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Young People's Experiences of Physical Restraint in Residential Care: Subtlety and Complexity in Policy and Practice

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Introduction

Over a number of years, children and young people have expressed concern about the use of physical restraint in residential childcare in the United Kingdom. For the most part, this evidence has emerged in the context of the abuse of children and young people (Hart & Howell, 2004). The National Association of Young People in Care (NAYPIC), in a study of 50 complaints to the association during a three month period, found that 40 of the young people complained of forcible restraint that they felt was unnecessary (Moss, et al., 1990; see also Safe & Sound, 1995; Who Cares? Scotland, nd). Unwarranted and excessive use of force in physically restraining youth was identified in the inquiries into abuse in Leicestershire and North Wales (Kirkwood, 1993; Waterhouse, 2000).

Very little research, however, has focused on physical restraint in residential childcare. The perspectives of children and young people have rarely been sought (Day, 2000), and indeed, the views of service users across all ages and client groups are largely unknown (Chien, et al., 2005; Gallop, McCay, et al., 1999; Hawkins, et al., 2005; Ray, Myers & Rappaport, 1996; Wynn, 2004). Mohr, Mahon, and Noone (1998) described in an *Archives of Psychiatric Nursing* article the traumatization of 19 previously hospitalized children, based on their experiences and memories. They identify three forms of traumatization: vicarious trauma, alienation from staff, and direct trauma. An another analysis of 81 debriefing incidents relating to both seclusion and restraint in an inpatient youth service showed 65% of the patients felt safe during the seclusion or restraint and 70% felt that their dignity and privacy had been respected (Petti, et al., 2001, pp. 118–119).

Lindow (2000, p.2), in the context of work for the National Task Force on Violence Against Care Staff, highlighted that "the voices of the service users concerned do not sound out from the research" and that their views could point to answers to preventing or managing violent and aggressive situations (see also Day, 2000).

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The issues and difficulties concerning physically restraining children and young people have led to ongoing demands for government guidance. A number of enquiries has recommended that the government issue full guidance for staff on matters of control, restraint, and physical contact with children in residential care. Some debate whether such full guidance has been achieved and highlight the lack of clarity and inconsistencies in the United Kingdom around these issues:

> 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 & Howell, 2004, p.4)

Leadbetter (1996) argues that the failure to produce practical guidance and training is likely to drive the practice underground and to reinforce the high levels of stress experienced by those residential staff who regularly deal with challenging and difficult behavior.

The lack of clarity is compounded by the legal complexity that surrounds this area of practice. It involves general criminal law relating to assault, culpable and reckless conduct and self-defense. 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 & Howell, 2004). Educational legislation is also relevant in this area, as are the regulations relating to care services, looked after children, residential establishments, refuges for children, and secure accommodation (Davidson, et al., 2005). In Scotland, national standards relating to services for children also refer to physical restraint and address written policy and procedures, training and support of staff, recording of the use of restraint, and support for young people after an episode of restraint. The standards state that restraint should only be used when there is likely to be harm or damage and that staff members are trained to anticipate and calm down possibly dangerous situations (Scottish Executive, 2002, p. 20).

Overarching this legislation and regulation, the Human Rights Act 1998 establishes important protections from abuse by state organizations and employees. Article 3 prohibits "torture or inhuman or degrading treatment or punishment." Hart and Howell (2004, p.11), in reviewing case law in the United Kingdom, conclude that, "Particular consideration thus needs to be given

DRAFT

as to whether a method of restraint thought not to breach the rights of an adult may still breach those of a child."

The UN Convention on the Rights of the Child, which came into force on 2nd September 1990, is also important and relevant to the issue of restraint. In the UN Committee on the Rights of the Child report (2002) 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. It called for a review of the use of restraints and solitary confinement to ensure compliance with the Convention, in particular articles 25 and 37.

Although this review has not taken place, the Scottish Executive approached the Scottish Institute of Residential Child Care to produce, in consultation with key stakeholders in Scotland, a guide on the use of physical restraint for residential childcare workers and managers (Davidson et al., 2005). It emphasizes the need for practitioners to have the right skills, knowledge, and attitudes so as to be prepared for those occasions when restraint is absolutely necessary and to reduce the need to restrain a young person in the first place. This guidance was developed in parallel to the research presented in this chapter.

The Study in Context

Though part of the United Kingdom, Scotland has a devolved parliament and government responsible for, among other things, education, health, local government, social work, housing, and justice. There are 32 directly elected local authorities in Scotland that provide local services and are responsible for looking after children and young people in need of care or protection or who have committed offenses. The Children's Hearings system decides whether children should be looked after and in care. Consisting of three lay volunteers, the Hearing Panel considers cases of children referred on grounds of offenses, child protection, or nonattendance at school. One option of the Hearings is to place children in residential care.

Children and young people may be looked after in a range of residential establishments in Scotland; the main types are children's homes, residential schools, and secure accommodation establishments. Children's homes are small establishments, with an average of six beds, which do not provide education on site; they tend to be run by local authorities. Residential schools are larger establishments that also provide education and tend to be run by private (for-profit) or

DRAFT

voluntary (not-for-profit) organizations. Secure accommodation services are locked facilities and run by both local authorities and voluntary organizations. Children and young people are placed in residential care for a range of reasons, with the primary ones being offending and behavior problems; abuse and neglect; and family support. The majority are adolescents, although a significant proportion is less than 12 years old (Kendrick, 1995; Milligan, et al., 2006).

Data for March 31, 2005, show that local authorities looked after 12,185 children; the majority of these were being looked after at home with their family. Children looked after in residential accommodation accounted for 14% (1,539)—716 in local authority homes; 57 in voluntary sector homes; 618 in residential schools; 82 in secure accommodation; and 66 in other residential accommodation (Scottish Executive, 2005).

Physical restraint is defined 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). In the United Kingdom, mechanical and chemical restraints are only rarely used in residential services for children. The focus of this study is on physical restraint by staff. We will present the results of a study that explored the experiences and views of 37 children and young people, and 41 staff members in a range of residential establishments in Scotland. Save the Children funded the study.

The study's main aim is to give voice to those most directly affected by the use of physical restraint in residential childcare in order to further inform the development of policy and practice. This chapter focuses on the views and experiences of the children and young people and highlights that their perspectives are subtle and complex; they discuss positive as well as negative aspects of physical restraint. This complexity needs to be recognized and taken into account in policy and practice, and, through input to the development of the Scottish guidance, this process has already started.

Methods and Methodology

The study adopted a qualitative methodology to survey the views and experiences of children, young people, and staff in a range of residential establishments in Scotland. Semi-structured interviews were carried out with 37 children and young people between the ages of 10 and 17, of which 26 were male and 11 were female. The research involved 20 establishments, evenly divided between those run by local authorities and those run by private or voluntary

DRAFT

organizations. The establishments included children's homes, residential schools, and secure accommodation services. In addition to interviewing children and youth, 41 staff members in the establishments were interviewed (Steckley & Kendrick, forthcoming, for discussion of staff views). The interviews took place between February 2004 and May 2005.

The interview schedule for children and young people covered a broad range of topics, including: views about the acceptability of restraint, experiences of being restrained, experiences of witnessing other young people being restrained, understanding of staff guidelines related to restraining young people, views about times when staff got it wrong, and the impact of being restrained on relationships with those staff who did the restraining. The interviews also the used a series of four vignettes—short scenarios representing a situation involving potential harm with three levels of escalation and potentially involving physical restraint. They were constructed around some common types of situations in residential childcare. The four situations were: threats leading to the throwing of food and property destruction; threats by youth to abscond leading to an attempt to abscond; perceived unfairness leading to verbal abuse, spitting, and a physical attack on a staff member; and a conflict between young people leading to a serious physical altercation.

Such vignettes offer a range of potential benefits in qualitative research (Barter & Renold, 200**0**). They can provide space and flexibility for participants to construct the scenario according to their own experience and, as a result, afford them greater control. Discussing scenarios can often be experienced as less threatening than being asked direct questions, which can be of particular benefit when covering a sensitive subject. They provide a more varied interview format that can make participation more interesting, and their use alongside semistructured questions can increase the likelihood of capturing beliefs, meanings, judgments, and actions more deeply and comprehensively. The use of vignettes also involves a standardization process within the interview that permits more reliable and comparable generalization, and could be useful for cross-national comparisons.

Some of the young people seemed to relish the chance to discuss what they thought staff should do in the various situations. Others jumped directly into recounting their own experiences of escalation or being restrained, and did not engage in a more hypothetical discussion of what they thought should happen. A small number of young people appeared uncomfortable with the

DRAFT

vignettes and it seemed that they felt they needed to come up with the right answer (despite assurances to the contrary). When the young person did not engage with the vignettes, the vignettes were abandoned. Overall, however, they served well the purposes of allowing the young people to explore the use of physical restraint in different circumstances and situations.

All interviews were transcribed, and coding and analysis of the material utilized qualitative research software. Five main themes, detailed below, were identified within this process and form the framework for this chapter.

Ethical Issues

Due to the sensitive nature of the research, significant attention was focused on issues of informed consent, confidentiality, and practices in the event that allegations of abuse might occur during the course of interviews (Alderson, 1995; Lee, 1993). The study was subject to the procedures for ethical approval of the University of Strathclyde. Information in a child-friendly format was made available to young people and time was spent prior to the interview to clarify or answer any questions. Each young person at the start of the interview signed a consent form. Where appropriate, parental consent was also obtained, although this was a challenging obstacle because the research was sometimes not necessarily a priority for busy residential staff, nor for parents of the children and young people.

It was made clear to children and young people that they could choose not to answer any questions or discontinue the interview at any point. At several points throughout each interview, the researcher would check in with the young person as to how they felt and whether they were happy to continue. None of the young people showed outward signs of distress during or immediately after the interviews, though discussions with unit staff took place covering the potential for delayed or displaced feelings resulting from the interviews so that staff were prepared to monitor and offer extra support if necessary. In a very small number of cases, young people spoke about incidents related to physical restraints that could be interpreted as involving poor practice. With the knowledge of the young person, these were discussed with the head of the establishment so that appropriate action could be taken. In order to ensure the confidentiality and anonymity of the children and young people who took part in the research, names have been changed and minor details may have been altered. When they have referred to staff members, their names have been changed as well.

DRAFT

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Themes and Issues

Much of the debate surrounding the physical restraint of children has taken place in the context of abuse, and that youth views have been predominantly negative. The subsequent analysis of the interviews with children and young people show that, in fact, the issues are much more subtle and complex. We address the views of children and young people according to the following five main themes:

- in general, a belief in the necessity of physically restraining children and young people in certain situations,
- the reasons for physical restraint,
- experiences and emotions related to physical abuse,
- concerns about how physical restraint is done, and
- relationships and physical restraint.

A Belief in the Necessity of Physically Restraining Children and Young People in Certain Situations

Either in discussion of the vignettes or in response to a direct question, almost all the children and young people stated that, on some occasions, a physical restraint should occur. Similar to results identified by the Children's Rights Director in England who consulted with six groups of children and young people in residential care, children and young people in this study recognize that physical restraint can be necessary to prevent injury and ensure the safety of others (Morgan, 2005).

Brian: "Well, if it's to protect themselves and other boys, yeah, I do think so."

Dennis: "It would depend. I think it might be good if it's going to keep them safe…If there was a safety issue."

Sharon: "If they're hitting people…Putting them self at risk…Or other people…And that's about it."

Helen: "Aye, I think restraints should be done; they've helped me, but I don't think they should be done in every single circumstance."

While young people were also clear that not all escalating behavior warrants being physically restrained, property destruction was also considered, in itself, as an acceptable reason

DRAFT

for physical restraint by most young people. In fact, young people tended to have a more liberal view than staff of property destruction as an acceptable reason for physical restraint (Steckley & Kendrick, forthcoming).

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

Despite this general view of physical restraint being necessary in certain situations, there was also evidence of ambivalence amongst those interviewed. Hayden (1997) also identifies ambivalence in the views of four young people interviewed about physical restraint in children's residential care in England. While youth clearly stated that a young person should be restrained in a particular situation, a small minority later contradicted themselves. For example, one young person who, in discussion of a vignette related to an attack on staff, had stated that physical restraint should occur but later stated that it should never happen.

Callum: "No...Just they're rubbish anyway…Shouldn't have them.

Interviewer: Shouldn't have them at all? Even when somebody's a danger?

Callum: No, they should be put into a secure unit…Well big, a risk, a big risk to themselves."

Interviewer: Should young people be restrained in secure units then?

Callum: Yes…Well if they're a danger, no, they shouldn't because if they're a danger to themselves they should just be put in their room…Staff, it's different, because they're here to help you."

Another young person, within one statement, shifted his opinion as he thought of a life-threatening situation that would necessitate restraint.

Lee: "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."

A couple of the young people, although recognizing the need for physical restraint in some situations, also suggested alternatives to restraint when young people are escalated to the point of becoming a danger.

DRAFT

Jason: "…when you're angry or if you're, you just even swing for something, you even kick something, you're just gonna get put down on the ground.

Interviewer: And what do you think about that? Is that maybe what should happen or it shouldn't?

Jason: "No, it shouldn't happen, just getting put on the floor. You should, there should be somewhere that you could go, yeah, in places like that and just take your anger out on something."

Interviewer: Like what?

Jason: "A big soft room of something…so you can take your anger out."

Perhaps all of these instances of ambivalence and contradiction reflect a longing for a better way of managing potential and actual harm, though most of the youth acknowledged a lack of easy answers.

Wendy: "I think it's difficult, like, restraint…I think they are trying to find out another way of handling it instead of restraints. But I mean, I don't know if there would be another way. It's unfortunate that it has to get to such an extent."

The Reasons for Physical Restraint

We have seen that when discussing the reasons why a young person should be restrained, almost all young people made connections to risk and safety, and/or to property destruction. Almost all young people, however, also described being physically restrained or witnessing a physical restraint on at least one occasion when they did not perceive a safety risk.

Jason: "Aye, sometimes like that, they're at me and I didn't even do anything. 'What you restraining me for'?"

Interviewer: Was there ever a time, Michael, that you got restrained when really you weren't a danger to anybody?

Michael: "Aye."

Interviewer: Yeah? What do you think that was about?

Michael: "I don't know. I wasn't happy about it anyway.

Interviewer: Does that happen very often?

Michael: "...it doesn't happen a lot, but it can."

DRAFT

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Young people, then, distinguished between those situations in which they felt they needed to be physically restrained, and those in which they felt they did not but were restrained anyway.

John: "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."

This recalls examples in the Grimshaw and Berridge (1994, p. 94) study of residential schools 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." Morgan (2005) also describes youth who felt they had been restrained when they should not have been.

Just over a quarter of young people were able to compare the difference between being physically restrained in their current residential placement, and either another residential establishment, a foster home or their own home. John, who described the incident above, also gave his perceptions about physical restraint in another placement and these contrasted markedly.

John: "I know that when I get restrained I always need it in here…because mainly it's for my own safety that 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."

In addition to concerns over inadequate reasons for being physically restrained, young people were also aware of notions of last resort (though they may not have used that specific phrase).

Tim: "Sometimes we get really like unsafe, and I don't think you should go to the hold and that…Sometimes they hold you too quick."

This young person was able to recognize the need for intervention without it necessarily going to a restraint. Other young people, however, spoke more positively about staff members' attempts to intervene less intrusively.

Steve: "If there's other ways around it then they can try and stop me getting restrained, but if there's not then…"

Interviewe: Then that's what happens?

Steve: "Yeah."

DRAFT

While they did not appear aware of specific techniques or tactics staff used to help them calm down, close to a quarter seemed aware of and valued staff's efforts to find other ways to help them through an escalated situation.

Helen: "The staff tries their hardest not to restrain people. The staff hates 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."

Participants stressed the overall importance of staff members talking to young people to try and help them through highly escalated situations, although in the second quote the young person singled out a specific staff member in comparison to others in the establishment.

Peter: "In here they'll talk things through rather than restrain you." (Peter)

Brian: "Aye, they're too quick…they don't really talk to you a lot…"
Interviewer: … they don't try other things at that point, like talking to you, helping you?
Brian: "Well only sometimes. I know Linda's good for talking to you. Yeah. She's really good for that, talking and calming you down."

Experiences and Emotions Related to Physical Restraint

A broad array of experiences was reflected in the responses of the study participants. A small minority stated they had no memory of or feelings about incidents of being restrained; this may possibly due to a desire to avoid thinking or talking about painful feelings, though interestingly, two young people asked to skip the related question. A more concerning possibility might be that some young people have "shut down," either cognitively or emotionally, as a result of being traumatized or retraumatized by being restrained. There is no way to be certain about the reason for these types of responses, but it does seem apparent that many of these particular youth have not been able to work through and make sense of their experiences.

Not surprisingly, given previous literature and evidence, of the young people who had been restrained and discussed feelings surrounding being restrained, all described at least some of their experiences negatively.

DRAFT

Lee: "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."

The strength of emotions expressed by this particular participant sets it apart from the rest and may be due, in part, to the fact that two staff members were disciplined as a result this restraint. Other young people expressed their negative experiences in more general terms.

Jason: "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."

Allen: "It's shit." (Allen)

A variety of negative emotions related to the experience of being restrained were identified, including: sadness, frustration, embarrassment, regret, hate or aggression towards staff, and hate or aggression towards self. A small minority described feeling like they were going "mental" or otherwise described feelings of losing emotional control.

Michael: "Well there's a couple of weeks ago and…I really felt like losing the rag. …

Interviewer: What was happening leading up to you getting a restraint?

Michael: "Just some stuff at home."

Interviewer: …What was going through your head, do you remember?

Michael: "No. No."

Interviewer: How about how were you feeling?...what sort of feelings?

Michael: "Psycho-ish.…But it was very, very dangerous what happened."

Interestingly, very few youth mentioned fear and those that did either had never been restrained themselves or expressed fear in relation to seeing another young person get restrained.

The overriding and most readily identified emotion was anger, and almost three quarters of the young people expressed anger for an assortment of reasons. Some were angry with staff, especially if they felt a restraint was initiated too quickly, implemented for inadequate reasons, or carried out too roughly. Some were angry with staff or fellow peers in the lead up to the restraint; others found being held against their will to be the source of extreme anger and some felt angry with themselves.

Sharon: "I just, I don't know, I feel really angry and stuff, and hurt."

Interviewer: Hurt that they're restraining you?

DRAFT

Sharon: "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."

A small minority of young people spoke about restraint being used almost as a release valve to vent anger.

Jason: "There's some boys in here…there's boys that speak to each other and like say, 'Aye, I feel like I like getting restrained to take my anger out away.'

Interviewer: Some boys say they like getting restrained to get their anger out?

Jason: "Aye, aye, some boys feel that's the way to take their anger away from them."

One young woman spoke movingly about the cathartic experience of being physically restrained.

Helen: "I think I just needed a cuddle…That's just my way of dealing with anger…most of my restraints have been my fault, and it's through drinking…"

Interviewer: You said early on in the interview that you felt like you got restrained, sometimes, to be able to cry.

Helen: "Aye."

Interviewer: Do you think sometimes you get restrained to let your anger out?

Helen: Aye, that's what gets me angry, and I cry…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…and I feel better again."

These quotes do, however, raise the concern that young people may become entrenched in a destructive dependency on physical restraint as a coping mechanism for their emotions, and this was reflected in staff interviews (Steckley & Kendrick, forthcoming). Another possibility is that physical restraint is experienced by young people as part of a greater process that helps them to internalize their own coping mechanisms for uncontainable emotions, and interestingly, Helen did say that she had now developed alternative ways of managing her feelings and had not been restrained for over a year.

Witnessing other young people being restrained also generated a range of emotions and feelings. Just under half expressed frustration, upset or anger at seeing a peer restrained, with

DRAFT

anger being the predominant emotion cited. About the same number either claimed to have no feelings or stated they were happy because they thought the restraint was "right" to do. It is unclear whether an absence of feeling is merely a defense against deeper feelings on the issue or desensitization to the exposure to the distress of other young people.

Interviewer: Do you remember how that felt to see somebody else get restrained?...

Craig: "I was alright with it, I just got on with my work."

Interviewer: How did it feel to hear somebody else being restrained?

Jason: "I just laughed at it cos he laughs at me when I get restrained so I just laughed at him."

Conversely, some young people may have experienced a feeling of safety, which was potentially the case when two young people described seeing the school bully get restrained during an episode of significant aggression.

Under a quarter of young people, however, did seem attuned to the feelings of their fellow resident and connected this empathy with their own negative feelings.

Wendy: "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."

This young person did go on to clarify that she would mostly hear rather than see this boy, as staff had removed the rest of the group on these occasions. The vividness of the description, however, bears testament to the intensity some feel from hearing their peers' pain.

Concerns about How Physical Restraint is Done

Another dominant concern that was raised by a significant number of young people centered on how roughly they were restrained. This research directly echoes previous concerns of children and young people about the use of physical restraint (Morgan, 2005; Moss et al., 1990; Paterson, et al., 2003; Safe & Sound, 1995; Snow & Finlay, 1998; Who Cares? Scotland, nd). Over half of the young people described restraints as being physically painful, and a small minority told of coming away with abrasions or bruises.

DRAFT

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Matt: “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.”

Almost all of these young people indicated that their injuries were an unintentional product of the violence of the incident and that staff were doing the best that they could in difficult situations.

Interviewer: You mentioned a restraint where your nose got burst [a bloody nose]. *Do you think that was on purpose?*

Peter: “No, my granny, she had died and I just flipped when they phoned me and told me. So I was going to jump out the flat window and George grabbed me and I punched him. And he just grabbed me and flung me on the ground.”

Interviewer: So it wasn’t on purpose to hurt you?

Peter: “No.”

Others, however, were more ambivalent about staff being too rough.

Sharon: “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.”

As we explored this incident further, the young person did convey that she did not think the staff member had hurt her intentionally. She also showed remarkable insight into his triggers and how they likely interfered with his ability to keep her safety and well-being paramount in such a heated situation.

Of much greater concern were those incidents where young people, albeit a small minority, considered that staff hurt them intentionally.

Jason: “And he squeezed it more…and squeezed it, then let go, so he did.

Interviewer: And when he squeezed it, what did you take that to mean?

Jason: 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!’”

DRAFT

One young person stated he believed staff used excessive force instrumentally on young people in order to "teach them a lesson." Interestingly, another youth used the degree of force used during a restraint as a barometer for how much he could trust the member of staff. This issue of the relationship between young people and staff in the context of physical restraint provides the last, and possibly most important, theme of the research.

Relationships and Physical Restraint

"Restraint happens in the context of a relationship," and a key area of interest in this study is how the relationships between children and staff members are affected by the experience of physical restraint (Fisher, 2003, p.73). The existence of strong, positive relationships with staff members certainly seemed to affect about a quarter of young people's experience of restraint.

Sharon: "Mine were all pretty comfortable because I felt comfortable with those people…"

Interviewer: How would you make a person understand what you meant by using the word comfortable?

Sharon: 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."

Helen: "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."

Jason: "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, 'Whoa, 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."

Interviewer: W*hy didn't you want him to restrain you?*

Jason: Because of, I built a good relationship with him."

DRAFT

Young people in the *Who Cares? Scotland* consultation also talked about feeling safe if a restraint was done correctly (Paterson et al, 2003, p. 35).

The experience of being physically restrained could also have an ongoing effect on the relationships between young people and staff. Not in all cases, though, and over half of young people stated that it had no long term effect.

Interviewer: You know when you've been restrained and then afterward, not just the few minutes afterward, but overall afterward, have you noticed whether it affects your relationship with those staff?

Jason: "No, it doesn't. They just, the staff, staff don't…staff hate it as much as we hate it."

Just under a third felt that being physically restrained had negative impacts; half of these young people believed them to be in the short term and the other half described more long term effects.

Henry: "You won't be happy with them at first but it wouldn't bother me all the time."

Interviewer: So maybe short term you'd feel a bit unhappier with them, but long term?

Henry: "It doesn't bother me."

Interviewer: Did you have good relationships with any of the staff there?

Kevin: "Yeah, yeah."

Interviewer: How about the ones that restrained you? How were your relationships with them?

Kevin: "It was fine up until that day."

Interviewer: And then after that, how was it, how did it affect the relationship?

Kevin: "I hated them."

Interviewer: Yep, always after that you hated them?

Kevin: "Aye, and I wish I'd never met them."

Whatever occurred (or did not occur that should have) within the context of this restraint, it marked a turning point for the worse in the relationship between the young person and the staff members.

Conversely, a surprising number of young people, almost a third, spoke of the experience of being physically restrained as having a positive impact on their relationships with staff. It

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became clear, with further probing, that the restraint itself was not responsible for the improvement. Rather, it was how the entire situation was managed, of which the restraint was only a part that influenced how the young person felt about the staff member.

Interviewer: 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?

Brian: "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…"

Interviewer: So you feel more confidence with them? Maybe trust?

Brian: "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."

Sharon: "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."

Interviewer: And that feels?

Sharon: "Like he's caring for me."

The complexities, however, of how young people may view the interplay between relationships with staff and the role of physical restraint is encapsulated in the following quote.

Peter: "Yes. I didn't like Mr. Brown that much until he restrained me."

Interviewer: Is there a trust factor involved in all that too?

Peter: "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."

Discussion

Containment is often referred to as a primary task in residential child care (Ward, 1995; Simpson, 1995; Woodhead, 1999; Sprince, 2002). In some cases, the use of the word simply refers to a literal sense of physical care and limits on behavior. It is the extreme end of this interpretation, the physical containment of potentially harmful behavior that has generally been applied to physical restraint (Day, 2000).

DRAFT

The term "containment" also refers to a way of understanding the more complex process of staff receiving the projected, unbearable emotions of children and young people and through the vehicle of the relationship, helping them learn to manage those feelings. This involves staff providing warmth, perspective, and boundaries in order to provide an environment in which a young person can begin to feel secure and accepted. Deacon (2004, p.88) rightly points out the difficulty, in practice, of holding "in mind the relationship between external, physical containment and internal, therapeutic containment."

When one looks at those young people who spoke of positive experiences of physical restraint, as well as their descriptions of their relationships with the members of staff who restrained them, it may be possible or even likely that they have experienced a therapeutic integration of physical and relational containment over time. This may be particularly true of those young people who described their use of restraint for cathartic purposes. Within this context, being physically held as a last resort when there was legitimate risk of harm and in a professional, caring manner was likely a significant part of the overall therapeutic experience of containment. It must be emphasized that, as Ward (1995) points out, containment is not an isolated event but rather a complex, multilayered process involving various networks of relationships within a care establishment. Thus, for young people to positively make sense of their experiences of restraint, they must have positive experiences of care and relationships as an overarching context for those restraints. Conversely, deficits in the other aspects of containing care or an overall lack of integration between physical and relational containment may be a factor for those young people who become entrenched in a destructive dependency on physical restraint.

Last, the meaning youth ascribe to the experience of restraint emerges from their values, beliefs, and previous experiences (Garfat, 2004), and also from their relationships and interactions with other young people and members of staff (Chien et al., 2005; Hawkins, et al., 2005). The processes through which these meanings are constructed are of clear significance and this is reflected in all of the five themes addressed and analyzed by the study. While almost all of the young people agreed that there is sometimes a need for physical restraint, almost all were also unhappy with either the reasons for some of their restraints or the way in which some of the restraints were conducted (or both). It is impossible to imagine that this would not impact what

sense is made of the event. The experience of physical pain during a restraint, especially combined with the preceding concerns, can only serve to reduce any possibility that the restraint is experienced or understood as helpful or positive. The strength of relationships between the young person and staff involved colors not only the meaning made of the experience itself, but also the perception of the reasons for and the way in which the restraint is carried out. All of these factors contribute to whether a young person experiences a restraint as a situation in which staff abuse their power merely to control (or worse, retaliate), or as a caring act aimed at maintaining safety.

Attending to processes through which young people make sense of their experiences of physical restraint, then, involves developing and maintaining the overall culture of the establishment, supporting and equipping staff to develop and maintain therapeutic relationships with young people, and consistently and rigorously debriefing staff and young people after each restraint has occurred (see Davidson et al, 2005, for specifics related to these).

Conclusion

The views and experiences of youth reflect the complex and multifaceted nature of physical restraint in residential childcare. Within this complexity, children and young people make varying sense of these experiences. In comparing the perspectives of children and young people and staff members, there seem to be important commonalities between staff and young people related to what physical restraint means (Steckley & Kendrick, forthcoming).

We have shown that children and young people do not reject the use of physical restraints out of hand. They recognize that in certain situations a restraint is the most appropriate intervention to ensure the safety of the young person. They do, however, question in a telling way poor practice in the use of restraint. Our research therefore confirms the concerns reported by respondents in previous consultations with children and young people. For example, the 37 study participants in the present investigation felt that, in certain situations, staff members had been too ready to intervene physically, had physically restrained young people when it was not justified, and, in extreme cases, had inflicted unnecessary pain in restraints.

Providing new insight, the children and young people in our study stressed the importance of relationships. This related not only to the context in which young people experience restraint but also to the process by which children and young people construct for

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themselves the longer-term meanings and implications. The quality of relationships has a marked impact on the experience of children and young people and that trust is an essential factor in determining whether that experience is positive or negative. This finding has not been highlighted in the previous literature.

Congruence between staff members' affect, action, and communication of "care" and "last resort" throughout an intervention involving restraint is vital. The meaning and use of physical restraint must be communicated clearly and continually explored through open dialogue. An understanding and integration of physical and relational containing care, and the place of restraint within it, might go some way toward eliminating unnecessary restraints and ensuring that those that do occur are done in a professional, caring manner. This, then, emphasizes the importance of the role of staff teams and management, and the overarching culture within residential establishments. The culture of an establishment must also promote safe and productive ways to challenge poor practice in others, and to reflect on one's own practice when it falls short of the ideal. It is also likely that this type of culture would engender confidence amongst young people to raise concerns and know that they would be seriously addressed.

We would argue that taking on board the perspectives of children and young people is crucial in this contentious and sensitive area of practice in residential childcare. As we have stated, this process has begun through input to the development of the Scottish guidance for residential child care practitioners and managers about physically restraining children and young people (Davidson, et al., 2005). Further research and policy development is necessary, but to have a positive impact on the lives of children and young people in care, its design and development must take into account the subtlety and complexity of youth experiences.

DRAFT

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