



Department  
for Education



Department  
of Health &  
Social Care

Consultation outcome

# Reducing the need for restraint and restrictive intervention: government response

Updated 27 June 2019

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## Introduction

This document summarises responses received to the public consultation on draft guidance, '[Reducing the need for restraint and restrictive intervention](#)'. The guidance was published for consultation by the Department of Health and Social Care (DHSC) and the Department for Education (DfE) in November 2017. The consultation ran from November 2017 to January 2018. As the consultation was specifically on a draft of guidance, the finalised guidance published simultaneously with this document constitutes the main response; this document summarises some of the key concerns raised and the main changes made to the final guidance in light of the responses to consultation.

DHSC and DfE commissioned the Council for Disabled Children (CDC) in 2016 to draft guidance on reducing the risk of restraint and restrictive intervention to children and young people with autism, learning disabilities and mental health issues in health and care settings and special schools, who are at comparatively greater risk of restraint. CDC worked extensively with health, care and special schools as well as parents, carers and children and young people in developing the draft.

The guidance aims 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. Eliminating inappropriate use of restraint is vital in this. It is particularly important in relation to children, who are still developing both physically and emotionally and for whom any trauma at this formative stage in their development could be very damaging and have long-term consequences.

Evidence shows the negative impact that restraint and restrictive intervention can have, both on those who experience it and those who have to carry it out. The guidance provides advice and best practice on how health and care services, special schools and specialist colleges can work with children and young people and their families or advocates to minimise the likelihood of behaviour occurring that could lead to restraint and restrictive intervention. It sets out core values and principles that promote positive behaviour and is designed to assess risks and reduce the need to use restraint and restrictive intervention except when necessary, in which case, it should be carried out by trained staff, in accordance with the law and ethical values and principles.

The consultation sought views on how well the draft guidance helps a wide range of settings and services to best support the needs of children displaying behaviours that heighten the risk of restraint and restrictive intervention. The consultation questions are given below – for each question, a ‘yes’ or ‘no’ answer was required, and there was a free text box for comments. The [consultation and original draft guidance](#) remain online.

237 responses were received from a range of individuals and organisations. In the following summary, we have included some direct quotations where respondents have indicated willingness for their comments to be made available.

## Summary of responses

### Summary data

Question	Yes	No	Total responses
Q1: Does the content of the guidance help to meet the aim of helping 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?	196 (83%)	41 (17%)	235
Q2: Are the core values and key principles clear and relevant?	207	20	227

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Q3: Do the key actions support services and settings to work with children and young people to promote good behaviour and reduce the need to use restraint?	182 (83%)	39 (17%)	226
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Q4: Does the guidance provide sufficient advice on the involvement of children and young people and their families or carers in decisions and planning about restraint that affects them?	185 (81%)	44 (19%)	229
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Overall, respondents to the consultation were favourable and felt the draft guidance provided a useful framework for helping specialist education, health and care settings to reduce the need for restraint and restrictive intervention for children and young people with learning disabilities, autism, mental health difficulties and behaviour that challenges.

More critical responses expressed a view that:

- the guidance had not achieved the right balance between supporting proactive policies and practices that encourage a reduction in the factors and risks that may lead to the use of restraint, and advice on what the law says about restraint and restrictive intervention and safeguards that apply to using it safely and appropriately where necessary
- further, detailed guidance was needed on 'how to' improve provision, deploy restraint and restrictive intervention safely and on the content and delivery/accreditation of training and development
- the guidance on restricting liberty, withdrawal and seclusion needed to be more detailed and prescriptive

Q1: Does the content of the guidance help to meet the aim of helping 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?

The vast majority felt that the guidance was clear and informative and met its stated aims. Many respondents, however, wanted its scope to be extended to education settings and institutions other than special schools or specialist colleges including mainstream schools and alternative provision, including pupil referral units.

A few respondents also wanted to see:

- more detail on the impact of restraint and restrictive intervention on individuals
- more practical 'how to' guides; a stronger emphasis on prevention
- allocation of funds to access training and support

- greater transparency in recording, monitoring and reporting incidences of restraint and restrictive intervention

Some issues regarding language used in the draft guidance were raised in relation to use of 'restraint' and 'restrictive intervention' and a perceived implication that reducing restraint and restrictive intervention is reliant solely upon reducing challenging behaviour.

Q2: Are the core values and key principles clear and relevant?

Most respondents agreed that the core values and key principles are clear and relevant, although some felt they should be given greater prominence in the guidance. For example:

“ Overall, we are encouraged by the core values and key principles, which are based on the need for planning, de-escalation, review and monitoring of restraint. We welcome the statements that restraint should never be used as a form of punishment and pain should never be deliberately inflicted on children. These are also matters upon which the UNCRC [United Nations Convention on the Rights of the Child] has expressed concern.”

Equality and Human Rights Commission

A few stressed the importance of emphasising the quality of life of children and young people with learning disabilities, autism and mental health difficulties and felt that emphasis on prevention in the guidance should be strengthened. Others recommended that the UN Convention on the Rights of the Child and equality law be given greater prominence.

Q3: Do the key actions support services and settings to work with children and young people to promote good behaviour and reduce the need to use restraint?

The majority of respondents supported the key actions and agreed they are helpful for promoting positive behaviour and reducing the need to use restraint and restrictive intervention. Recommendations predominantly focused on the need for training for staff in special schools and health and care settings on safely practicing restraint and restrictive intervention, as well as debriefing for staff following an incidence of restraint or restrictive intervention. There were some calls for nationally accredited training in relation to support for those whose behaviour challenges and the use of restraint and restrictive intervention. Some respondents also wanted specific examples of when restraint and restrictive intervention is safely practised.

A few wanted more detail on how to create the right ethos and organisational culture to support children and reduce the need for restraint and restrictive intervention. Others felt there needed to be more reference to legislation regarding restraint and restrictive intervention in different settings, especially human rights legislation.

Some other respondents wanted the guidance to make clear that settings need to understand that challenging behaviour in children and young people with autism can often be caused or exacerbated by undiagnosed medical conditions, treatment for which can reduce the behaviour.

Q4: 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?

Again, most respondents felt that the guidance did provide sufficient advice on the involvement of children, young people, families and carers. For example:

“ I am very pleased that the involvement of parents/carers and the child through a practical working plan are being promoted, this will lead to less conflict and confusion and more informed and relevant plans that reduce the risks and needs to physically intervene.”

Anonymised response

The key issue raised was the need for more practical guidance on ‘how to’ involve children, young people, families and carers, including advice on involving children who are pre-verbal, have difficulty communicating or have very complex needs.

## Government response

DfE and the DHSC are grateful to everyone who responded to the consultation.

The departments wish to thank the CDC in particular for all their work on drafting the guidance and analysing consultation responses.

The vast majority of respondents to the consultation felt the guidance provided a useful framework for special schools and health and care settings to reduce the use of restraint and restrictive intervention and promote positive behavioural support.

Following the consultation, DfE and DHSC [have worked with stakeholders to refine the draft guidance](#), which is now published.

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