



# Vision & Approach

# Restraint Reduction Scotland

## *Network for the Reduction of Restrictive Practices*

### Background

The Scottish Network for Reduction of Restrictive Practices (SNRRP) was established in April 2020 in recognition of the fact that the use of restrictive practices with people who have been identified as vulnerable in Scotland, including children, young people, adults and older adults, is a significant concern.

To take forward our vision, the network is in the process of rebranding itself to become 'Restraint Reduction Scotland' (RRS). RRS is currently facilitated by the [Scottish Commission for People with Learning Disabilities \(SCLD\)](#) as part of its work for the Scottish Government's Learning Disability and Autism Team.

RRS is chaired by Charlie McMillan (Chief Executive of SCLD). There is a small co-ordinating group who set agendas for each network meeting and support the work of the sub-groups.

### Purpose

The aim of Restraint Reduction Scotland (RRS) is to eliminate the misuse of restrictive practices, including physical, chemical, environmental and mechanical restraints, and seclusion. This is to ensure that where these are used, they are done so safely, with respect for people's human rights and in a culture of openness and transparency.

[RRS](#) also exists to promote the use of positive alternative approaches to the use of restrictive practices.

## Terms of Reference

The network members developed a shared Terms of Reference which notes specific aims as follows:

- To eliminate the misuse of restrictive practices.
- To facilitate cultural change within support, protection, education and health services, in order to develop awareness of and respect for individual human rights and prevent degrading treatment.
- To support organisations to reduce their reliance on the use of restrictive practices and to find alternative approaches to working with people.
- To share best practice and to learn from each other, including learning from research, sector experts, and those with lived experience.
- To develop guidance in relation to the cultural and systemic changes required to reduce the use of restrictive practices and eliminate their misuse.
- To support workforce development and improve staff awareness and skills across all sectors, and at all levels.
- To promote best practice in the monitoring and reporting of the use of restrictive practices.
- To work with individuals subjected to restrictive practices to raise awareness of their human rights.
- To ensure that where restrictive practices are used, they are done so safely, in a culture where those delivering support and those supported, have their human rights respected, protected and fulfilled.

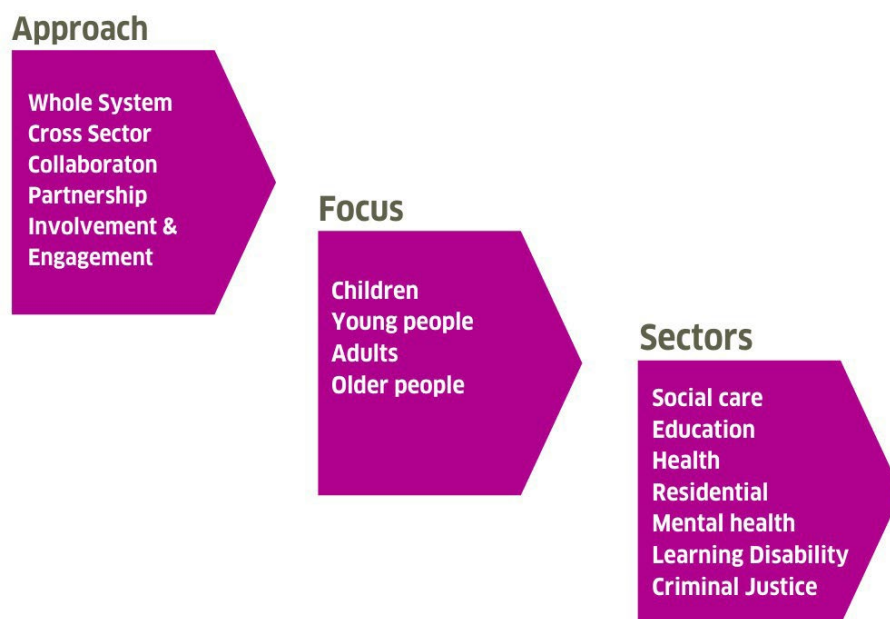
[RRS](#) aims to mainstream both the awareness and understanding of the importance of human rights and a commitment to ensure people with lived experience are central to everything it does. There are now over seventy members from across Scotland, including people with lived experience and representatives from:

- Health – both local and national agencies
- The State Hospital
- Education
- Child and Adult Social Care
- Universities
- Scottish Government
- Police Scotland and the Scottish Prison Service
- Several regulators, including the Care Inspectorate
- Scottish Commissioner for Children and Young People
- UK Restraint Reduction Network

## Meetings

Restraint Reduction Scotland meets quarterly to consider good practice and share learning from different sectors. Each meeting has a theme – meetings have focussed on a range of topics, including: the use of blanket restrictions, updates from the Scottish Government on the development of its guidance on the use of physical restraint in schools, and forensic mental health services.

**Fig. 1 Restraint Reduction Scotland: ‘Approach, Focus, Sectors’**

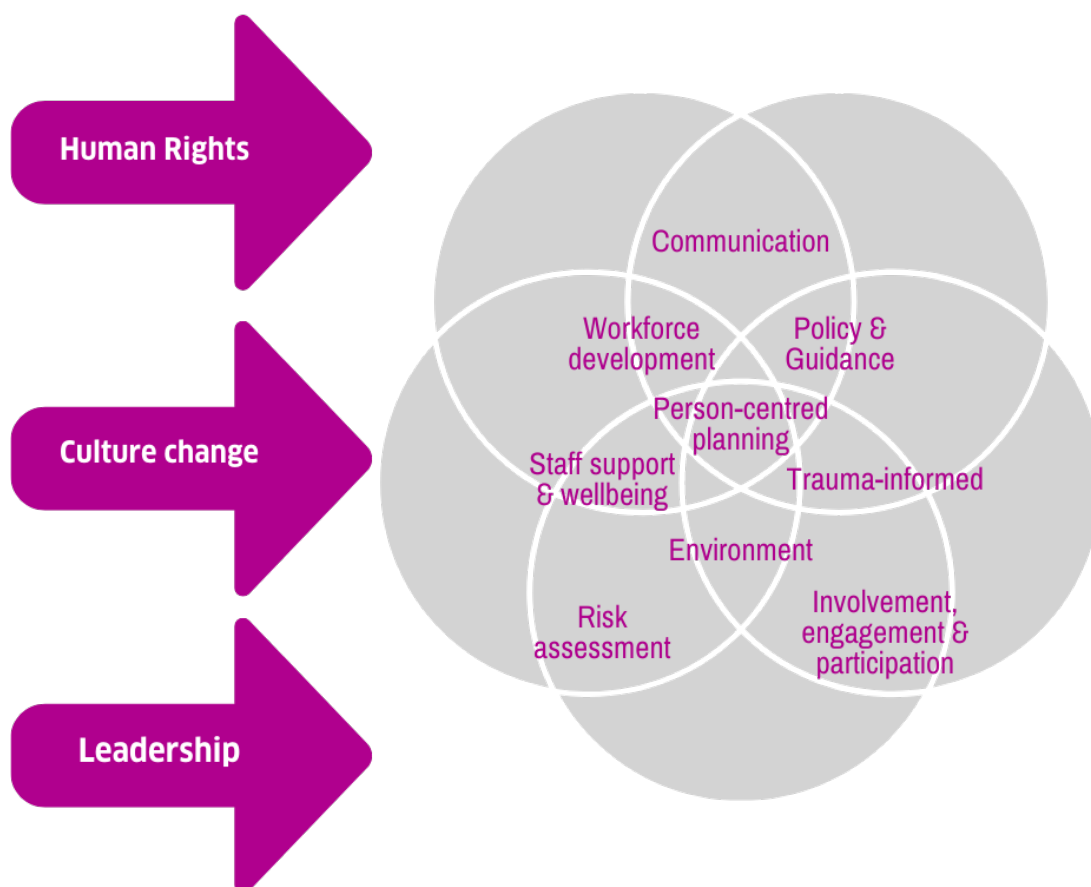


## Moving Forward

The RRS members realise that we are at the start of a journey which may be difficult at times, and we will require stamina and perseverance if we are to achieve our purpose and aims. We will need to take people with us; as with all change, we believe success is about winning hearts and minds.

From the Network's initial engagement and discussion, the following model (Fig.2) has been developed to help understand the component parts which require action by all organisations if real and lasting change is to be achieved.

**Fig. 2 Change Model**



## Action Plan and Working Groups

This model in turn led to the development of a detailed action plan which evolved from a highly interactive and engaging process of discussion and debate. This process was informed by the work of many of the members and partner organisations.

In time, this work will evolve into a detailed strategic plan and logic model. Currently, the action plan focuses on three key aspects which require to be addressed to achieve the reduction in the use of restrictive practices in Scotland. These are:

## Leadership and Culture Change

Our work is about people having better lives; it is not just about decreasing the use of restraint and other restrictive practices. For systemic practice change to occur, culture change is required.

This culture change includes engaged and informed leadership by senior management and significant training and development work focusing on how staff interact with people, what skills they have, and recovery and transformation principles including:

- Understanding
- Love
- Empathy
- Kindness
- Compassion
- Trauma Informed Practice
- Trauma informed, attachment-based [Positive Behaviour Support](#)
- Prevention strategies
- Personalised approaches
- Emotional literacy

- Sensory needs
- Positive touch.

The voice of people with lived experience needs to be central to this culture change agenda and approach.

We must recognise progress and celebrate success.

## **Workforce Development, Prevention and Practice Leadership**

We recognise that the long-term development of the workforce in every setting is essential. This must be more than just training and include culture change and leadership - managers cannot be remote if this change agenda is to succeed.

We also need to ensure that the voice of people with lived experience is represented in training, particularly with a focus on trauma.

We need to train staff in alternatives to restrictive practices recognising that if restraint is all that staff are aware of, that is what they will use.

Follow-up training needs to be developed with person-specific action plans to reduce the use of restrictive practices. We need to focus on positive and preventative methods such as trauma informed practice, inclusive communication and positive behaviour support.

Training must be tiered for different levels, modular, and with opportunities to apply training to practice. We must provide ongoing support to staff to enable them to change their behaviour.

## Monitoring & Data Collection

We recognise the need for improved governance and oversight of data to support better collection and on-going monitoring of information and to ensure that we can identify the scale and scope of the use of restrictive practices in Scotland.

This should also support the development of a learning culture where staff are encouraged to reflect on their practice and suggest and implement changes. Part of this support is feedback to staff on their practice; shadowing, roleplaying, coaching & mentoring.

Staff also require ongoing emotional support which appreciates and underlines the traumatic nature of these experiences for the individual, their family carers and staff members. It must also include learning from incidents and post incident review and reflection.

Evidencing personal stories from those with lived experience is also critical in demonstrating the impact of restrictive practices on individuals and supporting the development of alternative practices.

## Subgroups

Three sub-groups have been established to further develop work on each of these three areas; these subgroups report quarterly to the main network.

## Further Information

**If you would like to become a member of RRS, please email:**

[admin@sclد.co.uk](mailto:admin@sclد.co.uk)

**You can also visit the Scottish Commission for People with Learning Disabilities (SCLD) webpage [here](#).**





## Members include:

Aberlour | Ark | Birchwood Highland | Bild | CALM | Care Inspectorate | CELCIS  
| Children and Young People's Commissioner Scotland | Crossreach | East  
Park School | Education Scotland | ENABLE Scotland | European Network for  
Trainers in the Management of Aggression | Healthcare Improvement  
Scotland | Inspire Scotland | Mental Health Network | Mental Welfare  
Commission | National Autistic Society | NHS Education for Scotland | NHS  
Greater Glasgow and Clyde | NHS Highland | NHS Lothian | NHS Tayside  
| PAMIS | Police Scotland | Positive and Active Behaviour Support in Scotland  
| Rossie | Scottish Commission for People with Learning Disabilities | Scottish  
Government | Scottish Physical Restraint Action Group | Scottish Prison Service  
| Social Work Scotland | Street Connect | The Good Shepherd Centre | The  
Richmond Fellowship Scotland | The State Hospital | Turning Point Scotland | UK  
Restraint Reduction Network