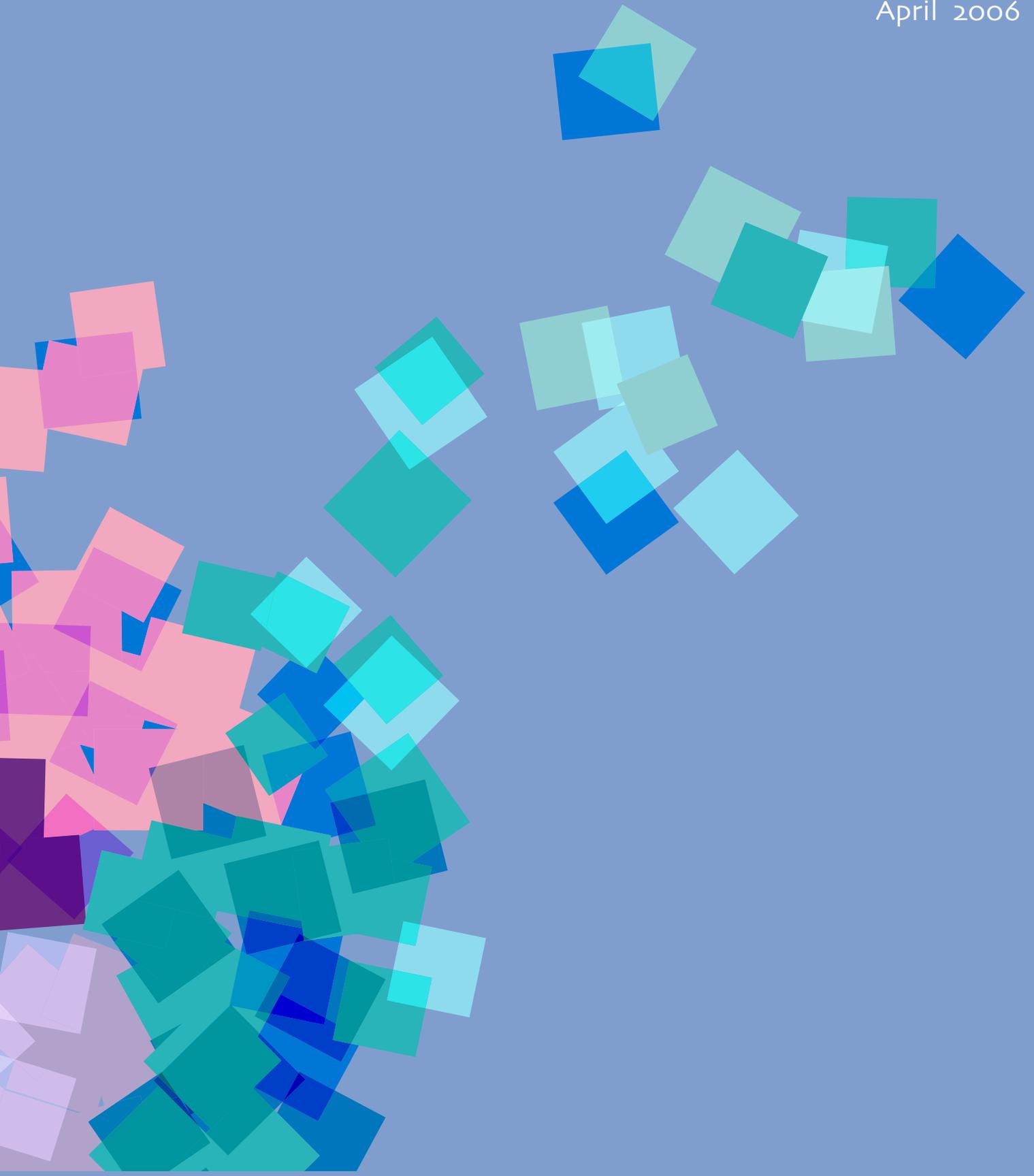


# Best Practice Guidelines in the Use of Physical Restraint

(Child Care: Residential Units)

April 2006





## i. Membership of Steering Group and Working Group

### Steering Group

- Michéle Clarke – Chief Inspector, Social Services Inspectorate
- Michael Donnellan – Director, Trinity House School\*
- Liam Hickey – Board Member, Special Residential Services Board/Director, St Joseph’s Ferryhouse Clonmel
- Roger Killeen – Chief Executive, Special Residential Services Board
- Tony O’Donovan – Child Care Advisor, Department of Education and Science
- Gerry O’Neill – Local Health Manager, Dublin/Mid-Leinster, Health Service Executive
- Anne Wall – Board Member, Special Residential Services Board/Director, Crannóg Nua High Support Unit

### Working Group

- Willie Brazil – Therapeutic Crisis Intervention, Training Coordinator, Health Services Executive, Southern Area
- Nicola Carr - Court Officer, Special Residential Services Board
- Andrew Fagan – Inspector, Social Services Inspectorate
- Bronagh Gibson – Court Officer, Special Residential Services Board

- Noel Howard – Deputy Director, St Joseph’s Ferryhouse, Clonmel.
- Tony O’Donovan – Child Care Advisor, Department of Education and Science
- Anne Wall - Board Member, Special Residential Services Board/Director, Crannóg Nua High Support Unit

\* Michael Donnellan – was initially involved in the Steering Group before leaving to take up a new post as Director of the Probation and Welfare Service.

## ii. Terms of Reference

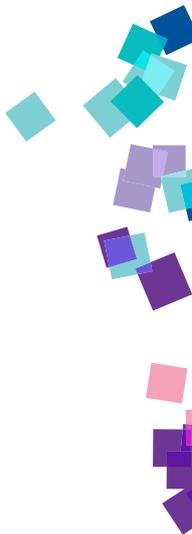
These guidelines arise out of a recognition that there was a need to develop 'Best Practice Guidelines in the use of Physical Restraint' that are specific to the Irish context of residential child care. For the purpose of this document:

### Definition:

**Physical Restraint is the use of trained staff to hold a child or young person to restrict their movement in order to prevent serious harm.**

The partner agencies involved in drawing up these guidelines are: the Health Service Executive; the Special Residential Services Board, the Social Services Inspectorate, and the Department of Education and Science.

The Steering Group, as part of its reflections on key issues impacting on the management of behaviour of children and young people in children’s residential units, high support units, special care units and childrens detention schools identified the following areas requiring attention with a view to promoting best practice in the management of challenging behaviour. These areas have also been highlighted by direct workers who contribute to practice debate through a series of Special Residential Services Board (SRSB) Network Meetings.





The Steering Group requested the Working Group to:

1. Develop Best Practice Guidelines around the use of Physical Restraint.
2. Ensure such guidance complies with existing legislation, regulations and standards.
3. Consider related practice areas and provide short 'best practice' guidance for these i.e.:
  - a) Absence without permission
  - b) Acting in exceptional circumstances
  - c) Damage to property
  - d) Moving a child or young person
  - e) Physically escorting a child or young person
  - f) Carrying a child or young person

### iii. Status of Guidance

This guidance has been endorsed by the Department of Education and Science, the Special Residential Services Board, the Health Service Executive and the Social Services Inspectorate.

The best interests of the child should be the primary consideration in all child care services. This is the guiding principle of the UN Convention on the Rights of the Child, the Child Care Act 1991 and the Children Act 2001. Our services have a duty of care towards young people to ensure that they are cared for in an environment and in a manner by which they can lead fulfilling lives and reach their full potential.

This guidance should inform best practice in residential child care along with other recognised standards and legislation<sup>1</sup>.

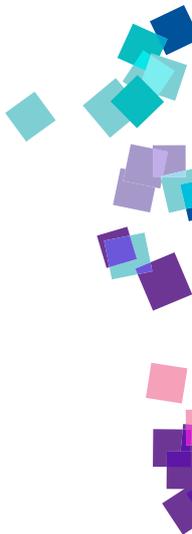


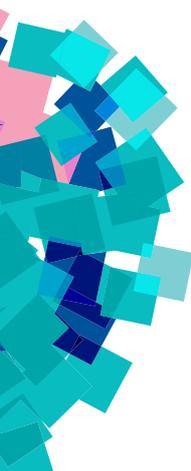
---

<sup>1</sup> The relevant standards are referenced in Appendix 1.



	Page
i. Membership of Steering and Working Groups	XX
ii. Terms of Reference	XX
iii. Status of Guidance	XX
1. <a href="#">Introduction</a>	XX
2. Children and Young People's Rights	XX
3. Best Practice in the Management of Challenging Behaviour	XX
4. What is a Systems Approach?	XX
5. Important Elements in the Internal System	XX
• Ethos	XX
• Policy	XX
• Practice	XX
• Training, Support and Supervision	XX
6. Important Elements in the External System	XX
7. Best Practice in the use of Physical Restraint	XX
8. Risks Associated with the Use of Physical Restraint	XX
11. Duty of Care and Professional Judgement	XX
10. Individual Crisis Management Plans	XX
11. Duty of Care: During and After a Restraint	XX
12. Health, Safety and Welfare	XX
<a href="#">Related Short Best Practice Guidelines</a>	
13. Absence without Permission	XX
14. Damage to Property	XX
15. Moving a Child or Young Person	XX
16. Physically Escorting a Child or Young Person	XX
17. Carrying a Child or Young Person	XX
18. Acting in Exceptional Circumstances	XX
19. Conclusion	
Acknowledgements	XX
<a href="#">Appendices</a>	XX





## 1. Introduction

- 1.1 Over the last number of years practitioners working in the residential child care sector, have highlighted issues relating to the use of physical restraint and the absence of common guidelines in this area. Identifying there was a need; a sub-committee of the Special Residential Services Board undertook to look at this area. A steering committee was brought together and developed terms of reference for a working group. These guidelines represent the culmination of work in this area.
- 1.2 Working with children in residential child care settings is both rewarding and challenging. The residential child care system in Ireland has changed dramatically over the past 30 years, with an overall reduction in the number of young people in residential care and an increased specialisation of services.
- 1.3 Residential units have changed in size, ethos and approach, and there has been an increased emphasis on staff, training, qualifications and professionalism.
- 1.4 The heightened awareness of child protection has influenced the evolution of residential services and there is an increased focus on the right of children and young people to be looked after in a safe, nurturing and caring environment. Ireland underlined its commitment to children's rights when it became a signatory to the United Nations Convention on the Rights of the Child in 1992 and appointed its first Ombudsman for Children in 2004.
- 1.5 Children and young people in residential care have often encountered a range of difficulties and adversity in their lives. Well-run centres can enhance the life experiences of children and young people and help them to fulfil their potential, however poorly run centres or poor experiences in care can have a negative effect on children and young people.
- 1.6 There are times when some children and young people in residential care present a challenge in terms of harmful and/or dangerous behaviour. In such circumstances agencies have a duty of care to respond to prevent serious harm occurring. In these circumstances it is accepted that physical restraint may be necessary.
- 1.7 Physical restraint carries inherent risks. However, failure to restrain a child where there is a serious risk of harm could amount to a failure in the duty of care.
- 1.8 This guidance is intended for all managers and care staff who work in residential units for children and young people and who may need to use physical restraint in order to protect children, themselves and/or others from serious harm.
- 1.9 **The aim is to provide guidance in circumstances where a child or young person's behaviour presents a serious risk of harm.**

### Definition:

**Serious harm refers to immediate risk of injury to self or others, or serious damage to property.<sup>2</sup>**

<sup>2</sup> See Standard: 6.27. National Standards for Children's Residential Centres



## 2. Children and Young People's Rights

- 2.1 The best interests and welfare of the child or young person should be the primary consideration in all decision making. Agencies and professionals carry a duty of care for the safety and welfare of children and young people. The rights of children and young people, such as those of choice and freedom of movement have to be balanced against their need to be protected from harm, including the harm that they may do to themselves or others.
- 2.2 The duty of care requires that professional judgement takes into account the rights and the needs of the child or young person and balances these with an assessment of risk to self and/or others and consideration of the effects of taking such action.

## 3. Best Practice in the Management of Challenging Behaviour

- 3.1 It is the responsibility of each residential unit to be responsive towards the range of issues that children and young people present. It is also necessary to understand the context in which these difficulties occur.
- 3.2 For some children and young people, the use of physical restraint can negatively re-connect them to prior abusive experiences and trauma associated with same. It is essential that all staff work proactively to intercede early in the emergence of challenging behaviour, so that the use of physical restraint is kept to the absolute minimum.
- 3.3 There are many ways of managing challenging behaviour which constitute good care practice. It is recommended that residential units working with children and young people adopt a **systems approach** to support and promote good practice.

## 4. What is a Systems Approach?

- 4.1 A **Systems Approach** recognises there are many contributory factors which support best practice. Such factors interrelate and can be internal and/or external to the residential unit.



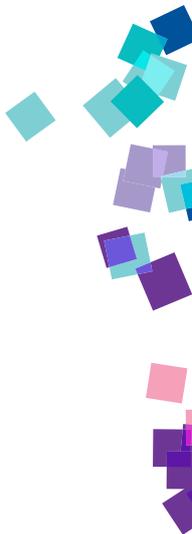
- 4.2 Adopting a Systems Approach encourages residential units to develop strategies which minimise the need to use physical restraint.
- 4.3 An effective Systems Approach results in a clear congruence or correspondence between ethos and policy as well as the actual practices of the residential unit.

## 5. Important Elements in the Internal System:

Each residential unit which approves the use of physical restraint should:

### Ethos:

- 5.1 Recognise the centrality of relationships in good residential child care. (The fostering of positive and respectful relationships is of primary importance. The relationships between carers and children are the medium through which most difficulties are resolved.)
- 5.2 Have a clear ethos around the overall management of behaviour.
- 5.3 Ensure there is a focus on children and young people's resilience and strengths.





5.4 Ensure that the method of physical restraint which is approved for use is recognised and endorsed by an official body or agency.

5.5 Ensure that the method of physical restraint approved for use is child-centred and not punitive or hurtful.

5.6 Ensure that the method of physical restraint used:

- Has an emphasis on de-escalation
- Minimises the risk of injury
- Is not too difficult to learn
- Incorporates assessment and refresher training
- Is appropriate to the client group

5.8 Ensure there is openness to dealing with complaints, through a clearly accessible and transparent complaints system, together with a clear method of appeal.

5.9 Ensure there is a means of gathering and valuing children and young people's experiences of the use of physical restraint, and these experiences inform practice and service development.

**Policy:**

5.10 Clearly specify which method of physical restraint is approved and mandated for use in the residential unit.

5.11 Ensure the method used is appropriate to the client group, consistent with legislation and applicable standards and any guidelines issued by statutory authorities.

5.12 Have written policies and procedures, giving comprehensive guidance on the use of physical restraint.

5.13 Have a clear policy regarding physical restraint only being used to prevent serious harm in the management of high-risk behaviours when all other alternatives have been exhausted.

**Practice:**

5.14 Inform children and young people and their parents or guardians, prior to admission that physical restraint can be used where there is a risk of serious harm.

5.15 Ensure the use of physical restraint takes full account of any medical and psychological safety warnings.

5.16 Ensure the use of physical restraint is discussed at placement and care-plan review meetings.

5.17 Where an individualised crisis management plan is considered necessary it should include the views of the child or young person, family and/or significant others.

5.18 Ensure appropriate support is available to afford children and young people the opportunity to reflect, learn and recover from any experience of physical restraint.

5.19 Inform the family and/or significant others of the child or young person whenever any such intervention is used.

5.20 Record all instances of physical restraint

5.21 Ensure all instances of physical restraint are internally monitored and analysed to establish any patterns or trends with a view to minimising the overall use of physical restraint and improving practice and outcomes.

5.22 Ensure there is a Serious Incident Review and Response Process in place<sup>3</sup> which the manager of the unit instigates after any serious incident, or to examine any patterns or trends where there has been an increase in the use of physical restraint in the unit.

5.23 Ensure there is access to clinical consultation, advice and support.

<sup>3</sup> See Appendix 4 for a model of a Serious Incident Review Group Process



### Training, Support, Supervision

- 5.24 Ensure care staff are appropriately trained to competently implement the system and that refresher training is provided on a regular basis.
- 5.25 Ensure members of staff are aware of the risks associated with the use of physical restraint.
- 5.26 Provide sufficient support and supervision of staff.
- 5.27 Ensure appropriate support is available to staff at the earliest opportunity where full reflection, learning and recovery is facilitated

### 6. Important elements in the External System:

- 6.1 Residential units operate within a wider system, they should also be subject to:
  - Statutory inspection
  - Independent monitoring of overall use of restraint
- 6.2 Where there has been any increase in the use of physical restraint an external review process should be undertaken.
- 6.3 Partnership working with key professionals involved with the child or young person's care are integral to best practice e.g.:
  - Social Workers
  - Probation Officers
  - Schools
  - Others as appropriate.
- 6.4 Best practice is supported by having access to:
  - Independent appeals procedures
  - Independent advocacy

### 7. Best practice in the use of Physical Restraint

- 7.1 There are some occasions when the use of a physical restraint is the most appropriate and/or only means of managing a risk of serious harm. This guidance applies to situations where it has been assessed that the safest and least harmful way to manage the presenting behaviour is to intervene to restrain a child physically.

#### Definition:

**Serious harm refers to immediate risk of injury to self or others, or serious damage to property.**<sup>4</sup>

- 7.2 There are many different approaches and training methods which can be used for the practice of physical restraint. The general principles outlined in these guidelines should apply to all.
- 7.3 As physical restraint is a high risk intervention, each residential unit should carefully consider its use and make a determination as to the appropriateness of specific forms of physical restraint in their setting.
- 7.4 The use of any form of physical restraint must be restricted to situations of absolute necessity, that is, to situations, where the risks of not restraining a child or young person are greater than the risks of restraining him or her. Such situations are most likely to arise when a child or young person is causing, or is likely to cause, serious harm to himself or others, through assault, self harming or serious damage to property.
- 7.5 Whenever physical restraint is used it carries inherent risks. However, failure to restrain a child where there is a serious risk of harm could amount to a failure in the duty of care.



<sup>4</sup> See Standard: 6.27. National Standards for Children's Residential Centres (1995)



7.6 Physical restraint should be deployed using the minimum of force necessary for the shortest period of time. The actions of staff should be proportionate to the circumstances that led to a child needing to be physically restrained.<sup>5</sup>

## 8. Risks Associated with the use of Physical Restraint

8.1 Physical restraint is a high-risk intervention. The use of physical restraint has been associated with physical injuries and/or psychological distress both to young people and to those carrying out the restraints.

8.2 There have also been well documented cases where children and adults have died as a consequence of being physically restrained. Particular attention is drawn to the practice of restraining a child or young person in the prone position.<sup>6</sup>

8.3 Safety warnings regarding the use of physical restraint include specific medical conditions, such as a child or young person with respiratory problems, or psychological difficulties.

8.4 With this in mind, residential units should ensure that there is an individualised assessment for each child and young person as to the suitability and appropriateness of using physical restraint as an intervention.

8.5 **Physical Restraint should be understood as a safety intervention. It should not become part of routine behaviour management. It should not be used to ensure compliance.**

## 9 Duty of care and the exercise of professional judgement

9.1 Guidelines such as these cannot prescribe what professionals are required to do in every given situation. Those charged with the care of children must exercise **professional judgement** in their work. These guidelines can only set out the parameters within which such judgements are made.

9.2 Professional judgement takes account of the legal, ethical, professional and regulatory framework within which agencies and professionals operate.

9.3 All professions working with children and young people use their capacity for professional judgement to aid decision making affecting the lives of children and young people. When making professional judgements it is vital those involved draw together relevant knowledge to inform decision making.

9.4 The process leading to decisions needs to be transparent so that it can be confidently and clearly explained. Those involved need to be able to satisfactorily give account for the rationale behind their decisions.

9.5 Supervision of staff should be conducted regularly and the quality of it should encourage reflective practice and support continuous professional development.

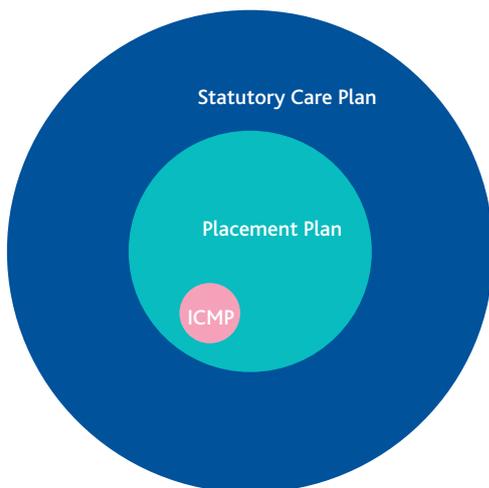
<sup>5</sup> See Standard No. 6.27. National Standards for Children's Residential Centres

<sup>6</sup> See: Morrison, L Duryea, P B, Moore, C and Nathanson-Shinn, A (2001); Weiss et al (1998)



## 10 Individual Crisis Management Plans

- 10.1 An Individual Crisis Management Plan (ICMP) is a written, individualised plan for a child or young person, which identifies any potential difficulties and crises and outlines the most appropriate course of action staff and managers should take to reduce harm. The aim of the ICMP is to draw up guidelines regarding the best approach in managing a child's behaviour. These plans are designed to avoid the use of physical restraint. The plans are systemic and benefit from multi-disciplinary input.
- 10.2 The Individual Crisis Management Plan should reference the Statutory Care Plan and Placement Plan.



- 10.3 When making a judgement about whether to physically restrain a child or young person, care staff and managers need to take account of relevant factors such as:
- Is there an alternative strategy that carries fewer risks than physical restraint, such as, supervision of the child from a safe distance or distraction or diversion?

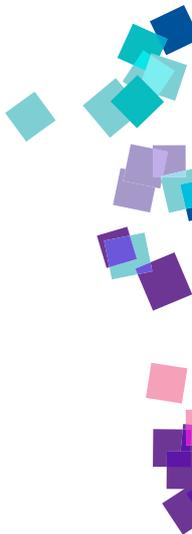
- Are there any medical, psychological or other safety warnings to the use of physical restraint with the child in question?
- Is this intervention appropriate to the developmental stage of the child?
- What has been learned from previous experiences, if any, of physically restraining this child?

## 11 Duty of Care During and After a Restraint

- 11.1 The professional's duty of care operates during the course of a restraint and extends after a physical restraint. Clearly the child or young person should be closely monitored and cared for throughout the restraint.
- 11.2 Following a restraint the child or young person should be offered medical treatment if required. They should be assisted and supported to recover in full and afforded the opportunity to reflect, learn and recover from the experience.

## 12 Health, Safety and Welfare

- 12.1 Agencies and managers should be clear about what they expect of care staff. These expectations should be realistic and should comply with health and safety regulations.
- 12.2 Agencies and managers should ensure that residential units are sufficiently and adequately staffed and that staff are appropriately trained, supervised and supported.





## 13 Absence without permission

- 13.1 There are some service settings that are legally required to detain children (Children Detention Schools, Special Care Units).
- 13.2 In open settings the fact that a child or young person attempts to leave a residential unit without permission is not, in itself, a reason to physically prevent him/her from doing so.
- 13.3 Where a child may be placed at **imminent** and **serious** risk by being absent without permission there is a clear duty of care for care staff and managers to make a professional judgement about how to safeguard the child or young person. In exceptional circumstances this may involve the decision to prevent a child or young person from leaving the residential unit.
- 13.4 Preventing a child or young person from leaving the residential unit may involve locking the door.
- 13.5 In other circumstances where the risk is **so serious** preventing a child or young person from leaving may involve the use of physical restraint.
- 13.6 Following any such event care staff or managers must be able to clearly identify the rationale for their actions. There must be an identifiable risk of harm, a reasonable likelihood of harm occurring and it must be significant.
- 13.7 **Any such intervention should not become routine. Each circumstance where this occurs should be subject to full review.**
- 13.8 If it is identified that a child or young person cannot be safely accommodated in an open setting, their placement should be reviewed by the placing agency and all those involved in their care.

## 14 Damage to Property

- 14.1 There are some exceptional circumstances where damage to property can result in serious harm. In these circumstances care staff and managers should assess what is the most appropriate action. This may include the use of physical restraint where there is a serious risk of harm. The principles outlined previously apply.

## 15 Moving a Child or Young Person

- 15.1 There are situations in residential child care where in the pursuance of safety, children and young people may need to be moved from an area where there is a disturbance or danger. This may be a straightforward situation involving a child or young person being encouraged to leave an area using a directive approach.

## 16 Physically Escorting a Child or Young Person

- 16.1 Alternatively there are some circumstances where it may be considered necessary to assist a child or young person to move to another area that is safer or quieter by physically escorting them.
- 16.2 Physically escorting a child or young person can be a high risk intervention and may itself trigger a full restraint.
- 16.3 Each residential unit must carefully consider its use and make a determination as to the appropriateness of approving physical escorting in their setting, and for the children and young people in their care.
- 16.4 Additionally, each residential unit must carefully consider actual approved methods of physically escorting for use in their setting, and for the children and young people in their care.
- 16.5 The residential unit should clearly specify which, if any, method of physically escorting is approved and mandated for use in the residential unit and ensure appropriate training and support to staff as well as monitoring of its use in the manner previously outlined in these guidelines.



## 17 Carrying a Child or Young Person

- 17.1 Carrying a child or young person is different from either of the situations described above. Carrying a child or young person in these guidelines is defined as lifting a child, who is already being restrained, and carrying them, while maintaining the restraint, from one area to another.
- 17.2 This is a very high risk intervention which can potentially result in serious harm to the child, young person or staff.
- 17.3 Due to the very high risks associated with carrying a child or young person this is not an approved intervention (see Acting in Exceptional Circumstances.)

## 18 Acting in Exceptional Circumstances

- 18.1 Each residential unit will have policies for managing challenging behaviour. No policy can foresee every circumstance in which challenges will be presented.
- 18.2 When an exceptional circumstance arises where there is a serious risk of harm and where it is assessed that the existing range of interventions cannot be used, in such circumstances the guiding principle must always be:
- Any action deployed uses maximum care and minimum of force necessary. It should be for the shortest period of time. The actions of staff should be proportionate to the circumstances.*
- 18.3 Staff members will have used their professional judgement to make a risk assessment in any instance. They are accountable for any action they take and will always be required to explain their actions afterwards.

18.4 Following any such incident there should be a **Serious Incident Review** involving senior managers and an independent reviewer. Such review will:

- Explore the incident,
- Explore its impact on all involved,
- Review the outcome,
- Consider any learning that can be achieved,
- Consider any line management issues arising
- Consider any implications for service delivery
- Consider any reporting requirements under Children First
- Consider any reporting requirements under Criminal Law

## Conclusion

19.0 These guidelines should inform best practice. They are a response to concerns raised requesting guidance in this area. It is important that we critically review our practice.

These guidelines will be reviewed no later than two years from their date of issue.

## Acknowledgements

The Working Group would like to acknowledge the following for their contributions which assisted in formulating the guidelines:

- Maura O'Donoghue, Deputy Manager (A), Coovagh House Special Care Unit.
- Johnny Gibson, Ireland Consultant Residential Child Care Project. Principal Instructor, TCI Europe.
- Mr Kevin McKenna, Project Officer, Project on Work Related Violence, HSE North Eastern Area.
- Mr Donal McCormack, Regional Manager, Residential Child Care Services, HSE North Eastern Area.
- Ms Sophy Cawdry, Counselling Psychologist, St Joseph's Ferryhouse Clonmel.





## Appendix 1:

### Relevant Standards

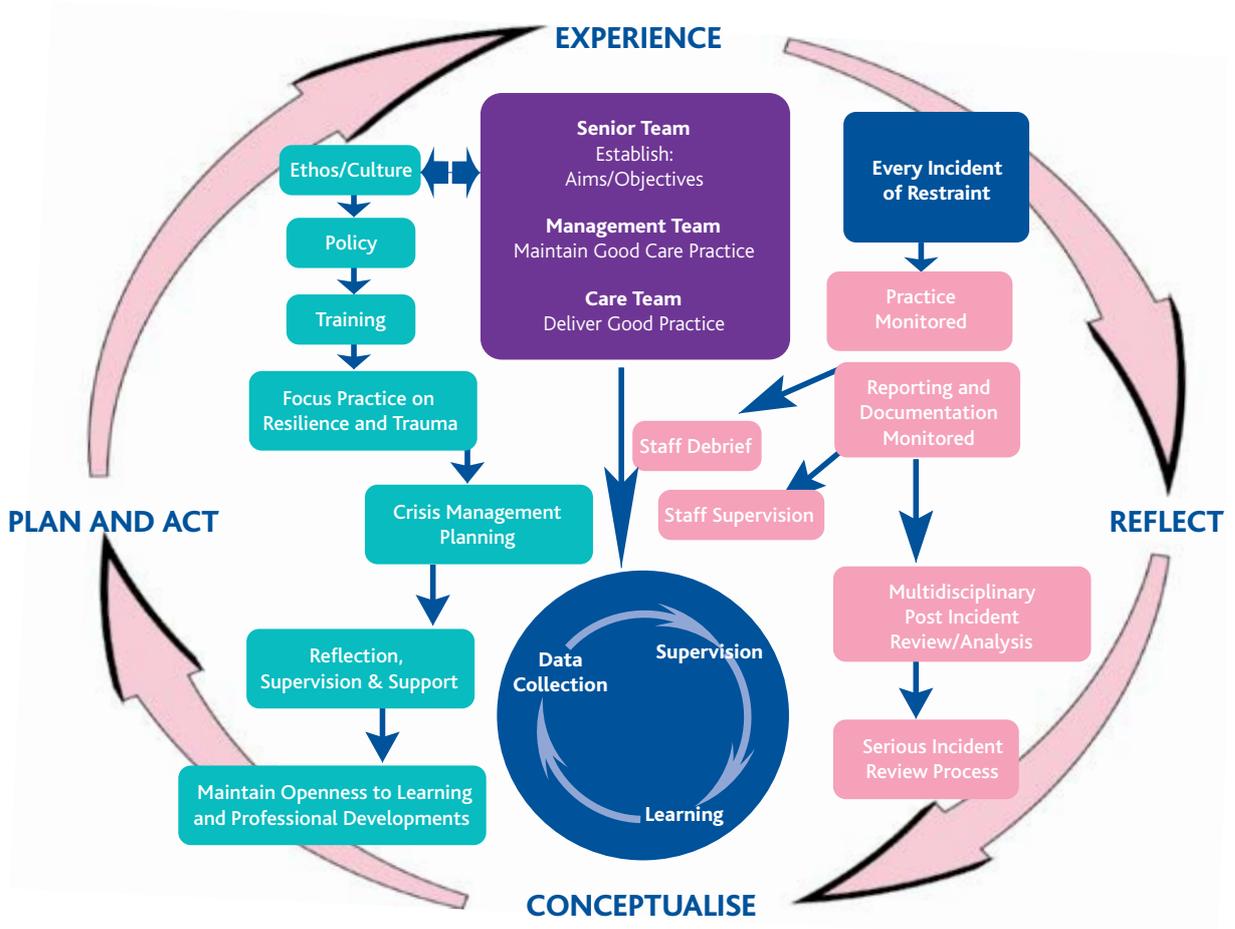
These standards apply variously to Residential Children’s Homes, High Support Units, Special Care Units and Children Detention Schools.

- National Standards for Children Residential Centres
- The Child Care (Placement of Children in Residential Care) Regulations (1995)
- Child Care (Standards in Children’s Residential Centres) Regulations (1996)
- National Standards for Special Care Units (Department of Health and Children)
- Standards and Criteria for Children Detention Schools (Department of Education and Science)

## Appendix 2

### A Systems Approach to Minimising the use of Physical Restraint

#### KOLB’S LEARNING CYCLE





## Appendix 3

### Developing Systems for Analysis and Audit

Adopting a method to analyse any trends in the use of restraint can be an important tool in developing services to reduce this form of intervention. For example, analysing the times, locations and triggers for restraint may lead to a change in the operations and activities of a centre.

See the chart below for an example of the types of audits that can be conducted in residential units to assist in examining and developing practice<sup>8</sup>:

#### Number of Restraints by Month

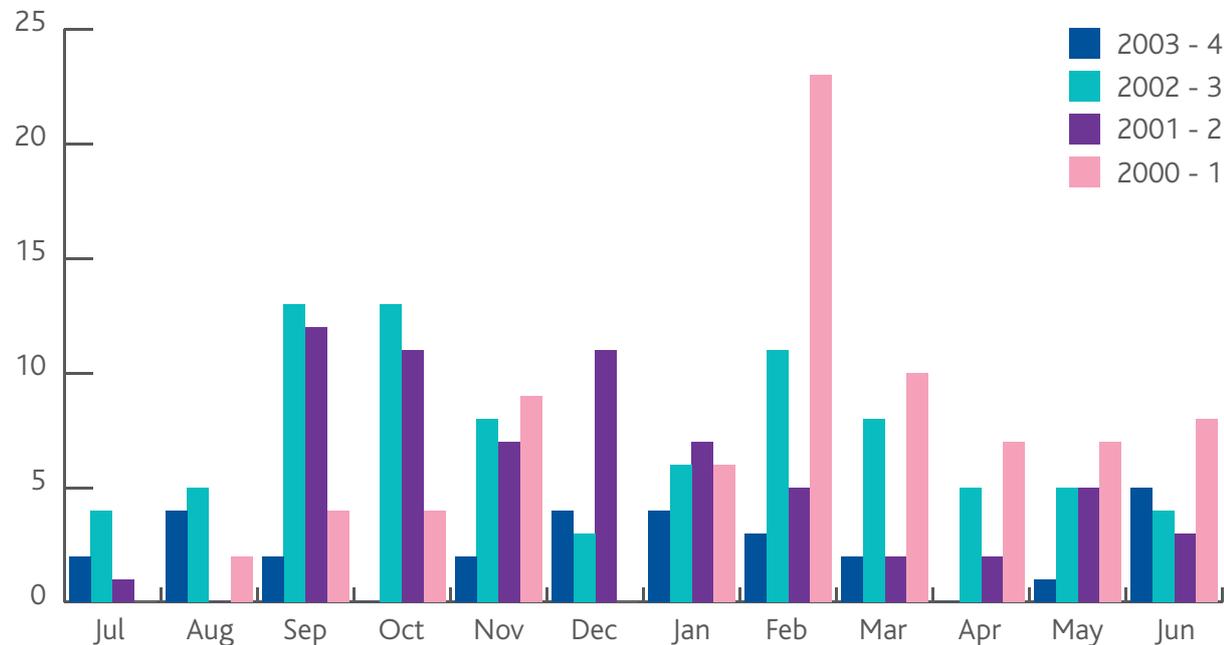
The following number of restraints occurred each month

Table 5: Number of Restraints per Month

MONTH	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
No. restraints	2	4	2	0	2	4	4	3	2	0	1	5

#### Bar Chart Two: Number of Restraints per Month over the Past Four Years

No. of restraints



<sup>8</sup> Source: Cawdry, Sophy Counselling Psychologist, St Joseph's Ferryhouse Clonmel.



## Appendix 4

### Serious Incident Review and Response Process

Individual residential units should continuously monitor their practice. One of the methods for monitoring practice includes the recording and monitoring of all incidents of Physical Restraint. In the previous page, we outlined an example of how this information can be collated to look at trends and patterns over time.

Another method that can be used in analysing serious incidents is an external 'Serious Incident Review Group'. Serious incidents may be situations where care staff act outside the approved system of behaviour management. It may also be a persistent situation where a child or young person has been physically restrained a number of times.

A **Serious Incident Review Group (SIRG)** should ideally comprise of a multi-disciplinary group. For example in one area the group is comprised of:

Co-ordinator of Children's Residential Services;  
Senior Clinical Psychologist;  
Child Care Leader;  
Deputy Unit Manager, Senior Psychologist;  
Therapeutic Crisis Intervention Coordinator.

The overall aims of the SIRG should be;

1. To put in place and maintain a high quality of planning and response,
2. To reduce the frequency of physical restraint and
3. To reduce the frequency of assaults on staff.

The SIRG can also help to promote best practice by working with care staff and managers to:

1. To reduce uncertainty about how best to proceed in a crisis, and
2. To increase acceptance that a level of uncertainty is always present in our work and that staff cannot 'get it right' every time; that what we can do is to be well trained, well prepared and well supported.

This model of Serious Incident Review is currently operated in the HSE Southern Area. Further details on this are available from: [William.Brazil@mailp.hse.ie]

## Glossary of Terms

**Agency** – Where we use this term in the document, we are referring to the agency responsible for funding and policy in the sector. For example, this could refer to the Health Service Executive or the Department of Education and Science.

**Care plan** – Is a statutory requirement and is an agreed written plan, drawn up in consultation with the child, his or her family and all those involved with his or her care, for the current and future care of the child, that is designed to meet his or her needs. It establishes short, medium and long term goals for the child and identifies the services required to attain these.

**Care Staff** – In this guidance we use this term to refer to staff caring for children and young people in residential units, this term includes those involved in the care of children in residential units, e.g. teachers, therapists.

**Child** – In this guidance we refer to the child and young person. In legal terms a child is someone under the age of eighteen. Many older children prefer the term 'young person' and we use both of these terms throughout the document. Everything we say in the guidance applies equally to children and young people.

**Child Care Act 1991** – is the legislation that sets out the responsibilities of the Health Service Executive for the care, safety, welfare and protection of children.

**Children Act 2001** – sets out responsibilities for the care, support, protection and control of juvenile offenders and further amends and extends the Child Care Act, 1991.

**De-escalation** – A process by which the thoughts, feelings and behaviours which were leading to danger are reduced in intensity and threat.

**Duty of Care** – The duty of care is the responsibility, which agencies, staff and managers have to act in a way that promotes the safety and welfare of children and young people in their care.

**Ethos and Culture** – The value system that operates within residential units as it finds expression in the manner in which the service is provided to the children and young people.



**Individual Crisis Management Plan (ICMP)** – Planning how to deal with challenging situations is important. This is an individualised plan for each child in residential care, identifying any potential difficulties and crises and outlining the most appropriate course of action staff and managers should take. The key to these plans is that they are tailored for each individual child or young person. Children and Young People should be consulted about these plans, where appropriate.

**Managers** – In this guidance we use this term to refer to members of staff with line management and/or policy and practice supervisory responsibilities.

**Placement plan** – is an agreement between the Health Service Executive, the residential unit and where appropriate, parents, that sets out specific arrangements for the care of the child that are consistent with the care plan.

**Physical Restraint** – is holding a child to restrict their movement. In this guidance we refer to physical restraint as holding them to prevent harm.

**Residential Unit** – In this guidance we use this term to refer to any place where a child or young person is accommodated. This includes children's residential centres, high support units, special care units and children detention schools.

**Risk Assessment** – A risk assessment is a process of assessing risk. The factors typically considered: Nature of Risk, Likelihood of Risk Occurring, Likely Impact and Protective Factors. A Risk Assessment can be a written document, detailing the assessment and supporting evidence. It can also be a process, where risk is assessed in a situation with the information available at the time.

**Serious Harm** – When we talk about serious harm we are referring to immediate risk of injury to self or others, or serious damage to property.

**Systems Approach** – A Systems Approach is an approach which recognises that residential units do not operate in isolation and that the child or young person lives in a unit that is part of a wider system. It encourages care staff and managers to adopt an holistic and partnership approach that takes into account all relevant factors in the management of behaviour and can help to reduce the use of physical restraint.

**Young Person** – see child

## Reading and References

Aschen, S.R. (1995) "Restraints: Does Position make a difference?" *Issues in Mental Health Nursing*, 16(1), 87-92.

Bell, L (1997). The physical restraint of young people. *Child and Family Social Work*, 1,37-47.

Clarke, M. (1998) *Lives in Care: Issues for Policy and Practice in Irish Children's Homes*. The Children's Research Centre. Trinity College Dublin.

Craig, S; Donnellan, M; Graham,G; Warren, A. (1998) "Learn to Listen – The Irish Report of a European Study on Residential Child Care." Centre for Social and Educational Research and Finglas Children's Centre.

Davidson, J; et al (eds.) (2005) *Holding Safely – A Guide for Residential Child Care Practitioners and Managers about Physically Restraining Children and Young People*. Scottish Executive.

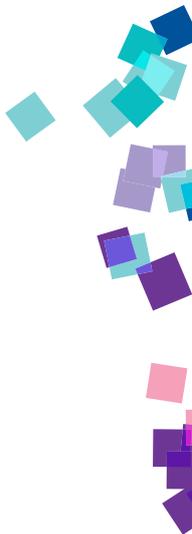
Department of Health and Children (1995) *Child Care Regulations*. Ireland.

Department of Health and Children (1996) *Child Care (Standards in Children's Residential Centres) Regulations*. Ireland.

Department of Health and Children (1999) *Children First. National Guidelines for the Protection and Welfare of Children*. Ireland.

Department of Health and Children (2001) *National Standards for Special Care Units*. Ireland.

Department of Health (1998) *Caring for Children Away from Home. Messages from Research*. John Wiley & Sons. Chichester. UK





Fagan, A (1997) "Young People and Violence in Residential Care: A Case Study." *Irish Journal of Social Work Research*. Vol. 1 No.1 pp 9-22.

Fahlberg, V (1990) "Residential Treatment: A Tapestry of Many Therapies." Indianapolis, IN, Perspectives Press.

Greene, J. & Holden, M. (1990) "A strategic-systemic family therapy model: Rethinking Residential Treatment." *Residential Treatment for Children and Youth*, 7 (3)

Kahn, W.A. (1993) "Caring for the Caregivers: Patterns of Organisational Caregiving." *Administrative Science Quarterly*, 38, 539-563

Morrison, L; Duryea, P B; Moore, C and Nathanson-Shinn, A (2001). *The Lethal Hazard Of Prone Restraint: Positional Asphyxiation*. Protection & Advocacy, Inc.

Investigations Unit Oakland, California.

Nunno et al (2003) "Evaluating and Monitoring the Impact of a Crisis Intervention System on a Residential Child Care Facility." *Children and Youth Services Review*, Vol. 25. No. 4 pp. 295-315.

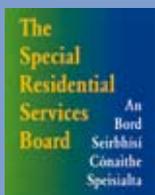
Nunno, M & Rindfleisch, N (1991) "The Abuse of Children in Out of Home Care". *Children and Society* (1991) 5:4, 295-305.

Travis, A (2005) "Karate Chop Used to Restrain Children". *Guardian Newspaper Report* (Monday 26th September 2005). <http://society.guardian.co.uk/youthjustice/story/0,11982,1578475,00.html>

Weiss EM, et al. Deadly restraint: a Hartford Courant investigative report. *Hartford Courant* 1998; October 11 – 15.

Welsh Assembly (March 2005) "Framework for Restrictive Physical Intervention Policy and Practice." Welsh Assembly.





Special Residential Services Board  
An Bord Seirbhíse Cónaithe Speisialta  
Phoenix House, Block 2  
28 Conyngham Road  
Dublin 8

Tel: 01 672 4100  
Fax: 01 677 4892  
E-mail: [info@srsb.ie](mailto:info@srsb.ie)  
Web: [www.srsb.ie](http://www.srsb.ie)