



Helping children and young people stay connected with the people who matter to them



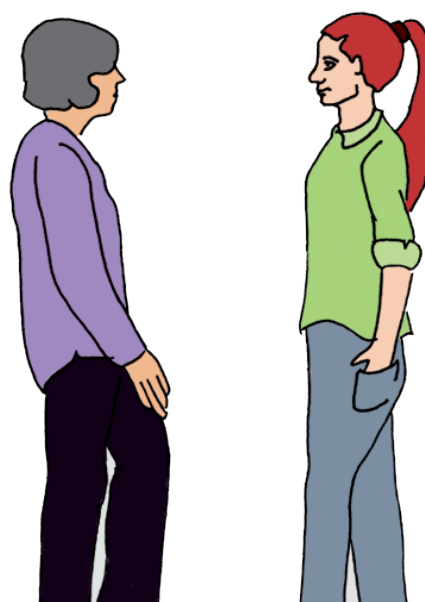
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Please note that this document does not, and is not intended to, constitute legal advice. The RRN strives to provide accurate, well-researched information that is helpful to practitioners, professionals and people with lived experience.

Contents

Introduction	3
Why maintaining social connection is important?	4
Experiences of disconnection	6
Internet, technology and human rights	7
Human rights and blanket restrictions	8
Getting to know children and young people and finding out who is important to them	12
Ways to support communication, including avoiding blanket restrictions and promoting access to technology	14
Social connection to support discharge	16
Communicating with the people who matter to you – a survey	17
References	19





Introduction

Being admitted to an inpatient unit can be a very unsettling time for any person, whatever age they are. For children and young people who are still developing physically, emotionally and psychologically, being away from all that is familiar and grounding can impact secure development and can be a distressing – even traumatic – experience.

This document has been written to help healthcare staff ensure that the children and young people in their care remain connected as much as possible with the people who matter most to them. This will not only ensure better physical and mental health outcomes for the child or young person, but will also prevent further distress and avoidable trauma, as well as enable a smoother transition back into the home environment.

Social connections can support better coping skills, mental health outcomes and a faster recovery (Roach, 2018).



Why maintaining social connection is important?

Children and young people need to maintain positive social contact and support structures, as these are integral to secure attachment and emotional, psychological, and physical development and wellbeing (Cousins and Holmes, 2021).

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Parents can be a primary source of support, providing loving connection, as well as practical support. Family involvement and parental support are associated with improved mental health outcomes (Cousins and Holmes, 2021). Maintaining contact with parents can provide children with a sense of security, reduce feelings of isolation and loneliness and help children to maintain a sense of normalcy, promoting a faster recovery (Cousins and Holmes, 2021; Ong, Fernandez and Lim, 2021).

Maintaining contact with siblings is also important. Children and young people told us that their siblings provided important sources of emotional support, hope, understanding, and empathy. This is because they shared common familial experiences and challenges. Social support from siblings can be associated with improved mental health outcomes among adolescents (Alegria et al., 2010).

Friends can provide a sense of belonging, validation and support. Children and young people told us that regular communication with friends helped them to maintain a sense of normalcy, optimism, and keep a positive outlook on their future. Social connections can support better coping skills, mental health outcomes and a faster recovery (Roach, 2018).

People with intellectual disabilities face particular challenges maintaining links with family and friends. For instance, when James was admitted, his intellectual disability and lack of support from staff meant he was unable to tell staff who his family were, how to contact them or ask for them to be contacted. His mother explained that:

“He just thinks we have disappeared. He is totally reliant on staff supporting him to maintain contact. He struggles to communicate via phone or video link. He has now lost touch with school peers. I think people with learning disabilities are sadly not supported to keep in touch. That is why when they are ‘locked up’, they can experience what is known as ‘social death’.” (Borgstrom, 2017).

Healthcare professionals should encourage and facilitate regular communication between children and their loved ones, to support their emotional, psychological and physical wellbeing. Family and friends can play a crucial role in the recovery process and can provide a sense of hope and optimism.



Experiences of disconnection



"My smartphone, charger and tablet were taken away. I had no way to talk to anyone."



"I could only speak to my mum and dad for 20-30 minutes a day at a specific time. It wasn't enough. I missed them so much and lost contact with all my friends."



"My life was on my phone. All my pictures, notes, voice memos and all that stuff, all gone."



"Without internet, what can you do? I couldn't look stuff up, do anything at all. Everything is online. It felt like everyone had forgotten about me."



"It felt like I was in a time capsule for two years. People were talking about movies, songs, TV shows, social media stuff... I had no idea about them."

"All my friends I met by gaming. When I went in there, there was no consoles... I didn't have any friends in real life, but now I have no-one."



"I don't usually speak or do video calls. I like talking using WhatsApp. No-one was allowed their phone, so I didn't talk the whole time I was detained."

Internet, technology and Human Rights

Technology, such as smartphones, tablets and computers, as well as internet access, are essential for people to enjoy their socio-economic human rights (Reglitz, 2023). For example, the right to a private and family life, home and correspondence (Article 8 of Human Rights Act, 1998). Children and young people should be able to maintain contact with important people in their lives (e.g., families, friends etc.), corresponding in ways that suit them, e.g., emails, phone calls, video calls and letters (Equality Act, 2010). Other socio-economic rights include the ability to access medical care and education. Many of the children and young people we spoke to told us that their “lives were on [their] phones” and that without them they couldn’t communicate with their families. Some people also told us that they went without optician and dental appointments because these were organised online. Others explained that they couldn’t “read anything”, “keep up to date with the news”, “politics”, “learn anything” because they had no access to the internet.

Reglitz (2023) explains that being able to access and freely use the internet is necessary for adequate opportunities to lead decent lives and realise socio-economic human rights. Therefore, he suggests that the internet should be recognised as a human right in itself. Yet many children and young people told us they were unable to access the internet or use technology when they were detained because of blanket restrictions.

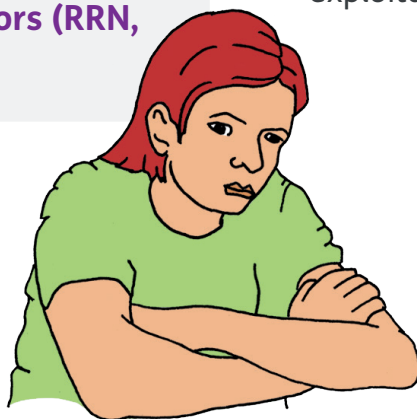
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Human Rights and Blanket Restrictions

The Mental Health Act 1983: Code of Practice (MHA CoP) (Department of Health, 2015) defines blanket restrictions as “rules or policies that restrict a patient’s liberty and other rights, which are routinely applied to all patients, or to classes of patients, or within a service, without individual risk assessments to justify their application.”

More simply, blanket rules are rules applied to everyone, regardless of a person’s individual risk factors (RRN, 2021).



Article 8 is a **qualified right** meaning access to a private and family life, home and correspondence can be restricted in certain circumstances if:

- reasons can be legally justified as necessary to manage an individual’s risk;
- are proportionate to the individual’s risk; and
- continue to be needed and are regularly under review.

For example, staff might be concerned about the potential risks associated with the use of devices, social media, and the internet, including:

- Electronic devices being used for self-harm.
- Children and young people accessing content that impacts negatively on their ability to engage with treatment, thrive and reach therapeutic goals.
- Accessing unhealthy comparisons (eg, for people with eating disorders).
- Being exposed to content associated with suicide and self-harm.
- Cyberbullying, developing inappropriate relationships that can lead to stalking, online abuse, harassment, threatening behaviour, sexual exploitation.

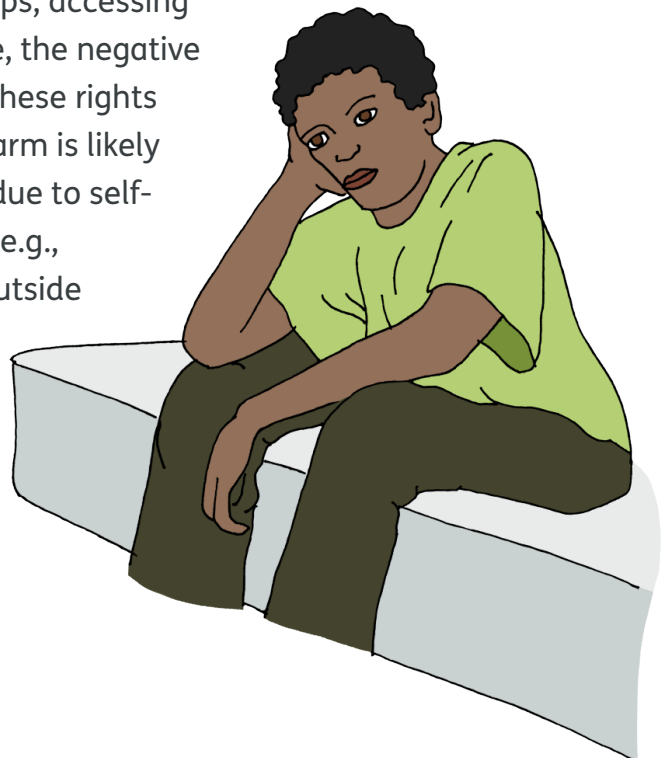
It is important to remember that each individual’s risk is dynamic and variable.

The aforementioned risks can be important and legitimate, requiring timely consideration. However, it is unlikely these will apply to every child or young person in the inpatient setting, all of the time. Applying blanket rules, e.g., only allowing one phone call per day, or banning the use of gaming devices or the internet, can be an **unjustified** use of blanket restrictions and therefore would not be legal.

It is important to remember that each individual's risk is dynamic and variable. For example, a person might feel particularly suicidal and not safe to use the internet at a particular time, but by the afternoon they may be safe to do so.

Unjustified blanket rules are those applied to everyone without considering each person's strengths and needs, or how the restriction will impact them.

Unjustified blanket rules are those applied to everyone without considering each person's strengths and needs, or how the restriction will impact them. Every effort should be made to support young people to maintain positive relationships, accessing technology and the internet. Therefore, the negative consequences of decisions to restrict these rights must be considered. Where adverse harm is likely (e.g., by restricting access to a phone due to self-harm), staff should make mitigations (e.g., supervise the use of the phone from outside the room) to prevent harm while maintaining privacy and the right to correspondence.



In keeping with Article 8 of the Human Rights Act (1998), people should be able to communicate privately, unless there is a lawful, legitimate and proportionate reason to restrict this right.



Mediated relationships

Children and young people told us that staff would often sit with them while they were on the phone, insist on dialling the number, record what was said and note down who the young person spoke to and for how long. Parents spoke of the difficulty of having mediated relationships with their children.

“We saw our son once a week for an hour and a half. There was always a member of staff in the room with us. Sometimes they would write stuff down on a piece of paper as we talked. My husband and I would look at each other and I knew he was thinking what I was thinking, ‘what is she writing down? Have we said something wrong?’ It really effects the mood in the room and how genuine we can be... I couldn’t touch my son. We weren’t allowed to hug or have contact. I have no photos of him all the years he was detained. All I wanted to do was hug him. It was unbearable.”

In keeping with Article 8 of the Human Rights Act (1998), people should be able to communicate privately, unless there is a lawful, legitimate and proportionate reason to restrict this right.

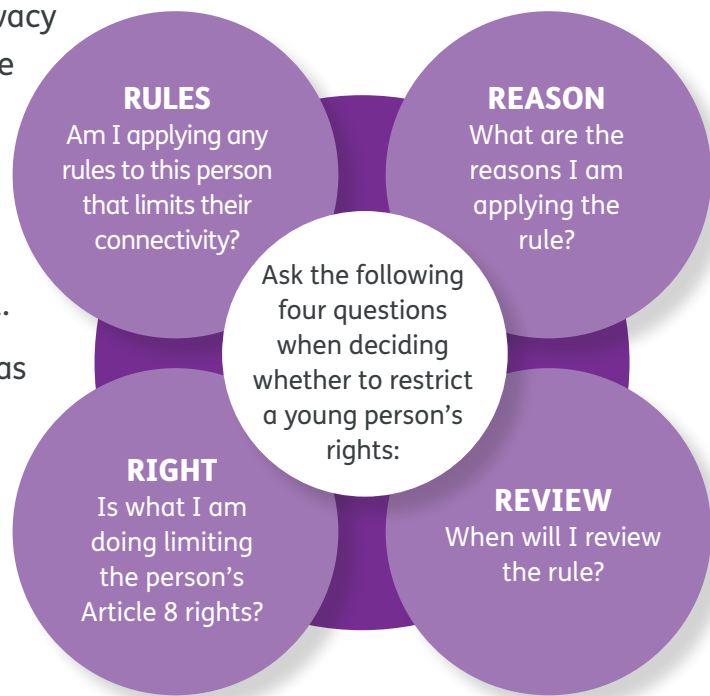
Using surveillance (e.g., staff listening to phone calls or being present during family times) is a restrictive practice. As such the Restraint Reduction Network (RRN) recommends that such surveillance must only be used:

- for a specific purpose;
- when benefit vs harm has been explored and potential intended and unintended effects have been mitigated;
- when there has been a comprehensive assessment of the individual and the reasons that surveillance is needed;
- if staff have had human rights training and training relevant to the use of surveillance.

The continuing need to restrict privacy should be regularly reviewed where the needs of those subject to the restrictive practice and their families/carers have been consulted and issues of consent and capacity have been addressed.

Services must not use surveillance as an unjustified blanket restriction. For example, surveillance should not be used to overcome, alleviate, or mitigate a poor organisational culture or other setting specific problem, such as staff shortages and/or lack of technological resources (e.g., phones or tablets that enable people to contact people important to them).

Surveillance should also not be used if it is unlikely to succeed in addressing the issue it is being used to overcome. There are unintended consequences and additional harms that can result from surveillance and these must be considered. The more surveillance threatens a person's privacy, the stronger the justification for using it must be.



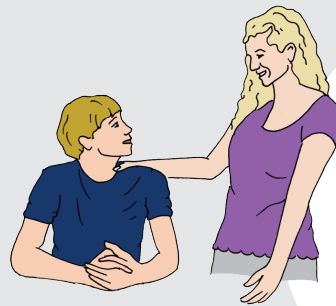
Note:

- The impact of any restrictions on a person's freedom must always be considered in relation to individual needs and mitigated.
- Blanket rules should never be used to punish or humiliate.
- Blanket rules should never be applied for longer than is necessary.
- Blanket rules should not be an inherent part of a unit's safety and security. This is because they constrict people's right to autonomy, are life limiting, hindering independence and recovery.
- Blanket rules surrounding communication can cause long lasting damage to children and young people.

Getting to know children and young people and finding out who is important to them

When children and young people are admitted to inpatient units, staff should take time to get to know the person and their family. This should include:

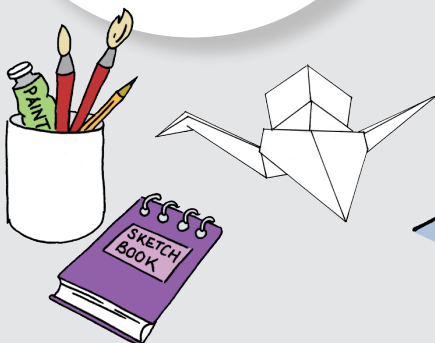
Making sure the young person has the right equipment (e.g., technology) and access required to communicate in their preferred ways.



Finding out who the important people are in the child and young person's life, including advocates and lawyers.



Finding out how the young person prefers to communicate with staff and their loved ones, e.g., talking, typing, video calls, through music/art.





Making sure the young person has the technology, phone numbers and/or emails etc. needed to be able to communicate.

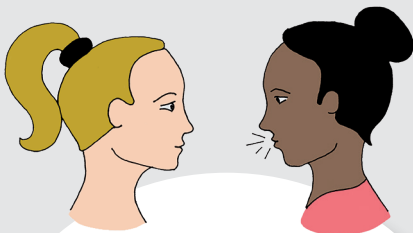
Learning the ways and means the young person likes to connect, e.g., gaming, Twitter, TikTok etc., so that relationships built on these platforms can be maintained as best as possible.



Making sure the young person and staff are aware of people's work schedules so that calls can be made when families/friends/lawyers etc. are available.



Finding out key dates, e.g., birthdays, weddings, or important meetings/ things that might make the person worried, so that they can be prepared and involved.



Learning where the young person might like to go on section 17 leave, e.g., parks, zoos, shopping centres, so that meaningful visits can be arranged and practiced in advance, if necessary.



Speak to families (with the person's consent) to find out how they prefer to be cared for and supported. This might help staff support the person to maintain important relationships with family and friends.

Ways to support communication, including avoiding blanket restrictions and promoting access to technology

Staff can play a crucial role in supporting children and young people to stay in contact with their family, friends, and other important people in their lives. Here are some ways staff can be supportive:

- 1 Using relational circles:** place the person in the middle. Then locate those most important people to the person in the inner rings, gradually moving to the outer rings and locating people less close. Next, map out how the person will be supported to maintain links.
- 2 Communication options:** Provide various communication options, such as phone calls, video calls, messaging apps, gaming and internet etc. Inform children and young people and their important people about the available methods and assist them in using these technologies if needed.
- 3 Establishing schedules:** Work with children and young people and their important people to set up convenient communication schedules. This helps both parties anticipate and look forward to regular interactions, reducing anxiety and promoting a sense of connection.
- 4 Coordinating visits:** Coordinate and facilitate visitation schedules ensuring that people are aware of visitation rules and any specific requirements well in advance of the visit. If people are finding visitation rules difficult, look into ways agency and flexibility might be increased.
- 5 Providing devices and resources:** In situations where children and young people don't have access to their own devices, provide loaner devices or assistive technologies to facilitate communication. Staff might also offer guidance on their use and help troubleshoot any technical issues.
- 6 Assistance with technology:** Some children and young people and their families may be unfamiliar with, struggle to use, or have limited experience with certain types of technology. Staff might provide basic training and support in using communication tools, such as video conferencing apps, to help maintain connection.

Recognise the emotional impact of separation from loved ones and offer empathy and emotional support to children and young people and their important people.



7 Emotional support: Recognise the emotional impact of separation from loved ones and offer empathy and emotional support to children and young people and their important people. Encourage the expression of feelings and concerns and actively listen to needs. Remember these might not be expressed in spoken words but through distressed behaviour. Providing a compassionate and understanding environment can help alleviate distress and promote wellbeing.

8 Patient advocacy: Staff might act as advocates for children and young people's communication needs. If there are any barriers or challenges hindering communication, e.g., communication differences and language barriers, staff could work to find solutions and accommodate individual needs and preferences.

9 Collaboration with multiple disciplines, e.g., speech and language therapists, occupational therapists, psychologists, social workers and others who specialise in communication and social support. They can assist in supporting means by which people can communicate, providing additional resources, training and/or facilitating emotional support.

10 Education: Educate staff about the importance of staying connected and how it can positively impact development, wellbeing and recovery. Raise awareness about the available communication options and encourage staff to support their use.



Social connection to support discharge

When children and young people have been in inpatient units, reconnecting through communication and social opportunities prior to discharge is important. This is because young people will not be familiar with the everyday social interaction and freedoms that people take for granted at home. On discharge, social interaction and freedoms can feel disorientating and overwhelming. The constant presence of family and unrestricted access to means by which to socially connect, e.g., social media, needs to become familiar again.

People with lived experience told us that the following things might be helpful to consider:

- Increasing opportunities for unrestricted social connection, e.g., phone calls, internet use.
- Plan more frequent extended leave with family and friends, e.g., during the day and overnight.
- Allow people greater freedoms with their devices while still in hospital, e.g., the opportunity to charge devices in their rooms, unrestricted use of gaming devices.
- Suggest pre-planning and agreeing any rules that families and the young person might like to put in place at home, e.g., not having devices at night, so that the young person feels supported, cared for and safe.
- Educate families and the young person on the normal, but difficult feelings that might arise at discharge, e.g., feeling overwhelmed and disoriented.
- Provide resources and advice about how to manage overload before feelings get too much, e.g., planning when to use devices, attend social gatherings and/or trips out so that they are manageable.
- Support the coproduced planning of helpful crisis measures if the young person feels overwhelmed by social connection, e.g., low arousal spaces, sensory modulation.



Communicating with the people who matter to you – a survey



It's really important that you can communicate with the people who matter to you while you are away from home.

This survey has statements about the contact you have with people in your life. You can tick the box next to the statement you most agree with.

This will help us know if we need to change anything for you.

1. I am able to speak to my parents/guardians on the phone or via video call.

- Yes, as much I want to
- Yes, but not enough. I would like to talk to them more
- No, I don't talk to them enough



If you have brothers and/or sisters.

2. I am able to speak to my brothers/sisters.

- Yes, as much as I want to
- Yes, but not enough. I would like to talk to them more
- No, I don't talk to them enough



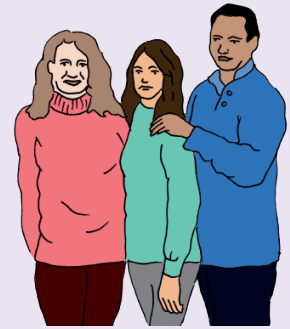
3. I am able to see and spend time with my brothers/sisters.

- Yes, as much as I want to
- Yes, but not enough. I would like to spend more time with them
- No, I don't spend enough time with them



4. I am able to see and spend time with my parents/guardians in person.

- Yes, as much as I want to
- Yes, but not enough. I would like to spend more time with them
- No, I don't spend enough time with them



5. I get support from staff.

- Before I contact my family
- During the contact
- After the contact
- All of the above
- None of the above



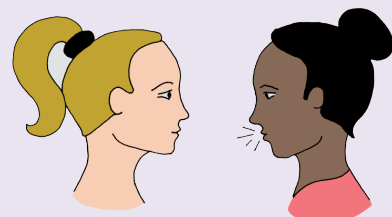
6. I have privacy when I speak to my family and/or spend time with them.

- Yes, our conversations are private. I am alone in the room
- No, staff are in the room with me



7. I can contact my friends outside the ward.

- Yes, as much as I want to
- Yes, but not enough. I would like to talk to them more
- No, I don't talk to them enough



8. I can use the internet.

- Yes, as much as I want to
- Yes, but not enough. I would like to use the internet more
- No, I don't get to use the internet



9. I can use social media.

- Yes, as much as I want to
- Yes, but not enough. I would like to use it more
- No, I'm not allowed to use social media



10. I can use electronic devices (like my phone or games consoles).

- Yes, as much as I want to
- Yes, but not enough. I would like to use them more
- No, I'm not allowed to use them



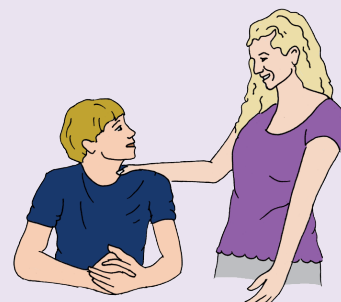
11. There are people I like and can spend time with on the ward.

- Yes, there are lots of people I like and spend time with
- Yes, there are one or two people I like and spend time with
- No, I don't have anyone I like and spend time with



12. I feel liked and cared for in hospital.

- Yes, most of the time
- Yes, sometimes
- No, I don't feel liked and cared for



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