



Centre for excellence
for Children's Care and Protection

CELCCIS Additional Evidence

Education, Children and Young People Committee Meeting

22nd November 2023

Thank you for the opportunity to supplement the evidence given to the Committee on 22 November 2023 on the progress of The Promise. There are a few resources and reports with evidence that members of the Committee may find useful which provide more detail to that shared in the oral evidence. We have focussed on implementation and programmes driving areas of support and change that are currently underway.

Transforming and improving services for children

CELCCIS was asked by the Scottish Government to carry out a research study to inform the understanding of current Children's Services structures and delivery models in Scotland and how services can best support the needs of children and their families. This research has been taking place over the last year and has looked at how children's and public services are provided and configured in Scotland and elsewhere, identifying what has an effect and what has a barrier to create the conditions to best meet the needs of all children and families who require support. This includes children and young people in need of care and protection. This study includes an in-depth look at six recent case studies of service integration which provides a helpful insight when considering what it takes to make effective change. Our work has also identified the components that are required to improve services and outcomes and, most recently, our research will the children's workforce identifies what is happening in Scotland now and what is needed.

Links to summaries of the four published reports can be found below:

- [Children's Services Reform Research study: Rapid Evidence Review](#)
- [Children's Services Reform Research study: Case Studies of Transformational Reform Programmes](#)
- [Children's Services Reform Research study: Mapping Integration and Outcomes Across Scotland: A Statistical Analysis](#)
- [Children's Services Reform Research study: Scotland's Children's Services Landscape: The Views and Experiences of the Children's Services Workforce](#)

Please find a link [here](#) for the full range of reports within the research. The final report is due to be published shortly and will also be shared with the committee.



Virtual School Head Teachers (VSHT)

An example of a body of work that is happening to improve outcomes and support for children and young people is the Virtual School Head Teachers (VSHT) approach and the Network that is supported by CELCIS.

Children and young people with care experience may need additional support during their time in education to meet distinct, and often unseen, needs. Likewise, the education system needs to be supported to ensure it can adapt and support every child. One of the key goals of Virtual School Head Teachers is to help create environments where care experienced children will feel more settled, motivated, and nurtured, to ensure a better experience at school. This, in turn, will help to improve educational outcomes, and contribute to better life chances. Since 2020, a network of the people who now operate as Virtual School Headteachers in local authority areas across Scotland comes together to share learning and practice. This is facilitated by CELCIS who also generate resources about the evidence of what is working well. These show the many ways in which the role is providing support to Keep the Promise and having an impact at a local and national level:

- [Scotland's Virtual School Headteachers Case Studies](#)
- [Joining the dots: Virtual School Head Teachers' and Care Experience Teams' Network - Summary of 2020-2021 Evaluation Report](#)
- [Scotland's Virtual School Head Teachers' and Care Experienced Teams' Network: Information booklet.](#)

Bright Spots programme

Listening to, hearing and acting on what children and young people need is at the very forefront of The Promise. There have been many ways in which the voice and experiences of children and young people have been shaping and informing changes nationally, including informing Children's Hearings through Our Hearings, Our Voice, and the Secure Care Standards to name just two. At a local level, beyond the work of 'Champions boards' that many local authorities have, Scotland is now using an approach first developed with children and young people in England called 'Bright Spots' which supports direct feedback between children and young people and people providing the care and support they need.

CELCIS, in partnership with Coram Voice, began the Bright Spots programme Scottish pilot in 2022. It uses two surveys, 'Your Life, Your Care', and 'Your Life Beyond Care', which have been developed to provide an opportunity for children and young people to share their experiences of care and how they feel about their lives, based on what they say is important. The pilot has been extended beyond the initial three local authority areas. While the report of the first stage of the pilot is being worked on, there are two videos capturing the impact of Bright Spots in two of the local authority areas already.



- [Second phase of Bright Spots programme Scottish pilot](#)

Secure Care Pathway

Scotland's Secure Care Pathway and Standards guidance, published in 2020, seeks to deliver a consistent, unified approach to caring for vulnerable children in all council areas and to all children placed in secure care in Scotland. It aims to ensure support is provided before, during and after a stay in secure care and that the rights of children and young people, who will often face vulnerabilities and risks in their lives, are respected.

- [Secure Care Pathway and Standards Scotland](#)

Continuing Care

Continuing Care was an example raised in the evidence session of where Scotland has introduced enabling legislation to support care experienced children and young people, however, there are challenges to the implementation of this. Continuing Care was introduced in 2014 and our research has identified what it is that enables and challenges the necessary improvements needed at national and local level to support children and young people to successfully transition to adulthood.

The research has recommendations covering what is needed to address culture and leadership, guidance, and practice, building on the good practice already taking place in some circumstances, and highlighting where improvements are needed.

- [Continuing Care: an exploration of implementation](#)

Scottish Physical Restraint Action Group (SPRAG)

Restraint was another issue raised in the evidence session. CELCIS hosts the Scottish Physical Restraint Action Group (SPRAG), a member-led group with representation from over 70 organisations from a range of sectors and perspectives, individuals and organisations across Scotland which is working together to reduced restraint in residential child care. The following documents provide information on SPRAG's response to different consultations:

- Letter from SPRAG regarding the proposed Restraint and Seclusion (Prevention in Schools) (Scotland) Bill (attached)
- [SPRAG Care & Justice Bill consultation response](#)
- Physical Intervention in Schools guidance consultation response by the SPRAG (attached)

More information on this work and the Reflection and Action Learning Forum (RALF) being supported by funding from The Promise Partnership can be found below.



- [Scottish Physical Restraint Action Group \(SPRAG\)](#)

Stigma and Discrimination

Finally, but crucially, we also wish to support our evidence by sharing what is being done to address the significant issue of prejudice that came through the evidence to and considerations of the Independent Care Review. We must never underestimate the impact that stigma and discrimination has had on children, young people and families needing the support of services for generations. Addressing the language used and public attitudes remains essential. Scotland is leading the way with the Each and Every Child initiative in how care and care experience is framed and understood, at every level - from national government policy-making, to social work record-keeping, to national and local campaigns, to the operational language of the hearings system. This initiative which began in 2021 is evidence-informed and the learning is shared freely through training and online resources. We are seeing time and time again now examples of how and where - attention is being paid to the language being used, and the impact of language and how things are said, written and understood is changing.

- [Each & Every Child](#)

Physical Intervention in Schools guidance consultation response by the Scottish Physical Restraint Action Group (SPRAG)

Background

The [Scottish Physical Restraint Action Group](#) (SPRAG) is a member-led group with representation from over 70 organisations. The group was formed in 2019 to consolidate and build on practice developments around reducing, and where possible eliminating, the physical restraining of children and young people in residential childcare. SPRAG is hosted by [CELCIS](#), the Centre for Excellence for Children's Care and Protection, who are based at the University of Strathclyde.

SPRAG's vision statement is:

We are committed to bringing about more effective, empathic, loving ways of holding children, young people and the adults who care for them in residential childcare in relationally rich environments, populated by adults who are properly equipped with requisite skills, knowledge and ways of being with children in the way that children need.

We will work towards making coercive forms of holding less or even unnecessary and, when children are restrained, it is carried out relationally and with care.

There is representation on the group from a range of sectors and perspectives including parent campaigners and care experienced young adults, Residential, Education and Secure care providers, the Care Inspectorate, Strathclyde University, CELCIS, CYCJ, academics, Scottish Government, Scottish Prison Service, Police Scotland, Education Scotland, Scotland Excel, and the National Secure Adolescent Inpatient Service, outlined in appendix 1. The majority of members represent residential childcare services in Scotland.

The group is involved in a variety of activities designed to positively impact efforts to reduce and/or eliminate the use of physical restraint in residential childcare while avoiding unintended and more deleterious consequences, and always upholding children's rights. Activities cover the broad categories of 'impact', 'influence', and 'outcomes', for example:

- **Impact** – Publication of a series of blog posts expressing a range of perspectives and with a range of target audiences; featuring at the Scottish Institute for Residential Child Care (SIRCC) conference over consecutive years; development and participation in a Reflection and Action Learning Forum (RALF)
- **Influence** – A collective voice across sectors and organisations; supporting and offering consultancy advice to partners, including the Care Inspectorate and Scottish Government; responding to relevant consultation opportunities; participating in the development and pilot of new resources/tools (e.g. the Care Inspectorate restrictive practice self-evaluation tool found [here](#)); contributing inputs to webinars, focus groups, leadership groups and other national representative groups

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- **Outcomes** – SPRAG’s recommended definitions relating to physical restraint feature in [Care Inspectorate reporting guidance](#); a research agenda that has led to a pilot project taking an Appreciative Inquiry to effective practice related to restraint reduction (with funding being sought for the large-scale study).

Further information on the activities of the group can be found [here](#) and [here](#).

Introduction

SPRAG welcome the opportunity to respond to this much-needed consultation on proposed guidance regarding physical intervention in Scotland’s education settings. A SPRAG subgroup explored the questions outlined in the consultation documents, and member organisations engaged in related discussions to prepare this response. A draft response was compiled, based on this content, and shared with the full membership for review.

The views expressed herein are informed by the conversations and work we have undertaken together over the past three years, including a focused session in April 2021 that considered definitions of restraint and restrictive practice led by a representative from the Care Inspectorate, as well as by member organisations’ wealth of related experience.

We note that many SPRAG members’ organisations will submit individual responses. This response offered members the opportunity to present a collective, cross-sector response. It should also be noted that opinions on aspects of the questions varied amongst members, and as such, while this response provides a general consensus of SPRAG members’ position, it should not be considered as fully representing the views of every individual member, nor their organisations.

Key messages from SPRAG

- The guidance is welcomed.
- The definitions proposed do not align with those already operational elsewhere, such as residential childcare. A lack of alignment will limit their purpose and function and limit the reliability of any data collated.
- The governance structures are unclear in terms of regulatory responsibilities, recording and reporting procedures and who has oversight of the data collated. We recommend an independent regulatory body has national oversight.
- Members strongly advocate for the development of co-produced, updated practice guidance in relation to restraint and restrictive practice, and propose that, rather than a standalone document, guidance should comprise of a suite of resources and tools subject to regular review.
- All members of the education workforce should have access to regular, high-quality supervision, debriefs and reflective practice;
- Clarity is required with regards training, learning and development requirements.

Question 1: Do you think the guidance is easy to understand?

No

Please provide details:

The following areas of the guidance were found to compromise ease of understanding:

- SPRAG suggest that the wording and guidance around 'last resort' and the thresholds for this are made clearer, while also acknowledging the related complexities of assessing this in practice. At the point of physical restraint, staff should be making a complex assessment of the degree of serious, imminent harm, weighing the potential risks of physical restraint with the potential risks of not physically restraining, and how to uphold children's rights within this. There was recognition that interpretation of 'last resort' and related thresholds can and will vary across individuals, teams, settings, and services.
- SPRAG considered the use of the word 'pain' in the consultation (paragraph 65). Examples from direct practice advise that the experience of restraint can, despite all efforts to avoid this, result in physical and/ or emotional pain to both the young person and the adult. This can complicate the emotional pain that often underlies the lead up to the restraint in the first place. Because physical restraint occurs within a highly emotive situation, it is not always possible to distinguish between physical and emotional pain. **SPRAG recommends a clear statement establishing the deliberate use of pain as unacceptable.**
- SPRAG recommends outlining the differences between 'functional analysis of distressed behaviour' (paragraph 39) and 'functional assessment' which is not referenced in the document.
- Further terms the group believed would benefit from clear definition and explanation include: 'regular review', 'whole school approach', 'restorative approaches', 'sensory integration difficulties', 'cognitive load'.
- While reference is made to the impact of trauma, SPRAG noted the lack of reference to the impact of attachment and/or an attachment-aware workforce in the consultation. The group recommends that any guidance produced outlines the range of differences and experiences, vulnerability and trauma that may be present for children and young people living in the settings impacted by these proposals, and how this can influence the care and support that they require.
- Further clarity is required in relation to the use of seclusion. The guidance clearly identifies that seclusion risks depriving a child of their liberty, a practice illegal in school settings, yet also outlines the emergency situations that might require seclusion to be used and the considerations that must be taken into account. There is an inherent challenge in providing guidance for such a complex context; however, further clarity is required to aid understanding. Further discussion about seclusion and its related forms is included in the response to question 4 below.

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- While the guidance clearly outlines the components necessary to support a reduction in restraint, with a focus on prevention, planning and de-escalation, it lacks detail and guidance for the workforce on the occasions where physical intervention may be required. Guidance by way of learning resources and case studies including examples of debriefs, training, incident reviews and reflective practice that span the range of settings the guidance is aimed towards would be beneficial and support understanding and decision making.
- The guidance is titled 'A relationship and rights-based approach to physical intervention in Scottish schools'. Paragraph 19 references 'other education settings'. Given the range of settings in Scotland within which education can take place, that care and education can overlap in some settings, and that the care sector in Scotland currently follows the guidance and definitions outlined by the Care Inspectorate, it is suggested that the 'other education settings' are clearly defined to aid the workforce's understanding of the guidance and definitions it should be prioritising. The difference in settings and definitions is discussed further in question 2 below.
- The length of the guidance may impact on accessibility.

Question 2: The guidance includes definitions of practices in the 'physical intervention' section (pages 14-25). Please review these. Are these clear?

No

Please provide details:

In November 2020, through a focus session examining Care Inspectorate annual returns data, SPRAG members identified a range of definitions of restraint and restrictive practice both within and across multiple settings in Scotland. This lack of clarity and consistency of definitions results in inaccurate data about restraint being collected and reported on, and a misrepresentation of the experiences of children, young people, and the workforce. A further focus session in April 2021 culminated in the Care Inspectorate, in partnership with SPRAG, in May 2022 incorporating a set of definitions into their guidance paper 'Records that all registered children and young people's care services must keep', accessible [here](#) (page 4). The definitions are included at the end of this response as Appendix 1.

The definitions adopted by the Care Inspectorate were ones SPRAG identified as being congruent with those currently used in practice settings: practitioners and/or academics, to varying extents, were aware of, and familiar with the language used, and (for the most part) found relatively easy to read and understand.

SPRAG identified the set of definitions outlined in this guidance as having clear links with children's rights, however, suggest they are less accessible than the Care Inspectorate definitions, and appear to be authored from a legal and policy perspective. This raises concerns that the definitions may not reflect the experience of young people, their families and the education staff who are more directly impacted by incidents of physical restraint.

Clear and accessible definitions of restraint and restrictive practice are required to ensure that children and young people, their families and the workforce understand their purpose and function. It is important that the definitions reflect the voice of the lived experience of being physically restrained, or of physically restraining children or young people. Efforts taken to

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enhance accessibility through the inclusion of a diagram is welcomed. The introduction of example scenarios may also go some way to support the inclusion of voice.

The definitions that the residential childcare sector has adopted, via Care Inspectorate regulatory guidance, are not aligned with the definitions proposed in this consultation. There are a number of settings, including special residential schools and secure care settings, where the functions and workforce of care and education overlap. A discrepancy in definitions, and a lack of clarity as to the parameters and boundaries between the two settings, has the potential to result in: an inconsistent approach, an inconsistent response, confusion, inaccurate data collection, and a misrepresentation of the experiences of children, young people and the workforce. This was recognised by the Care Inspectorate and SPRAG during discussions in late 2020, which influenced the development and implementation of consistent definitions across the care sector.

Whatever the definitions adopted in the guidance, SPRAG members recognised the fluid nature of situations and the related ambiguity that will challenge consistency of reporting. There is a nuance and overlap between restraint and restrictive practice, for example, and occasions where the act of the intervention may change mid-process, such as an initial restrictive practice, which develops to a hug or a non-relational touch during an incident. There will naturally be varying applications of meaning to restraint and related practices, and while definitions will not curtail this, clarity of understanding across all sectors, and a robust implementation process, will reduce their range.

Question 3: In addition to the safeguards (protections) to ensure lawful practice and protect the wellbeing of children and young people and staff listed in the 'physical intervention' section (pages 14-25), are there any other safeguards (protections) that should be included?

Yes

Please provide details:

This guidance applies to all education settings across Scotland, and as such, should encompass the range of settings and environments, apply to all children and young people, and address specific groups of children and young people who may have shared characteristics or needs.

SPRAG recommend that to ensure safeguards and protections are fully encompassing, acknowledgement is given to the individual and personalised approaches that have been taken across different specialist settings in order to best meet the needs of their specific children and young people.

Within individual settings there will be policies and procedures that have been developed and adapted to best meet the needs of children and young people in that setting. The introduction of additional guidance will be extremely welcomed in some settings, yet potentially cause confusion in others.

Given the scale of the complexity discussed in this guidance and the detail required of any related guidance, SPRAG recommends that the contents be re-structured to influence a suite

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of documents that will support clarity, understanding and a reduction in the use of restraint and restrictive practice across all relevant settings.

Question 4: In addition to the types of restraint in the 'physical intervention' section (pages 16-25), are there any other restraints used in schools that should be included in the guidance?

Yes

Please provide details:

SPRAG would welcome a wider consideration that includes physical intervention and other restrictive practices, specifically:

- Appropriate, positive touch (i.e. hugs, proximity, space)
- Containment
- Blanket restrictions
- Blanket policies
- Environmental restraints
- Chemical restraint
- Psychological power and control
- An expansion of the definition of seclusion considering the mental welfare commissions identified two levels
- The child or young person's interpretation of the experience

Practice examples and scenarios outlining what each of these things are, why they are included and the potential impact, and what might be appropriate alternatives (i.e. time in instead of time out) would greatly aid knowledge and understanding across the sector.

Question 5: Are there any changes you would make to the recording, monitoring and reporting advice on pages 28 to 31?

Yes

Please provide details:

SPRAG members identified a discrepancy in relation to paragraph 96 - 'Schools offering residential services are required to report the use of any form of restraint to the Care Inspectorate'. The Care Inspectorate are clear that they do not have the remit to collect data relating to children and young people who are only accessing education in schools that offer residential services; nor have they to receive data related to restraints involving residents that occur within the education setting.

SPRAG strongly recommends that an independent regulatory body is appointed to oversee restraint and restrictive practice in education settings. This is in recognition of the complexity of the detail captured in the guidance and would support its effective implementation.

Currently, the guidance in paragraph 98 states '*it may be helpful for education providers to have an appropriate recording and monitoring process in place to aid the analysis of distressed behaviour*' where point 100 states '*Recording must be completed*'. SPRAG members further recommend that clear and consistent expectations of services in relation to recording and monitoring are outlined.

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It is recommended that consideration be given to the provision of definitions, recording and reporting procedures that encourage the collation of data with regards such examples of practice, to support positive outcomes and connect with a 'what works' framework that would support the reduction of restraint and restrictive practice. It is further recommended that clear rationales related to the purpose of data collection and reporting procedures is provided, alongside an explanation of what happens to this data, who it is shared with, and any related timescales; to avoid potential confusion or suspicion regarding how it may be used.

In the dataset template in annex G, the following specific suggestions are made:

- We suggest requesting clarity on who the 'reporter' is – is this the person who led the restraint, were they present, a witness, or is this a third hand account?
- We suggest changing 'Does the child have a plan that has been agreed with parent/carers and appropriate staff?' from a closed to an open question, with the addition of, if not, why not? And add 'within what timescales can one expect to be completed?'. This suggestion considers point 94. (*Where relevant, the use of restraint should prompt an assessment of the child or young person's additional support needs under the 2004 Act*). We further suggest including reference to whether the child or young person has been included in their plans, to what extent, their awareness of them, and if not, why not, and timescales related to when they will become aware/involved where appropriate.
- 'Did anyone else observe the restraint? Please provide details. – considering paragraph 61. that states 'the child or young person's welfare should be closely monitored by an adult witness', with further references to a witness in paragraphs 65 and 82; we suggest a prompt be included to detail why there might not have been a witness present and what decisions were made that resulted in this guidance not being followed
- Were the members of staff involved trained in the safe use of restraint? We suggest including clarity around the definition of 'trained'.
- We suggest the question, 'Why was restraint used?' could be combined with the question prompting a 'detailed account of restraint'.
- We suggest adding 'by whom?' to the first two questions in the section 'Additional information for staff-led withdrawal (without consent) and seclusion recording'.
- Has the child's plan been reviewed to take account of changes required'? We suggest changing this from a closed to an open question with a prompt to record if the plan was not reviewed, why not, and when would be reasonable to expect a review to take place and by whom? We further suggest including reference to whether the child or young person has been included in their plans, to what extent, their awareness of them, and if not, why not, and timescales related to when they will become aware/involved where appropriate.

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Question 6: Are there any changes you would make to the roles and responsibilities summary on page 47?

Yes

Please provide details:

SPRAG strongly emphasise the discussion, campaigning, research, and voice that has been afforded in recent years to the importance of the experience of love in residential care. Children and young people have told us that one of the ways they experience love is through appropriate and positive touch. The Independent Care Review is clear that love cannot be written into policy and procedure, and as such, there is a risk of the unintended consequences of attempts to define appropriate touch. Group members shared examples of a polarisation of responses to and from staff who interpreted guidance on touch differently, and encouraged emphasis in the guidance on relational practice, and that touch can be appropriate, individual, and personalised.

SPRAG support the inclusion and emphasis on culture and leadership within settings and organisations. The group noted that support for high-quality reflective practice and supervision, in addition to debriefs, training, support and coaching, strongly influences individual understanding of what is required to provide safe, loving, containing spaces for young people and educational staff. SPRAG recommend that to fully implement the aims and purpose of this guidance, to support the functionality of definitions and the credibility of data collated through recording and reporting procedures, all staff are provided high-quality supervision and other forums that support reflective practice. Supervision is part of the Scottish Social Services Codes (SSSC) codes of practice for social care workers (2.2). Currently, education staff do not have a similar opportunity to access high-quality reflective supervision, and this is a significant obstacle to effective restraint reduction.

SPRAG considered the impact of this guidance and the incorporated definitions upon the support and knowledge required for the workforce through training, learning and development. The group recommend that there is an alignment in these areas across all settings and individuals that this guidance addresses. All members of the workforce must have access to high quality training, learning and development. This should be of a consistent standard across the care and education sectors and the training provided should consider the guidance and requirements of both the Care Inspectorate and this guidance (or any subsequent regulatory body that enforces it).

Consideration should be given to the extent to which training providers will be encouraged (or required) to adopt specified definitions moving forward.

Question 7: Is there anything you would add to help people use this guidance in schools?

Yes

Please provide details:

As recommended in the SPRAG response to the Care and Justice bill consultation ([here](#)), the group recommends that a formal review and update of available guidance in relation to restraint and restrictive practice in all settings is undertaken; that any updated guidance is comprised of a suite of resources developed in collaboration with the sector (including those in direct practice), with children and young people, and with care-experienced adults. The group suggest that the locus should be to support staff to understand children's behaviour and their related needs through a trauma-informed and attachment-aware lens, as opposed to behaviour management approaches. Practice guidance has the potential to lead change in both culture and practice, provide a clarity for expectation that services, and settings should follow, as well as provide clarity for inspection bodies, advocates, parents, and young people in relation to their rights, the law, and best practice. Positive practice examples and case illustrations which make clear the distinction between good and unacceptable practice, while engaging with related complexities, should form a key feature of the guidance.

Residential childcare and the secure care sector have a significant contribution to make to discussions in relation to restraint and restrictive practice, and this should be built upon and used to influence practice and experiences of all those working towards its reduction or elimination. SPRAG would welcome the opportunity to engage in such a review and contribute to the update of guidance and development of resources.

Question 8: Are there any other changes you would make to the guidance?

Yes

Please provide details:

We welcome that this guidance is not calling for a ban or end of the use of physical restraint, but instead calls for developing greater understanding of the complexity involved and strengthening the knowledge and parameters around where it is used.

SPRAG supports a rights-based approach to guidance in relation to restraint and restrictive practice. Towards this end, we encourage guidance to reflect the range and variety of sectors and settings where restraint is used. Advice should address practitioners in navigating this guidance and their setting-specific guidance on the occasions where they overlap (specifically, but not exclusively care and education settings).

We would advise further emphasis is placed on the different ways that settings can promote prevention (i.e. best practice in supervision, training, debriefs, incident reviews, resources to support understanding and decision making, and what can be put in place to support change in culture within settings).

Knowledge and research relating to restraint is ever evolving. As such, guidance should not be static, but subject to ongoing review and revision. Within an ongoing review process, children's meaningful participation must be integral to the process.

Appendix 1

Member Organisations

Aberdeen City Council
Aberlour
Action for Children
Angus Council
Barnardos
Calm Training
Capability Scotland
Care Inspectorate
Carevisions
CELCIS
Clackmannanshire Council
Common Thread Group
Compass Child & Family Service
Crossreach
East Park
East Lothian Council
Edinburgh Secure Care
Education Scotland
Falkirk Council
Fife Council
Foxgrove
Glasgow City Council
Good Shepherd Education
Harmeny
Highland Council
Hillside School
Inspire Scotland
Kibble
Merkland School
Moorehouse
NHS Scotland
North Ayrshire Council
North Lanarkshire Council
Phoenix Abbey
Police Scotland
The Promise
Renfrewshire Council
Rossie
Scottish Borders Council
Scottish Government
Scottish Prison Service
Seamab
Shetland Council
South Lanarkshire Council
Spark of Genius
St Mary's Kenmure
St Philip's School
University of Strathclyde
West Lothian Council

Appendix 2

Definitions as noted in Care Inspectorate guidance '*Records that all registered children and young people's care homes must keep and guidance on notification reporting*' found [here](#):

Physical Restraint - an intervention in which staff hold a child to restrict his or her movement and [which] should only be used to prevent harm.

Seclusion - An act carried out with the purpose of confining and isolating a child or young person, away from other children and young people and staff, in an area from which they are prevented from leaving.

Restrictive Physical Intervention - an action involving using a worker's body, for example blocking the path of a child or any guiding him or her away from a harmful situation.

Restrictive Practice - [other] methods of limiting freedom such as verbal control, psychological pressure or social exclusion can have just as restraining an effect on a person's behaviour as direct physical intervention.



Dear Mr Johnson,

Re: Proposed Restraint and Seclusion (Prevention in Schools) (Scotland) Bill

The letter is being sent on behalf of the Scottish Physical Restraint Action Group (SPRAG).

SPRAG is a member-led group with representation from over 70 organisations. The group was formed in 2019 to consolidate and build on practice developments around reducing, and where possible eliminating, the physical restraining of children and young people in residential childcare. SPRAG is hosted by CELCIS, the Centre for Excellence for Children's Care and Protection, who are based at the University of Strathclyde.

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- **Impact** – Publication of a series of blog posts expressing a range of perspectives and with a range of target audiences; featuring at the Scottish Institute for Residential Child Care (SIRCC) conference over consecutive years; successful award in 2022 of The Promise funding for the development and participation in a Reflection and Action Learning Forum (RALF).



- **Influence** – A collective voice across sectors and organisations; supporting and offering consultancy advice to partners, including the Care Inspectorate and Scottish Government; responding to relevant consultation opportunities; participating in the development and pilot of new resources/tools (e.g. the Care Inspectorate restrictive practice self-evaluation tool); contributing inputs to webinars, focus groups, leadership groups and other national representative groups.
- **Outcomes** – SPRAG’s recommended definitions relating to physical restraint feature in Care Inspectorate reporting guidance; a research agenda that has led to a pilot project taking an Appreciative Inquiry to effective practice related to restraint reduction (with funding being sought for the large-scale study).

Further information on the activities of the group can be found [here](#).

SPRAG submitted a response to the Scottish Government’s public consultation on Included, Engaged and Involved, Part 3 Physical Intervention in schools: draft guidance in October 2022. In this response we outlined the following key messages:

- The guidance is welcomed.
- The definitions proposed do not align with those already operational elsewhere, such as residential childcare. A lack of alignment will limit their purpose and function and limit the reliability of any data collated.
- The governance structures are unclear in terms of regulatory responsibilities, recording and reporting procedures and who has oversight of the data collated. We recommend an independent regulatory body has national oversight.
- Members strongly advocate for the development of co-produced, updated practice guidance in relation to restraint and restrictive practice, and propose that, rather than a standalone document, guidance should comprise of a suite of resources and tools subject to regular review.
- All members of the education workforce should have access to regular, high-quality supervision, debriefs and reflective practice;
- Clarity is required with regards training, learning and development requirements.

In June 2022, SPRAG also submitted a response to question 26 the Scottish Governments Care and Justice Bill public consultation which asked: *‘Whilst there are standards and procedures to follow to ensure restraint of children in care settings is carried out appropriately, do you think guidance and the law should*



be made clearer around this matter?’ In this response we offered the key messages as follows:

SPRAG members are not convinced there would be positive gains from amendments to the law in relation to restraint at this time; and are of the view that there is real risk of unintended negative consequences to legislation banning the use of restraint as outlined below in this response.

Members strongly advocate for the development of co-produced, updated practice guidance in relation to restraint and restrictive practice, and propose that, rather than a standalone document, guidance should comprise of a suite of resources and tools subject to regular review. Done well, the process of developing such guidance, and its dissemination and consistent implementation require significant resource (both capacity and financial), which must be factored in from the earliest possible stage. Members are clear that this guidance must be developed in collaboration with the sector and individuals with lived experience of restraint, holding centrally the voices of children and young people who contributed to the Independent Care Review (2020) and building on what they have already told us must change.

This guidance would have the potential to lead practice change, provide a clarity for expectation that services should follow, as well as provide clarity for inspection bodies, advocates, parents and young people in relation to their rights, the law, and best practice. Positive practice examples and case illustrations which make clear the distinction between good and unacceptable practice, while engaging with related complexities, must form a key feature of the guidance.

These recommendations are based on group members practitioner wisdom, voice of children and young people, and operational and strategic experience and understanding of the nuance and complexity related to restraint and restrictive practice as outlined in this response. SPRAG members are in a unique position to contribute to the development of a suite of guidance that will support clarity, understanding and a reduction in the use of restraint and restrictive practice across children’s care settings, and would be keen to support and input into this work going forward.

In this consultation the group also offered the following conclusion:

The Scottish Physical Restraint Action Group (SPRAG) do not support amendments to the law in relation to restraint at this time; and are of the



view that there is real risk of unintended negative consequences to legislation banning the use of restraint, as outlined throughout this response. SPRAG recommends that a formal review and update of available guidance in relation to restraint and restrictive practice is undertaken; that any updated guidance is comprised of a suite of resources developed in collaboration with the sector, with children and young people, and with care-experienced adults. The group suggest that the locus should be to support staff to understand children's behaviour and their related needs through a trauma-informed lens, as opposed to behaviour management approaches, and that a clear statement be made establishing the deliberate use of pain as unacceptable. Residential child care and the secure care sector have a significant contribution to make to discussions in relation to restraint and restrictive practice, and this should be built upon and used to influence practice and experiences of all those connected with restraint. SPRAG would welcome the opportunity to engage in such a review and contribute to the update of guidance and development of resources.

The group considered both these previous responses and the current proposed Restraint and Seclusion (Prevention in Schools) (Scotland) Bill at a recent meeting, concluding that we would like to submit copies of both of these documents in response to the current consultation on the proposed Bill. The group were of the view that much of the content would be directly relevant to the questions asked in the proposed Bill and would like for that to be included in any analysis of responses.

Emphasis was placed on the key message that any steps taken in education settings, will have an impact on residential school settings where there are current regulatory requirements and guidance in relation to, for example, definitions and recording and reporting procedures. A lack of alignment will have implications to both settings and will limit purpose, function and reliability.

Kind Regards

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