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FROM FOSTERING & RESIDENTIAL CARE

Restraining Children and Youth: What the Research Tells Us

Relationships First: Committing to the Reduction & Elimination of Restraints
Restraint Pre-Conference at ACRC's 66th Annual Conference, July 11 2022

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OUTLINE

1. *Background*
2. *Restraint prevalence and why?*
3. *What can be the consequences of restraint?*
4. *How might restraint be reduced or eliminated?*

BACKGROUND: DEFINITIONS

"any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a person to move his or her arms, legs, body, or head freely (SAMHSA, 2010)

"an intervention in which staff hold a child to restrict his or her movement and should only be used to prevent harm" (Davidson et al, 2005)

BACKGROUND: THINKING ABOUT RESTRAINT

- Punitive restraint
- Emotionally unregulated restraint
- Ignorant restraint
- Incompetent restraint
- Competent restraint
- Loving restraint

BACKGROUND: RESTRAINT RESEARCH

- Mainly US (e.g. Green-Hennessy, 2015; LeBel et al., 2010; Nunno et al., 2007, 2021
- Several UK (e.g. Independent Restraint Advisory Panel, 2014; Shenton & Smith, 2021; Steckley & Kendrick, 2008)
- Some other countries (e.g. Day & Duffin, 2009; DeHert et al, 2011; Slaatto et al., 2021)

RESTRAINT PREVALENCE?

Few government agencies publish restraint administrative data

- In Ontario Canada (pop. 15m) 40 youth each day (Provincial Advocate for Children and Youth & Snow, 2017)
- In England and Wales (pop. 58m), 12 youth in HM Prison provision each day over 2017/18
- In South Australia (pop. 2m) 1 youth in residential care each day (Day & Duffin, 2009)

Researched restraint prevalence data highly variable

- 82% US RTCs (and/or seclusion) (Green-Hennessy, 2015)
- 76% US RTCs (and/or seclusion) (Brown et al., 2012)
- 26% of US psychiatrically ill youth aged <21 (De Hert, 2011)

In English inpatient mental health provision, younger males with diagnosed disorder/complex history most likely to have been restrained (Neilson et al., 2021)

In England most children secure residential care will have experienced or witnessed restraint (Independent Restraint Advisory Panel, 2014; Shenton & Smith, 2021; Steckley & Kendrick, 2008).

WHY IS RESTRAINT USED?

- Preventing harm to youth, other youth and/or staff (Fraser et al., 2016; Independent Restraint Advisory Panel, 2014; Smith, 2020)
- Poor agency leadership and systems (Nunno et al., 2007, 2021
- Poor conflict prevention and de-escalation practice (Slaatto et al., 2021)
- Also, other research around techniques, factors, safety, containment, catharsis, rights & youth's experiences (Neilson et al., 2021; Roy et al., 2019; Slaatto et al., 2021; Steckley, 2018)

HOW DO CHILDREN EXPERIENCE RESTRAINT?

“Children described experiencing or witnessing others feeling breathless, nauseous, sweating and anxious. The most significant finding is that almost universally the children do not tell staff at the time. Reasons for this are varied: ‘too angry’; ‘too breathless’; ‘there’s no point’; ‘when you can’t breathe staff didn’t notice’” (Independent Restraint Advisory Panel, 2014).

Sometimes restraint with some children in some circumstances enhances a sense of safety with some children even experiencing restraint as a caring act (Steckley & Kendrick, 2008)

CONSEQUENCES OF RESTRAINT?

- Child deaths and injuries (Nunno et al., 2007, 2021; LeBel et al., 2010; Roy et al., 2021; Smallridge & Williamson, 2008, 2011; Steckley & Kendrick, 2008)
- Staff injuries and sick leave (Smith et al., 2017; Zelnick, 2013)
- Traumatizing (Steckley, 2008, 2010, 2012)
- Damaged relationships (De Hert et al., 2011; LeBel et al., 2010; Lillevik, et al., 2016; Pollastri et al. 2016)
- Escalation of physical conflicts (De Hert et al., 2011)

and/or

- Sometimes enhances a sense of safety with some children even experiencing restraint as a caring act (Steckley & Kendrick, 2008)

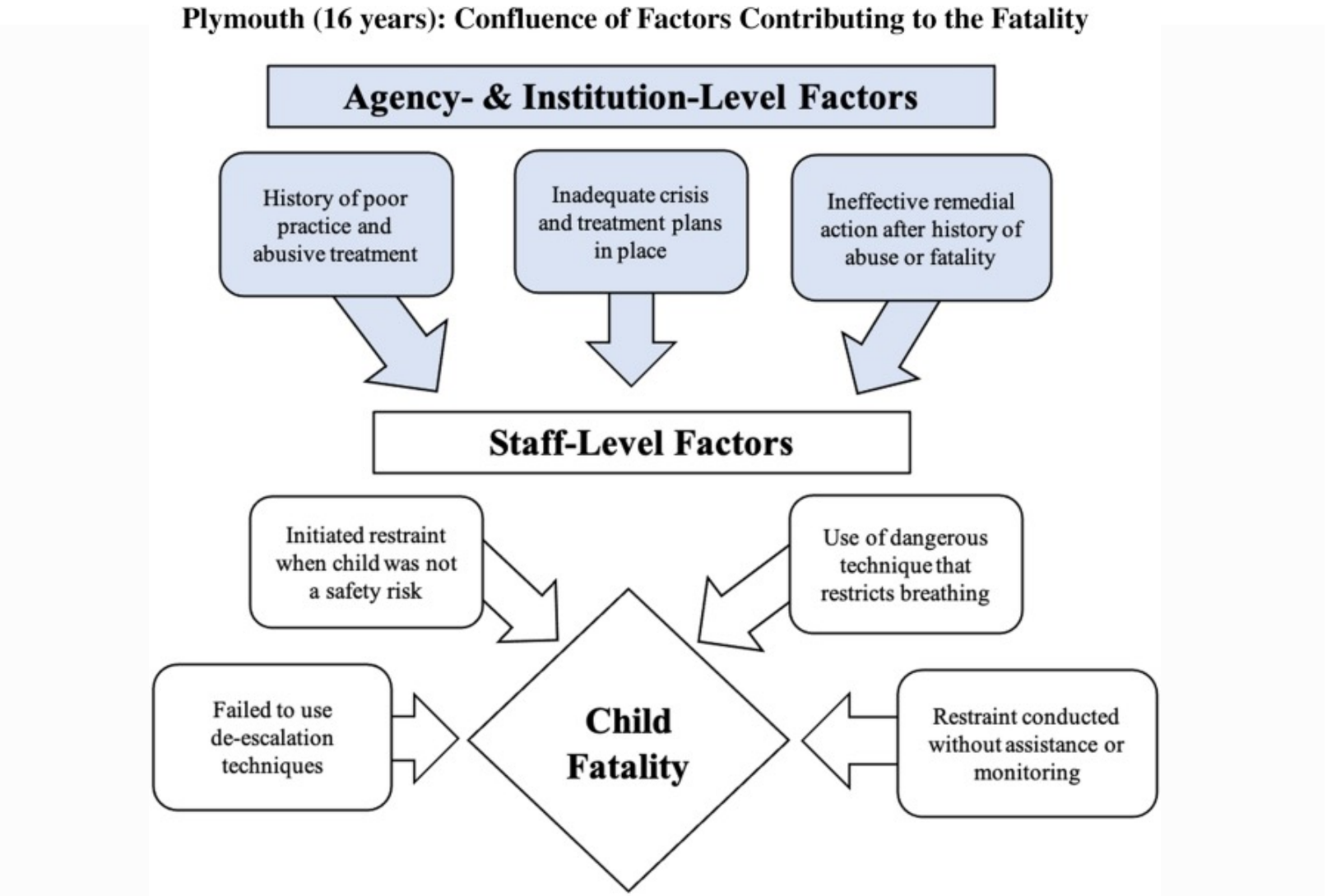
WHY CHILDREN GET RESTRAINED - TRIGGERS

Little research coverage but…

The events leading up to these [79] fatal physical restraint incidents were often triggered by ***relatively benign child behaviors that do not appear to have been threatening or dangerous****. These events involved non-compliance with staff demands or program requirements, such as remaining quiet or sitting properly without wiggling. In other examples, the precipitating event involved children refusing to give up a ball, accept exercise willingly as a punishment, put on shoes, take of a hoodie, or leave or return to a cottage, a classroom, or a gym* (Nunno et al., 2021, p. 8).

Also Gareth Myatt and Cornelius Fredericks

WHY PLYMOUTH* DIED (NUNNO ET AL., 2021)



** Composite child from 79 fatalities (Nunno et al., 2021)*

REDUCING OR ELIMINATING RESTRAINT?

- Organisation-wide recognition that “physical and mechanical restraints used…for children are **high-risk interventions**” (Nunno et al., 2021. p.1)
- Getting the care fundamentals right (Lane, 2000)
- Use an evidence-informed de-escalation and restraint model e.g. NVCI, MAPA, or TCI etc.
- Training courses, strategies, frameworks and guidelines (Slaatto et al., 2021) while also recognizing the limits of training (Smith et al., 2017; Winstanley & Hale, 2008)
- Change organisational norms (Smith, 2017; Centre of Excellence in Child and Family Welfare, 2021; Centre for Labour, Employment and Work, 2017)
- Relationships and relational safety (ref)
- The Six Core Strategies© (Azeem et al., 2017; LeBel et al., 2010, National Technical Assistance Center for State Mental Health Planning, 2005)
    1. Leadership Toward Organizational Change
    2. Using Data to Inform Practice
    3. Workforce Development
    4. Using Prevention Tools
    5. Full Inclusion of Youth and Families and Advocate Roles
    6. Rigorous Analysis of Events

AREAS WHERE THE RESEARCH IS QUIETER

- Compliance, reduction or elimination?
- Whether the environment (milieu) is sufficiently therapeutic, purposeful and relationship-based
- Developing a culture of respect and a low/no violence
- Qualified versus non-qualified direct care staff
- What works in implementing the Six Core Strategies©

CONCLUSION

Thanks!

Please feel free to contact me at iain@betteroutcomes.org.nz

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