



**Physical Intervention in Schools Guidance
Scottish Government
October 2022**

Consultation Response

Restraint Reduction Scotland - Background

Restraint Reduction Scotland (RRS) 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.

The network was formally launch in March 2022 by Kevin Stewart MSP, Minister for Mental Health and Social Care. RRS is 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). The voice of people who are experts by experience are central to the work of RRS and must be present in training, particularly with a focus on trauma.

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 and 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 believes that all behaviour is communication and restraint is often used inappropriately to try to manage people's behaviour rather than every effort being made to understand what someone is trying to communicate. Distressed behavior is most likely an indication of unmet needs and every effort should be made to understand and address those needs, and understand that communication.

Furthermore, the use of restraint and restrictive practices is traumatic for the person who experiences it and the member of staff and organisation which uses it.

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

[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 110 members from across Scotland, including people with lived experience and representatives from:

- Health – both local and national Boards
- Scottish Government
- Education Scotland
- Schools
- Child and Adult Social Care

- Universities
- The State Hospital
- Police Scotland and the Scottish Prison Service
- Several regulators, including the Care Inspectorate & SCYPC
- UK Restraint Reduction Network

Physical Intervention in Schools Guidance

RRS welcomes the publication of the draft Physical Intervention in Schools Guidance by the Scottish Government and the opportunity to comment on the draft.

The network has followed the development of the guidance closely since 2020 and has a number of members who have been directly involved in the development of the guidance.

Summary

The members of RRS have discussed the draft guidance in some detail and key points are highlighted below:

- There was a strong feeling across the membership that any final version of the guidance should be made statutory. Concerns were expressed regarding continuing inconsistencies and local variations in responses if this were not the case. The parents, carers and experts by experience felt this most strongly, though there was significant support across the whole membership.
- The need for consistent regulation across all educational settings was highlighted.
- There was general agreement that more work was required to ensure that the guidance was targeted at the appropriate audience, written in clear and concise language and highly accessible to both professionals and those who could expect to be affected by it.
- There could be more learning from existing areas of good practice including the Mental Welfare Commission, the Scottish Physical Restraint Action Group and the Care Inspectorate especially with regard to developing comprehensive, clear and detailed definitions.
- Notwithstanding the above points, the development of the guidance was welcomed by members and experts by experience. The guiding principles were felt to be strong, particularly the recognition that all behaviour should be regarded as communication and that restraint and/or seclusion should never be used for disciplinary reasons.
- People were very appreciative of the consultative approach taken and the

extended consultation period.

RRS Response

In preparing this response, RRS has consulted with its members at two specific events: a virtual workshop which was attended by representatives of 18 organisations including childcare providers, parents/carers and a range of other stakeholders; and a full network meeting attended by 40 plus members.

The RRS Chair also met with members of the SCLD Expert Group to discuss the guidance and any key concerns or issues for people with learning disabilities with regard to the guidance and their experience of restraint and restrictive practices in schools.

At each of the above sessions, brief presentations were given highlighting the development process for the guidance and the views of parents/carers who have been involved in the development of the guidance. Discussions then followed, focusing on the 8 questions posed in the consultation document.

This feedback in this response is therefore sub-divided into sections which relate to each of the eight questions.

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

In general, the participants at the workshops felt that the document was not accessible, and the information contained in it was not clear. In fact, one participant felt that the document was confusing, and the language used was not clear. It was felt that there was a significant lack of clarity around the sections on seclusion and isolation.

Participants stated that the document could have been strengthened if direct and clear language was used. Another participant suggested that the document could be strengthened if it was written in plain English.

There was some discussion regarding the selective use of some information with the example of human rights being used. Participants welcomed the inclusion of the human rights framework and discussion on the UNCRC, however, they also felt that the guidance tended to be selective regarding which parts of the UNCRC were used (e.g. the guidance does not discuss the fact that the UNCRC recommends not using isolation rooms).

A question was also raised regarding who the intended audience for the document was as some participants felt that was not clear.

The length of the document was criticised (currently 160 pages), and questions were asked about the 'usability' of the guidance, with one participant stating that it was 'overwhelming'. Would people in schools, including teachers, be able to find the information they required on a day-to-day basis and have the necessary skills to implement the guidance without training and development?

The accompanying easy read documents were welcomed by several participants. Some people suggested that this could be further developed for the final version of the guidance as it is essential that children and young people with learning disabilities are able to access information regarding their rights and what they should expect regarding their care and support in educational settings.

Members are aware that easy read provides an excellent format for communicating with a wide range of people, not only those with learning disabilities and would encourage the Scottish Government to use it more widely in communicating its intentions in this and other policy areas.

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

RRS would like to see a set of standard definitions developed in relation to restraint and restrictive practices to be used in all settings. Within this document, a number of the participants felt that the definitions could be further clarified.

The example of exclusions was discussed, and it was noted that exclusions might be experienced in both formal and informal ways – formal (excluded from school) and informal (told to sit in a particular place or told not to go into a particular part of the school) and that this should be recognised in the guidance. Similarly, restrictive practice does not always lead to physical restraint and these complexities need to be reflected in the definitions developed for the guidance.

The Care Quality Commission's work on seclusion was cited as an example of what could be done to provide clear and consistent guidance relating to these issues [Restraint, segregation and seclusion review: Progress reports - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-reports/restraint-segregation-and-seclusion-review-progress-reports).

Concerns were also expressed that the guidance was lacking in clarity and practical detail and the impact this could have on individual teachers having to use it to inform their response in what can be quite challenging situations.

Another point made highlighted that the guidance could be stronger on the fact that restraint should only ever be used as a last resort. It was felt that what is meant by 'last resort' is currently poorly defined and that guidance needs to provide much more clarity on this. Without this, it could appear open to interpretation and one person's 'last resort' may well vary from another's.

Any definition of 'last resort' would need to consider the context for teachers and other school staff who may find themselves in a situation they find personally frightening. Members believed that it is important to ensure that staff

are equipped with clear, step by step guidance which enables them to respond positively and proactively to any situation.

Within this context, the need to avoid 'blanket approaches' was discussed in detail. Individual learners require their own bespoke plan which contains preventative strategies and a 'last resort plan' which must be reviewed regularly and after every intervention.

Furthermore, it was thought that the guidance should define 'blanket restrictions'. These are rules or restrictions that are applied universally and do not impact people equitably. For example, if a decision is made that no one is allowed in the school during break time. People's experience of this blanket restriction will vary depending on their individual experience and needs.

The definitions developed by the Scottish Physical Restraint Action Group (SPRAG) were cited as a possible source of further clarity for this guidance <https://celcis.org/training-and-events/sircc-online-2021/scottish-physical-restraint-action-gr>. These definitions have also been endorsed and included in guidance documents produced by the Care Inspectorate [restraint guidance - adult services.pdf \(careinspectorate.com\)](https://www.careinspectorate.com/restraint-guidance-adult-services.pdf).

These resources were discussed with the recognition that consistent definitions are required in Scotland as are further learning resources for all staff who may require them, whatever setting they work in.

Context was also discussed as part of the 'definitions' section of the discussion and it was noted that the culture, context and wider narrative need to be considered in defining restraint and restrictive practices. There was a feeling that the guidance really needed to set restraint and restrictive practices in a positive, caring culture – which comes from a perspective of safeguarding rather than physical intervention and child protection. This might help start a shift in perceptions about the appropriateness or otherwise of restrictive practices.

Question 3: Pages 9 to 12 give information about protections that make sure:

- **The law is followed**
- **Children, young people and staff are protected and feel comfortable, healthy and happy**

Are there any other protections that should be included?

In discussing this question participants felt that it was important that the guidance clarified the position around reporting to the Care Inspectorate (Point 96). The understanding of the participants was that reporting to the Care Inspectorate only related to children and young people who were part of a registered service, not all schools. Given this, many children's experiences of restraint and restrictive practices could remain unreported and therefore not subject to further scrutiny.

The guidance must be written in such a way that the chance of children and young people falling through any 'gaps' whether in terms of recording, reporting or good practice is minimised. Among other things, this requires change and greater uniformity to monitoring and recording of information which is currently determined at a local level.

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?

The following forms of restraint were highlighted in the discussions relating to this question:

Chemical Restraint – a number of families had reported being told that their child would not be allowed back into school if they did not ensure that they received specific medication to modify their behaviour.

Blanket Restrictions – these are rules or restrictions that are applied universally and do not impact people equitably. They come in many forms, for example, only being allowed to go to the toilet at specific times, not being allowed inside the building at break times, locked doors etc.

Impact on the mental health of children and young people as a result of restraint and restrictive practices was discussed throughout the workshops and was highlighted as a specific concern with regard to blanket restrictions.

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

Participants at the workshop believed that there must be robust recording, monitoring and reporting processes in place which are consistent throughout Scotland. It was stressed that any process must be in line with human rights treaties and equalities requirements including the provision of appropriately disaggregated data.

It was underlined that improved processes necessitate training and professional development for all staff and that schools should be prepared for numbers to increase significantly to begin with. Debriefing and emotional support were also highlighted as essential elements of a positive and proactive process and there was a strong feeling that these two processes must be kept separate.

There is also a need to be alert to the use of physical intervention and restrictive practice in Early Years settings and for staff to be trained in reporting skills as well. This area appears largely unexplored despite there being significant parental feedback to the frequency and severity of this.

There was concern about the lack of reporting of some practices at present. For example, informal, exclusionary practices that are taking place including seclusion.

There was concern that a lack of data and recording means local authorities do not currently have sufficient insight into issues within schools and the resources and support children and young people may need.

Strengthening these processes was felt to be important for bench marking, capturing whole organizational learning and improvement, transparency and effecting cultural change. The membership was clear that responsibility for this must sit at the highest level with a designated director and that reporting should happen up and down the line with responsibility and suitable accountability at all levels, including the most senior in line with other corporate parenting responsibilities.

The point was also made that because the current plans for the guidance are not to make it a statutory requirement, the extent to which requirements for recording, monitoring and reporting would be mandatory remains unclear.

It was mentioned that the UK Government is bringing in mandatory requirements for reporting and informing parents and the suggestion made that this should be replicated in Scotland.

It was suggested it would be helpful to have more clarity about the expectation and requirements of the recording and monitoring process in paragraphs 98-100 as well as around who should have access to the pastoral notes and the level of access that is required.

There was also a discussion about whether reporting should include information and feedback from parents and carers.

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

In addition to the outlined roles and responsibilities for Education Providers, Headteachers and School staff it was suggested that respective role and responsibilities should be included for Regulators and Unions.

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

The challenge of condensing and disseminating guidance to make it more user friendly for staff in practice was seen as considerable and it was suggested it would be useful to have a more concise and accessible document which could accompany the full guidance in addition to an easy read version.

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

It was suggested that the guidance could be stronger and more comprehensive on the subject of the development and embedding of positive leadership and culture change with each school. The RRS membership were clear that it is this that will ultimately drive change. This leadership and culture change agenda needs to promote a reflective culture based on 'no blame' and one which values learning and focusses on the day-to-day realisation of individual human rights for all learners.

It was also suggested that the guidance has a role to play in strengthening awareness of the complaints process. It was felt that at present parents are not properly advised about the formal complaints process and that both staff and parents would benefit from better guidance on this.

Investment in increased staff training on prevention and alternative approaches was raised as a critical issue. While there was recognition of some of the challenges around mandating training in the teaching profession, it was felt that it is important for staff to understand concepts around trauma, attachment, regulation and windows of tolerance.

It was also suggested that trauma informed approaches need to be more explicit within the guidance.

A greater role for PBS within schools was proposed framed around the questions 'How do I change what I do to meet your needs?'



Restraint Reduction Scotland 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

To become a member of RRS, please email: admin@sclid.co.uk