data was collected, families have endured many more months of restrictions**. Community based behaviour support for children and young people must be prioritised to prevent children being harmed by restrictive interventions and to prevent their admission to institutional care.**

This is a human rights issue and we urge Governments across the UK to

- Remove the “use of reasonable force to maintain good order and discipline” from the Education and Inspection Act 2006;
- Implement the Joint Committee on Human Rights recommendation for a legal duty on Clinical Commissioning Groups and Local Authorities to notify families when their relative is subject to restraint or seclusion;
- Introduce mandatory recording and reporting of restrictive interventions, including by protected characteristics such as disability
- Invest in research and robust analysis of data collected to minimise the future use of restraint;
- Ensure local Safeguarding Partnerships monitor data;
- Develop and implement statutory guidance to reduce restrictive interventions, covering mainstream as well as special schools;
- Strengthen accountability systems and the role of inspectorates to protect the human rights of children and young people in school;

In addition, this report – supported by evidence collected via other surveys (Left Behind - Disabled Children Partnership (2021) and Special Needs Jungle (2021))– shows a **clear need for funding specifically for disabled children and those with special educational needs to recover from the pandemic and** enable schools to deliver evidence-based support and to build on the practices known to reduce restrictive interventions.

Introduction

About the RRISC Group

The Reducing Restrictive Intervention – Safeguarding Children and Young people (RRISC) group is a group of organisations and family carers working together to promote the safeguarding of disabled children, with a particular focus on reducing the use of restrictive interventions and associated harm.

Children with learning disabilities, particularly those with severe learning disabilities, are much more likely to develop behaviours that challenge than other children. Challenging behaviours may include aggression, destruction, self-injury, and other behaviours (for example running away) which pose a risk to individuals and to those around them or which have a significant impact on everyday life. These behaviours are a response to an unmet need- identifying the underlying cause, and providing appropriate support is the key to reducing behaviours that challenge. Children who display challenging behaviour are at increased risk of experiencing restrictive interventions (Centre for Mental Health, 2020).

Restrictive interventions are deliberate actions taken to restrict an individual's movement, liberty and/or freedom in order to react to a dangerous situation where there is a significant risk of harm (Department of Health, 2014). Restrictive interventions take many forms, including holding a child to restrain them, excluding them from an activity or administering medication to address their behaviour.

Restrictive Interventions

Restrictive interventions are defined as: 'deliberate acts on the part of other person(s) that restrict an individual's movement, liberty and/or freedom to act independently in order to:

- take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken; and
- end or significantly reduce the danger to the person or others; and
- contain or limit the person's freedom for no longer than is necessary

Positive and Proactive Care: reducing the need for restrictive interventions (2014)
Department of Health

Restrictive interventions should be used as little as possible, with minimum force for the least amount of time as a last resort, and never as a form of punishment. However, our previous reports, which share data from a Challenging Behaviour Foundation (CBF) survey and case studies collected by Positive and Active Behaviour Support Scotland (PABSS), demonstrate a high number and regular occurrence of restrictive interventions (CBF & PABSS, 2019; CBF & PABSS, 2020). **The scale of the issue is currently unknown, as recording and reporting of restrictive interventions is not mandatory**. From the 566 case studies collected, only 19% of families reported that injuries were recorded and only 17% reported that the restrictive intervention was recorded.

There were a number of surveys of families' experiences of education during the pandemic (e.g. Disabled Children's Partnership, 2020). However, broader surveys **did not cover the use of restrictive practices.** For this reason, the RRISC group conducted two surveys between November 2020 and January 2021, one for family carers and one for school staff, in order to gather some evidence about restrictive interventions in schools during the first lockdown in March 2020, and when all children were asked to return to school in the autumn term. School staff and families were not necessarily from the same educational institutions, which may explain the variation in experiences. Below is a summary of key findings from the surveys. For full results and analysis, see the data supplement.

Figures

To avoid survey fatigue, the surveys enabled participants to skip answers. To avoid inflating results, all figures in this report are based on the percentage of the total, 48 families or 12 school staff, respectively.

Respondents

Overall, 48 families and 12 school staff participated in the surveys. The respondents were mainly parents (83%) of children with a wide range of special educational needs and disabilities. A diagnosis (or suspected diagnosis) of autism was the most common additional need reported (73%). Overall, 85% of the children had an Education, Health and Care plan (EHCP) or statement of special educational needs (SEN). The school staff that took part worked in various special needs schools across the UK.

Attendance

Of the families surveyed, less than half of families (40%) reported their children attended school during the first lockdown (despite most being eligible to attend according to Government guidance), with only 8% attending full time. By the autumn term, over half of children (58%) were attending their school at least some of the week.

Challenging Behaviour and Behaviour Support

Many families reported they were coping with new behaviours (40%) or an increased frequency (31%) or severity (35%) of behaviours during the first lockdown. In the autumn term, 29% families saw more frequent challenging behaviour compared to the same period the previous year. Despite this, 48% of respondents received no behaviour support from their local authority or the NHS during the first lockdown and 44% received no behaviour support in the autumn term.

> “Apart from a weekly phone call. All therapy stopped.”
>
> Family Carer

Examples of restrictive Interventions

When we refer to restrictive intervention with children, we mean:

- Physical restraint (direct physical contact between the carer and person, including being pinned to the floor);
- Seclusion (supervised containment or isolation away from others in a room the child is prevented from leaving);
- Mechanical restraint (materials or equipment used to restrict or prevent movement, e.g. arm splints);
- Blanket restrictions (including lack of access to certain places or activities);
- Chemical restraint (the use of medication in response to someone’s behaviour).

Restrictive Interventions

More than 1 in 3 families reported their child had experienced restrictive interventions at school since the pandemic began in March 2020. Some families reported their children experienced more restrictive practices during the autumn term compared to the same period in 2019. No families reported a decrease in restrictive interventions during the pandemic autumn term. The rest of respondents (46%) declined to answer these questions on the frequency of restrictive interventions during the autumn term.

> “[Feel] Absolutely terrible [about restrictive interventions] as my child is struggling enough not being able to access things he did before, the school should be helping with that”
>
> Family Carer

Eight school staff (67%) reported the school they worked in used physical restraint, two (17%) reported the school they worked in used seclusion and one (8%) reported the school they worked in used chemical restraint.

All school staff reported the use of restrictive interventions during the first lockdown in 2020 was lower than it had been in March 2019. Half of the school staff reported that the use of restrictive interventions was lower in autumn 2020 compared to autumn 2019, with 2 school staff (17%) reporting an increased use of restrictive interventions in autumn 2020 compared to the previous autumn.

School staff who reported lower levels of restrictive interventions in the autumn term 2020 attributed the decrease to a combination of factors, including more physical space for both students and staff, more skilled and experienced staff, and more consistent staffing bubbles.

> "Combination of factors; more skilled and experienced staff in de- escalation of challenging behaviours; profile of need reduced. Pupils returning to familiar setting/ school routines"
>
> School Staff Member

Challenges for School Staff

Schools also had to adapt to lockdown restrictions, and all of the school staff surveyed reported greater staff anxiety in autumn 2020 compared to the previous year. School staff reported they struggled to use virtual teaching methods available as they did not meet the needs of the students they were trying to support.

> "The majority of students found it hard to access the VLE [Virtual Learning Environment]. We could not provide video teaching due to vulnerable students"
>
> School Staff Member

What Worked

School staff who felt that they were managing to cope well during the pandemic cited key success factors as: working closely with families, adaptations to the curriculum and environment, and highly trained, consistent, and experienced staff. This was echoed by families who felt that evidenced based support (such as positive behaviour support) reduced the need for restrictive interventions.

> "We have worked with the parents to try and make them feel as supported as possible to get their young people into school. We have lowered demands on students."

School Staff Member

“They [restrictive interventions] are likely to cause the behaviour to escalate or be repeated more often. Very good positive behaviour support has reduced/removed the RI [restrictive interventions]”

Family Carer

School staff who felt that they were managing the situation well cited the key success factors as:

- lowered demands on students
- targeted catch up sessions for students
- better staff training
- more skilled and experienced staff
- more consistent staffing bubbles
- more physical space for students and staff
- close collaboration between teachers, other professionals and families
- good communication with families
- familiarisation activities for students to reduce anxiety
- tailored curriculum and a greater focus on health and wellbeing

Analysis

There were huge concerns about the use of restrictive intervention in schools before the pandemic. During the pandemic, families of children with special educational needs and disabilities (SEND) have had to cope with enormous pressures, with the vast majority of children at home all day during the first lockdown.

The high non-response rate to these questions may be because their child did not experience any restrictive interventions, or it may reflect the lack of mandatory reporting to families when restrictive interventions occur at school. This finding emphasises how difficult it is to measure the scale of this issue, without mandatory recording and reporting of restrictive interventions.

During this period, some children displayed increased severity or frequency of challenging behaviour, putting increased strain on family carers who had increased caring responsibilities coupled with reduced support.

The national restrictions that were in place at the time of these surveys meant that changes in routine were much more likely due to the closure of leisure activities, playgrounds and short breaks provision. Changes in routine, uncertainty and increased carer stress are all factors which can contribute to an increase in the severity or frequency of challenging behaviour.

Challenging behaviour has a negative impact on children and families physical and mental wellbeing and leads to poor life outcomes (The Challenging Behaviour Foundation, 2014a). Other studies on mental and physical wellbeing during the pandemic have emphasised this issue, reporting lower mental and physical wellbeing across children and young people with SEND and their parents and carers (e.g. Disabled Children's Partnership, 2020; Mencap,2020).

Without high quality local services, children and young people with SEND are at risk of exclusion from local services, leading to potential out of area residential school placements or admission to inpatient services. To advance the government's Transforming Care agenda and reduce admission to inpatient services, getting it right for this group early on is essential.

This situation should have led to a prioritisation of support for children with SEND and those who support them (including family carers and school staff). However, the evidence highlights that most support fell away for children and families, and our survey shows that this included behaviour support. Few children (whether in or out of school) were receiving adequate behaviour support during the first lockdown, and many children remained without support when they returned to school in autumn 2020. This was despite many of the children having a statement of needs (such as an EHCP) and displaying challenging behaviour. This lack of support was enabled by a suspension in duties under the Children and Families Act 2014.

It is extremely concerning that during this time of decreased protections for vulnerable children, families were reporting increases in restrictive practices. Yet no official data is collected in order to truly understand the scale of this issue.

It is important to note that some families reported that challenging behaviour decreased in the pandemic. For example, one parent reported their child "thrived when it was quieter". Additionally, school staff reported less challenging behaviour and restrictive interventions whilst implementing recovery curriculums and increasing their focus on wellbeing. These findings are supported by an earlier survey by Special Needs Jungle (2020) which found that the less pressurised and less formal learning environment of lockdown resulted in a more inclusive way of learning for children and young people with SEND. Respondents felt that this, and a better understanding of the child's needs, were all linked to children and young people experiencing less anxiety.

These findings emphasise the importance of support and educational inclusion for children with SEND at risk of developing challenging behaviour. Schools have a legal duty to make reasonable adjustments under the Equality Act 2010. These adjustments will vary and need to be individualised and developed in close partnership with the child/young person themselves and their families

Recommendations

Based on the results of this survey, the results of our previous surveys, and the broader evidence base about the impact of the pandemic on children with SEND, our recommendations fall into three main areas.

1. For all UK Governments to take urgent action to reduce the restrictive intervention of children. Including:

    - Removing the “use of reasonable force to maintain good order and discipline” from the Education and Inspection Act 2006;
    - Implementing the Joint Committee on Human Rights recommendation for a legal duty on Clinical Commissioning Groups and Local Authorities to notify families when their relative is subject to restraint or seclusion;
    - Mandatory recording and reporting of restrictive interventions. including by protected characteristics such as learning disability and autism
    - Investment in research and robust analysis of data collected to minimise the future use of restraint;
    - Local Safeguarding Partnerships to monitor data and act on it;
    - Statutory guidance to reduce restrictive interventions, covering mainstream as well as special schools;
    - Strengthening accountability systems and the role of inspectorates to protect the human rights of children and young people in school;
    - Developing a rights-based approach and culture with a duty of candour on schools and providers.

Some limited progress has been made in some areas since our previous reports. There has been the publication of the Scottish Children and Young People Commissioner’s report ‘No Safe Place’ (Children and Young People's Commissioner Scotland, 2018) and the development of the Welsh Reducing Restrictive Practise Framework (Welsh Government, 2021). In Northern Ireland, the Northern Ireland Assembly has passed a motion on restrictive interventions, the Department for Education are currently reviewing their guidance on restrictive interventions in schools, and in the meantime has published interim guidance (mySociety, 2021). Despite this limited progress, fundamental lack of information about the nature and scale of restrictive interventions in schools makes it almost impossible to provide adequate safeguards. Following Northern Ireland’s example, England, Wales and Scotland could review the possibility of a centralised restraint recording and reporting database.

2. Recovery funding targeted at children with SEND to enable schools to deliver personalised, evidence-based support. This should include:

- Additional ring-fenced COVID-19 catch up funding to implement evidence-based support to children at risk of being subjected to restrictive interventions and their families.

- Department of Education to promote learning from schools who have successfully reduced restrictive interventions and improved outcomes for children with SEND whose behaviours challenge and actively promoting their approaches.

- Including Positive Behaviour Support (PBS) training as core training for school leaders and staff to enable leaders to successfully implement restraint reduction programmes;

At present, Department of Education post pandemic catch up funding has all been focused on tutoring because this has the best evidence base. While this is beneficial, for children and young people with SEND who display challenging behaviour, Positive Behaviour Support has the strongest evidence base (The Challenging Behaviour Foundation, 2014a). PBS is an effective framework for reducing the use of restrictive interventions (Centre for Mental Health, 2020), and should be implemented across all special needs schools.

Positive Behaviour Support in Schools

The Bristol Positive Behaviour Support Service (PBSS) exemplifies the benefits of incorporating PBS into schools. The PBSS team works in partnership with schools to support children at risk of placement breakdown. “Once the PBSS team have identified the child and family’s needs and functions (i.e., meaning) of the behaviours of concern, they design an intervention programme which aims to build and extend positive new skills and thereby decrease challenging behaviours. Where possible, they support children in the classroom alongside their peers while implementing the intervention. They can also provide training and supervision to staff or family members to help them support the child consistently.” (p. 19, The Challenging Behaviour Foundation, 2014b). The support from the service has enabled 10 out of 12 children to successfully stay at their local school, and over four years produced savings of £1.8 million (The Challenging Behaviour Foundation, 2014b).

3. Governments to invest in local community based behaviour support. In England this is set out in NICE guidance (2018). Government should deliver on its commitment to introduce multidisciplinary seven day a week community teams for children and young people with learning disabilities and autism whose behaviour challenges services:

“Every local health system will be expected to use some of this growing community health services investment to have a seven-day specialist multidisciplinary service

and crisis care. We will continue to work with partners to develop specialist community teams for children and young people, such as the Ealing Model, which has evidenced that an intensive support approach prevents children being admitted into institutional care" (NHS England long term plan)

The services should Include:

- Evidence-based early intervention
- Expert, community PBS or intensive behaviour support teams, able to provide expert support at home or in school
- Co-production and partnership working with family carers and children and young people with SEND

We also call on all our colleagues in the SEND sector and on researchers to support the focus on reducing restrictive interventions and in view of the lack of data from the statutory sector, to include this issue in future surveys or research to help build the evidence base.

This issue is at the heart of broader efforts to realise the rights of children with SEND and to ensure they are supported to enjoy the quality of life they deserve and to which they are entitled. It is not possible to realise true equality and respect for human rights while it is seen as acceptable to turn a blind eye to the restrictive practices harming children across the UK.

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