



St. Elizabeth's School and Children's Home

Restraint Reduction Policy

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Renewal Date: Jan 2024

“Our community is together to be a sign of our love of God and for each other”

Definition:

The terms restrictive intervention and restraint are used interchangeably to refer to:

- planned or reactive acts that restrict an individual’s movement, liberty and/or freedom to act independently;
- the sub-categories of restrictive intervention using force or restricting liberty of movement (or threatening to do so). (Reducing the Need for Restraint and Restrictive Intervention: Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings, June 2019)

Restraint means using force or restricting liberty of movement (Children’s Homes Regulations, 2015).

Restricting the liberty of a child is a serious step which should only be taken where it is necessary and where other alternatives have been considered. (Quality Standards, 2015).

The Mental Capacity Act 2005 (MCA) defines restraint as when someone “uses, or threatens to use, force to secure the doing of an act which the person resists, OR restricts a person’s liberty whether or not they are resisting”. Section 6 of the MCA states that restraining people who lack capacity will only be permitted if, in addition to it being in their best interests, the person taking action reasonably believes that it is necessary to prevent harm to the person. In addition, the amount or type of restraint used, as well as the amount of time it lasts, needs to be proportionate to the likelihood and seriousness of potential harm.

Definitions of the types of restraint are outlined below.

Physical restraint: any direct physical contact where the intention of the person intervening is to prevent, restrict, or subdue movement of the body, or part of the body of another person.

Chemical restraint (this brief guide does not cover the use of chemical restraint. Refer to brief guide on psychoactive medicines for people with learning disabilities): the use of medication which is prescribed and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.

Mechanical restraint: the use of a device (e.g. belt or cuff) to prevent, restrict or subdue movement of a person’s body, or part of the body, for the primary purpose of behavioural control.

Legislation:

The most relevant to this policy are:

Education and Inspections Act 2006

Power of members of staff to use force

(1) A person to whom this section applies may use such force as is reasonable in the circumstances for the purpose of preventing a pupil from doing (or continuing to do) any of the following, namely —

- (a) committing any offence,
- (b) causing personal injury to, or damage to the property of, any person (including the pupil himself), or

(2) This section applies to a person who is, in relation to a pupil, a member of the staff of any school at which education is provided for the pupil.

(3) The power conferred by subsection (1) may be exercised only where —

- (a) the member of the staff and the pupil are on the premises of the school in question, or
- (b) they are elsewhere and the member of the staff has lawful control or charge of the pupil concerned.

(4) Subsection (1) does not authorise anything to be done in relation to a pupil which constitutes the giving of corporal punishment within the meaning of section 548 of EA 1996.

Regulation 11, Children's Homes Regulations 2015

1(b) Children are helped to develop, and to benefit from, relationships based on an understanding about acceptable behaviour.

2(a) Registered person to ensure that staff:

- Meet each child's behavioural and emotional needs as set out in the child's relevant plans.
- Encourage each child to take responsibility for their behaviour, according to their age and understanding
- Communicate to each child expectations about their behaviour and ensure that child understands these in accordance with their age and understanding
- Are provided with supervision and support to enable them to understand and manage their own feelings and responses to behaviour
- De-escalate confrontations with or between children or potentially violent behaviour by children
- Ensure that where restraint is used, this is only as a last resort

Regulation 12, Children Homes Regulation 2015

12(1) The protection of children standard is that children are protected from harm and enabled to keep themselves safe.

(2) In particular, the standard requires the registered person to ensure:

That staff:

Assess whether each child is at risk of harm, taking into account information in the child's relevant plans.

- Help each child to understand how to keep safe
- Have the skills to identify and act upon signs that a child is at risk of harm
- Manage relationships between children to prevent them from harming each other
- Understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person
- Take effective action whenever there is a serious concern about a child's welfare;
- Are familiar with, and act in accordance with the homes child protection policies.
- That the home's day to day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm;
- Where restraint is used, actively work as a multi-disciplinary team to reduce both the number and level of restraint.

Regulation 20, Children's Homes Regulations 2015

(1) Restraint in relation to a child is only permitted for the purpose of preventing

- Injury to any person (including the child);
- Serious damage to the property of any person (including the child);

(2) Restraint in relation to a child must be necessary and proportionate.

(3) These Regulations do not prevent a child from being deprived of liberty where that deprivation is authorised in accordance with a court order.

Regulation 35, Children's Homes Regulations 2015

(1) The registered person must prepare and implement a policy ("the behaviour management policy") which sets out —

- (a) how appropriate behaviour is to be promoted in the children's home; and
- (b) the measures of control, discipline and restraint which may be used in relation to children in the home.

(2) The registered person must keep the behaviour management policy under review and, where appropriate, revise it.

(3) The registered person must ensure that —

(a) within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes —

- (i) the name of the child;
- (ii) details of the child's behaviour leading to the use of the measure;
- (iii) the date, time and location of the use of the measure;
- (iv) a description of the measure and its duration;
- (v) details of any methods used or steps taken to avoid the need to use the measure;
- (vi) the name of the person who used the measure ("the user"), and of any other person present when the measure was used;
- (vii) the effectiveness and any consequences of the use of the measure; and
- (viii) a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;

(b) within 48 hours of the use of the measure, the registered person, or a

person who is authorised by the registered person to do so (“the authorised person”)—

(i) has spoken to the user about the measure; and

(ii) has signed the record to confirm it is accurate; and

(c) within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure.

(4) Paragraph (3) does not apply in relation to restraint that is planned or provided for as a matter of routine in the child’s EHC plan or statement of special educational needs.

CH Quality Standards 2015 / 9.42

Restraint also includes restricting a child liberty of movement. This includes, for example, changes to the physical environment and removal of physical aids. Restrictions such as these, and all other restrictions of liberty of movement, should be recorded as a restraint. Some children, perhaps due to impairment or disability, may not offer resistance, but such measures should still constitute a restraint. Young people over 16 who require restraint will have a Deprivation of Liberty in place.

CH Quality Standards 2015 / 9.43

In some cases, such as in residential special schools that are also registered children’s homes or children’s homes caring for children with complex care needs, restraint may be necessary as a consequence of a child’s impairment or disability. A child’s EHC plan or statement of special educational needs may contain detail about planned and agreed approaches to restraint or restraint techniques to be applied in the day-to-day routine of the child.

CH Quality Standards 2015 / 9.61

Where a child has an EHC plan or statement of special educational needs in which a specific type of restraint is provided for use as part of the child’s day to day routine, the home is exempted from recording requirement. Where these plans provided for a specific type of restraint that is NOT for the day to day use, on the occasions when such restraint is used this MUST still be recorded as a restraint

CH Quality Standards 2015 / 9.49

Injury could include physical injury or harm or psychological injury or harm.

CH Quality Standards 2015 / 9.50

When restraint involves the use of force, the force used must not be more than is necessary and should be applied in a way that is proportionate i.e. the minimum amount of force necessary to avert injury or serious damage to property for the shortest possible time.

CH Quality Standards 2015 / 9.51

Restraint that deliberately inflicts pain cannot be proportionate and should never be used on children in children’s homes.

CH Quality Standards 2015 / 9.36

The registered person should ensure that all incidents of control, discipline and

restraint are subject to systems of regular scrutiny to ensure that their use is fair.

CH Quality Standards 2015 / 9.63

A deprivation of liberty may occur where a child is both under continuous supervision and control and is not free to leave the home. A children's home cannot routinely deprive a child of their liberty without a court order, such as a section 25 order or in the case of young people aged over 16 who lack the mental capacity, a deprivation of liberty may be authorised by the Court of Protection following an application under the Mental Capacity Act 2005.

CH Quality Standards 2015 / 9.62

The locking of external doors, or doors to hazardous materials, may be acceptable as a security precaution within the normal routine of the home. This will be carefully documented in care plans clearly outlining the rationale for such restrictions.

Debrief

Quality Standard 9.60

Any child who has been restrained should be given the opportunity to express their feelings about their experience of the restraint as soon as is practicable, ideally within 24 hours of the restraint incident, taking the age of the child and the circumstances of the restraint into account. In some cases children may need longer to work through their feelings, so a record that the child has talked about their feelings should be made no longer than 5 days after the incident of restraint (regulation 35(3)(c)). Children should be encouraged to add their views and comments to the record of restraint. Children should be offered the opportunity to access an advocacy support to help them with this (regulation 7(2) (b) (iii)).

Aims:

This policy should be read alongside St. Elizabeth's School and Children's Home corresponding behaviour policy.

- To ensure that restraint is only ever used as a last resort and that, as an organisation, we are actively working to reduce the need to use any form of physical restraint with the people we support.
- To create an environment where children and young people (CYP) feel happy, safe and secure; where confident staff can reassure CYP who are anxious, helping people build and maintain positive relationships; allowing staff to offer boundaries and choices with care in accordance to the individual's agreed plans of care and education.
- To develop self respect and value of others and the environment.
- Staff to be aware of positive behaviour support and implement the Positive Behaviour Support Plans to support CYP.
- To implement systems that facilitates the smooth flow of up to date and relevant information for the benefit of the CYP in our care.

- To implement the CPI (Crisis Prevention Institute) philosophy at St Elizabeth's School and Children's Home, ensuring the safety of CYP, staff and visitors.
- To enable staff to recognise the different forms of restraint and how they may be used appropriately in line with this policy, education legislation and the Children's Home Regulations.
- To ensure that any intervention provided is tailored to meet the needs of each individual taking into account the views of the CYP being supported where reasonably practicable.
- To enable staff teams to be able to engage in dialogue and reflection considering reducing the use of Restraint, by adopting proactive strategies and managing environments in a way that reduces risks.
- To enable the staff team to be consistent in the management of CYP who can present an element of risk to themselves or others.
- To ensure that relevant documentation in relation to the use of restraint will be clear, organised and easy to use.
- To provide regular CPI training to all staff within the School and Children's Home using St. Elizabeth's trainers, who are also available for ongoing staff support and guidance.
- To ensure that the DATIX incident recording system is maintained and updated as and when needed. This is to be overseen by the Childcare Managers, Registered Manager and Academic Managers.
- To continue to provide training in order for new and existing staff to become familiar with the DATIX recording system.

Proactive Plans and Strategies

Care Plans and Risk Assessments are to be provided for each child / young person within our care when they join St Elizabeth's Children's Home. Where there is an identified need for additional input in order to support with behaviours that challenge, the CYP can be referred to the Positive Behaviour Support Team. A Positive Behaviour Support Practitioner will be allocated and will conduct assessments in order to formulate a comprehensive Positive Behaviour Support Plan. These documents are to be presented in a format that ensures that the document is versatile enough to be used across the 24hr day. Plans are to be available to all parents (to be reviewed if child protection issues are in place) and appropriate external authorities on request. Members of the multi-disciplinary team including parents assist the Behaviour Support Practitioner in formulating the Plans in a clear and coherent style.

Plans will highlight support and strategies that are appropriate for the individual. These documents will identify what forms of restraint may or may not be appropriate for the individual CYP as a last resort strategy to reduce significant risk

Plans are to be reviewed at a minimum of once a term. These will also be reviewed when a serious incident occurs or if a previously unrecorded behaviour is observed.

These documents will be reviewed by the child / young person's key worker and supervising key worker with support from the Behaviour Support Practitioner and academic staff. Hard copies of Plans are to be treated confidentially at all times. Digital copies of Plans should be available to staff on the computer network.

Principles and Guidance:

- Staff should present the use of restraint in a caring environment using CPI methods, within a framework of Positive Behaviour Support, separating risk from behaviour.
- Restraint in relation to a child / young person is only to be used when there is a risk of harm to the child / young person themselves, a risk to others or a risk of serious property damage.
- Staff are to understand that restraint is only to be used as a last resort once all other options have been exhausted and should be necessary and proportionate.
- Staff are to understand that restraint is to be used for the shortest time possible.
- Staff to recognise that restraint is only to be used to manage risk and not behaviour, and understand the difference.
- Behaviour management should always try to operate within the agreed guidelines of the Plans and with the child / young person's best interests at the forefront of all decisions.
- Plans should ensure the safe management of our CYP within the guidelines of CPI.
- To acknowledge that CPI physical techniques seek to avoid injury to the child / young person, but it is possible that bruising and scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of attempts to keep people safe.
- To acknowledge that on occasions staff may need to make reasonable adjustments to agreed guidelines and techniques trained to support risks being presented by a 'challenging' situation. Any adjustments made should be clearly recorded in DATIX reports and discussed during de-briefs following the incident.
- This Policy will be regularly updated in line with Children's Home Regulations

Restraint:

For a number of CYP in our care it is recognised that there are different forms of restraint which may be used to ensure that they remain safe and to support their care and educational needs.

Some of these forms of restraint may be used regularly as part of the plan of care:

1. Day to Day

- **Mechanical** - CYP may be supported with specialised chairs, walking frames, lap belts, beds which ensure their safety and support their health needs.
- **Constant Supervision** – due to the health needs of some of our CYP, they are required to be monitored very closely, which can include the use of a CCTV camera in their bedrooms overnight, monitored by waking night staff (to monitor and identify silent seizures, for example). No recordings are made and the camera is for observation purposes only. Permission for camera use is granted by the parents and/or social worker and is identified as needed by the multidisciplinary team. Many children have constant supervision throughout the waking day as a result of their health and learning needs.
- Use of restraint which has been recorded and recognised as appropriate for use for a child / young person through a day to day plan of care **will not** be required to be recorded as a separate restraint.
- When Deprivation of Liberty (which is different to restriction of liberty) is routinely used to support a child / young person as part of a day to day plan of Care, the Children's Home Registered Manager will liaise with the local authority and family to make a decision on the child / young person's placement and decide if an application to court is required.
For children under the age of 16, parental consent can be sought to agree the deprivation.

For children under 16 and on a full care order (Section 31) - the placing authority should seek a court order from the Court of Protection.

For young people over the age of 18, the placing authority should seek a court order from the Court of Protection.

St Elizabeth's contacts all families and placing authorities in regards to Deprivations of Liberty.

2. Restraint required to reduce risk as a result of CYP behaviours/actions.

These restraints require DATIX incident reports and in some cases supporting documentation.

- **A. Chemical** - CYP may be supported with the use of PRN medications to remain in a calm state of mind and reduce their levels of anxiety - in line with St Elizabeth's medication policy.

Practice Guidance

Chemical restraint is only used for those CYP who have been prescribed this type of intervention by a GP or psychiatrist and is to be used in line with the nursing care plan. Chemical restraint can be used for some CYP to support health procedures. Chemical restraint can only be given by medication trained staff and must be recorded on the MARS chart in the PRN section. All administrations of Chemical restraint should be recorded on a DATIX report.

- **B. CPI Holds** - Physical Intervention such as holds (restraints) may be necessary to reduce the likelihood of injury to CYP, staff, visitors and environment. Some CYP may

need to be supported with the use of physical intervention to enable staff to carry out personal care tasks to ensure their day to day health and well-being needs are met, however physical interventions must always be proportionate to the situation and only used as a last resort when all other least restrictive options have been exhausted.

- **Practice Guidance**

CPI holds should only be used as a last resort and if this is an agreed strategy in the CYP's plan. If the strategy is not part of a plan and used in an emergency, the person in charge must be notified and the plan reviewed. This does not mean that the strategy will be automatically added onto the plan.

Guiding a child physically constitutes a hold

A recorded debrief for CYP and staff is required.

- **C. CPI Disengagement** – staff may be required to employ disengagement strategies to enable them to respond to hair pulls, bear hugs and other uninvited holds employed by CYP.

Practice Guidance

A DATIX record and recorded debrief for CYP and staff is required.

- **D. Restricted Liberty of Movement** – some children may be prevented from leaving an area for a short time in order to make safe or prevent risk. This can include staff using a door as a barrier to avoid harm.

Staff may need to restrict the movement of young people to ensure they and others remain safe e.g. CYP may be prevented from leaving their bedrooms at night to prevent them from disturbing others' sleep and/or entering others' rooms. This may be by simply sitting outside of the room so that when CYP exit their room, they return immediately.

In this case, this requires a DATIX but not a debrief.

At other times, staff may have to make a risk based decision to stop a CYP leaving an area such as their bedroom, a classroom or their house. It may be that staff are required to use the door as a barrier. This type of practice should take place for the shortest time possible and is usually a short term emergency measure for the following reasons:

- Harmful objects being thrown by CYP
- CYP has weapon/s with which they are trying to hurt staff/CYP and extra support required to remove them.
- To enable extra support to arrive to facilitate change of face or entering the room to support child
- CYP is making intention to go and harm others or themselves clear.

This action must be for the shortest time possible and staff must be aware of the risks in the areas in which the CYP is being restricted to and weigh up which is the greater risk.

These incidents require a DATIX, debrief for CYP and staff

Recording and reporting:

- Every time a restraint is used the incident must be recorded by staff members who were at the scene carrying out the restraint and this should be recorded on the DATIX system. This should be recorded on the day of the incident.
- The use of Advanced Physical Restraint or the necessity to use a door as a barrier, must be immediately reported to the Person In Charge or Academic Manager.
- The record must clearly demonstrate exactly why the use of restraint was necessary, what other options were attempted / considered, exactly how long the restraint lasted for and which member of staff supported which area of the body.
- Following the use of restraint the views of the child / young person who has been restrained should be sought by staff and a record of this recorded on the follow up record. This record must evidence that the CYP's feelings in relation to the restraint.
- The views of staff involved in the restraint and any CYP who have witnessed the restraint will be sought. These discussions should occur in order for all involved to reflect in the incident and seek to look at ways the use of restraint can be avoided in the future.
- Following the use of restraint the child / young person should be offered a medical check by a suitably qualified member of staff. (For all advanced restraints medical checks are to be carried out by one of the nursing team). Records of this check or refusal should be recorded on the DATIX document.
- Restraint records will be reviewed and evaluated by the appropriate manager and finally approved by the Registered Manager or the academic manager.
- Part of this process is to enable Managers to have the opportunity to identify changes which may need to be made in order to reduce the likelihood of restraint taking place in the future.
- Ongoing and repeated episodes of the use of advanced restraints within a 12hr period must prompt the management team to consider the active involvement of outside agencies, in order to re-evaluate the situation.
- Records of incidents involving the use of restraint will be monitored on a regular basis by the behaviour support practitioner to assess for any trends and reviewed independently during Regulation 44 visits.
- Records of incidents involving the use of restraint will be monitored on a regular basis by the Restraint Reduction Review Team in each service comprising of key personnel; managers, senior leadership, behaviour support practitioner etc. to assess for any trends, and update the Restraint Reduction Action Plan.

Training:

- All staff who have direct involvement in supporting the CYP in our care will be provided with CPI training. Note – CPI training will become SI (Safety Interventions) training over the coming months as our in-house trainers become re-accredited.
- Support staff will be provided with a short course in disengagement techniques.
- CPI training will cover aspects of recognising forms of behaviour, de-escalation, break away techniques, physical intervention, recognising what is restraint and aspects of reflection following an incident.
- CPI training consists of 13hr introductory courses for new staff and 6.5 hr Refresher courses for staff who already have a valid certificate.
Where appropriate, staff will undertake additional advanced modules (APT) and Children's Situational Applications. These will be delivered by the St Elizabeth's Trainers.
Any additional workers not on the centre's payroll e.g. agency staff can also be trained by CPI trainers.
- Staff are certified for 1 year following attendance of a 13hr course.
- Whenever requested staff teams will receive additional training sessions through meetings when additional support may be needed due to a change in child / young person's needs or if there is a change in guidance to be given to staff following a new admission.
- To ensure the safety of staff members, all staff will be risk assessed. These documents will be stored by the trainers and copies made available to the staff members and their manager upon request.
- Documentation relating to staff CPI training will be filed and stored securely by the St. Elizabeth's staff development team.

Staff Responsibilities:

- All staff within St Elizabeth School and Children's Home have a responsibility to work within the agreed guidelines for each individual child / young person and within the guidance given within the CPI training sessions they receive and in line with this policy.
- Staff are to ensure that they make the decision to the best of their ability to provide care in a professional, calm and positive manner using the guidance they have been given within the CPI framework.
- As far as reasonably practicable all staff within the School and Children's Home are to be made aware of charges or amendments to the child / young person's Plans, which clearly outline what restraints may be appropriate for each individual.
- Staff are, to the best of their ability, to minimize the duration of any restraint to the shortest time possible and only use any form of restraint as a last resort to ensure the safety of the child / young person, others and damage to property.

- Staff must always try to call a senior member of staff as soon as reasonably practicable when -
 - A child / young person is being supported by a physical intervention for longer than five minutes,
 - An advanced physical restraint is occurring
 - A Restriction of Liberty has/is taken place.
 - When a physical intervention is taking place off site.
 - If offsite, Staff must ensure they have their St Elizabeth's identification badge and where possible, their CPI training completion card attached to badge. This can be used to identify themselves and actions should restraint be required when offsite e.g. in local community settings.
- **During a physical restraint a member of staff independent from the hold should be sought as soon as possible to act as an advocate for the child / young person. The advocate has the right to make the decision to stop the restraint and tell staff to remove themselves from the child / young person if they believe there is a medical risk due to the hold which has been employed continuing.**
- Staff should ensure that if no senior members are present they are informed as soon as possible after the use of an advanced physical restraint.
- **When it is recognised that a child / young person may require the support of advanced techniques but there is a concern regarding their health needs in relation to the use of such holds then the School and Children's Home should seek further guidance e.g. GP. Parents, significant others and funding authorities should be informed of these concerns and made aware of any guidance given by the GP.**

Debriefing the Child / young person:

- Whenever a child and young person has been supported by the use of restraint, staff should always ensure they give the child / young person support as and when they are ready to receive it. The support must be appropriate to their needs and staff should explain that the restraint was used to 'keep them or others safe'.
- De-briefs should be taken at a level appropriate to the needs of a young person. Guidance may need to be sought from speech and language therapy department to enable these de- briefs to be meaningful and effective.
- CYP should have their views and feeling on the restraint sought and recorded within five days of the restraint taking place.
- **The CYP must never be restrained as a form of punishment.**
- Following the use of any form of restraint CYP must be given time to recover whilst also ensuring they are monitored to ensure their safety and well-being

Debriefing staff:

- Staff should be supported by their line manager or senior staff member following restraint where required with a view to reflect and review if any changes or further resources are required.
- If staff sustained any injuries a risk assessment should be completed to ensure they are fit to work and if any reasonable adjustments are required.