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Steckley, Laura and Kendrick, Andrew (2005) *Physical restraint in residential child care: the experiences of young people and residential workers.* In: Childhoods: Children and Youth in Emerging and Transforming Societies, 2005-06-29 - 2005-07-03, Oslo, Norway.

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Caring for Separated Children and Youth

Physical Restraint in Residential Child Care:

The Experiences of Young People and Residential Workers

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Introduction

There have long been concerns about the use of physical restraint in residential child care. In different countries there are different definitions of physical restraint and these may include mechanical restraints or chemical restraints. In the UK, however, mechanical and chemical restraints are only rarely used in children's services. This study is concerned with physical restraint by staff and recently published guidance defined physical restraint as:

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

Even with this limitation, however, there have been criticisms of the way in which staff have physically restrained children and young people. In a study of 50 complaints to the National Association of Young People in Care (NAYPIC) over a three month period, four-fifths of the young people complained of forcible restraint which they felt was unnecessary (Moss, Sharpe and Fay, 1990). Grimshaw and Berridge, in their study of residential schools, gave a number of examples where physical restraint was used "where the circumstances included children's attempts to move out of a supervised area or to refuse compliance with the routine" (Grimshaw and Berridge, 1994, p. 94).

Hayden and Gorin (1998) studied the behaviour of looked after children and how this was managed by their carers and, in relation to residential care, concluded that the "current situation with respect to advice training and recording of violent incidents leaves staff, and indeed social services departments, in a vulnerable position in relation to allegations that inappropriate methods of control (in particular the inappropriate use of physical restraint) are being used (Hayden and Gorin, 1998, p. 253). Unwarranted and excessive use of force in physically restraining young people were identified in the inquiries into abuse in Leicestershire and North Wales (Kirkwood, 1993; Waterhouse, 2000).

In Scotland, the organisation Who Cares? Scotland found that young people were especially concerned about physical restraint.

> They say it is used too often, and too soon. Young people often end up with bruises, sore (sometimes broken) limbs and carpet burns. Restraint should be a last resort, and done safely. Some young people say they have experienced restraint that has been little more than physical abuse (Who Cares? Scotland, nd, p 18; see also Paterson, Watson & Whiteford, 2003).

More recently, the Children's Rights Director for England, in a consultation of looked after children, identified the need for staff training in handling, limiting and managing crises and aggression (Morgan, 2004). This report led to a further consultation with children and young people in residential care which focused on physical restraint. Children reported that staff need to be able to avoid problems building up to a danger level and should only use restraint as a last resort. They accepted that restraint is sometimes necessary but only when someone is likely to get hurt or property is likely to get seriously damaged. They were clear that restraint should never involve pain and

stressed the importance of staff training in how to restrain without hurting (Morgan, 2005).

However, the issue of the management of difficult behaviour in residential child care has been seen as an increasing concern (Lindsay and Hosie, 2001). The National Task Force on Violence against Social Care Staff identified workers in residential care with teenagers as one of the groups suffering most violence (National Task Force on Violence against Staff, 2000). In a review of the literature, Bullock concluded that there was considerable variation in the patterns of violence and other anti-social behaviour across residential establishments and that the social environment seemed to be influential in determining the amount of violence; especially important was staff unity of purpose, the size of the establishment and staff feeling in control (Bullock, 2000).

The appropriate response to challenging behaviour is not straight-forward, however, and Lindsay and Hosie (2001) found that there were significant variations in whether residential workers felt that physical restraint was an acceptable response; the majority (69 %) found it acceptable, but a significant minority (22%) felt that it was unacceptable or were unsure. Residential staff, in this evaluation of one particular method of intervention (CALM), were less confident in the more complex aspects of the system, so that a majority (51 %) were not confident in implementing Level 5 restraint (Lindsay and Hosie, 2001)[1].

The issue of physical restraint was raised by the UN Committee Report on the Rights of the Child (2002). It expressed concern at the numbers of children who had sustained injuries as a result of restraints and measures of control applied in prison, and at the frequent use of physical restraint in residential institutions and in custody.

> The Committee urges the State party to review the use of restraints and solitary confinement in custody, education, health and welfare institutions throughout the State party to ensure compliance with the Convention, in particular articles 37 and 25 (UN Committee on the Rights of the Child, 2002).

Leadbetter (1996) suggests that the issue of physical restraint has remained a taboo subject in many agencies.

> The historical tendency has been to "individualise" the question of the management of challenging behaviour. To frame it simply as a matter of individual staff competence with risk viewed as simply "part of the job". This perspective has effectively de-emphasised the role and responsibilities of the agency and focused the responsibility for risk assessment and intervention on

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[1] A large number of organisations provide training on interventions to manage challenging behaviour. The two main providers for residential child care in Scotland are TCI – Therapeutic Crisis Intervention (http://rccp.cornell.edu/TCIpage1.htm) and CALM - Crisis, Aggression, Limitation and Management (http://www.calmtraining.co.uk/). The commercial aspects of the provision of training raise issues around the evaluation and evidence-base for different systems of intervention. The lack of research in this area has been highlighted (Hart and Howell, 2004)

the individual staff member, who inevitably remains in the frame when things go wrong (Leadbetter, 1996, p. 36; see also Ross, 1994).

The failure to produce practical guidance and training, he suggests, is likely to drive practice underground and to reinforce the high levels of stress experienced by staff who deal regularly with challenging and difficult behaviour.

A recent review of policy and practice within children's services in England has highlighted a number of inconsistencies:

> There are some basic principles which are common to all settings: physical restraint as a 'last resort'; the use of minimum force and for the shortest possible duration; restraint must not be used as a punishment. Otherwise, there is little commonality (Hart and Howell, 2004, p. 4).

The legal situation relating to physically restraining children and young people is complex. It involves general criminal law relating to assault, culpable and reckless conduct and self defence. It also involves health and safety legislation relating to staff members' welfare against foreseeable risks and the need for training to ensure a safe working environment (Hart and Howell, 2004). In relation to Scotland, the recent guidance on physically restraining children and young people refers to a range of other relevant legislation and regulations: Standards in Scotland's Schools etc (Scotland) Act 2000; Education (Scotland) Act 1980; The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI no.114); Arrangements to Look After Children (Scotland) Regulations 1996 (SI no.3262); Residential Establishments – Child Care (Scotland) Regulations 1996 (SI no.3256); Refuges for Children (Scotland) Regulations 1996 (SI no.3259); and Secure Accommodation (Scotland) Regulations 1996 (SI no.3255) (Davidson *et al*., 2005).

Overarching this legislation and regulation, the Human Rights Act 1998 establishes important protections from abuse by state organisations and employees. Article 3 prohibits 'torture or inhuman or degrading treatment or punishment' and Hart and Howell (2004), in reviewing case law in the UK, conclude that:

> Particular consideration thus needs to be given as to whether a method of restraint thought not to breach the rights of an adult may still breach those of a child. (Hart and Howell, 2004, p. 11)

National standards relating to services for children also refer to physical restraint. For example, in Scotland, standard 6 for care homes for children and young people states:

> [You can be confident that] you feel safe and secure in all aspects of your stay in the care home. At any time, there are enough staff available to help you when needed…
>
> 10   You can be confident that staff never touch you in an inappropriate manner
>
> 11   You can be assured the care home has a written policy and procedures on the conditions where restraint may be used. Staff are fully trained

> and supported in the use of restraint. If it is necessary to restrain you at any time, this is written into your care plan. Records are kept of any incidents involving your restraint. You can expect to be supported after any episode of restraint.
>
> 12   You know that staff members use restraint only when there is likely to be harm or damage. Staff members are trained to anticipate and calm down possibly dangerous situations…
>
> <div align="right">(Scottish Executive, 2002, p.20)</div>

The issues and difficulties concerning physically restraining children and young people have led to ongoing demands for government guidance. This has recently been addressed in Scotland and the Scottish Institute of Residential Child Care, on behalf of the Scottish Executive and the Social Work Inspection Agency, has produced a guide – *Holding Safely* –for residential child care practitioners and managers. This guide places the practice of restraining children in the context of maintaining a positive culture and ethos in residential care, and developing ethical practice within a child-centred approach. It stresses the importance of training and the need for risk assessment and care planning. It also highlights the need to learn from the experience of physically restraining children and young people to help shape future practice and policy. In order to do this it is important to record the event and inform other people. The restraining of children needs to be monitored to make sure that children are protected from any risk of physical abuse through using physical restraint improperly (Davidson *et al.*, 2005).

Aims and Objectives

The research described in the remainder of the paper was being carried out at the same time that the *Holding Safely* guide was being produced and has directly contributed to its development. It has been funded by Save the Children in Scotland, and started in July 2003. The main aim of the project is to explore the experiences and views of those most directly affected by physical restraint in residential child care—children, young people and care staff in residential child care establishments. It will place these in the context of differing policies and practice about control and physical restraint. We intend that the voices of children, young people and staff expressed in this research further inform the development of policy and practice.

Ethical Issues

Given the sensitive nature of the research, detailed and frequent discussions took place about ethical issues, informed consent, confidentiality and procedures in the event that issues of abuse or poor practice were raised during the research (Alderson, 1995; Lee, 1993)

Information about the research was made available to children, young people and staff and time was spent in residential establishments to allow further questions to be answered. Parental consent for children and young people was gained where appropriate and consent forms were signed by all those who took part in interviews. Care was taken to ensure that children and young people did not feel coerced into taking part in the study. During the interviews, it was stressed that participants could

interrupt or terminate the interview at any time, that they could choose not to answer any of the questions, and that, essentially, they were 'in the driving seat'. At several points throughout the interview, the interviewer checked that the participant was happy to continue. On a few occasions, young people chose to stop the interview, either because they wanted to take part in other activities or they were bored with the interview. Similarly, a small number of staff members ended the interview early because of other commitments.

Methods and Methodology

This study used vignettes and a semi-structured interview schedule to collect the views and experiences of children, young people and residential staff members. Using vignettes as a qualitative research method offers flexibility and space for respondents to construct the situation according to their own experience (providing them with greater control), a less threatening way to elicit people's views about sensitive subject matter, a more varied format making participation more interesting, and an ability to capture beliefs, meanings, judgements and actions (Barter and Renold, 2000). It was felt that the vignettes offered a way for participants to speak more hypothetically about physical restraint before being faced with more personal and potentially uncomfortable questions related to their own experiences of being restrained or restraining children and young people.

Each interview, then, started with four vignettes, each representing a situation in which there is a potential for harm, and each with three levels of escalation. The situations involve an incident of throwing food leading to property destruction; young people planning to and then attempting to abscond; a situation of perceived unfairness that starts with verbal abuse and leads to a physical attack; and a conflict between two young people that escalates into a serious physical altercation. The situations were chosen as representing not uncommon occurrences in many residential establishments (many participants commented on their familiarity). The vignettes were also purposely constructed to have a multitude of interpretations, allowing the interviewees to begin to identify the many factors they consider when involved in a potentially harmful situation. In fact, some young people and most, if not all, members of staff who were interviewed at some point or another stated, "It depends" in response to one or more levels of the vignettes, and then went on to discuss the range of factors involved.

Some young people seemed to enjoy describing what they thought staff should do in each situation, and a few began to recount similar experiences rather than engaging in a more abstract discussion of what should happen in this made-up situation. A few young people appeared uncomfortable with this type of questions, possibly feeling pressure to come up with the 'right answer' (despite assurances to the contrary), in which case, the vignettes were abandoned. In other interviews, they proved to be an excellent vehicle in helping young people to identify and discuss their views related to what they consider helpful or unhelpful in escalating situations, and at what points they feel it is acceptable or unacceptable for adults to physically intervene or restrain a young person.

The semi-structured interview schedules were comprised of broad ranging questions, covering many aspects of restraining or being restrained, as well as the surrounding

circumstances. Areas included (but were not limited to): views as to the acceptability of restraint, experiences of feeling at risk, thoughts and feelings leading up to, during and after the restraint, the perceived role of police, experiences of injury, feelings of availability of support, and impact on relationships. Staff interviews averaged approximately 90 minutes, and young people interviews around 30 minutes. Interviews were fully transcribed and coding and analysis is ongoing.

The Sample

While there was a very positive response from agencies about participation in the research, the practicalities of gaining access to children, young people and residential staff members proved to be a time-consuming process. The need to gain parental consent for interviews with children under the age of 16 years caused particular delay.

The research eventually carried out interviews with children and young people and/or staff members in twenty residential establishments across Scotland. These included children's homes, residential schools and secure accommodation services in both local authority and voluntary/private sectors. Within one of the secure establishments, young people and staff were interviewed from both their secure unit and their close support unit.

Provider	Local Authority: **10**	Voluntary or Private: **10**	
Type	Children's Homes: **9**	Residential Schools: **8**	Secure: **3** (+ 1 Close Support)

In total, 37 children and young people were interviewed and 41 residential staff members. Both young people and staff were self selected. While the units were asked to provide a larger number of potential young person interviewees than were to be interviewed, very few were able to meet this request due to the difficulty in obtaining parental consents. The youngest child was aged 10 and the oldest 17.

Young People	Male: **26**	Female: **11**	Total: **37**
Staff	Male: **17**	Female: **24**	Total: **41**

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Themes and Issues

At this stage in the analysis of the research, a number of main themes have been identified:

- clarity in necessity of physically restraining children and young people in certain situations
- dilemmas and complexities in physical restraining
- specific concerns about physically restraining
- experiences and emotions of both children and young people and staff members
- relationships and physical restraint

Clarity In Necessity Of Physically Restraining Children And Young People In Certain Situations

Either in the vignettes or when asked directly whether they thought physically restraining a young person was ever an appropriate response (and if so, under what circumstances), almost all participants were in agreement that physical restraint is sometimes necessary and acceptable.

> "Aye, I think restraints should be done, they've helped me, but I don't think they should be done in every single circumstance." (young person)

> "*Do you think in that situation the young person should be physically restrained? Do you think that's right?*
> I would say so but if you were a boy and you were in the school you would actually think yourself that that was agreeable because the way the boys react in here to stupid things." (young person)

> "Well if it's to protect themselves and other boys, yeah, I do think so." (young person)

Like the second young person quoted, participants connected the appropriate use of restraint with issues of protection, safety, harm, risk, danger and/or destruction.

> "if the young person's causing harm to themselves or anybody else." (staff member)

> "it's clearly about the safety of others... primarily, the safety of others, and the person who's out of control." (staff member)

> "Because mainly it is for my own safety they are doing it, and all they want to do is see that the staff I get on with, and make sure that I don't hurt myself and that I don't hurt other people." (young person)

The following quotes also illustrate, however, the importance of attempting, when practicable, less intrusive interventions before resorting to physically restraining young people.

> "Yes, I would say that physical restraint, for me, would be a last resort, but obviously there are situations where the element of risk is so great that the only thing you can do is physically intervene." (staff member)

> "I would be taking all other paths possible… open to me because, just because I'm bigger than you doesn't give me any right to hold you is the way that I see it." (staff member)

This theme was more commonly voiced by care staff, but some young people were aware of and valued the concept of being physically restrained as a last resort.

> "The staff try their hardest not to restrain people. The staff hate restraining people. They don't like doing it, but the staff will only restrain you when it's in desperate need to be restrained. The first thing they do is try and calm you down, if that's not going to work, call the police or if they don't phone the police and you don't calm down, they might restrain you." (young person)

Dilemmas and Complexities in Physically Restraining

While there tended to be clear agreement around a general principle of restraining as a last resort and only for the purpose of securing safety when imminent or actual harm is taking place, both staff and young people still conveyed ambiguity as to what constituted the degree of harm necessary to warrant a physical restraint. This ambiguity often arose when discussing the vignettes related to property destruction and absconding.

Some interviewees expressed with a degree of certainty that if they knew a young person's history and patterns, and they assessed that the young person was likely to put him or herself at significant risk by absconding, then they considered it appropriate and necessary to physically restrain the young person. Some young people had similar views. Other staff and young people, however, expressed in just as certain terms that if there was no other way to prevent a young person from absconding, they would "have to let [her] go."

There were varying responses to situations in which a young person is destroying property, and some seemed to be trying to work out their own view within the process of the interview, as illustrated below:

> "Other people would argue that, with um, property, and other people's property it might come about, but primarily I think, other people's safety, the young person's safety.
> *Ok. So is that fair to say that if um property destruction was happening in one form or another that you wouldn't?*
> Yes, I think we would, I think I would, um, particularly if it was somebody else's property, um, and they don't have the resources to replace that property…property can be replaced, somebody's life and limb cannot replaced.
> *Ok, so I'm still unclear whether you think… that property damage does fall into the category of a, appropriate circumstance or not…*

> If the person is really out of control and really breaking things up, that might involve endangering other people, then yeah." (staff member)

Within the course of this answer, the member of staff made a link between property destruction and potential harm. In most cases when staff did express a view that property destruction was, in certain circumstances, an appropriate criterion for physically restraining a young person, they connected it to imminent danger of physical violence aimed at other people present or of potential self-injury to the young person.

Many young people, on the other hand, were quite clear that property destruction was, in and of itself, an acceptable reason for being restrained.

> "Well you shouldn't get restrained just for saying, 'Aye, fuck off, I don't like this shit, this school'. Ok. But if it comes to the point where you're smashing things and wrecking your room and that, you should be restrained, ok. Because there's, you've got to live in it, you know what I mean." (young person)

In examining more closely this and similar views, it can be interpreted that some young people feel they should be able to look to adults to protect them from their own destructive behaviour and the psychological harm that can sometimes be the result.

Some staff expressed uncertainty about how far they should allow property damage to go before physically restraining.

> "You're…basically ignoring it but they know, but maybe the kid knows that you're listening or that you're there when they're ready to talk, kind of thing. And the window smashed and then the window smashed again and by this time I had entered the room and I took hold of him. Now maybe if I'd done that in the first place he wouldn't, you know, and that's the bit where your professional judgment, I guess, comes in and maybe I was wrong in that case. Maybe I wasn't, it's hard to say." (staff member)

This excerpt not only reflects this participant's uncertainty as to whether he should have physically restrained the young person sooner in order to prevent the broken windows, but the complexity of the seemingly simple notion of 'last resort.' A less confrontational approach may render a physical restraint unnecessary in some cases, while in others, damage and possible injury may occur before a member of staff physically takes control. Staff not only appear to feel the weight of making a truly child-centred decision under extremely difficult circumstances, but also to be seen by other young people, colleagues and managers as competent. For some, this competency applies beyond the confines of restoring safety in the immediate situation to maintaining the overall structure (i.e. rules, expectations, routines) and even the physical environment of the unit. A general lack of ability, either by individuals or staff teams, to effectively maintain fair and predictable boundaries can in itself contribute to a diminished sense of safety amongst staff and young people, potentially leading to higher incidents of physical restraint. By the same token, an inability to respond to young people in a manner that helps them to de-escalate their behaviour and diffuses the situation will also increase incidents of physical restraint.

The following illustrates the dilemma between a desire to avoid creating a situation that, given the young person's difficulties and patterns of behaviour, might lead to him being physically restrained, and the necessity of setting boundaries.

> "And I think you need to be careful, you know, when you're doing that 'cos you can escalate a situation… a boy was sitting playing the Playstation, "come on you've been doing that for 2 and a half hours now, it's time you come up off it." "No. I'm no. I want to sit here." And they'd be happy if you'd leave them and it's like you create a situation for yourself by challenging them on it and I think we need to be careful. That's something I'm not sure of in terms of, it's difficult to know how to deal with it." (staff member)

The decision of whether to restrain is, in itself, a complex assessment that must take account a multitude of factors, as the following excerpts reflect.

> "…you start to think about, 'if I take on this situation, am I gonna be safe? Is this young person gonna be safe? Is the area safe? Do I need to remove people from the area? You know, what am I actually hoping to achieve by, by intervening? How is it gonna make the young person feel?' So you do really think those things… I really do think that that goes through people's heads. They might not recognise and understand that's what they're doing, but I think it happens." (staff member)

> "Or, you know, you've had a run in with this young person before on the day and you're not wanting that to influence the way you deal with them now." (staff member)

> "There are so many kinds of extenuating circumstances to every incident that [if] you took one factor away from the incident it would mean that that possibly didn't justify physical restraint." (staff member)

Despite the fact that most, if not all young people expressed a view that being physically restrained is necessary in certain situations, some also expressed significant ambivalence.

> "I think restraint, no. Something else, yes…I think that if someone was endangering someone's well-being, someone's life, then yes, you have the right to remain violent." (young person)

This young person seemed to be trying to express a view that restraint should only be used in very serious situations, but struggled as to where the line between serious enough and not serious enough should be drawn.

> "there's no need to restrain in that kind of situation… cos if you're getting punched and kicked you're gonna get bruised for a fortnight, for a couple of weeks… if you're getting battered by a pole across the head, then obviously it's so much more acceptable to pull someone off," (same young person as previous quote)

However, as we explored his views further related to getting bruises, he seemed to shift in his thinking.

> "I think that there's got to be something there, you cannot sit there and get knocked out, cos you could be a 5 foot 5 man that's 60 year old… starting on a 17 year old young man, 6 foot 4, yeah, you cannot just sit and get battered, right, that's what I personally think." (same young person as previous quote)

A few other young people contradicted themselves in terms of stating they considered restraint necessary and acceptable in certain parts of the interview, and then stating the opposite elsewhere. This most often occurred in response to the last question, "Is there anything else to do with physical restraint that you want to tell me about?", which was the case for the following.

> "No... Just they're rubbish anyway… Shouldn't have them.
> *Shouldn't have them at all? Even when somebody's a danger?*
> No, they should be put into a secure unit…Well big, a risk, a big risk to themselves." (young person)

These occurrences of ambivalence or contradiction appear to reflect a sense that there must be a better way of managing potential and actual harm. This was conveyed by staff as well and will be discussed further in subsequent sections.

Concerns About Physically Restraining

In the Who Cares? Scotland report *Let's Face It! Care 2003: Young People Tell Us How it Is* (Paterson *et al*., 2003), young people who were interviewed about their experiences of care raised concerns about being physically restrained. One of these centred on inadequate reasons for being restrained and both young people and staff in this study voiced similar concerns.

> "*Was there ever a time, Andy, that you got restrained when really you weren't a danger to anybody?*
> Aye.
> *Yeah? What do you think that was about?*
> I don't know. I wasn't happy about it anyway.
> *Does that happen very often*?
> ...it doesn't happen a lot, but it can." (young person)

> "I think quite often what people can do is people would rush into a room and people would take hold of that person and then justify it by saying that there was risk there." (staff member)

> "I was just wondering why they were doing it, why they were doing this, when there was not need for it… Because I was sent to my room, and then they confronted me, when I asked politely several times to let me get back to my room." (young person)

> "One person that I do know uses restraint in very, kind of, in the kids faces." (staff member)

> "Aye, sometimes like that, they're at me and I didn't even do anything, 'What you restraining me for?'" (young person)

> "What you taught them was that 'I'm bigger than you, if you don't do as I tell you, I'll take a hold of you'. So what you've taught him is, if he goes out and his kid disnae do what he's telt, is that right overpower him? Yeh." (staff member)

The other concern raised by young people was about how staff restrain them. Some young people discussed restraints being sore and described coming away with bruises and/or abrasions.

> "But half the time when they restrain you they just purely hurt you…well I get hurt most of the time. I had a mark, a carpet burn, right, and it's starting to go, like, hurting on my shoulder…like marks on my chest." (young person)

Some young people expressed a belief that these injuries were a result of their own struggling and that staff had done the best they could under difficult and violent circumstances. Others were less certain.

> "Because some of them are too rough and like the one down… in that house where I was smashing stuff up and that… it felt like he wasn't trying to keep me safe. He was just angry because I'd smashed his stuff up… And what I called him. And like that felt really uncomfortable and he hurt me." (young person)

While this young person went on to say she did not believe the member of staff intentionally hurt her, she appeared to have insight around his own triggers and inability to make her safety and well-being his primary focus in the heat of the moment. Most concerning were those young people, many of whom stated clearly and colourfully, their belief in the intentionality of some staff to hurt them.

> "And he squeezed it more… and squeezed it, then let go, so he did.
> *And when he squeezed it, what did you take that to mean?*
> He was just being a prick basically…some staff, some staff are right assholes… They just pure squeeze tight and everything, and you are, like, 'Ahhh, ahhh, leave me alone!'" (young person)

No staff discussed concerns about witnessing or being involved in restraints where inappropriate force was used, but many described worrying about the young person when discussing their thoughts and feelings leading up to and during a restraint.

> "…kind of nerves as well that you think, 'Am I doing this right? Is the kid getting hurt?'… I think it was just the shock of us having to do it." (staff member).

> "*Can you remember what you were thinking and feeling during those restraints?*
> "'I can't believe it's likely to come to this'. I think that's always my initial thought and even at that point when you are in the restraint, obviously [you] don't talk and you say nothing, but at the same time your mind is going over, 'How could I have avoided this? What happened to get us to this stage? Am I clear about why a restraint has been implemented here? Did I do it properly? Is the support that I've got from my colleagues been appropriate in relation to any take down?' And also thinking about the young person as well. 'Are they OK?' I make sure I'm not hurting them, I'm not lying across them, I'm in the appropriate position. 'Is my colleague', whoever is assisting you, 'hurting them or aware of what they are doing as well? Is the young person showing any signs of,' well generally they do show signs of distress which can be quite upsetting and it can be a case of that you actually want to let them go." (staff member)

Experiences and Emotions

The young people's descriptions of being physically restrained covered a broad range of experiences. Some claimed to have no feelings about, or memories of, the actual restraint; this may have been their way of choosing not to revisit uncomfortable or painful memories or share them with the interviewer. It would be more concerning if children and young people have 'shut down', cognitively and/or emotionally, in relation to these experiences, perhaps as a result of them being traumatised or re-traumatised. While we cannot tell the reasons from the interviews, what does seem apparent is that these particular young people have not made sense of their experiences.

Most staff and young people described their experiences of restraint in negative terms.

> "I felt shocked, disappointed, humiliated in front of my peers. Disgusted, abused. But most of all I felt, how did I feel? Most of all I felt violated." (young person)

> "It was just horrific, horrific circumstance and to be quite honest, it was, it was eating away at you because where do you go, what do you do with him?
> …The last thing you want to do is be holding the wee boy for any length of time. This wee boy could remain being held for hours if he wanted to." (staff member)

> "I don't like restraints, well I don't like them, no, just me cos I see 'em and it's not nice to be put down." (young person)

> "I'm in this job because I care about kids and I want to help kids, and seeing them that distressed and that angry and stuff, it's upsetting in itself." (staff member)

Many staff described a physical reaction to situations in which they have to restrain a young person.

> "I can normally deal with the situation itself but immediately afterwards, immediately as it's safe to do, um, my stomach's churning, my hands are sweating, um, I can shake, I can cry." (staff member)

> "I find that my head twitches, and my neck starts to twitch and I don't know why. I think that came from very early days where I was so concerned about being struck or head butted or stabbed on some occasions that I was so ready to kind of jolt back, that I was constantly moving almost like a nervous twitch, in the event I needed to get away from the situation." (staff member)

> "I was very, very distressed. I was in the office crying and I was shaking and I was really, really upset… I remember it very well." (staff member)

Some descriptions of the experience encompassed more than simply the restraint itself, but the whole context as contributing to the negative experience.

> "I just, I don't know, I feel really angry and stuff and hurt.
> *Hurt that they're restraining you?*
> Not hurt as in they're hurting us, just hurt because of the problems and you're angry and stuff…You feel upset that you couldn't like, go to someone at the time, you didn't feel at that time that you could go to somebody and talk about it." (young person)

> "I was just trying to comfort him but obviously just feeling so completely overwhelmed by sadness, actually, for him. And really pulled down and kind of flat and just, I mean, after a restraint like that, I mean, sometimes I shake and everything and [it's] just horrible." (staff member describing a restraint on Christmas day)

A theme emerging from staff interviews is a sense of guilt or defeat related to their inability to find a way to avoid having to restrain the young person.

> "You feel kind of guilty that you thought you had it, that you had it all sussed and then it's guilt for not being able to do enough and then you feel responsible for not, not doing enough to prevent it. Although regardless of what you do, it might never be enough. It might never be the right thing… and there is a sense of guilt, for me there's a sense of guilt when you do it.
> *Guilt because?*
> Because you're in a trusted kind of environment with a young person who's never trusted anybody and for a lot of kids, or for some kids anyway, you know physical abuse has been [in their past]. They're coming into this environment and they're not expecting to be held down or have physical restraint." (staff member)

> "you feel a bit of a failure because basically, you try to tap into every kind of resource available to you and it's not working, um… for the better of the child." (staff member)

Another area of this broad range of experience described by young people involved having some sense of catharsis as a result of being restrained.

> "… most of my restraints have been my fault, and it's through drinking… When I'm restrained still, I try and fidget about… the staff will sit there as long as until I calm down… I'm that much angry with all these people around me and I can't get any control, and then I start getting angry and then, my eyes all fill up and then I cry, and once I've cried, then I'm alright again, and then I get up and maybe the staff will talk to me." (young person)

> "After a restraint I feel much more like, I don't know how to say it, just more, I feel better because everything's out." (young person)

While staff did not describe any positive experiences of a restraint itself, some were aware of the cathartic effect for some young people.

> "At the other end of the scale I've held a kid that's, look it's been the best thing for him, right, because they've been needing to let out what's coming out and the only way they could do it was going over here, where being held and being safe for that ten minutes... And you come out of that and you're very much, 'Phew'. You feel as though that's done them the world of good… again it never does you the world of good. I don't care what the circumstances is, I always feel sick." (staff member)

We were also interested in what young people had to say about what it felt like to witness another young person being restrained, and again we got a broad range of answers. Most responded that they did not feel anything about it, some had more neutral responses (at least in terms of upset or distress), and only a few described feelings of upset.

> "*Do you remember how that felt to see somebody else get restrained?...*
> I was alright with it. I just got on with my work." (young person)

> "*How did it feel to hear somebody else being restrained?*
> I just laughed at it cos he laughs at me when I get restrained. So I just laughed at him." (young person)

> "When the staff really did get him down and calm and he was on the floor, then he would cry and it would be a painful cry, you know? Not an anger cry like, he wouldn't be shoutin' and swearin' at the staff any more by this point… like really just upsettin' to watch, it was really upsettin' to watch." (young person)

Some young people and staff members did discuss more positive experiences of physical restraint and these were often placed in the context of relationships. We will discuss these in more detail in the next section.

Relationships and Physical Restraint

"Restraint happens in the context of a relationship" (Fisher, 2003, p.73), and we are interested in how this context affects and is affected by the experience of restraining or being restrained. For some young people, the existence of strong, positive relationships seemed to impact their experience of restraints.

> "Mine were all pretty comfortable because I felt comfortable with those people…
> *How would you make a person understand what you meant by using the word comfortable?*
> Like you don't feel unsafe and some dirty person's going to hold me to try and do something to me and stuff. You feel comfortable with it. It's, I don't know. It's not like trying to hurt you or that, they're trying to keep you safe." (young person)

> "Eddy's always been there, but me and Eddy have bonded all well, that's what I'm saying. I call him, he's my dad, you know what I mean, but he seemed to have always been there when I was restrained or, anytime I'm angry, I've left the building, he always seems to be there." (young person)

> "Billy's my best staff in this house school… I was angry one day and I kicked that telly there, and… Billy restrained me and I just thought, 'Woah, here's Billy restraining me, I want to calm down,' you know, I didn't want him to be restraining me so I just stopped. I just eased off and then they let me up.
> W*hy didn't you want him to restrain you?*
> Because of, I built a good relationship with him." (young person)

In regard to a restraint's impact on the relationship between staff doing the restraining and the young person being restrained, many young people spoke of it having no effect.

> "No, it doesn't, they just, the staff, staff don't, staff hate it as much as we hate it." (young person)

Both staff and young people spoke about negative impacts.

> "I think for a short period of time, there's, um, a degree of dislike, hate, towards you, um, and again it's about building barriers and breaking down barriers. Um, and we, see you are not their enemy, you're helping them." (staff member)

> "*sometimes you said it makes you grow further apart from someone?*
> Because like, I really liked Allen and as soon as he held me, it was like I didn't want to know him." (young person)

> "You won't be happy with them at first but it wouldn't bother me all the time.
> *So maybe short term you'd feel a bit more unhappy with them but long term?*
> It doesn't bother me." (young person)

> "There's a strain initially especially if it's been quite hectic, if it's been violent, which is usually has to go to the hold anyway and I think it is quite strained and I think it really depends on the adult being an adult in that situation." (staff member)

Members of staff seemed aware of the importance of good practice after a restraint in order to minimise damage to the relationship, as illustrated in the following.

> "I firmly believe that the aftermath of a restraint is probably the most significant time for a young person and also for the member of staff involved. If they manage themselves and manage that situation sensitively, clearly, concisely and the young person understands and the staff member understands and there is a joint understanding of how that situation came about and of how that situation could avoid happening again, I think there is minimum impact in terms of the relationship." (staff member)

This can be particularly difficult when staff are also dealing with their own feelings of fear, anger or violation.

> "It probably had a bad effect on the relationship just because of the intensity of the assault that led to the restraint.
> *…so was it the restraint itself or the assault, you think, that impacted the relationship so badly?*
> It was probably just the whole incident, cos, probably um, a lot of mixed feelings on both sides. Like even during the resolution, it was very tough to kind of think, well I'm gonna have to go in and work with this young person.
> *So you had trouble overcoming the assault?*
> Yeah.
> *Did the young person have trouble overcoming the fact that he or she had assaulted you?*
> Er, not really. Not really, remorse or, no, and I think that's probably what happened.
> *That made it harder to overcome?*
> Yeah, the resolution didn't kind of have, it just kind of, although we were trying to get the young person to speak about it, it was just kind of well, 'it's happened and that's it'. There was no discussion about how they felt or what they wanted to [have] happened, or what they wanted to have changed about how they had reacted, how we reacted." (staff member)

Conversely, both staff and young people described an improvement in their relationships after a restraint. With further probing, it became clear that this improvement was not a result of the restraint itself. Rather, it was how the whole situation, of which restraint was only a part, was handled and how that in turn affected the way the young person felt about the staff.

> "It does damage the relationship, you know if it's not dealt with appropriately… the other way it will go is that they'll always respect you for stopping them from doing any more harm to themselves. They'll come and say to you, that, 'Alright I hated it, but I know that it was needed, and I'm really

sorry that it had to go to that, but thank you'. You know, it can be very strange, somebody saying thank you for stopping [them]." (staff member)

"A restraint does because you could think a member of staff is a weak one and then when you get restrained you might like them because you know they are not going to take any of your crap.
So you kind of like them more because they don't take,
they don't take any of your rubbish that you are maybe going to throw at them, so you won't throw rubbish at them and you might start liking them again.
Sounds like respect, you like them or respect them more?
Yes. I didn't like Mr Brown that much until he restrained me.
Is there a trust factor involved in all that too?
Yes, if somebody restrains you and you trust them again, you are alright but if somebody restrains you and you don't like them you are not going to trust them but if they restrain you and they do it alright you trust them again, like me and Mr Brown, we're alright." (young person)

"Depends how you resolved the situation there. In fact, some ways it can actually bring the young person closer to you, make them feel safer and more trusting of you.
How so? Why is that?
Because they'll have, generally have been out of control in some way or other when you took that step, and you're likely to have had at least some verbal abuse thrown in your direction… but if you took control of the situation without hurting the young person and the young person's able to see that, that you'd done whatever you can not to hurt that young person and you still treat them with respect, you're still talking to them and trying to calm them and stuff like that… 'You accept me as I am' type cliché, you know, um, that kind of thing, they're safer and they're not judged." (staff member)

"And like when that guy, Jimmy, came in there, he was like holding me in a like, you know it was like a fatherly way or something, making sure I was safe and that.
And that feels?
Like he's caring for me." (young person)

"*How does restraining a kid improve trust?*
I think security, and also he knows I'm not going to hit him and things, that I'm not going to be too rough and not going to hold him any longer than he needs to be held all that stuff. And also that I'm not just going to abandon him afterwards, that you're going to see it through with him. That you're going to speak to him about it… In general kids, I think, this is the surprising thing, acknowledged that they needed to be restrained." (staff member)

"*What about the other side of the coin? Has it ever made you feel like the relationship's a bit better, in some way, after a staff member has held on to you?*
Sometimes, because it makes, like, they're protecting me, man. They feel like you're, you feel like they're protecting you, so you feel got up with your confidence with them…

> *So you feel more confidence with them, maybe trust?*
> Like, because I've only ever been held with the likes off of Collin, my key worker. That made me feel a wee bit better in my relationship with him."
> (young person speaking about staff member quoted immediately before)

Conclusion

It is clear from this preliminary analysis of the data that the experiences and views of young people and staff reflect the multifaceted and complex nature of physical restraint in residential child care. Within this complexity, the meaning each participant makes of their experience of restraining or being restrained is based on their beliefs, values and previous experiences. This meaning is also often co-constructed within staff groups and between staff and young people; this takes place within the context of the overarching culture and ethos of the establishment. This research attempts to come to an understanding of participants' individual experiences, as well as provide an overall picture of restraint as represented by the collective voices of those who have participated in this study. This also requires an appreciation of the wide variation of meanings attributed not only to the experience of restraint, but also related notions of 'harm', 'last resort', 'safety', and the act of 'holding'.

The importance of relationship is central, both in regard to the context within which people experience restraint, but also the coming together to co-construct its meaning and implications. If staff members are to physically restrain young people only as a last resort, then clarity as to what this means must be established and continually explored through open dialogue. Establishments must also proactively create strategies and environments in which restraint is not necessary. At the same time, if young people are to more consistently experience those instances in which they are restrained as an act of protection and caring, then this meaning must also be developed and maintained amongst staff and between staff and young people.

Trust within these relationships appears to be an essential factor. In order to establish and preserve trust, there must be congruence between staff members' affect, action and communication of 'care' and 'last resort' throughout an incident which involves a young person being restrained. An establishment's ethos must also serve to promote a sense of safety in terms of taking ownership when one's practice becomes incongruent, and challenging the incongruent practice of others. This type of ethos would also likely engender confidence amongst young people to voice and work through related concerns, or if necessary, make a complaint and know that it would be taken seriously. There is evidence that some of the processes related to the co-construction of meanings, congruence within practice and the development and maintenance of safe, supportive and accountable ethos's is be taking place in some of the establishments who participated in the study.

The necessity of physical restraint, then, is not located simply within the pathology of the young person, nor is its misuse located simply within individual staff or even staff teams. These, like any other social problems, are ecological in nature and will only be ameliorated by coming to understand and address their many, related, complex layers.

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