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Dear Sir/Madam

Royal College of Nursing response to Reducing the Need for Restraint and Restrictive Intervention – Children and Young People with Learning Disabilities, Autistic Spectrum Disorder and Mental Health Difficulties draft guidance consultation

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Many of our members have been waiting for the draft guidance to be released and so we welcome the opportunity to respond to this important consultation. Our response has been informed by feedback from members at national and regional level, work undertaken previously [RCN \(2010\) Restrictive physical intervention and therapeutic holding for children and young people and learning](#) and from the [RCN \(2017\) Three Steps to Positive Practice: A rights based approach when considering and reviewing the use of restrictive interventions](#)

Overall members have highlighted that this is a very useful document, with several members expressing hope that it will be adapted for use in Wales and Northern Ireland. Many members have however commented that the guidance does not

emphasise explicitly enough the importance of training and education for all staff working with children and young people, including health staff across all settings. Members feel strongly that the guidance should clearly articulate what universal education and training should encompass, how it should be delivered and monitored across all services and settings that children and young people may access. In terms of implementation our members report a gap for example in the provision of online materials, including videos on how to appropriately restrain someone. Perhaps consideration could be given by the Department of Health and Department of Education to supporting the development of such resources for the health, education and social care workforce.

Members have noted the advisory nature of the content but recognise the clear links to legal and human rights legislation, including the Rights of the Child and so question whether this should be strengthened in the document. In addition our members have highlighted the following issues/statements that could be further clarified/require additional consideration in two main areas: children within acute health care settings and preparation of children and parents/carers:

Children within acute health care settings and preparation of children and parents/carers

- *Terminology and potential for guidance to be disregarded within many acute health care settings*

The first page identifies that the guidance document relates to restraint or restrictive intervention. We note for example that on page 5 that it states that the word 'restraint' is used to 'cover all services and settings' but it doesn't cover all restrictive interventions, with the document leading the reader to interpret as physical response/hands on restraint. The term may have recognised boundaries and be a frequently used term within certain contexts which are covered by this guidance, but this may not be the case in many acute health care settings where research evidence indicates that children's movement is restricted for interventions and procedures but this is commonly referred to as immobilisation or clinical holding and therefore health professionals would not associate their actions as being restraint. This may result in practitioners not engaging with this guidance as it not seen to relate directly to their practice. In addition the words 'appropriate', 'proportionate' and 'minimal' only appear on page 13 – we believe they should appear much earlier in the document.

- *Lack of recognition of key role of parents/carers*

The core values section needs to recognise the key role that parents and carers have in the interactions their children with learning disabilities have with health professionals. Parents and carers often have key roles in preparing and informing their child and negotiating adjustments to environments, evidence

also shows that they are often the ones to actually hold their child during interactions and interventions.

- *Lack of recognition of need for support for parents/carers*
The sections referring to post-incident support and assessing and managing risk within the guidance document do not refer to parents/carers roles during interventions or how they may need support during or after an incident of holding or restraint.

Preparation of children and parents/carers

- *Adjustments to environment:* The guidance document refers to reducing the need for restrictive practice through adjustments to the environment, it may also be the case that processes prior to the child entering a particular environment could be re-considered or developed.
- *Preparation:* Linked to the above point, these adjustments might include for example supporting parents to prepare their child for interventions or co-ordinating procedures or appointments.

Response to specific consultation questions:

Does the content meet the aim of the document to: “help special education, health and care settings develop plans to support children and young people whose behaviour challenges in order to reduce the incidence and risk associated with that behaviour and promote and safeguard the welfare of children and young people in their care..”?

We agree that the guidance overall meets the needs of many services and in particular welcome the emphasis on de-escalation and the early identification of when children and young people may be becoming agitated. Members have however indicated that the above issues/statements require additional consideration regarding children within acute health care settings and preparation of children and parents/carers (see comment above).

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

We agree that the core values and principles are clearly addressed. However, we believe that interventions should have a therapeutic intent and that this should appear in Chapter 3, page 12.

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

We agree that the key actions are encompassed within the guidance, thereby supporting many services and settings to work with children and young people to promote good behaviour and reduce the need for restraint (see note above in respect of acute health care settings).

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

The guidance provides advice about involving children, young people and their families/carers in decisions, including planning for potential use of restraint. Please however note the comment above in respect preparation of children and parents/carers.

We note that Annex B illustrates how certain situations and children/young people were managed. It is unclear if these are real examples and how confidentiality or consent/assent was adhered to or whether these are fictional scenarios or whether pseudonyms have been used. It will be important for commentary around these issues to be made at the beginning of this section as we note that a health Trust, name of a school and residential setting have been identified in a number of the examples.

I hope that you find the above comments helpful

Yours sincerely,



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