



DEBATE PACK

Number CDP-0081, 23 April 2019

Debate on a Motion relating to Restrictive Intervention of Children and Young People

Summary

On 25 April 2019, there will be a Backbench Business debate on a Motion relating to Restrictive Intervention of Children and Young People.

This debate pack gives some background to the current guidance issued regarding restraint in health and education settings, as well as in foster care and children's homes. The paper also outlines a recent joint consultation on this matter, ran by both the Department of Health and Social Care and the Department for Education, and still awaiting a Government response. Finally the paper includes a compilation of related press articles and further reading to facilitate debate.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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1. Background

This debate was proposed on 12 March 2019 by Norman Lamb and Helen Hayes. Mr Lamb said of the proposal:

When I was a Minister in the Department of Health, we issued new guidance on the restraint of adults, with the aim of ending the use of prone restraint—face-down restraint—because it had been associated with several deaths and seemed to be dangerous.

There are all sorts of consequences of using restraint, particularly if you are dealing with someone who has been traumatised in the past—perhaps if they have suffered sexual abuse or something like that—and it is endemic in the system. When we issued that guidance, the plan was that it should be followed with guidance for children. That was in 2014. Of course, there is a difficulty, because the Department for Education is the lead, so I was not directly responsible for that new guidance. We are now in 2019, and we are still waiting.

Various surveys have been undertaken that show that the use of force is endemic in the system, and we know that children get injured. However, there is not even an obligation to inform parents when potentially significant force is used against a child, and there is no duty to report the number of occasions when restraint has been used, as there now is with adults.

This is a completely hidden area. When you think about residential schools, children’s homes, health units and assessment and treatment centres—particularly for children with mental ill health, a learning disability or autism—these are very vulnerable children, and we have no idea what is going on across the system.

We feel that this debate is really important to put pressure on the Government to get on and publish that guidance.¹

1.1 Health and education settings

In November 2017, the Department of Health and Social Care and the Department for Education published a consultation [Restraint and restrictive intervention: draft guidance](#), aimed at special schools as well as other institutions such as health and social care providers, though it notes that it “will also be of interest but does not apply to” mainstream schools.

The health minister, Nicola Blackwood, said in 2017 that the draft guidance aimed at:

minimising the use of restraint on children and young people who have autism, learning disabilities or mental health issues, and whose behaviour challenges, in health and care settings and in special schools. [[PO 63005, 10 February 2017](#)]

The draft guidance document states that it is “non-statutory and advisory” and applies to the following settings in England:

- Maintained special schools
- Special academies and special free schools

¹ [Backbench Business Committee Representations: Backbench Debates Tuesday 12 March 2019](#)

- Non-maintained special schools
- Special post-16 institutions
- Special schools or PRUs delivering hospital education (i.e. education provided at a community special school or foundation special school established in a hospital, or under arrangements made by a local authority under section 19 of the 1996 Education Act as 'exceptional provision of education').
- Those independent educational institutions which could apply/have applied to the Secretary of State for Education for approval (under section 41 of the Children and Families Act 2014) to be named in an Education, Health and Care plan. Once approved, such institutions are legally obliged to admit a child whose plan names them as the appropriate placement.
- Children's homes (including secure children's homes)
- Residential holiday schemes for disabled children
- Local authority approved foster care placements (which includes independent foster agency placements) and
- All settings providing health care commissioned by the National Health Service

(All types of special school listed above include residential and non-residential). [pp6–7, para 6]

The Government has not yet responded to the consultation, which closed in January 2018.

Annex A of the draft guidance sets out current relevant guidance for schools, health services and settings and social care services. This sets out legal duties for the treatment of mental health patients detained under the *Mental Health Act 1983*, including children and young people. Chapter 26 of the statutory Code of Practice for the Mental Health Act includes guidance on the use of restrictive interventions, including guidance at paras 26.52 – 26.61 on the use of restraint on children and specific guidance for those under 18 at chapter 19. It also addresses who can consent to such treatment.

Annex A also sets out relevant NICE (National Institute for Health and Care Excellence) Guidelines for health and social care services that deal with the use of restraint for children and young people, including guidelines on:

- [Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges](#)
- [Autism in under19s: support and management](#)
- [Antisocial behaviour and conduct disorders in children and young people: recognition and management](#)
- [Violence and aggression: short-term management in mental health, health and community settings](#)
- [Looked-after children and young people](#)
- [Psychosis and schizophrenia in children and young people: recognition and management](#)

Since the publication of the draft guidance the Mental Health Units (Use of Force) Act 2018 has received Royal Assent. This Act increases the oversight and management of the use of force in mental health units. In

particular, the Act makes provision for deaths that occur during, or result from, the use of force in mental health units to be investigated. The Act also makes provision for police officers to wear and operate body cameras when attending a mental health unit.²

Ofsted has published guidance on how its inspectors should evaluate the use of restraint in schools and children's homes, [Positive environments where children can flourish: a guide for inspectors about physical intervention and restrictions of liberty](#) (March 2018).

CQC thematic review of restraint

In November 2018 the Secretary of State for Health and Social Care asked the Care Quality Commission (CQC) to carry out a "thematic review" of the use of restraint, prolonged seclusion and segregation for **adults and children** with mental health problems, a learning disability and/or autism, including within Assessment and Treatment Units (ATUs). ATUs are regulated by the CQC for the services they provide, including treatment of disease, disorder or injury, diagnostic and screening services, or assessment or medical treatment for persons detained under the Mental Health Act 1983. The CQC [review the use of restraint](#) in health settings is due to report in March 2020.

Transforming care of people with learning disabilities and autism

The Government has introduced a number of programmes to improve care and outcomes for people with learning disabilities, and section 2 of the Commons Library briefing paper, [Learning Disability – policy and services](#) (updated September 2018) sets out that the Government and NHS England have committed to reducing the number of people with a learning disability who are placed in inpatient services.

NHS England's *Transforming Care* programme intended to improve the quality of life of those with learning disabilities (both **adults and children**) by substantially reducing the number of people placed in hospital, reducing the length of time those admitted spend there, and enhancing the quality of both hospital and community settings. In 2015, NHS England, in partnership with local government leaders, published a national action plan, [Building the Right Support](#), to develop community services and close inpatient facilities for people with a learning disability and/or autism.

There was an [Urgent Question on Assessment and Treatment Units: Vulnerable People, on 6 November 2018](#). In the debate that followed, the Minister for Care, Caroline Dinenage, [said the following](#):

As hon. Members will know, the LeDeR report—the learning disabilities mortality review—is looking into the deaths of all people with a learning disability. It published its second annual report in May and in their response in September the Government accepted all the recommendations and included detailed actions

² Mental Health Units (Use of Force) Bill, [Explanatory Notes](#), November 2018

for implementing them. NHS England has also committed that the long-term plan for the NHS will include learning disability and autism as one of the four clinical priorities. The long-term plan will also set out the future of the transforming care programme, which the hon. Lady raised.

Government policy on restrictive practices, including seclusion, is to reduce their use. Where such interventions have to be used, they must be a last resort and the intervention should always be represented as the least restrictive option to meet immediate needs. Incidents of restrictive intervention are recorded in the mental health services dataset and this data is published. The Mental Health Act code of practice highlights the particularly adverse impact of seclusion on children and young people. It advises careful assessment and periodic reviews.

I want to turn to the Care Quality Commission review into the inappropriate use of prolonged seclusion and long-term segregation. The first stage of the review will focus on settings that relate most closely to Bethany's circumstances, focusing on people of all ages receiving care on NHS and independent sector wards for people with learning disabilities and/or autism and on child and adolescent mental health wards. That will start immediately and this stage will report in May next year. It is very important that service users, their families and people with lived experience are able to contribute to that. The second stage will report in the winter and will examine other settings in which segregation and prolonged seclusion are used. That stage will include NHS and independent sector mental health rehabilitation wards and low secure mental health wards for people of all ages, as well as residential care homes designated for the care of people with learning difficulties and/or autism. As I have said, individuals who have been subject to segregation and/or long-term seclusion and their families and carers will be invited to provide evidence, including through interviews. The Care Quality Commission will make recommendations at the end of both stages, which will seek to eliminate system-wide inappropriate use of prolonged seclusion and long-term segregation, and ensure that vulnerable adults and children supported by health and social care are accorded the best possible care.

The [NHS Long Term Plan](#) (7 January 2019) includes a commitment that, by March 2023/24, inpatient provision will have reduced to less than half of 2015 levels (on a like for like basis and taking into account population growth). Paragraph 3.36 of the Plan also included a commitment for NHS England to work with the CQC to implement recommendations on restricting the use of seclusion, long-term segregation and restraint for all patients in inpatient settings, particularly for children and young people:

3.36. We will focus on improving the quality of inpatient care across the NHS and independent sector. By 2023/24, all care commissioned by the NHS will need to meet the Learning Disability Improvement Standards. We will work with the CQC to implement recommendations on restricting the use of seclusion, long-term segregation and restraint for all patients in inpatient settings, particularly for children and young people. As well as focusing on the number of people in inpatient settings, we will closely monitor and – over the coming years – bring down the length of time people stay in inpatient care settings and support earlier transfers of care from inpatient settings. All areas of the

country will implement and be monitored against a '12-point discharge plan' to ensure discharges are timely and effective. We will review and look to strengthen the existing Care, Education and Treatment Review (CETR) and Care and Treatment Review (CTR) policies, in partnership with people with a learning disability, autism or both, families and clinicians to assess their effectiveness in preventing and supporting discharge planning.

However, following the Secretary of State's statement to Parliament on the Long Term Plan, Norman Lamb MP criticised the lack of progress in reducing the inappropriate hospitalisation of people with learning disability and autism.

[Norman Lamb \(North Norfolk\) \(LD\)](#)

The Secretary of State was absolutely right to commit in his statement to ending the inappropriate hospitalisation of people with learning disability and autism, but the long-term plan itself postpones for five years the ambition of reducing by 50% the number of people who are in institutions. Mencap has described that as disgraceful. It amounts to abandoning the current plan to reduce the number by 50% by this March and it effectively tells the system to take its foot off the brake and will result in people continuing to be treated as second-class citizens, and continuing to have their human rights abused. I urge him to rethink this outrageous long postponement of an absolute imperative to get people out of institutions and to give them a better life.

[Matt Hancock](#)

I have a lot of sympathy with the right hon. Gentleman's argument. The target for this March, which I inherited, was for a reduction of a third to a half. We are at a reduction of over 20%. The challenge has been that, while the number of people who are being moved into community settings has proceeded as per the plan, more people have been put into secure settings. This is an area that I care deeply about getting right, and I very much take on board the response of Mencap and the right hon. Gentleman to the proposals.³

1.2 Fostering

CoramBAAF, a membership organisation for foster carers among others, notes that "for a small minority of children their behaviour requires that restraint is a necessary part of a behavioural management plan, and if carers are not trained in restraint, this will mean that these children may end up in children's homes ... This view would emphasise that properly trained foster carers will understand that physical intervention should be a last resort when other approaches to managing behaviour have been exhausted, and restraint must only be used to prevent harm to people or significant damage to property".⁴

Regulation 13 of the Fostering Services (England) Regulations 2011 (SI 2011/581) states that "the fostering service provider must prepare and implement a written policy on acceptable measures of control, restraint and discipline of children placed with foster parents". It goes on to add

³ [HC Deb 7 January 2019\]](#)

⁴ CoramBAAF, "Restraint and physical intervention in foster care", Practice Note 63, 2017, p1

that “the fostering service provider must take all reasonable steps to ensure that (a) no form of corporal punishment is used on any child placed with a foster parent, (b) no child placed with a foster parent is subject to any measure of control, restraint or discipline which is excessive or unreasonable, and (c) restraint is used on a child only where it is necessary to prevent injury to the child or other persons, or serious damage to property”.

The DfE’s [Fostering Services: National Minimum Standards](#) includes standard 3, entitled “Promoting positive behaviour and relationships”. While the standard itself does not refer to restraint explicitly, it does state that:

All foster carers receive training in positive care and control of children, including training in de-escalating problems and disputes. The fostering service has a clear written policy on managing behaviour, which includes supporting positive behaviour, de-escalation of conflicts and discipline. The fostering service’s policy is made clear to the responsible authority/placing authority, child and parent/s or carers before the placement begins or, in an emergency placement, at the time of the placement.⁵

The DfE’s statutory guidance [The Children Act 1989 Guidance and Regulations – Volume 4: Fostering Services](#) provides additional guidance on the interpretation of regulation 13 and the relevant national minimum standard:

Every fostering service must prepare and implement a clear written policy about acceptable measures of control, restraint and discipline of children placed with foster carers (regulation 13 and standard 3). All foster carers should be made aware of the policy and apply it at all times. The service must ensure that no form of corporal punishment is used on any child by a foster carer or a member of their household, and that no foster child is subject to any excessive or unreasonable measure of control, restraint or discipline.

The policy should make it clear that restraint should only be used in exceptional circumstances where it is the only appropriate means to prevent likely injury to the child or other people, or likely serious damage to property, and in a manner consistent with the actions of any good parent. Sanctions for poor behaviour must be clear, reasonable and fair and must not include restraint or corporal punishment.

Wherever possible foster carers should use constructive dialogue with the child or guide them away from a confrontational situation. They should also have an understanding of their own emotional response to a confrontation or threat, and know when to withdraw, concede or seek help.⁶

⁵ Department for Education, [Fostering Services: National Minimum Standards](#), March 2011, p13, standard 3.8

⁶ Department for Education, [The Children Act 1989 Guidance and Regulations – Volume 4: Fostering Services](#), July 2015, pp29-30, paras 3.97–3.99

1.3 Children's homes

For the purposes of the Children's Homes (England) Regulations 2015 (SI 2015/541), restraint is defined as "using force or restricting liberty of movement".

Regulation 20 states that "Restraint in relation to a child must be necessary and proportionate" and that:

Restraint in relation to a child is only permitted for the purpose of preventing—

- a) injury to any person (including the child);
- b) serious damage to the property of any person (including the child); or
- c) a child who is accommodated in a secure children's home from absconding from the home.

In addition, regulation 35:

requires each home to prepare and implement a behaviour management policy. This policy should describe the home's approach to promoting positive behaviour and the measures of control, discipline, and restraint which may be used in the home. These measures should be set in the context of building positive relationships with children.

The behaviour management strategy should be understood and applied at all times by staff, and must be kept under review and revised where appropriate.⁷

The accompanying statutory guidance states that:

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.

Restraint that deliberately inflicts pain cannot be proportionate and should never be used on children in children's homes.⁸

The guidance adds that:

- staff should use their "professional judgement" supported by other factors in a restraint situation;
- that certain factors should be taken into account when determining whether to use restraint, such as the relative risks of not intervening and the impact of the restraint on the carer's future relationship with the child;
- that the registered person "is responsible for ensuring that all their staff have been adequately trained in the principles of restraint"; and
- that records of restraint must be kept.⁹

⁷ Department for Education, [Guide to the Children's Homes Regulations including the quality standards](#), April 2015, p46, paras 9.33–9.34

⁸ As above, p48, paras 8.50–8.51

⁹ As above, April 2015, pp48–49

2. News articles

[Ministers under pressure to ban use of pain-inducing restraint and solitary confinement on children in detention](#), Independent, 18 April 2019

[Ministers 'risking human rights breach' as mentally-ill children face 'extreme' restraint techniques](#), Politics Home, 18 April 2019

[Ban jail staff from inflicting pain on young offenders, say MPs](#), Times, 18 April 2019

[Children's watchdog demands UN law for Scots](#), Times, 7 April 2019

[Ban painful restraint techniques on children, say charities](#), BBC News, 3 April 2019

[Scottish Government failing on children's rights – Rennie](#), ITV News, 24 March 2019

[Charity raises concerns over restraint at children's mental health unit](#), Children and Young People Now, 15 March 2019

[Disabled children 'constantly' physically restrained and left with bruises and trauma, parents say](#), Independent, 02 March 2019

[Children 'dragged into cupboards by overworked staff'](#), Times, 26 February 2019

[Pupils 'hurt every day' by school restraint methods](#), TES, 25 February 2019

[Parents lobbying for new law on pupil restraint consider judicial review](#), Schools Week, 25 February 2019

['Restraining of children in schools must be last resort'](#), TES 31 January 2019

[Scandal-hit children's prison still restraining inmates unlawfully – report](#), Guardian, 30 January 2019

[G4S Medway report: Painful restraint of children challenged](#), BBC, 21 January 2019

['Restraint isn't happening to burly teens'](#), TES, 19 December 2018

[Children's watchdog hits out at restraint of pupils](#), Times, 15 December 2018

['Ungoverned' use of restraint and seclusion in Scottish schools criticised](#), Guardian, 14 December 2018

[CQC to probe restraint and seclusion of people with mental health problems and learning disabilities](#), Community Care, 4 December 2018

[MoJ to review use of pain-inducing restraint on young offenders](#), Guardian, 07 June 2018

[Seven years on from Winterbourne View, why has nothing changed?](#), Guardian, 30 May 2018

[More than 700 children reported injured after being 'restrained' at special schools](#), Independent, 09 April 2017

[Hundreds of 'restraint injuries' at special schools](#), BBC News, 9 April 2017

[Children in custody could be killed by restraint methods](#), Times, 6 December 2016

3. Further reading

3.1 Reports

[Youth detention: solitary confinement and restraint](#), Joint Committee on Human Rights, HC 994 / HL Paper 343, 18 April 2019

[Our review of restraint, seclusion and segregation](#), CQC, 05 March 2019

[A focus on restrictive intervention reduction programmes in inpatient mental health services](#), CQC, December 2017

[Positive environments where children can flourish](#), Ofsted, 23 March 2018

[No safe place: restraint and seclusion in Scotland's schools](#), Children and Young People's Commissioner Scotland, December 2018

[Briefing on the use of restraint against women and girls](#), Agenda, March 2017

[Reducing Restrictive Intervention of Children and Young People](#), Challenging Behaviour Foundation, January 2019

[A report on the use of segregation in youth custody in England](#), Children's Commissioner, October 2018

[The Carlile Inquiry 10 years on: The use of restraint, solitary confinement and strip-searching on children](#), The Howard League, June 2016

3.2 Academic articles

Bevinahalli Nanjegowda Raveesh et al., [Alternatives to use of restraint: A path toward humanistic care](#), Indian Journal of Psychiatry Volume 61 (Supplement 4), April 2019

Eimear Muir-Cochrane et al., [Fear and blame in mental health nurses' accounts of restrictive practices: Implications for the elimination of seclusion and restraint](#), International Journal of Mental Health Nursing, 2018

- Article exploring mental health nurses' views on the elimination of restrictive practices.

Jason Craig and Kimberley Sanders, [Evaluation of a Program Model for Minimizing Restraint and Seclusion](#), *Advances in Neurodevelopment Disorders*, 2018

- A study of an American behavioural healthcare facility's attempts to minimise the use of restraint and seclusion, concluding that in this case less restrictive methods were more effective.

Pauline Cusack et al., [An integrative review exploring the physical and psychological harm inherent in using restraint in mental health inpatient settings](#), *International Journal of Mental Health Nursing*, 2018

- Literature review of the available research on the physical and psychological impact of restrictive interventions.

Barbara Trader et al., [Promoting Inclusion Through Evidence-Based Alternatives to Restraint and Seclusion](#), *Research and Practice for Persons with Severe Disabilities*, 2017

- Article arguing against the use of restraint and seclusion in schools. Includes a US case study of an alternative approach.

Brenda Scheuerman et al., [Professional Practice and Ethical Issues Related to Physical Restraint and Seclusion in Schools](#), *Journal of Disability Policy Studies*, 2015

- Discussion of the professional and ethical issues related to restraint and seclusion in schools.

4. Parliamentary material

Committees

There are two ongoing Joint Committee on Human Rights (JCHR) inquiries considering 1) [youth detention: solitary confinement and restraint](#), and 2) the [inappropriate detention of children and young people with learning disabilities and/or autism in mental health hospitals](#).

On 3 April 2019, oral evidence was heard for the latter inquiry. Witnesses present were Caroline Dinenage MP (Minister of State for Care, Department of Health and Social Care) and Jonathan Marron (Director General, Community and Social Care, Department of Health and Social Care). Question 22 concerned the use of restraint and solitary confinement. As well as outlining why data on the issue is not robust enough, the Minister was asked why the use of restraint was reportedly increasing:

Caroline Dinenage: What is it down to? This is why we have asked the CQC to do a thematic review on the use of restraint, segregation and seclusion, because it is obviously very worrying. We are very clear that there should never be targets for this. It should be the very minimum necessary to protect the individuals themselves, but also to protect staff. The CQC is looking at this. We need to look very carefully to ensure the workforce has sufficient training. We need to ensure we have sufficient numbers in the workforce. There is a whole range of workforce activities going on in this direction. You can completely understand, if a young person ends up a setting like this and is then restrained, secluded or segregated from others, how that would magnify any existing problems.

Baroness Prosser: It would make matters go from bad to worse, probably.

Caroline Dinenage: That is exactly right. We have heard of some horrifying crises in the press. None of us would ever want that for our children, so we have to do everything we can do address it.

Baroness Prosser: At the moment, you do not have the evidence to say whether this is due to insufficient training. You must have evidence on staff turnover, I imagine.

Caroline Dinenage: Staff turnover is very difficult, because they are not all NHS employees. There are some independent providers and there is some NHS provision. We will get a lot more information out of the CQC thematic review on this.¹⁰

When pressed on expected publication dates for the CQC review, Jonathan Marron responded that the first phase, focussed on those with a learning disability or autism in residential care, will complete by May 2019. A 'broader look' is expected by the end of 2019.¹¹

While talking about the use of 'prone restraint', Mr Marron said:

¹⁰ Joint Committee on Human Rights, [Oral evidence: Detention of children and young people with learning disabilities and/or autism](#), HC 1861 Wednesday 3 April 2019

¹¹ Joint Committee on Human Rights, [Oral evidence: Detention of children and young people with learning disabilities and/or autism](#), HC 1861 Wednesday 3 April 2019

I am no expert in how you do restraint, but you can imagine, if you are physically restraining somebody, it is not always possible to do it in a totally controlled way, in which case we may end up with prone restraint. Again, the guidance is clear that staff should try to change their hold and reduce the time spent doing it. That is the first part.

The guidance was aimed at all patients but there have been some concerns that, for under-18s, we should be thinking about specific guidance. We have worked with the Council for Disabled Children to produce some specific guidance for use of restraint in under-18s. We have been working on refining that with stakeholders after a consultation period. That should be published shortly. It is extra guidance, to make sure we have got the nuance for children right.

In terms of staffing and training, NICE has, in its standards for children and young people's mental health services, requirements for staff to be trained in the use of restraint. We funded the British Institute of Learning Disabilities to establish a restraint reduction network of providers and service users that are interested in this. It has also produced training standards to say, "This is the right way to train people". We have worked pretty hard on the standards, guidance and training practices there. The CQC review will give us a really in-depth look at what is actually happening in our services. That will help us think about what other action, if any, is needed.¹²

Both Mr Marron, and the Government, had concerns about the numbers of recorded instances of prone restraint, hence the CQC review.¹³

In earlier oral evidence taken on 27 March, witnesses suggested a few reasons for the increasing use of restraint in treatment units and residential schools. Mr Simon Duffy (Director at the Centre for Welfare Reform), suggested that "austerity is a big part of it":

It is perhaps hard to picture. In a system where problems are happening in a family and you are trying to find a solution, there is no flexibility because all the preventive services have been cut—adult social care has gone from supporting 1.8 million people to 1 million in nine years, and children's social care is the same.

So in a sense you rely increasingly on these institutionally funded services, which can often get the NHS to fund them rather than the local authority, and for children in institutional care you can get regional NHS—NHS England—to fund it. A set of incentives have been set up that mean that, in desperation from the lack of resources on the front line, people reach out for these services. Then the child, who is confused and angry, acts out in an environment that is in no way suitable for them, which is the natural response. It is a bad response, but it is what happens in this kind of environment.

Growing numbers of children are going in as the system fails on the front line, as the education system cuts hit disability

¹² Joint Committee on Human Rights, [Oral evidence: Detention of children and young people with learning disabilities and/or autism](#), HC 1861 Wednesday 3 April 2019, p.8

¹³ Joint Committee on Human Rights, [Oral evidence: Detention of children and young people with learning disabilities and/or autism](#), HC 1861 Wednesday 3 April 2019

education, and as the exclusions grow. These are all connected, and these children are in a sense at the end of the line of a series of failures to support people effectively in the community.¹⁴

Dame Christine Lenehan (Director at the Council for Disabled Children) noted that training and the culture of the workforce was also a problem in some environments. She noted that this problem was getting worse due to a high turnover of staff and adaptation to new cohorts of children with different behavioural challenges.¹⁵ Caoilfhionn Gallagher QC added that some parents were reluctant to complain to institutions, fearing that they lacked sufficient power or would make a situation worse. She also suggested that the reaction of the CQC to indicators of concern may not be effective.¹⁶

Debate

[Mental Health Units \(Use of Force\) Bill](#), HL deb 07 September 2018, volume 792 cc2072-2092

Oral questions

[Topical Questions](#) HC deb 18 Dec 2018, volume 651 c646

Asked by: Mrs Emma Lewell-Buck (South Shields) (Lab)

Ofsted's recent annual report yet again raised its concerns about high levels of violence in children's secure training centres. The use of pain-inducing restraint techniques in youth prisons and right across the secure estate has been found to carry up to a 60% chance of causing serious injury to children. This is Government-sanctioned abuse of children. When is it going to end?

Answered by: Edward Argar | **Department:** Justice

As the hon. Lady will be aware, we have commissioned an independent review, which is being led by Charlie Taylor. I look forward to receiving his report in due course.

Written parliamentary questions

[Special Educational Needs: Restraint Techniques](#) (PQ 231485), 15 March 2019

Asked by: Lewell-Buck, Mrs Emma

To ask the Secretary of State for Education, pursuant to the oral contribution of the Parliamentary Under-Secretary of State for Education of 11 March 2019, Official Report, column 12 on Support for Pupils with Special Educational Needs and Disabilities, what are the terms of reference of the root and branch review of restraint his Department is undertaking with the Department for

¹⁴ Joint Committee on Human Rights, [Oral evidence: The detention of young people with learning disabilities and autism](#), HC 1861 Wednesday 27 March 2019, pp4-5

¹⁵ Joint Committee on Human Rights, [Oral evidence: The detention of young people with learning disabilities and autism](#), HC 1861 Wednesday 27 March 2019, pp5-6

¹⁶ Joint Committee on Human Rights, [Oral evidence: The detention of young people with learning disabilities and autism](#), HC 1861 Wednesday 27 March 2019, p6

Health and Social Care; and what plans he has to consult with (a) children, (b) parents and (c) representatives of interested organisations as part of that review.

Answering member: Nadhim Zahawi | **Department:**
Department for Education

Following extensive engagement with interested parties, the Department for Education and the Department for Health and Social Care launched a consultation on draft guidance on reducing the need for restraint and restrictive intervention for children and young people with learning disabilities, autistic spectrum conditions or mental health needs. The consultation sought views on how well the draft guidance would help a range of settings and services to support children and young people recognised as being at higher risk of restraint. The proposed scope of the guidance was health and care settings, special schools and specialist colleges.

The consultation closed last year and we are currently considering the responses.

[Specialist Schools: Restraint Techniques](#) (PQ 231483) 15 Mar 2019

Asked by: Lewell-Buck, Mrs Emma

To ask the Secretary of State for Education, how many complaints he has received on the use of restraint in specialist schools in each of the last five years.

Answering member: Nadhim Zahawi | **Department:**
Department for Education

The information requested is not held centrally. This is because our system for recording correspondence to my right hon. Friend, the Secretary of State logs cases by number and name and does not fully capture the category of complaint. As a result, we cannot search to identify complaints relating to the use of restrictive practices in special schools.

[Learning Disability: Restraint Techniques](#) (PQ 214638) 04 Feb 2019

Asked by: Dodds, Anneliese

To ask the Secretary of State for Health and Social Care, how many instances of face-down restraint were recorded in assessment and treatment units in each year from 2010.

Answering member: Caroline Dinéage | **Department:**
Department of Health and Social Care

Data on the number of instances of prone (face-down) restraint recorded for patients with a learning disability or autism who are in contact with secondary mental services are shown in the following table.

Data is not available prior to 2016 and the figures for the number of instances of prone restraint may contain duplicates where multiple interventions with identical dates and details (intervention type and duration) for the same individual have been identified.

Data is not available for assessment and treatment units specifically as the Mental Health Services Dataset does not record if a service falls into this category.

Year	Number of instances of prone restraint of people with learning disability or autism
2016	2,250
2017	3,170
2018	1,205

Source: NHS Digital's Mental Health Services Data Set

[Restraint Techniques: Children and Young People](#) (PQ 206310) 11 Jan 2019

Asked by: Blomfield, Paul

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 29 November 2018 to Question 195551 on Restraint Techniques: Children and Young People, if he will provide an update on when his Department plans to publish its response to its consultation on reducing the need for restraint and restrictive intervention.

Answering member: Caroline Dinenage | **Department:** Department of Health and Social Care

Department of Health and Social Care officials have been working with Department for Education officials to refine the draft guidance following the public consultation. This has included further engagement with key stakeholders.

We aim to publish the guidance in the spring.

[Restraint Techniques: Children and Young People](#) (PQ 195551) 29 Nov 2018

Asked by: Blomfield, Paul

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 6 June 2018 to Question 148783 on Restraint Techniques: Children and Young People, when his Department plans to publish its response to its consultation on reducing the need for restraint and restrictive intervention.

Answering member: Caroline Dinenage | **Department:** Department of Health and Social Care

Responses to the consultation on 'Reducing the Need for Restraint and Restrictive Intervention' have been analysed. The guidance is currently being updated in light of the responses and is due to be published soon.

[Health Services: Learning Disability](#) (PQ 187013) 6 Nov 2018

Asked by: [Luciana Berger](#)

To ask the Secretary of State for Health and Social Care, how many (a) adults (b) children with learning disabilities or autism have been admitted to assessment and treatment units in each of the last five years.

Answering member: [Caroline Dinenage](#)

The following table shows the breakdown of inpatients with learning disabilities and/ or autism admitted to acute admission beds within specialised learning disability units by year since 2015*.

Year	Learning disability		Autism		Learning disability and autism	
	Under 18	18 and over	Under 18	18 and over	Under 18	18 and over
2015	10	410	15	35	10	210
2016	15	350	30	45	5	195
2017	10	270	40	35	10	190
2018	10	145	20	10	5	115

Notes:

*NHS Digital does not hold any data prior to February 2015 for the Assuring Transformation dataset, therefore this data covers the period February 2015 to September 2018. The definition of 'acute admission beds within specialised learning disability units' provides a proxy for assessment and treatment units.

The number of data submitters varies month-on-month. If a provider regularly submits data and then doesn't submit for a given month, this can have a significant impact on the figures. Therefore, caution should be taken when interpreting the data.

[Restraint Techniques: Children](#) (PQ 126401) 07 Feb 2018

Asked by: Blomfield, Paul

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential merits of requiring children's trusts to record data on use of physical restraint.

Answering member: Jackie Doyle-Price | **Department:** Department of Health and Social Care

Data on physical restraint of children and young people who are in contact with Mental Health, Learning Disabilities or Autism Spectrum Disorder Services is recorded by National Health Service trusts in the Mental Health Services Dataset.

[Mental Health Services: Young People](#) (PQ 126229) 06 Feb 2018

Asked by: Berger, Luciana

To ask the Secretary of State for Health and Social Care, how many times face-down restraint was used on people under 18 years-old in mental health units since 2010 to date.

Answering member: Jackie Doyle-Price | **Department:** Department of Health and Social Care

As set out in the Mental Health Services Data Set, the total number of prone physical restrictive interventions for those aged under 18 in 2016/17 was 1,983. This figure is taken from the first publication of annual figures on the use of restrictive interventions in inpatient mental health, learning disabilities and autism services and earlier data is therefore not available. NHS Digital is continuing to review and improve what is currently an experimental statistical collection.

[Restraint Techniques: Children and Young People](#) (PQ 125862)

Asked by: Blomfield, Paul

To ask the Secretary of State for Health and Social Care, when he plans to publish the response to his Department's consultation entitled Restraint and restrictive intervention: draft guidance, published in November 2017.

Answering member: Jackie Doyle-Price | **Department:** Department of Health and Social Care

That consultation closed on 24 January 2018. We are currently analysing the results and hope to publish the response in the spring.

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[Mental Health Services: Restraint Techniques](#) (PQ 125565) 02 Feb 2018

Asked by: Blomfield, Paul

To ask the Secretary of State for Health and Social Care, if he will require healthcare trusts to record data on use of physical restraint on children.

Answering member: Jackie Doyle-Price | **Department:** Department of Health and Social Care

Incidents of restraint of children and young people in contact with Mental Health, Learning Disabilities or Autism Spectrum Disorder Services are already recorded by trusts in the Mental Health Services Dataset. This records the date of the intervention, and the type.

[Mental Health Services: Restraint Techniques](#) (PQ 69182) 30 Mar 2017

Asked by: Lamb, Norman

To ask the Secretary of State for Health, what assessment he has made of the implications for his policies on the care and

treatment of people with learning disabilities and autism of the contents of the Channel 4 Dispatches programme, Under Lock and Key, broadcast on 1 March 2017; and what steps he is taking to investigate the use of restrictive practices such as restraint, seclusion and sedation on such people.

Answering member: David Mowat | **Department:** Department of Health

Under the Transforming Care programme, a clear programme of work is underway with national delivery partners to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition.

'Positive and Proactive Care: reducing the need for restrictive interventions', which was published by the Coalition Government in 2014 introduced a requirement that providers report on the use of restrictive interventions to service commissioners, who will monitor and act in the event on concerns being raised. The Care Quality Commission (CQC) monitors and inspects against complaints in line with the guidance contained in 'Positive and Proactive Care'.

The CQC is developing a programme of work and consulting on revised key lines of enquiry for inspections to address variations in service quality, including use of restraint and seclusion.

For NHS England-funded services, NHS England employs both CAMHS (Children and Adolescent Mental Health Services) and adult case managers who have the specific responsibility of monitoring the care and treatment of patients. This involves overseeing the whole treatment programme for individuals, including issues of restrictive practice.

[Mental Health Services: Restraint Techniques](#) (PQ 63004) 10 Feb 2017

Asked by: Lamb, Norman

To ask the Secretary of State for Health, what steps he is taking to ensure that the guidance on the use of face-down restraint in the NHS set out in the Positive and Safe initiative is properly implemented.

Answering member: Nicola Blackwood | **Department:** Department of Health

Since the Coalition Government published Positive and Proactive Care: reducing the need for restrictive interventions in April 2014, the Department, with its partners, has taken a number of steps to implement its recommendations.

These include the development of the Positive and Safe Champions Network to promote good practice in the reduction of restrictive interventions; the inclusion of information about the number and type of restraints in the Mental Health Services Dataset and the development of core standards for the training of staff in techniques of prevention and management of violence and aggression.

The Department of Health and the Department for Education are working to produce, for consultation, new guidance on minimising the use of restraint on children and young people who have autism, learning disabilities or mental health issues, and

whose behaviour challenges, in health and care settings and in special schools.

Positive and Proactive Care introduced a requirement that services develop Restrictive Intervention Reduction Plans. These plans along with organisations' relative use of restraint in comparison with other organisations, form a key focus of the Care Quality Commission's (CQC) inspections. We expect the CQC to use its regulatory powers to ensure that services minimise the use of restraint and other restrictive interventions, including face down restraint.

[Autism: Children](#) (PQ 59717) 18 Jan 2017

Asked by: Colvile, Oliver

To ask the Secretary of State for Education, what guidance her Department publishes for parents and social workers on the use of restraining techniques for children with autism who exhibit or demonstrate violent behaviour.

Answering member: Edward Timpson | **Department:** Department for Education

The Department for Education and the Department of Health jointly published non-statutory *Guidance for Restrictive Physical Interventions: How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder (July 2002)*.

The guidance is aimed at those who are responsible for social services, including social workers. It is not guidance for parents, though it would be of interest to them.

It promotes effective policies, planning and staff training for those who work with people who have severe behavioural difficulties associated with learning difficulties or autism spectrum disorder. It does not provide guidance on techniques of restraint – that is best delivered through specialised training.

The Department for Education and the Department of Health are working to produce for consultation new guidance which is intended to replace the 2002 guidance.

Weblink to the above guidance:

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4068461.pdf

[Restraint Techniques: Children](#) (PQ 32282) 11 Jan 2011

Asked by: Lucas, Caroline

(2) what reports he has received of the (a) suspension and (b) ban of restraint techniques in secure training centres that have been used with children in (i) children's homes, (ii) residential schools, (iii) immigration removal centres and (iv) NHS hospitals.

Answering member: Blunt, Crispin | **Department:** Ministry of Justice

The three restraint techniques which are no longer used in secure training centres are the 'nose distraction technique', the 'double basket hold' and the 'double seated embrace'.

Children's homes and residential schools are overseen by the Department for Education. Regulation 17(1) of the Children's Homes Regulations 2001 provides that no measure of control, discipline or restraint which is excessive or unreasonable or contrary to paragraph (5) (which lists prohibited disciplinary measures) may be used at any time on a child accommodated in a children's home. Any use of the restraint techniques which have been banned in secure training centres are likely to be in breach of regulation 17(1).

In August 2009, the Director General for Children and Families in the (then) Department for Children, Schools and Families wrote to all providers of secure children's homes to inform them of the recommendations of the Independent Review of Restraint in Juvenile Secure Settings 2008. In particular, strongly recommending that neither of the restraint techniques known as "nose distraction" and "double basket hold" should be used.

All school staff members have a legal power to use reasonable force to prevent pupils committing a criminal offence; injuring themselves or others, or damaging property; and to maintain good order and discipline among pupils. "The use of force to control or restrain pupils—Guidance for schools in England" was issued by the (then) Department for Children, Schools and Families in April 2010 to help school staff feel more confident about using force when it is right and necessary to do so. The guidance points out that a panel of experts identified that certain restraint techniques presented an unacceptable risk when used on children and young people. These techniques are the 'double seated embrace', 'the double basket hold' and the 'nose distraction technique'.

I have been informed by the Department of Health that there is no national list of either permitted or banned restraint techniques for use in NHS hospitals in England. But it is a requirement of regulations under the Health and Social Care Act 2008 that, where any form of control or restraint is used, the hospital provider must have suitable arrangements in place to protect service users against the risk of such control or restraint being unlawful or otherwise excessive.

I have also been informed by the Home Office that the 'nose distraction', 'double basket hold' and 'double seated embrace' techniques are not used in immigration removal centres."

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