



HR0088

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HOUSE RESOLUTION

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WHEREAS, The Illinois Department of Children and Family Services, Illinois Department of Human Services, the Illinois Department of Public Health, the Illinois Department of Mental Health, the Illinois Department of Juvenile Justice, and the Illinois State Board of Education promulgate rules and procedures to govern the use of restraint and seclusion with children and adolescents in social services, medical, and educational settings; and

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WHEREAS, Manual restraint is defined as anytime an adult staff member, responsible for the care of a child or an adolescent, manually holds a child to prevent the child's free movement or normal access to the child's body; and

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WHEREAS, Seclusion is defined as the involuntary confinement of a child in a room or an area from which the child is physically prevented from leaving; and

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WHEREAS, Numerous sources document the harmful physical outcomes associated with manual restraint, including dehydration, choking, loss of strength or mobility, incontinence, and injuries, including bruises, rug burns, broken bones, and cardiopulmonary complications, or death; and

1 WHEREAS, Children and adolescents who experience restraint
2 express negative social-emotional consequences, including
3 fear, rage, anxiety, a lack of understanding about why they
4 were restrained, profound alienation from adult staff
5 responsible for their care, re-traumatization from their own
6 restraint, and vicarious traumatization from witnessing the
7 restraint of their peers; and

8 WHEREAS, Adult staff, responsible for the care of children
9 and adolescents, who implement restraints may be exposed to
10 biological material, such as saliva or blood, without
11 appropriate protective equipment or may sustain injuries,
12 including scrapes, bruises, sprains, scratches, bites, or
13 broken bones; and

14 WHEREAS, Children and adolescents placed in seclusion have
15 experienced a wide variety of self-inflicted injuries, such as
16 cutting, pounding, head banging, and suicide; and

17 WHEREAS, High frequency of restraint and seclusion
18 episodes are associated with turbulent workplace environments,
19 uncertainty, lost productivity, low morale, and potentially
20 detrimental influences on the quality of care delivered; and

21 WHEREAS, The United Nations Committee on the Rights of the
22 Child has stated that restraint and seclusion may violate

1 children's rights, including their right to be free from
2 cruel, inhuman, or degrading treatment or punishment, their
3 right to respect for bodily integrity, and their right not to
4 be deprived of their liberty; and

5 WHEREAS, Over the last two decades, national
6 organizations, including the Substance Abuse and Mental Health
7 Services Administration, the Child Welfare League of America,
8 the Federation of Families for Children's Mental Health, and
9 the National Association of State Mental Health Program
10 Directors, began supporting programs to prevent and reduce the
11 use of restraint and seclusion; and

12 WHEREAS, The U.S. Department of Education warned on
13 multiple occasions that secluding students can be dangerous
14 and that there is no evidence it is effective in reducing
15 problematic behaviors among children and adolescents; and

16 WHEREAS, The Statewide Youth Advisory Board for the
17 Department of Children and Family Services, which provides the
18 Department and General Assembly with the perspective of
19 youth-in-care, voted that reforming use of restraints was a
20 top policy priority; and

21 WHEREAS, The National Association of State Mental Health
22 Program Directors' position statement on restraint and

1 seclusion illustrates that practices should only be
2 administered in the least restrictive method and should never
3 be used for purposes of punishment, discipline, or
4 convenience; and

5 WHEREAS, The U.S. Department of Education found Illinois
6 had the highest number of state-level seclusion totals within
7 schools across the country; and

8 WHEREAS, Research has shown that children and adolescents
9 often see seclusion as a form of punishment and can be
10 traumatized by the practice; and

11 WHEREAS, The use of restraint and seclusion are based on
12 the staff assumption that controlling children and adolescents
13 by force will reduce dangerous behaviors and maintain
14 community safety, although academic research shows that such
15 coercive interventions can maintain and intensify the very
16 behaviors staff are trying to control; and

17 WHEREAS, Research shows that inexperienced or inadequately
18 trained staff are involved in more restraint and seclusion
19 incidents than experienced staff in child welfare, mental
20 health, juvenile justice, and educational settings; and

21 WHEREAS, Strategies to reduce restraint and elimination

1 may include leadership in organizational culture change, using
2 data to inform practice, workforce development, inclusion of
3 family and peers, specific reduction interventions, and
4 rigorous debriefing; and

5 WHEREAS, Service providers may select from various
6 available training curricula, supported by data and academic
7 research, to implement organizational change and focus on the
8 reduction of restraint and seclusion; and

9 WHEREAS, Research by the Substance Abuse and Mental Health
10 Service Administration deemed one training curriculum, the Six
11 Core Strategies, an evidence-based intervention after an
12 eight-state evaluation; and

13 WHEREAS, Restraint and seclusion reduction training
14 curricula include trauma-informed principles as foundational
15 components; and

16 WHEREAS, When Massachusetts developed and implemented a
17 statewide initiative to reduce or eliminate the use of
18 seclusion and restraint among children and adolescents for
19 psychiatric facility workers, the number of workers'
20 compensation claims decreased by 29 percent, and the amount of
21 compensation paid decreased by 98 percent; and

1 WHEREAS, A shared vision across child and adolescent
2 serving organizations, which is grounded in academic research
3 and data, will help unite professionals under the common goal
4 of restraint and seclusion reduction; therefore, be it

5 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE
6 HUNDRED SECOND GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that
7 we urge policy decisions of State agencies and the Illinois
8 General Assembly to align with the goal of preventing,
9 reducing, and ultimately eliminating, the use of restraint and
10 seclusion with children and adolescents; and be it further

11 RESOLVED, That it is the overarching policy of the State
12 of Illinois that restraint and seclusion should only be used
13 as a last resort to protect a youth from harming themselves or
14 others and should never be used for punishment, discipline, or
15 convenience; and be it further

16 RESOLVED, That until use of restraint and seclusion is
17 ultimately eliminated, State agencies who employ restraint and
18 seclusion, as well as contractors to those agencies, must
19 ensure that only staff members with certified training who are
20 experienced in restraint and seclusion employ these methods to
21 reduce incidents of harm; and be it further

22 RESOLVED, That we urge all administrative staff of the

1 State of Illinois who promulgate rules and procedures that
2 govern the use of restraint and seclusion with children and
3 adolescents, including the Office of the Governor, the State
4 Board of Education, the Department of Human Services, the
5 Department of Children and Family Services, the Department of
6 Public Health, and the Department of Juvenile Justice, to
7 operate under the shared vision that restraint and seclusion
8 are behavior management interventions of last resort and work
9 towards their reduction.