Department of Health & Social Care
Reducing the need for restraint and restrictive intervention

Written evidence submitted by the Royal College of Paediatrics and Child Health
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Does the content meet the aim of the document to: "help special education, health and care settings develop plans to support children and young people whose behaviour challenges in order to reduce the incidence and risk associated with that behaviour and promote and safeguard the welfare of children and young people in their care."?

The content of the draft guidance does go some way to meet the stated aim, but not in sufficient detail.

RCPCH is supportive of the aims to eliminate the inappropriate use of restraint and to develop preventative measures which support children and young people.

The draft guidance recommends individual care plans and the case studies provided are good at demonstrating the measures taken to develop personal plans. RCPCH recommends, however, that the content of the guidance for the personal plans requires further detail. Sufficient detail should outline what each plan should contain, escalation strategies, and time frames to be adhered to in the absence of significant risk to children or others.

RCPCH recommends including greater detail of the specific restraint techniques which are recommended and safe, including how these should be incorporated into individual plans.

RCPCH expresses concern that the proposed draft guidance is only applicable to special education, health and care settings. Mainstream educational settings (public / private schools, colleges, further education colleges, academies and free schools) also encounter children and young people whose behaviour challenges. These settings are known to have high numbers of children with learning difficulties, Autism Spectrum Disorder (ASD) and mental health problems. The use of restraint is thought to be poor within mainstream education and staff members would benefit from this draft guidance.

Furthermore, the draft guidance could be extended to police settings. RCPCH shares concerns expressed by the Children's Rights Alliance (2017) that increasing numbers of children and young people are being subjected to restraint, which may be harmful to their emotional wellbeing. This draft guidance may be useful in preventing unnecessary use of restraint in these settings, by promoting it as a policy of last resort.

Are the core values and key principles (paragraphs 24-26) clear and relevant?

The core values are clear and relevant.

RCPCH agrees and supports the notion that the use of restraint should always be the last option. Research by the Children's Rights Alliance (2017) found that children who have experienced restraint (i.e. the use of tasers / spit hoods) reported the experience as traumatic and distressing.

Specifically, the use of tasers are known to be associated with the following clinical side effects (FFLM, 2017):

- Localised superficial burns and erythema, from the passage of electrical current
- Dart penetration injury (pleural, brain ocular, nasolacrimal duct, testicular, urethral and digital tendon injuries have been reported)
- Musculoskeletal injury, from intense muscle contraction (spinal compression fractures and ethmoid bone fracture have been reported)
- Bony injuries, from associated falls (including non-fatal and fatal head injury)
- Epileptic seizures
- Cardiac effects.

Due to these possible health effects, FFLM (2017) recommends that all persons who have been subjected to tasers must be subsequently assessed by a registered medical practitioner (a doctor) who is aware of the risks and complications associated with tasers.

RCPCH recommends that extra detail should be provided for the key principle relating to the audit and monitoring processes when using restraint. All restraint episodes must be logged with thorough information. Detail should be provided of: reasoning for using restraint, persons contacted for advice, restraint techniques used, outcome for the child or young person. To ensure that monitoring is 'open and transparent', it should undergo audit processes from independent individuals and / or organisations (e.g. commissioners).

Do the key actions support services and settings to work with children and young people, promote good behaviour and reduce the need to use restraint?

The key actions do support services and settings to appropriately work with children and young people, promote good behaviour and reduce the need to use restraint. However, more sufficient detail is required, relating to individual accountability and provision of adequate resources.

The key actions of the draft guidance could benefit from reference to *Minimising and Managing Physical Restraint (MMPR): Safeguarding Processes, Governance Arrangements, and Roles and Responsibilities* (2012), which outlines principles of restraint for children under 18 in secure settings. This report aligns with the draft

guidance in promoting the use of restraint as a last resort. Furthermore, the report provides specific detail about roles, responsibilities (chapter 3), which clearly outlines the accountability of different services and organisations. RCPCH recommends developing a similar responsibility framework for this draft guidance. Furthermore, this report includes pathways and flowcharts, which could be adapted in this draft guidance for children and young people with learning disabilities, autistic spectrum disorder and mental health needs. Incorporating evidence from this report would ensure consistency and standardisation of approaches across all relevant agencies – so that children or young people who encounter episodes in different settings experience a continuity of care.

RCPCH recommends that any child or young person who has been subjected to a restrain procedure should receive appropriate follow-up support from a healthcare professional (RCPCH, 2013). After care support is recommended to be incorporated into the documentation and review of each individual case of restraint. Furthermore, each child should have a named healthcare lead and all other staff should be aware of this person and have means to contact them if restrain has been used (RCPCH, 2013). The named healthcare lead should be aware of the child's healthcare needs and understand how the use of restraint may impact on the child's safety and wellbeing.

RCPCH supports the action to promote positive relationships and behaviour. We suggest including explicit reference to the benefits of play and leisure in education settings, which are likely to reduce behavioural challenges. The UN Committee has recommended play as crucial for children and young people's mental health and wellbeing (Williams *et al*., 2017).

While the key actions do support services and settings, financial support and resources should adequately fund all services. Investment in CAMHS and other children's mental health services has been reduced and local authority funding has not been ring-fenced. As a result, many children and young people struggle to access appropriate services, leading to longer wait times. Rates of suicide and self-harm amongst children and young people has increased in recent years. Without timely access to appropriate mental health services, children with behavioural challenges will not be adequately supported and incidences of restraint may be higher.

Does the guidance provide sufficient advice on the involvement of children and young people and their families/carers in decisions and planning about restraint that affects them?

RCPCH supports the commitment to involve children and young people and their families / carers in decisions about restraint affecting them. As stated within the aims of the draft guidance, those who best know the child may be able to anticipate anxiety or fear and put plans in place to appropriately manage situations. Thus, children and young people and their families / carers should be involved at the

outset and throughout the management of their care. Involvement will likely decrease the need to use restraint in future scenarios.

Staff members should aim to identify children at risk of behavioural challenges and plan accordingly, including involving the children's / families' opinion into when and how to effectively manage their behaviour and when to use restraint. Through appropriate planning, staff members should be aware of each child's specific health conditions and how the use of restraint may impact their physical health and / or emotional wellbeing. Best practice will vary between individual children and their needs should be respected.

References:

Faculty of Forensic & Legal Medicine (2017) *TASER ®: Clinical effects and management of those subjected to TASER ® discharge*. London: FFLM, December 2017.

National Offender Management Service, Young People's Estate, Ministry of Justice, & Youth Justice Board (2012) *Minimising and Managing Physical Restraint (MMPR): Safeguarding Processes, Governance Arrangements, and Roles and Responsibilities*. London: UK Home Office.

Royal College of Paediatrics and Child Health (2013) *Healthcare Standards for Children and Young People in Secure Settings*. London: RCPCH, June 2013.

Williams, N., King, L., Stephens, M., Edmundson, A. & Smith, L. (2017) *State of Children's Rights in England 2017*. London: Children's Rights Alliance for England, December 2017.