



Scottish Physical Restraint Action Group (SPRAG) response to the Restraint and Seclusion in Schools (Scotland) Bill.

July 2025

The Scottish Physical Restraint Action Group (SPRAG) is a member-led group with representation from over 70 organisations and is hosted by CELCIS, the Centre for Excellence for Children's Care and Protection, based at the University of Strathclyde. The group was formed in 2019 to consolidate and further develop practice around reducing, and where possible eliminating, the physical restraining of children and young people within the residential child care sector.

SPRAG welcomes the opportunity to submit our views in response to the Scottish Parliament's Education, Children and Young People Committee's call for views regarding the Restraint and Seclusion in Schools (Scotland) Bill.

Consultation questions:

1. Do you agree with the Bill's approach? Why?

SPRAG welcomes the Bill's rights-based approach to restraint and seclusion and supports its measured stance that does not call for an outright ban. SPRAG advocates for continued development of understanding around the complexity of restraint practices and urges that any legislative measures reflect the diversity of sectors where such interventions may occur.

SPRAG typically discusses the issues within the broader frame of 'physical restraint and restrictive practices,' however, for consistency with the Bill, the terms 'physical restraint and seclusion' have been adopted in this response. SPRAG highlights the confusion caused by varied definitions and terminology across services, which undermines efforts to achieve a shared understanding and consistent practice.

In response to previous consultations, such as the June 2023, [Scottish Governments Care and Justice Bill public consultation](#), SPRAG called for co-produced and regularly reviewed guidance, developed in collaboration with sector professionals and those with lived experience of care — including children and young people whose views were captured in the Independent Care Review. Such guidance should be comprehensive, include practical tools and clear expectations, and be well-resourced from the outset. Positive practice examples should illustrate the distinction between appropriate and unacceptable interventions, with trauma-informed principles guiding staff understanding and responses to behaviour. SPRAG also called for an explicit rejection of pain-based techniques.



SPRAG underscores the need for definitions that are accessible and meaningful to children, families, and practitioners, reflecting real-life experiences and promoting consistent application across education and care settings. The current lack of alignment—particularly between Care Inspectorate definitions and those proposed in the Bill—risks confusion, inaccurate data, and compromised rights. This issue is further compounded in settings where care and education overlap, such as special residential schools and secure care settings.

The proposed Bill states that the definition of a child will be taken from the Education (Scotland) 1980 Act which defines a child as “a person who is not over school age.” According to Section 31 of the same Act, a person is of school age if they have attained the age of five years and have not attained the age of sixteen years.

This contrasts with the Children and Young People (Scotland) Act 2014 and the United Nations Convention of the Rights of the Child (Incorporation) (Scotland) 2024 Act, which defines a child as anyone who has not yet attained the age of 18 years.

2. Do you think this timescale for informing parents is reasonable?

Yes. These timescales align with the [Care Inspectorate’s expectations for reporting of incidents](#).

It is important to note that children living in residential care experience complexities that will differ from that of their peers living at home with parents. Consideration should be given to who holds parental responsibility for the child, i.e. birth parent, local authority, care provider. There is a need for those caring for the child to be notified and aware when a restraint has occurred. This may require both a parent and carer to be notified to ensure a child receives support following a restraint in an education setting. Where possible and appropriate, children should be supported to understand who is being made aware of information relating to their lives and care.

3. Do you agree this information should be recorded, collated and reported to Parliament annually?

SPRAG supports the annual recording, collation, and reporting of data relating to restraint and seclusion, and recognises that strong infrastructure will be essential to ensure this is done effectively.

The value of data lies not only in its systematic collation according to aligned definitions, but also in the thoughtful and expert engagement that follows. Establishing a competent group to undertake this task is crucial, as evidenced by the model employed by the Care Inspectorate. In the absence of such considered provision, or if done without due diligence, the potential for unintended harm increases significantly.



SPRAG members' experience in gathering and analysing relevant data reinforces the critical role this plays in reducing the use of restrictive practices and improving outcomes. SPRAG also brings direct experience of quality improvement initiatives designed to strengthen data processes—highlighting the importance of aligned definitions and clear reporting protocols. Collaborative efforts, such as development of the [Care Inspectorate reporting scenarios](#) and the [post incident resources projects](#), alongside The Promise Scotland (currently in development), underscore this point. Unified definitions are crucial for producing consistent data sets, which must then be used purposefully to inform the development of guidance, tools, and resources that support the implementation of high-quality, trauma-informed practice.

4. What do you think about maintaining a list of training providers on the use of restraint and seclusion in schools?

SPRAG welcomes improved transparency and standards in physical restraint training and supports maintaining a register of approved providers and advocate that a group of people with requisite expertise and without potential conflicts of interest are brought together to develop and maintain this register. However, training alone cannot create safe, reflective environments. High-quality reflection, supported by mechanisms beyond instruction, is essential to address the relational disruption caused by restraint and seclusion.

Experience from the [Reflection and Action Learning Forum](#) (RALF) highlights that reflective practice significantly improves culture in residential childcare and must be embedded for successful implementation of future legislation. [The research](#) on RALF reinforces SPRAG's view that effective staff support requires holistic approaches—combining training with practical tools and resources to sustain reflective practice in education settings.

The Bill aims to equip school staff with emotionally attuned, graded responses to distressed behaviour. Yet risks remain due to inconsistent training standards, variable quality of training packages and delivery, and limited oversight. Settings commissioning training often lack accessible comparison data despite wide variation in course length, cost, and curriculum balance.

The BILD Association of Certified Training maintains a [directory of providers](#) meeting current Restraint Reduction Network Training Standards, but notable inconsistencies persist as documented in papers such as those in the appendix below. A SPRAG member's comparison of 74 commercial programmes (plus in-house options) reveals varying models—from direct delivery to 'train the trainer' formats. This analysis can be shared with the committee on request.

SPRAG recommends the register include:



- Minimum learning hours, detailing time allocated to understanding behaviour (including the impact of trauma on behaviour), de-escalation, post-incident support, and physical skills;
- Approved physical holds, supported by organisational and musculoskeletal risk assessments;
- Monitoring processes used by providers to ensure compliance

5. Any other comments?

SPRAG believes that further refinement of the definitions of restraint and seclusion is essential. Clear, child-centred terminology that differentiates between physical intervention for safety, physical restraint, and seclusion is critical to support consistent understanding and application. Ambiguity in these definitions risks inconsistent practice, distorted data collection and undermines accountability and opportunities for learning and improvement.

SPRAG is concerned that the definitions provided in existing educational guidance—specifically *Included, Engaged and Involved Part 3: A Relationships and Rights-Based Approach to Physical Intervention in Schools* (2024)—are not aligned with definitions used in other sectors or by key regulatory bodies such as the Care Inspectorate. Nor are they reflected in the current draft of the Bill.

In residential and secure care settings where education and care are delivered by the same organisation and staff, the existence of two different definitional frameworks already contributes to confusion and ambiguity. Rather than providing clarity, the definitions proposed in the Bill risk entrenching this misalignment further and potentially compromise children's rights.

SPRAG strongly recommends that definitions be transferable across all sectors and understood by children, young people, their families and practitioners alike. Without a consistent framework and shared understanding across education and care settings, definitions may not fulfil their intended purpose or serve the populations most affected.

In addition, SPRAG raises concern about the definition of 'child' within the Bill. The reliance on the Education (Scotland) 1980 Act, which limits the definition of a child to those aged 5 to under 16, conflicts with both the Children and Young People (Scotland) Act 2014 and the UNCRC (Incorporation) (Scotland) Act 2024, which uphold that a child is anyone under the age of 18. SPRAG believes that alignment with these more progressive and inclusive definitions is essential to safeguard the rights of all children—particularly those under 5 or over 16.

SPRAG also notes with concern that the Bill does not currently extend to early learning and childcare settings—environments in which children may equally be



exposed to restrictive practices. Upholding the rights of children must be a consistent priority across all settings and age groups.

In practice, decisions to restrain, restrict, or seclude are made in high-pressure situations where practitioners must assess the risk of serious imminent harm and last resort. These decisions are framed not only by a practitioner's individual judgment and experience, but also by the policies and guidance of the organisation in which they work. This variability across settings risks shaping inconsistent responses to similar situations, further underscoring the need for clear and aligned definitions to guide decision-making and uphold children's rights.

Taken together, these examples of definitional misalignment pose a significant risk of legal loopholes and potential infringements on children's rights. SPRAG therefore urges the Committee to consider these issues carefully in its scrutiny of the Bill. SPRAG would welcome the opportunity to be involved in any review, development or next steps connected with this Bill.

Appendix

Haines-Delmont, A., Goodall, K., & Duxbury, J. (2022). *An Evaluation of the implementation of the "Restraint Reduction Network (RRN) Training Standards" in mental health and learning disability settings* (p. 96). Manchester Metropolitan University. <https://restraintreductionnetwork.org/wp-content/uploads/2023/09/BURDETT-FINAL-REPORT.pdf> ;

Paterson, B., Shewry, B., Bradley, P., & Bowie, V. (2018). Gender and restraint training. Why are all the trainers men and why might this really matter? *Scottish Journal of Residential Child Care*, 17(3), 49–68;

Stubbs, B., Leadbetter, D., Paterson, B., Yorston, G., Knight, C., & Davis, S. (2009). Physical intervention: A review of the literature on its use, staff and patient views, and the impact of training. *Journal of Psychiatric and Mental Health Nursing*, 16(1), 99–105. <https://doi.org/10.1111/j.1365-2850.2008.01335.x>