



SB396 RESTRAINT LEGISLATION

Child and Family Services supports SB 396 limiting the use of child restraints in schools & treatment facilities.

Child welfare legislation for the last half of the 20th century has focused on the safety of children in their family settings. More recently, the focus has included children in out of home settings from day care, schools, and various types of treatment settings, including secure detention facilities.

In the late 1990's, a number of highly publicized deaths of youth in out of home settings increased public awareness about the risks of improper use of restraint and seclusion. Investigations found that use of restraints, especially prone restraints and use of seclusion placed children at high risk of injury or death. And they are ineffective in changing behavior.

The investigations and research in behavioral health lead to the Children's Health Act of 2000 and the establishment of mandates limiting the use of restraints and seclusion in various health and mental health care facilities.

The 2003 release of the findings of the President's New Freedom Commission on Mental Health noted the use of restraints and seclusion creates significant risks for adults and children including serious injury or death, re-traumatization of people with a history of trauma including mistrust of mental health professional, other psychological harm from being or seeing or hearing others being restrained and loss of dignity. It was clear that the long-term, negative consequences of restraint and seclusion far outweighed any short-term benefits gained by their use except for situations in which imminent danger to either the children or staff existed.

The evidence shows that training alone, without the support of leadership and a shift in organizational culture, will not significantly reduce the number of emergency safety interventions. For the client's behavior to change, the client must manage it with the support of skilled caregivers.

By drawing on tools that have been tested and proven effective in the field, facilities will expedite and ensure progress. The bill helps establish a universal language and definition of terms to clarify the multiple and contradictory terms in various current regulations.

SB 396 supports the establishment of baseline assessment and ongoing evaluation of efforts. DHHS and DOE currently have reporting regulations, data collection processes and assigned staffing. The collection of quantitative data is essential to identifying areas needing attention, establishing reduction goals and measuring not only the child's progress but the staff and facilities' and all systems to progress and provide feedback at all levels.

The bill requires a multilayered risk assessment to identify the child's triggers. The assessment can be incorporated into the facilities' already comprehensive intake assessment.

Organizational culture and the process of organizational change are difficult and are not going to happen without the support and collaboration of all parties of the systems involved, and will take time. It won't happen with the magic of passing a bill.

SB 396 establishes the framework to continue to develop more effective treatment with better outcomes for children.

While there are details for implement of these policies to be worked out, the overall policy is an important new focus for child safety and treatment that is essential for the best interest of children.

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