



**ORANGA
TAMARIKI**
Ministry for Children

EVIDENCE CENTRE
TE POKAPŪ TAUNAKITANGA

New Zealand Government

Physical restraint and de-escalation

Best international practice as applicable to secure youth
justice residences

Summary report

March 2023

The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

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Published: April 2023

ISBN: 978-1-99-115503-0

If you need this material in a different version, please email us at research@ot.govt.nz and we will provide it for you.

Citation guidance:

This report can be referenced as Matheson, I. (2023). *Physical restraint and de-escalation: best international practice as applicable to secure youth justice residences – Summary report*. Oranga Tamariki—Ministry for Children.

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Background

This report gives a high-level summary of the Evidence brief: *Physical restraint and de-escalation: best international practice as applicable to secure youth justice residences*.

Introduced in 2019, the Oranga Tamariki youth justice residences' model of physical restraint is called Safe Tactical Approach and Response (STAR). This bespoke model was designed and developed by Oranga Tamariki in consultation with the New Zealand Police Tactical Training Wing; as such it draws on some elements of the New Zealand Police's approach to physical restraint.

Over the past few years there have been concerns about the physical restraint of children in residences in New Zealand. The evidence brief sought to provide evidence from New Zealand and overseas jurisdictions on restraint and de-escalation models, policies, requirements for effective approaches and the interface with care models and frameworks.

Main findings

There are some leading international programmes

In New Zealand youth justice residences, Oranga Tamariki uses its own bespoke physical restraint model – Safe Tactical Approach and Response (STAR).

With the exception of New Zealand and the UK¹ who use bespoke restraint models, most countries use commercially available de-escalation and restraint training programmes (Table 1).

Table 1: Four leading international physical restraint and de-escalation programmes

	Non-violent Crisis Intervention²	Management of Actual or Potential Aggression³	Therapeutic Crisis Intervention⁴	Safe Crisis Management
Organisation	Crisis Prevention Institute	Crisis Prevention Institute	Cornell University's Residential Child Care Project	JKM Training
Location	US (own Australasian office in NSW)	US (own Australasian office in NSW)	US (Australasian licensee NSW-based TACT/Allambi)	US (Australasian licensee NZ-based PsychAssure)
Courses	Train the trainer	Train the trainer (foundation & advanced courses)	Train the trainer ⁵	Train the trainer Theory, physical restraint, & specialist
Advantages	California Evidence-Based Clearinghouse (CEBC) for Child Welfare listed & Crisis Prevention Institute BILD certified	Large provider. Reasonable evidence base' Crisis Prevention Institute BILD certified	CEBC listed Therapeutic Crisis Intervention BILD certified; Specific to residential childcare; More integrated and system-wide approach; & Own reasonable evidence base	CEBC listed BILD certified; Robust instructor assessment; & System-wide approach
Disadvantages	Wide range of sectors: and less de-escalation focus	Wide range of sectors	No listing identified on evidence-based websites	Low international presence

¹ House of Commons House of Lords Joint Committee on Human Rights, 2019

² [Nonviolent Crisis Intervention](#)

³ [Management of Actual or Potential Aggression](#)

⁴ [Therapeutic crisis intervention](#)

⁵ [TACT Training](#)

The prevalence of physical restraint is difficult to determine

The use of physical restraint with children in youth detention centres and other residential settings for children is under-researched⁶, and data that is published is incomplete and hard to interpret⁷. However, according to what data does exist, most children in youth detention centres or residential care will have experienced or witnessed the use of physical restraint⁸.

There are usually negative consequences as a result of the use of restraint

While there are circumstances where the use of restraint as a last resort can prevent harm⁹, restraint is mostly associated with a range of adverse risks and consequences including:

- child deaths¹⁰
- child injuries¹¹
- children being (re-)traumatised¹²
- damaged relationships with staff and poorer quality of care¹³
- potential escalation of individual physical conflicts¹⁴
- an ongoing climate of violence¹⁵
- staff injuries and sick leave.¹⁶

Young people's experience of restraint is mixed

While there is limited research on children in residential care's experience of physical restraint¹⁷. Some research found that young people in residential care in the UK report feeling angry about being restrained and that its use is often unfair or unwarranted and damaging in terms of their relationships with staff. However, for others, a trusted member of staff using appropriate restraint could be experienced as a caring act making them feel protected and safe¹⁸. Across the research that does exist there were expectations that:

⁶ Roy et al., 2021; Slaatto et al., 2021; Steckley & Kendrick, 2007

⁷ House of Commons House of Lords Joint Committee on Human Rights, 2019

⁸ Independent Restraint Advisory Panel, 2014; Shenton & Smith, 2021; Steckley & Kendrick, 2008

⁹ Fraser et al., 2016; Independent Restraint Advisory Panel, 2014; Nunno et al., 2007 & 2021; Smith, 2020

¹⁰ Bryson et al., 2017; Nunno et al., 2007 & 2021; Smallridge & Williamson, 2008 & 2011; Steckley & Kendrick, 2008

¹¹ Bryson et al., 2017; LeBel et al., 2010; Roy et al., 2021; Steckley & Kendrick, 2008

¹² Bryson et al., 2017; Steckley & Kendrick, 2008

¹³ De Hert et al., 2011; LeBel et al., 2010; Pollastri et al., 2016

¹⁴ De Hert et al., 2011

¹⁵ Slaatto et al., 2021

¹⁶ Smith et al., 2021; Slaatto et al., 2021; Zelnick, 2013.

¹⁷ Slaatto et al., 2021

¹⁸ Steckley, 2015

- staff need to be able to spot potential problems and identify when individual children are getting distressed and/or angry, effectively deal with situations early on to avoid the need for physical restraint altogether¹⁹
- staff are proactive and attempt, where practical, other measures before resorting to physical restraint²⁰
- staff adhere to individual care plans in relation to methods of physical restraint which should or should not be used on them²¹
- physical restraint should never involve pain with staff being trained so that they do not hurt children²².

Māori are likely disproportionately affected by the use of restraint

No specific national or international evidence has been identified in relation to Indigenous children and the use of physical restraint in youth detention centres. Oranga Tamariki also does not collect physical restraint ethnicity data in youth justice residences for either management or reporting purposes.

However, it is likely that physical restraint is disproportionately used on young people who identify as Māori, simply by virtue of the fact that Māori youth are significantly overrepresented in Oranga Tamariki youth justice residences²³.

There are ways to reduce the inappropriate use of restraint

Many jurisdictions are looking to address the misuse, overuse and safety of some physical restraint techniques, and more broadly reduce or even eliminate their use of physical restraint altogether²⁴.

Many residences experience high staff turnover, staff shortages, use of casual staff and a limited pool of trainers. This along with shift work, means that ensuring all staff have attended even basic training has regularly arisen as a key issue in a number of inquiries into excessive, inappropriate, and dangerous use of physical restraint in youth detention centres and residential childcare providers²⁵.

There is some consensus in the literature that the following factors are important for reducing physical restraint.

¹⁹ Independent Restraint Advisory Panel, 2014; Morgan, 2005; Steckley & Kendrick, 2008

²⁰ Independent Restraint Advisory Panel, 2014; Steckley & Kendrick, 2008

²¹ Independent Restraint Advisory Panel, 2014

²² Morgan, 2015; Steckley & Kendrick, 2008

²³ Oranga Tamariki, 2021

²⁴ Association of Children's Residential and Community Services, 2022; National Association of State Mental Health Program Directors, 2006; Restraint Reduction Network, n.d.-a; Scottish Government, 2022

²⁵ LeBel et al., 2010; Nunno et al., 2021

Getting the care fundamentals right

At a basic level, we have long known what needs to be done in order to achieve or maintain safety in residential care. Ten features required to ensure safety for both children and staff identified in the UK include²⁶:

- Attracting the best people and promoting residential care as a career
- Selecting the best people through the use of rigorous processes
- Effective management
- Quality supervision
- Whistle-blowing policies
- Support from senior leadership
- Improved pay and conditions
- High professional standards
- Quality assurance systems
- Training and developing the workforce.

Sector and organisational leadership and commitment

Physical restraint has historically been a taboo subject in many agencies, and is often left to residential staff and their immediate managers. In England, sector and organisational leadership is currently being demonstrated with the following:

- Establishment of the Restraint Reduction Network²⁷
- Development of rights-based training standards²⁸
- Certification²⁹
- Qualifications³⁰

Taking an organisation-wide systems approach

Research indicates there is a need for a systemic and holistic approach to increasing the safety of children³¹. In particular, there is a responsibility for senior organisational leaders to demonstrate a commitment to promoting a culture where violence and aggression are not accepted as part of the job³².

²⁶ Lane, 2000

²⁷ Restraint Reduction Network n.d.-a

²⁸ Ridley & Leitch, 2020

²⁹ British Institute for Learning Disabilities

³⁰ Restraint Reduction Network, n.d.(b)

³¹ Smith, 2020

³² Centre for Excellence in Child and Family Welfare, 2021

Some research suggests the need for organisations to adopt a broader public health harm reduction approach that addresses all three dimensions of prevention as follows³³:

- *Primary*: action taken to prevent violence before it occurs
- *Secondary*: action taken to prevent violence when it is perceived to be imminent
- *Tertiary*: action taken when violence is occurring and after it has occurred to prevent or reduce the potential for physical and psychological harm to the parties involved and to inform primary and secondary prevention strategies.

The Six Core Strategies³⁴ and its New Zealand adaptation for use in mental health services³⁵ is an example of a systems-wide holistic approach towards reducing the use of physical restraint. The Six Core Strategies provides a comprehensive evidence-informed systems approach to support a reduction in the use of physical restraint and seclusion. The six core strategies are:

1. Leadership in organisational culture change
2. Using data to inform practice
3. Workforce development
4. Inclusion of families and peers
5. Specific reduction interventions (using risk assessment, trauma assessment, crisis planning, sensory modulation and customer services)
6. Rigorous debriefing.

The use of physical restraint and de-escalation can't be viewed in isolation

The evidence brief highlighted that physical restraint and de-escalation needs to be viewed within care models and/or practice frameworks.

Physical restraint and de-escalation models need to be compatible with practice frameworks and models

There are significant challenges for residential staff, managers and organisations relating to consistency across regulations, guidance and practice advice. Residential workers and their managers have to work with a lot of ambiguity. Alongside physical restraint and de-escalation training, daily practice is also informed by other professional training, and use of legislation, policies, therapeutic models, practice frameworks, and theories³⁶. Research has found that there is:

³³ Paterson et al., 2008

³⁴ LeBel et al., 2010; National Association of State Mental Health Program Directors, 2006

³⁵ Te Pou, 2013, 2020

³⁶ Halvorsen, 2018; McDonald, 2012

- substantial variations in underpinning values
- wide variations in use of terminology and a myriad of differing definitions of restraint, serious incidents and related terms
- some degree of duplication, and occasionally, contraction, across government departments³⁷.

Relationships are an important component between care models/practice frameworks and physical restraint programmes

Some research highlighted that the primary determinant of the effectiveness of addressing challenging behaviour (in all of its forms) will be the stage of the relationship between the child and the residential worker³⁸.

Therapeutic relationships require the residential worker to be able to understand the child's behaviour and help them process their feelings, whilst at the same time confidently and spontaneously responding to the child's need for these to be managed³⁹.

Trauma informed environments

Research outlined noted that trauma informed approaches can increase compassion, satisfaction, and reduce symptoms of burnout among residential workers⁴⁰. In addition, through the use of a trauma-sensitive lens, children's self-regulation and coping skills can be promoted by creating an atmosphere of shared decision-making. However, "the staff's ability to regulate and contain their own emotions in highly stressful interactions is of equal importance in order to recognise and adapt to the young people's needs"⁴¹.

There are advantages and disadvantages to the STAR approach

The evidence brief highlighted that a key advantage of a bespoke Oranga Tamariki model of restraint is that it should avoid any ambiguity in relation to what the organisation does and does not deem to be safe. Other advantages of a bespoke model are that STAR can reflect the youth justice residences' legal and operating context and be accredited by NZQA⁴²; there is also scope for better ongoing alignment between training, policy, procedures and practice⁴³.

However, in comparison to the four leading international programmes there are a number of other differences with STAR that may potentially be disadvantages. These are:

³⁷ Independent Restraint Advisory Panel, 2014

³⁸ Barton and colleagues, 2012

³⁹ Smith et al., 2013

⁴⁰ Salloum et al., 2015

⁴¹ Schmid et al., 2020

⁴² Oranga Tamariki Youth Justice Residences, 2019

⁴³ Davidson, et al., 2005

1. STAR does not appear to have been informed by a review of national and international research evidence.
2. STAR focuses primarily on physical restraint⁴⁴ whereas leading international programmes are increasingly focusing more on de-escalation, and to varying degrees being trauma-informed, and on relational safety and/or prevention.
3. STAR may be perceived as prioritising staff safety over children's safety.
4. STAR is essentially a staff training programme and comparatively does not have an organisational systems focus.
5. Unlike some of the leading international programmes, there is no external quality monitoring, or organisational accreditation requirements.
6. The design, implementation and/or effectiveness of STAR does not appear to have yet been evaluated.

While physical restraint (and de-escalation) is important, it is only one of many elements that need to be meaningfully addressed for a youth detention centre to be both safe and effective. While many jurisdictions and residential providers are looking to reduce or eliminate their use of physical restraint, for some youth detention centres for example with relationship-based care model and degree-qualified staff, the use of physical restraint has reportedly long been rare and when it is used it really is a last resort rather than an expected and accepted part of the culture

⁴⁴ Shalev, 2020

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