Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Regulation and Monitoring of Social Care Services

Guidance for the assessment of Designated Centres for Special Care: Restrictive Practice Thematic

Effective September 2025

Safer Better Care

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Section 1 - Overview

Introduction

The Chief Inspector of Social Services within the Health Information and Quality Authority (HIQA) has produced this guidance to assist registered providers of special care units (hereafter referred to as 'providers') and staff working in these centres to look beyond basic compliance with regulations on using restrictive practices. The Chief Inspector believes this is an area of critical importance for children living in special care.

Programme Aim:
The aim of this thematic programme is to improve the quality of life and safety for children placed in special care units in Ireland. The decision to deprive a child of their liberty and place them on a special care order is made with the utmost care and consideration by the High Court. By virtue of the nature of placement in special care, children experience restrictions to their freedom. This programme will focus on the provider's use of other restrictive practices other than the restrictions of liberty as set out by virtue of the special care order. The Chief Inspector's objective is to drive quality improvement across special care units, so that the provider only uses restrictive practices (within the context of an already restricted placement), when absolutely necessary for the safety of the individual child or others.

The provider of special care will consistently uphold children's fundamental human rights, to hear the voices of children and ultimately ensure that these children live in an environment in which restraints are employed minimally and only when absolutely necessary for their safety or the safety of others, and restrictive practices in place to address specific assessed risks, are the least restrictive for the shortest period of time.

Providers often struggle to balance children's rights to autonomy and liberty with the need to ensure the health and safety of children. This is especially the case within a special care environment. While there are circumstances where the use of restrictive practices may be unavoidable to ensure a child's safety or the safety of others, restrictive practices — including physical, environmental, chemical and mechanical restraint — are an infringement of a child's fundamental rights to personal liberty and bodily integrity. In recognising this, services should at all times seek to reduce or eliminate their use.

Providers should use this guidance to assess the use of restrictive practices in their centres with a view to reducing or eliminating their use. In cases where restrictive practices are assessed as being necessary, this document will provide guidance on ensuring the safety and wellbeing of children who are subjected to restraint as well as any and all restrictive practices.

Scope

Thematic inspections carried out by the Chief Inspector aim to promote quality improvement in a specific aspect of care - in this instance, restrictive practices. This programme of thematic inspections of restrictive practices in special care units is a quality improvement initiative using the *National Standards for Special Care Units* (hereafter referred to as the 'National Standards').

The thematic inspection programme focuses on assessing physical and environmental restraint as well as other forms of restrictive practices. Other forms of restrictive practice may include social, psychosocial or 'rights' restraints such as limiting a child's access to areas to prepare food, limiting their access to education during a period of single separation or controlling their access to their mobile phone. The use of chemical restraint, in the form of prescribed 'as required or Pro re nata' (PRN) medication and or self-defence chemical spray used as forms of chemical restraint within the special care unit, while not a common feature of life in special care units, are also included in this programme.

Purpose

The framework for the regulation of special care units consists of the Health Act 2007 as amended and the Health Act 2007 (Care and Welfare of Children in Special Care Unit) Regulations 2017 and *National Standards for Special Care* (November 2014).

Providers are required to comply with the regulations. This thematic programme will focus on the National Standards under a quality improvement framework to assess performance in the context of restrictive practices. The standards in this thematic programme will relate to particular key themes about the quality and safety of services in the context of restrictive practices. The purpose of conducting this themed approach is to promote quality improvement across services.

Thematic inspections endeavour to focus the attention of providers and persons in charge on certain critical aspects of care and service delivery. Because of this, children living in special care units should experience care that is child centred, promotes their rights, ensures that their privacy and dignity are respected and safeguards them against all forms of abuse.

Where it becomes clear that the findings on inspection are not within the judgment of compliant or substantially compliant, the inspector will change the inspection from a thematic inspection to a risk-based inspection against the regulations.

When reading this guidance registered providers should also be cognisant of other relevant legislation pertaining to the service they are providing. This includes legislation which ensures that people are treated equally, have access to advocacy and also where the health and safety of staff is concerned.

What is restrictive practice?

The *National Standards for Special Care Units* provides a definition for what constitutes a restrictive procedure as:

"a practice that limits an individual's movement, activity of function, interferes with the individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values, or requires an individual to engage in a behaviour that the individual would not engage in given freedom of choice. Restrictive procedures include single separation and physical, environmental and chemical restraint."

Restrictive practices may be physical or environmental in nature. They may also look to limit a child's choices or preferences (for example, access to mobile phones or certain foods), sometimes referred to as 'rights restraints'. A child can also experience restrictions through inaction. This means that the care and support a child requires to partake in normal daily activities are not being met within a reasonable time frame.

The *National Standards for Special Care Units* provides further definitions for restraint as: *"any intervention, medication or device that restricts the freedom of movement of a child."*

National policy

There is a National Policy on The Use of Single Separation in Secure Accommodation for Special Care and Oberstown Children Detention Campus (2016). In addition, Tusla has its own National Policy on Restrictive Practices in place which includes:

- Guidance on use of Close Protection Personnel (CPP)
- Searches and urinalysis
- Physical restraint
- Single separation
- Structured time away
- Closed circuit television (CCTV)
- Single occupancy.

Review of literature

In preparation for this thematic programme, a comprehensive analysis of literature published on restrictive practices used in secure care placements (special care units and detention centres) was undertaken. The literature review also reports a comparative analysis of legislative and policy frameworks on restrictive practices used in special care units, and detention centres across the following jurisdictions: Australia (New South Wales), England, Northern Ireland, Scotland, Wales, and New Zealand.

The aim of this review was to identify definitions for restrictive practices in secure care setting for children and to identify what is considered good practice in the use and management of restrictive practices in secure settings for children. Definitions vary in the literature and between jurisdictions but almost all included how restrictive practices restrict freedom of movement and include physical, mechanical, chemical restraint and single separation. With regards to their use, the commonalities between jurisdictions are that restrictive practices should only be used as a last resort, be the least restrictive and used for the shortest time possible. In justifying their use, the review of literature found that there are very limited reasons in legislation and national frameworks. Those which are cited include; preventing harm and damage to property, to remove dangerous/illegal objects and to prevent absconding.

Literature clearly outlines the key principle, which should be considered in reaching the decision to apply restrictive practices in the care of children, that the risk of harm, of damage, or of escape must outweigh the consequences of applying restrictive practices to a child. It must be recognised that the consequences of the use of restrictive practices are very serious and are both short and long term. They include physical consequences, such as risk of injury or death, psychological consequences, such as short and long-term mental injuries and illnesses and social consequences, such as difficulty reintegrating into society and negative effects on education. The fact that these restrictive practices are often ineffective and counter-therapeutic must also be taken into consideration. It is imperative that the use of restrictive practices on children must only be considered when all other options have been exhausted and when they are implemented then the duration of their use must be as short as possible.

The review of literature identified risks relating to other factors which may influence the decision to implement and or continue the use of restrictive practices. Overcrowding, underfunding and poor staff-child ratios increased the use of restrictive practices, therefore centres that care for children must be appropriately staffed and staff should be appropriately trained. Restrictive practices should not be punitive, they should not be used for compliance or to control annoying behaviour. Pain should never be inflicted on children.

It is imperative, in ensuring safe use of restrictive practices, that centres are adequately funded and staffed. Staff should be sufficiently trained and have adequate opportunities during the course of their work to build positive, trusting and supportive relationships with children. The use of restrictive practices should be viewed as a treatment failure and preventing their use should be a priority for those involved in the care of children.

The review of literature identifies the importance of ensuring that where restrictive practices must be used, the best interests of the child should be paramount. Children should be educated and kept informed of the use of restrictive practices long before they are applied. The child should be supported throughout and after the application of a restrictive practice. If and when they are applied, children should be supported by appropriate health care professionals. Staff implementing a restrictive practice should record a detailed account of each instance of restrictive practice used, on each individual child's file. These records should include all measures taken prior to the use of the restrictive practices and why they were ineffective, a justification for the use of the restrictive practice and detail all outcomes.

The literature review defines and describes different types of mechanical holds and distraction techniques, environmental restrictions, chemical restrictions, separation and strip-searching. The literature also presents how these restrictions were used in practice and where children were held in single separation. A clear commonality is that any sort of restriction must be justified, reasonable and proportionate and for the shortest amount of time. It must only be carried out as a last resort and not as a first response to behaviours of concern.

It is recognised across jurisdictions that staff skills are enhanced by providing training to handle incidents effectively and safely, and by working in accordance with legislation, policy and procedures. Practitioners must have access to training, supervision and support that will assist them in working in a way that is rights-based, person-centred and trauma-informed. In addition there is a move towards organisations enlisting policy which sets out their commitment to reducing the use of any restrictive practices and ensuring all practitioners are aware of the policy and understand its intended impact on their practice.

The best practice themes and subthemes identified in the literature reflects the importance of workforce training and post restrictive practice protocols. The themes 'supporting the child' and 'oversight' reflect post restrictive protocols where records of the use of restrictive practices are required, education must continue and the best interests of the child is paramount. The international literature review demonstrated the impact of restrictive practices on children, which include physical, psychological, social and emotional harm, loss of trust, and feelings of punishment. The literature discussed the ineffectiveness of restrictive practices, how they are counter-productive and counter-therapeutic.

When is it appropriate to use restrictive practices?

The provider should strive to deliver care in the least restrictive environment. However, in practice, there is an acknowledgement that this may not always be possible. The use of restrictive practices is warranted when there is a real and substantial risk to a child and this risk cannot be addressed by non-restrictive means. Some common examples of this may include:

- Locking the door to a kitchen area where a child may be assessed as being at risk of injury from scalding or coming into contact with harmful chemicals.
- Limited access to the Internet where this poses an identified risk to the child.

- Physically holding a child back to prevent them causing harm to themselves or another person.

In each of the above examples, a restrictive practice is used to prevent more serious harm occurring. Providers should not be overly risk-averse. Providers should undertake a full risk assessment to identify where they can mitigate risks while still supporting children to live in the least restrictive environment. Providers should offer children the same opportunities as their peers in the community to take developmentally appropriate risks, whenever possible to do so.

Governance, Leadership and Management

Proper governance arrangements are essential in ensuring that restrictive practices are implemented according to relevant legislation and that they adhere to the general principles of the United Nations Convention of the Rights of the Child.

The "General Principles"[1] help to interpret all the other articles and play a fundamental role in realising all the rights in the Convention for all children. They are:

1. Non-discrimination (Article 2) - all the rights guaranteed by the UNCRC must be available to all children **without discrimination** of any kind.
2. Best interest of the child (Article 3) - **The best interests of the child** must be a primary consideration in all actions concerning children.
3. Right to life survival and development (Article 6) - Every child has **the right to life, survival and development.**
4. Right to be heard (Article 12) - the child's **view must be considered** and taken into account in all matters affecting them.

Providers must not only be concerned with ensuring the appropriate use of restrictive practices in their centres. They should adopt a leadership role in promoting a least restrictive environment and implement a strategy that seeks to continually reduce or eliminate the use of restrictive practices.

[1] These definitions are taken from Children's Rights Alliance - https://childrensrights.ie/rights-in-the-uncrc/

Restrictive practices — general principles and guidance for consideration

The following principles are informed by regulations, the National Standards and the National Policy on The Use of Single Separation in Secure Accommodation for Special Care and Oberstown Children Detention Campus, (November 2016).

1. Restrictive practices are an infringement of a child's constitutional right to liberty and bodily integrity and their rights under UNCRC and so should only be used when absolutely necessary.
2. Providers should, in so far as is practicable, seek to reduce or eliminate the use of restrictive practices.
3. Where restrictive practices are assessed as necessary, they should be implemented, where possible, in consultation with the child.
4. Assessments should identify any physical, medical, psychological, emotional, social and environmental issues which may be contributing to the use of restrictive practices.
5. Any restrictive practice should be proportionate to the identified risk(s).
6. The use of restrictive practices should be subject to ongoing review to determine if they continue to be necessary and should be removed as quickly as possible when no longer required. Reviews should also be used as an opportunity to trial alternatives that are less restrictive and or for a shorter period of time.
7. Providers should:
    - be aware of the use of restrictive practices in their centres,
    - be assured that they are used in compliance with the regulations and National Standards,
    - have a senior manager or a committee in place whose goal it is to reduce and or to eliminate the use of restrictive practices.
8. Staff should have access to appropriate training on restrictive practices, including prevention and alternatives, and be supported in getting to know each child's needs and preferences.
9. Providers should collect and analyses data on the use of restrictive practices in order to identify patterns or trends.

Policy

Special care units are required to have a policy in place on the use of restrictive practices. All special care units are required to review this policy every three years. These policies should be in line with national policy on the use of single separation in secure accommodation and make reference to other relevant legislation, regulations or enactments. Policies should clearly guide staff on the prevention, appropriate use and management of restrictive practices so that they inform the quality and safety of care and promote autonomy and the rights of children. This should include:

- A commitment to promoting the least restrictive environment.
- The process for assessing the use of restrictive practices.
- Monitoring, recording and reviewing the use of restrictive practices.
- Guidance on what to do if it is necessary to use a restrictive practice in an unplanned or emergency situation.
- The governance arrangements for monitoring and auditing the use of restrictive practices.

Assessment

The decision to use restrictive practices should be appropriately assessed and subject to ongoing review. Carrying out a comprehensive assessment of a child's health and social care needs is a key requirement to ensure that care is appropriate and safe. Assessments should be multidisciplinary and may include psychological, cognitive, psychiatric, psycho-social and educational assessments.

In the context of the use of restrictive practices, an assessment should gather information on what current practices, in relation to the child's care, could be considered restrictive. Providers should adopt a questioning attitude to any restrictive practices that are in place. This will ensure that practices that have become routine or that are institutional in nature will be reconsidered in terms of their necessity and proportionality. Over time, children's needs and requirements for support change — therefore ongoing assessment and review are essential to ensure that a child is receiving good care and that the service continues to be the appropriate placement for the child.

Monitoring, recording and review

Quality reviews should be carried out on care practices that include the use of restrictive practices. Data collection, analysis and trending should be undertaken. Individual use of restrictive practices should be closely

monitored, recorded and regularly reviewed. Reviews must consider whether the use of a restrictive practice was appropriate and continues to be valid. They should also be seen as an opportunity to reduce or eliminate the use of restrictive practices and to trial alternatives. Outcomes of reviews should be made available throughout the provider's organisation in order to share learning and drive improvements.

Emergency or unplanned use of restrictive practices

While every effort should be made to assess a child prior to the use of a restrictive practice, this may not always be possible. In cases of an emergency or crisis, it may become necessary to restrain a child or to prevent a child from accessing certain areas in the special care unit in order to ensure their safety or the safety of others. In such circumstances, providers should ensure that staff have sufficient guidance and supervision in using unplanned restrictive practices. This should include providing training appropriate to the needs of children and having a policy on the use of restrictive practices that gives clear guidance on what is acceptable in crisis or emergency situations.

Section 2 – The National Standards

This section of the guidance will outline the *National Standards for Special Care Units*. Only those National Standards which are relevant to restrictive practices will be included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the child.

The standards are comprised of two dimensions: Capacity and Capability and Quality and Safety, as illustrated below.

Themes and dimensions

There are four themes under each of the two dimensions. **The Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a Special Care Unit for accountability, decision making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs of children.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for children for the money and resources used.

- **Use of Information –** actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The Quality and safety dimension includes the following four themes:

- **Child-centred services** — how Special Care Units place children at the centre of what they do, this includes the concepts of providing care and support and protection of rights.
- **Effective Services** — how Special Care Units deliver best outcomes and a good quality of life for children, using best available evidence and information and effective interventions.
- **Safe Services** — how Special Care Units protect children and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Development** — how Special Care Units identify and promote optimum health, development and education for children.

Capacity and capability

This dimension of the standards focuses on the overall delivery of the service and how the provider is assured that an effective and safe service is provided. This includes how the provider:

- Makes sure there are effective governance structures with clear lines of accountability so that all members of the workforce are aware of their responsibilities and to whom they are accountable.
- Ensures that the necessary resources are in place to support the effective delivery of quality care and support to people using the service.
- Designs and implements policies and procedures to enable centres to run effectively.
- Uses information as a resource for planning, delivering, monitoring, managing and improving care.

Dimensions: capacity and capability	
Themes: Leadership, Governance and Management	
Standard	**Standard 5.1** The Special Care Unit performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and promote their welfare. **Standard 5.2** The Special Care Unit has effective leadership, governance and management arrangements in place with clear lines of accountability **Standard 5.3** The special care unit has a publicly available statement of purpose that accurately and clearly describes the services provided.
What a service meeting these standards looks like The registered provider has clear policies and procedures in place with regard to restrictive practices which are in line with legislation, national policies, regulations and standards, and these are reviewed at least every three years or when there is a change in the statement of purpose. The governance and management systems in place assure the delivery of high-quality, child-centred	

care. Learning and innovation is supported and a culture of openness, fairness and transparency that empowers the children and promotes the least restrictive environment is fostered. Overall, accountability for the delivery of the safe implementation of restrictive practices is clearly defined, and there are clear lines of accountability at individual, team and organisational level so that all staff working in the service are aware of their responsibilities to ensure the safe use of restrictive practices. Providers are clear about the type of service they are delivering and their ability to meet the needs of current and prospective children. This is reflected in their statement of purpose.

Managers and staff adopt a leadership role in promoting a least restrictive environment and implement strategies that seek to continually reduce or eliminate the use of restrictive practices. The registered provider and person in charge keep themselves informed of new models and or approaches and best practice in the use of restrictive practice, as well as successful reduction strategies and these are implemented in the service.

The provider has governance arrangements in place which constantly monitor the use of restrictive practices and risk management and promotes the protection of children's rights. Such monitoring focuses both on the individual and the service as a whole. Monitoring allows for trending of the use of restrictive practices, analysis of occurrences and demographics. Monitoring systems assess the proportionality of restraint/restrictive practice to the presenting risks. Monitoring also ensures that reviews of practice are conducted with a view to promoting an environment where restrictive practices, including restraints are used minimally and only when absolutely necessary. The use of any physical intervention, other than those approved for use in the special care unit are subject to prompt review by senior managers. Reviews of such interventions effectively considers all risks and circumstances leading to the use of an unapproved intervention and seeks to ensure that any concerns about practice are managed in line with best practice.

Any learning arising out of monitoring and reviews is communicated to all relevant staff and used as a means to reflect on practices which may have become routine. Oversight systems provide assurance that restrictive practices are only used when all other options have been exhausted; that those implemented are the least restrictive option; for the shortest period of time; and that staff are suitably trained to implement such practices. There is a focus on ensuring that any use of restrictive practice is preceded, where practicable, by consultation with the child, parent and with a multidisciplinary team as appropriate. The provider has a range of proactive strategies, designed to

maximise children's time in special care, so that they have access to the type of support they need and avoids unnecessarily prolonging the deprivation of their liberty.

The provider ensures restraints and single separation are subject to independent review and safeguards are in place to ensure these practices are not abusive and there are no unintended consequences. Restrictive practices are not implemented in a blanket fashion in relation to all children living in the centre. Furthermore, restrictive practices assessed as being necessary for the protection of one child's safety or welfare do not impinge on the rights of other children living in the centre. Restrictive practices are informed by a risk assessment which are regularly reviewed to reflect changing risk and safety concerns a child may present with during placement in special care. The use of restrictive practices does not result in any harm being caused to children.

The provider ensures that physical restraint is only used if absolutely necessary and if other less restrictive methods have been tried and have failed. The provider ensures that breaking rules or not following instruction is not a reason for the use of restrictive practices (that is to say, forced compliance). The provider ensures that restraint that deliberately inflicts pain or undue suffering cannot be proportionate and should never be used.

The provider ensures that admissions and re-admissions to the service do not undertake strip searches as mandatory and rather that the implementation of this practice is risk led with the rationale, when implemented, clearly recorded. The staff understand that strip searches impact on children's rights, can be demeaning, dehumanising and create a power imbalance that impact on developing trusting relationships with staff. All strip searches conducted in the service should be in line with a clear procedure that takes into account children's relevant circumstances and needs, for example relevant trauma, gender and cultural sensitivities?

The registered provider has put in place effective arrangements to facilitate staff to raise concerns and make protected disclosures about the effectiveness and safety of restrictive practices within the service. The potential detrimental impact of the prolonged or routine use of restrictive practices on children is recognised.

Information on the use of restrictive practices is collected on a regular basis, both at individual and service level. This information provides senior management with an overview of the use of restrictive practices and helps

develop measures to reduce their use. Senior management oversight provides assurance that staff and management are actively seeking to minimise or eliminate restrictive practices. Providers have an established group or committee (for instance, a human rights committee or a restraint committee) that is responsible for reducing or eliminating the use of restrictive practices.

What this means for the child

Children and their parents and or guardians can be sure that the management of the service are committed to providing care which is, as far as is practicable, the least restrictive as possible. Any restrictive practices which are used are the subject of regular review and oversight by management to ensure that they are in line with best practice and, at all times, protect and promote the rights and dignity of the child receiving care.

Sources of evidence

- Governance arrangements – such as monitoring reports, audits, minutes of meetings.
- Management reviews of restrictive practices.
- The statement of purpose.
- Accident and incident logs.
- Restrictive practice policy.
- Restrictive practice register.
- Children's files.
- Inspectors will speak with children and their families, professionals involved in their care, centre staff and the person in charge.

Dimensions: capacity and capability	
Themes: Use of Resources	
Standard	**Standard 6.1** The use of available resources is planned and managed to provide child-centred, effective and safe service to children.

What a service meeting these standards looks like

The provider ensures that no restrictive practices are used due to a lack of resources. In this context, resources relates to financial and staffing resources.

At all times, the provider and person in charge ensure that staffing resources are planned and managed in a way as to ensure that all children's needs are met in a least restrictive environment. Staff shortages is recognised as a risk and there are adequate contingency arrangements in place, but reduced staffing is never a rationale for the implementation or extension of the use of a restrictive practice. Children's ability to exercise choice and preference is promoted and resources are readily available in order to meet these assessed needs.

The physical environment in the centre supports children's natural tendency to move around independently and allows for free movement and access to as much of the unit as possible, with due regard for safety and security. For example, when a child asks to go outdoors to play sports there is an option to do so within a reasonable timeframe of their request.

What this means for the child

Children live in a special care unit where resources are used effectively and in their best interests to promote their personal development, wellbeing and fully respects their rights. No child receives care that is restrictive due to the unavailability of resources – be they staffing resources or services.

Sources of evidence

- Sufficient staffing and skill-mix.
- Rosters.
- Training records.
- Service improvement plan.
- Inspectors will speak with children and their families, professionals involved in their care, centre staff and the person in charge.

Dimensions: capacity and capability	
Theme: Responsive workforce	
Standard	**Standard 7.2** Staff have the required competencies to manage and deliver child-centred, effective and safe services to children. **Standard 7.3** Staff are supported and supervised to carry out their duties and promote and protect the care and welfare of children. **Standard 7.4** Training is provided to staff to improve the outcomes for children.

What a service striving meeting this standard looks like

Each member of staff is committed to providing care which is least restrictive and is aware of the risks involved in using restrictive practices. Staff are conscious of the impact the use of restrictive practices has on children's rights as well as, their physical, psychological and social development. They receive appropriate training in the management of behaviour that is challenging and de-escalation techniques which are aimed at reducing the need for the use of restrictive practices. The training places an emphasis on the importance of staff taking time to talk to the children about restrictive practices and respond to their views and opinions on them. Staff are also trained in how to implement restrictive practices safely if they are assessed as being required, such as when carrying out a search of a child or physically restraining a child.

Training for staff also focuses on reducing or eliminating the use of restrictive practices. Such training is based on the particular needs of children and appropriate to staff roles. It includes information on the alternatives to using restraint or positive behavioural support. Staff have access to training on relevant legislation, related to the use of restrictive practices including Child Care Act 1991, Children First and international treaties such as United Nations Convention on the Rights of the Child (UNCRC) to aid them in understanding their responsibilities in the use of restrictive practices and with regard to upholding and promoting children's rights.

The provider consults with the children's multidisciplinary teams in relation to the most relevant training for staff to undergo in order to effectively meet each child's individual needs. Training is evaluated by the provider to ensure it is appropriate to children's needs and is providing the best outcomes in terms of promoting a least restrictive environment.

Staff are appropriately supervised by management to ensure that the care they are providing is rights based, trauma informed and least restrictive. When their use is necessary, restrictive practices are the least restrictive for the shortest duration. They are only applied or implemented by staff with the required skills and competencies to do so safely and in accordance with national standards, policy and best practice.

What this means for the child

Children are cared for by staff that are focused on providing care and support which promotes their rights and ensures dignity, privacy and safety in the least restrictive environment.

Children are protected from potential detrimental effects and impact of the use of restrictive practices and they do not experience restrictive practices. Children do not experience restrictive practices for periods longer than is absolutely necessary, including restrictions on their liberty, by being cared for, for extended periods within a secure environment. Children have trusting relationships with staff members to whom they can ask questions or communicate concerns about restrictive practices and procedures and they are confident that they will be taken seriously.

Sources of evidence:

- Staff interviews.
- Training records.
- Practice register.
- Staff supervision.
- De-briefing documentation.
- Inspectors will speak with children and their families, professionals involved in their care, centre staff and the person in charge.

Dimensions: capacity and capability	
Themes: Use of information	
Standard	**Standard 8.1** Information is used to plan and deliver a child-centred, safe and effective service.

What a service meeting these standards looks like

The person in charge oversees the collection and analysis of comprehensive information in relation to restrictive practices. Information is collected for each individual child and also for the service as a whole. The information is used to provide assurance that any restrictive practices are used in accordance with how they are prescribed. The information is also analysed with a view to reducing or eliminating the use of restrictive practices. Information collected on the use of restrictive practices includes:

- The time of day.
- The staff member or staff members involved.
- The location (such as a bedroom, kitchen or vehicle).
- The personal attributes of the child (for instance, gender, age, and ethnicity).
- The view of the child on the instance of restraint/restrictive practice.
- Any other information relevant to the instance of restraint/restrictive practice.

Providers analyse this information in a systematic way in order to identify any notable features or trends. For example:

- Are certain staff members involved in the use of restraint more than others?
- Are there certain triggers including, times of the day or a particular practice, where a resident exhibits responsive behaviour requiring the use of a restrictive practice?

The analysis of this information is used to establish a baseline and aids in setting targets for the reduction or elimination of restrictive practices in the service.

Where restrictive practices are deemed necessary, there are detailed instructions available to staff. The instructions are contained in the same place for all children (such as in a behavioural support plan and or a care plan) and all staff know where to find them.

What this means for the child

Children are assured that the service actively monitors the use of restrictive practices in the centre. The use of any restrictive practices is under constant review to ensure that children's rights are protected.

Sources of evidence

- Records at individual and service level.
- Audits, trending and or reviews.
- Quality improvement programmes in relation to restrictive practices.
- Inspectors will speak with children and their families, professionals involved in their care, centre staff and the person in charge.

Quality and Safety

The focus of this dimension of care is about the experience of the children living in special care units.

This includes how children:

- Make choices and are actively involved in shaping the services they receive.
- Are empowered to exercise their rights, achieve their personal goals, hopes, and aspirations.
- Receive effective child-centered care and support.
- Are able to live in a safe, comfortable and homely environment.
- Are protected from any harm or abuse.

Dimensions: quality and safety	
Theme: Child-centred services	
Standard	**Standard 1.1** The rights and diversity of each child are respected and promoted. **Standard 1.2** The privacy and dignity of each child are respected. **Standard 1.3** Each child exercises choice and experiences effective care as part of a programme of special care. **Standard 1.4** Each child has access to information, provided in an accessible format that takes account of their communication needs. **Standard 1.5** Each child participates in decision-making, has access to an advocate, and consent is obtained in accordance with legislation and current best-practice guidelines. **Standard 1.7** Each child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.
What a service meeting these standards looks like Although special care units by their very nature are secure care settings, the provider actively promotes the right of each child to live in an environment	

which is least restrictive. The provider encourages active conversations among management, staff and children which reflect on the use of restrictive practices. The provider recognises that children's fundamental rights can only be breached in exceptional circumstances.

Children experience care that promotes their right to safety and wellbeing. If restrictive practices are deemed necessary, they are implemented in a way that does not unduly compromise the dignity and quality of life of the child. Children's experience of restrictive practices are sought and clearly recorded. Where children's views or opinions on the use of restrictive practices, indicates disagreement or dissatisfaction, their experience and opinions are considered in a meaningful way with the view to ensuring children fully understand the rationale for the use of such practices.

Children are empowered to exercise choice in their day-to-day lives, including taking part in activities that may involve an element of developmentally appropriate positive risk-taking. The staff advocate for the child and support them to exercise their participation rights. The person in charge makes every effort to facilitate a child's choices, expressed needs and preferences in a non-restrictive manner. Children are free to engage in social activities and maintain personal relationships and links with their community in line with their assessed needs and without undue restriction.

Children are supported to make decisions and choices about restrictive practices through the provision of accessible information in a format appropriate to their communication needs and preferences and through the provision of advocacy services. This includes occasions where a child is not satisfied with a restrictive practice. Where restrictive practices are proposed to be used, their rationale is fully explained to the child. All concerns or complaints related to the use of restrictive practices are fully reviewed by the person in charge who must be assured that they are safe, proportionate and in line with best practice.

The provider has ensured that each child can exercise appropriate choice and control in their daily life, can exercise their civil and legal rights and have access to advocacy services and information about their rights.

The provider adequately prepares children to leave special care, and restrictions on their liberty are appropriately reduced in line with their personal plan.

The provider has ensured that each child's privacy and dignity is respected, including but not limited to, his or her personal and living space, personal communication, in line with their care plan, professional consultations and personal information.

If a restrictive practice is used in an unplanned or emergency situation, it is followed by a de-briefing session as soon as possible after the event. The de-briefing involves the staff carrying out a piece of individual work with the child in relation to the restrictive practice. In the first instance, the de-briefing session serves as an opportunity to explain to the child the reason for using the restrictive practice and to recover from the incident. The episode is discussed with a view to understanding what may have contributed to the need to use the restrictive practice in an unplanned way. The discussion also focuses on the type of restrictive practice that was used and whether it was the least restrictive option for the shortest possible duration and the impact of its use on the child.

What this means for the child

Children experience care which upholds their rights, autonomy, dignity and privacy. Children only experience restrictive practices in cases where they are necessary to ensure the child's safety, health and or welfare – while also being mindful of children's fundamental rights and general principles, as outlined in the UNCRC. Children can exercise choice according to their will and preferences and are not restricted in any way by an overly risk-averse service.

Where restrictive practices are assessed as being necessary, children are provided with information on the rationale and possible risks associated with their use. Children's experience of restrictive practices and their views and opinions are routinely sought with the view to informing the child's future care. Where a restrictive practice is used in an emergency situation or unplanned manner, the child is fully involved in a de-briefing which looks to understand what occurred and prevent its reoccurrence. For example, if a child is physically restrained in order to prevent them from harming themselves, after the incident, the staff discuss this with the child and explain why the physical restraint was required and what can be done to help prevent a similar incident from occurring.

Children are adequately prepared to leave special care and supported to reintegrate into their communities. Restrictions on their liberty, associated with being placed in a special care unit are appropriately reduced in preparation for

their discharge. Children do not experience undue delays in their discharge or unnecessary prolonging of depriving them of their liberty.

Sources of evidence

- Observation records.
- Information of advocacy services.
- Children's files – including placement and care plan.
- Risk assessments.
- Restrictive practice register.
- Complaints log.
- De-briefing documentation.
- Inspectors will speak with children and their families, professionals involved in their care, centre staff and the person in charge.

Dimensions: quality and safety	
Theme: Effective service	
Standard	**Standard 2.1** Each child is placed in special care, in accordance with his or her identified needs and subject to the relevant legal authority. **Standard 2.2** Each child has a programme of special care which details their needs and outlines the supports required to maximise their personal development. **Standard 2.3** The special care unit is homely and promotes the welfare, dignity and safety of each child, consistent with the provision of safety and security.

What a service meeting this service looks like

In preparation for the admission of a child, the person in charge has consulted with the social worker to make a plan in relation to the child's needs and identified if any restrictive practices may need to be used to keep the child safe. This plan should include everyday restrictive practices, such as, access to mobile phones and any limitations to be imposed on access to parts of the unit/campus. On admission to the service, each child receives a comprehensive

multidisciplinary assessment of their needs which includes evaluation of the necessity and suitability of any restrictive practices the child will experience. This assessment considers a child's individual history, circumstances and potential impact of restrictive practices.

There are no restrictive practices in place which are accepted as routine, are coercive and or are implemented for the purpose of forcing compliance. The provider has ensured that the programme of care is therapeutic and trauma informed. The person in charge, along with multidisciplinary input, reviews all restrictive practices to determine whether they are necessary or whether there are less restrictive alternatives available. The use of closed circuit television (CCTV) is informed by relevant legislation, and is the least intrusive as possible on children's privacy. The young people are supported to understand the use and purpose of CCTV.

Ongoing assessment

Both the placement support and behaviour support plan should identify the restrictive practices that are in place for the child. In addition, the plans should guide staff in the use of the restrictive practices that are assessed as being necessary. The provider has ensured that the restrictive practice is the least restrictive option for the shortest possible duration. Over time, children's needs and requirements for support change and may necessitate the consideration, and reconsideration, of restrictive practices. For example, a child may have restricted access to a kitchen due to deliberate self-harm; however, this restriction may be reduced following ongoing assessments of the risk over time.

Restrictive practices should only be approved when the risks of not imposing a restriction is greater that the risk of using it. For example, in situations where failure to physically restrain a child will result in them injuring themselves or others. The psychological and physiological risks in using the restrictive practice are considered as part of ongoing assessment and review. As part of the decisions to both implement and continue the use of a restrictive practice, the provider also considers the appropriateness of the environment. For example, if a child needs to be physically restrained the physical space must be appropriate to do so safely.

Review

If a restrictive practice has been assessed as being necessary, it is essential that the practice is closely monitored, recorded and regularly reviewed to assess if it remains necessary and effectively addresses the risk being managed. All restrictive practices should be regularly reviewed in consultation with the child, their social worker and a multidisciplinary team. Multidisciplinary input should be sought in the assessment of the use of restrictive practices and all restrictive practices should be monitored to assess the child's response and ensure that they are implemented in accordance with the child's placement support and behaviour support plans. Such reviews should consider the appropriateness of continuing the restrictive practice and should be used as an opportunity to consider less restrictive alternatives. The ongoing review should consider if the restrictive practice is proportionate to the risk.

What this means for the child

Children and their families are assured on admission to a centre that the provider can meet their assessed needs without unnecessary use of restrictive practices. Children are consulted with in a meaningful way when assessing what care and support they require. They are not subject to any restrictive practices which have not been comprehensively assessed in relation to their presenting needs and risks. Children are assured that the person in charge is monitoring and reviewing their care to ensure that the use of any restrictive practice is reduced as much as possible.

Children have an understanding that their safety is a key concern and this includes their wellbeing and psychological safety in the use of restrictive practices.

When children are subjected to a physical restraint, their health and wellbeing is assessed afterward and they have the chance to explore reasons for the action taken as well as to discuss any concerns, or impact of the intervention on them.

Sources of evidence

- Review of admission documents.
- Review of children's care plans and placement plans.
- Review of restrictive practice and significant event registers.
- Review of children's files.

- Observations of the environment and staff practice.
- Inspectors will speak with children and their families, professionals involved in their care, centre staff and the person in charge.

Dimensions: quality and safety	
Theme: Safe service	
Standard	**Standard 3.1** Each child is safeguarded from abuse and neglect and their protection and welfare is promoted. **Standard 3.2** Each child experiences care that supports positive behaviour and emotional wellbeing. **Standard 3.3** Children are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the child or that of others. **Standard 3.4** Incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.

What a service meeting these standards looks like

Safe special care units look to ensure that children are protected from abuse and neglect while also promoting their safety and welfare. The person in charge ensures children are not subjected to a restrictive practice unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare.

The registered provider and person in charge are aware of the risks inherent in using restrictive practices and make every effort to promote the least restrictive environment. The person in charge ensures that all restrictive practices in the centre have been identified and are being managed appropriately, including those related to 'rights restraints'. The provider has arrangements in place to protect children from harm and promote their rights in an environment which is the least restrictive, in accordance with national policy.

Children's right to personal liberty and autonomy is appropriately balanced with their right to safety, privacy and dignity. Children are empowered to exercise choice in their day-to-day lives, including partaking in activities that may involve an element of positive risk-taking. The person in charge facilitates, in as far as is practicable, a child's choices and preferences. The use of restrictive practices follows the centre's policy and procedures, and it follows best practice guidelines.

The provider has protected all children placed in the special care unit from all forms of abuse. The provider has ensured that each child placed in the special care unit is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The provider has ensured that all children are safeguarded from restrictive practices that unduly infringe on their rights or are implemented for reasons other than their safety and welfare. The person in charge has adequate arrangements in place to protect children from harm when using restrictive practices.

Children have access to the type of support they need which avoids unnecessary prolonging of depriving them of their liberty. Children never experience restrictive practices as a consequence of not following instruction (that is to say, forced compliance) and should never experience a practice which deliberately inflicts pain or undue suffering. Restrictive practices assessed as being necessary for the protection of one child should not impinge on the rights of other children.

Staff understand that when children are subjected to strip-searches this can be demeaning, dehumanising and create a power imbalance that impacts on developing trusting relationships with staff.

What this means for the child

Children feel safe and secure in the special care unit and, whenever possible, can make decisions or contribute to decisions about their own lives. They have a right to choose to take appropriate risks, as long as there is a sensible balance between their individual needs and preferences and the safety of themselves and other children living in the centre.

Children are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. No child experiences a restriction as a result of a restrictive practice which has been assessed as necessary for another child.

Children receive care and support which is considerate of their individual needs and risks and at all times respects their rights.

Sources of evidence

- Significant event register.
- Admission records.
- Risk assessments.
- Complaints register.
- Restrictive practice/restraint committee minutes.
- Restrictive practice register.
- Child protection register related to the use of restrictive practices.
- Notifications.
- Individual work records.
- Placement support plans.
- Behaviour support plans.
- Inspectors will speak with children and their families, professionals involved in their care, centre staff and the person in charge.
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Dimensions: quality and safety	
Theme: Health and development	
Standard	**Standard 4.1** The health and development of each child is promoted. **Standard 4.2** Each child receives an assessment and is given appropriate support to meet any identified need. **Standard 4.3** Educational opportunities are provided to each child to maximise their individual strengths and abilities.

What a service meeting these standards looks like

The provider and person in charge are aware of the importance of the quality of life for children in areas including health, physical and cognitive wellbeing, social and emotional development, relationships with family, staff and community; and education. It is recognised that when children receive the specialist services that they need, the likelihood for the need to use restrictive practices is reduced. The provider has ensured that each child has access to the services they require to meet their needs, such as; psychiatric and medical services and any specialist services the child may need. The person in charge ensures that care is provided in the least restrictive manner so as to maximise children's quality of life. In addition, where restrictive practices are unavoidable, they do not unduly impact on children's physical, behavioural and psychological wellbeing or education.

Where restrictive practices are used the person in charge ensures that there are systems in place for evaluating impact of use of restrictive practices on the mental health and physical wellbeing of a child. They ensure that any negative impact is responded to effectively, to minimise the possibility of trauma or poor outcomes for the child. The provider ensures the physical safety for children who are subject to persistent and frequent use of restraints, including; physical, chemical and environmental, through effective monitoring and oversight of the use of restrictive practices with the primary aim of reducing their use. The provider ensures that staff understand that mechanical restraints, such as handcuffs or straps, should never be used for the purpose of managing behaviour.

Clinicians are involved in the decision to use single separation as an intervention for a child. Clinicians are also involved in monitoring, observing, and evaluating the use of single separation, physical and chemical restraint. Children are reviewed by a medical professional following a physical intervention. Emotional support is provided by staff and or a member of a therapeutic team.

Children may be routinely prescribed medication for therapeutic reasons, to treat a diagnosed illness or to treat symptoms, the good provider has clear mechanisms in place to distinguish between treatment and control. There are effective systems in place which ensure any negative impact of PRN sedative medication is recognised, recorded and reviewed? For example, impact on school attendance and or a child's engagement in their placement.

Chemical restraint is described in HIQA literature review – Restrictive practices (2017:2-3) as, *"the use of medication to control or modify a person's behaviour when no medically identified condition is being treated, or where the treatment is not necessary".* It is vital that the service and staff recognise where children receive medicines as a form of restraint, that instances of their use is clearly documented and the effectiveness of using such medicines is closely monitored. There is a clear distinction between therapeutic medicines and those prescribed for use as a form of restraint for example, psychotropic medicines prescribed for administration as circumstances require (PRN). Where chemicals are used as a form of restraint, staff are very clear why such medicines are prescribed and how they should be administered. Staff are provided with guidance from an appropriate clinical professional on how to recognise and respond to adverse effects of such medicines.

In situations where it has been assessed that there is no alternative except to use a restrictive practice, the provider ensures that the restrictive practice does not have a negative impact on the child's education. The staff and managers strive for the least restrictive environment at all times as they fully understand the potential impact of restrictive practices on a child's ability to successfully reintegrate into society. Staff understand that the use of restrictive practices could result in reduced meaningful social contact, and social bonds for the child.

The provider considers the psychological safety and developmental impact of prolonged placement in special care and complies with their responsibilities to ensure the child's best interest is served in all decisions related to their care. The provider ensures that the impact on physical, psychological and social development, for a child whose placement is extended for undefined periods in special care units, are recognised and effectively mitigated. Where there are infringements on children's right to liberty, as a result of a lack of available suitable alternative placements, the provider has clear and effective mechanisms for escalating and responding, in a timely manner, to address the circumstances impeding the child's progress from special care.

What this means for the child

Children have a good quality of life which promotes their overall health and wellbeing while living in the special care unit. They have access to stimulating and engaging activities which provide opportunities for social interaction, recreation and promotes their right to an education.

Children do not spend prolonged periods of time in special care when it is no longer considered in their best interest to do so. Children understand that their plan for discharge from special care is a key consideration in every review of their placement and they do not worry excessively about when and where they will live after they leave the special care unit.

Sources of evidence

- Children's files including specialist reviews and reports.
- Observation records in relation to restrictive practices.
- Inspectors will speak with children and their families, professionals involved in their care, centre staff and the person in charge.

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Published by the Health Information and Quality Authority (HIQA).

Issued by the Chief Inspector
Health Information and Quality Authority
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y

+353 (0)1 814 7400
info@hiqa.ie
www.hiqa.ie