

The Story So Far...

As Part of the SIRCC 2021 online event, Charlie McMillan discusses restraint across all sectors of Scotland and in particular how it can be reduced in the child care sector.

We're about to welcome Charlie McMillan, but first I want to tell you a little bit about him. Charlie is the chief executive of the Scottish commission for people with learning disabilities, the [SCLD](#). The SCLD is the delivery partner of the Scottish Government's national strategy for people with learning disabilities. Charlie joined the SCLD in 2019. And before this, he was the director of services and development at Capability Scotland, where he led on the development and delivery of care, support and education for disabled people, including those with profound and multiple learning disabilities. Prior to this, Charlie held several senior positions across both voluntary and public sector. He has a range of experience and interests including policy and strategic development, strategic leadership, business development, safeguarding quality assurance, engagement, and involvement. Charlie trained as a social worker many years ago and is committed to the delivery of equality, diversity and human rights. He was previously seconded to the Scottish Government health department, where he advised ministers and NHS Scotland on participation, equality, delivery and human rights. So may I welcome Charlie McMillan.

Hi, everyone, and Sara, thanks, thanks in anticipation for that introduction. As you probably know, everyone, I've pre-recorded this presentation, but will be at the event in terms of the breakout rooms and the discussion to come. So looking forward to engaging with you. My name is Charlie McMillan. I'm the chief executive of the Scottish Commission for People with Learning Disabilities. And as part of that role, I am the first chair of the Scottish Network for the Reduction of Restrictive Practices. Now I know it's a bit of a mouthful, folks a bit of a tongue twister, but please bear with me, I really want to share the story of how we came to establish the Scottish network, and also for our aims, our vision, and our hopes for the future are. I really want to reinforce the start that we're building and all the work done to date and the work of SIRCC and also the work in children's services across the country has been really pivotal in terms of enabling us to establish such a strong network, and also really be ambitious about what we may achieve for the future. So the story so far for the Scottish Network for the Reduction of Restrictive Practices - throughout the presentation, I'll probably refer to it as the network so just bear with me as we go through, and we'll take it from there.

So our vision. We established ourselves at the start of the pandemic. And our vision is quite broad and wide ranging, ambitious, we want a Scotland feel the highest quality, support protection, education and health is delivered through services that are safe, respectful, and promote a culture of dignity and equality for all. We also want a Scotland

which respects and protects everyone's human rights, including those who need support, and is committed to the elimination of the misuse of restrictive practices. So our vision is ambitious. And it focuses both on individual human rights aspects, but also on the quality of support. Another foundation principle of all of the work in the network is the window of tolerance. I myself am a social worker, I trained as a social worker many years ago. And I think it's a really, really important concept that we move forward with, and all of the work relating to restraint and restrictive practices, because they are traumatic, and they're traumatic, not only for individuals who experience the restraint and restrict practices, but also for members of staff. So the window of tolerance in here i've given a year this version from <https://lindsaybraman.com/> . It's one that I found on one of my many Google searches, but I really like what this conveys for us to be operating in our best place both the staff and as individuals receiving care and support, we need to be on rainbow curve, we need to be absolutely clear that we are able to function as well as possible and that the right conditions are present. Because when we become distressed, and there's nothing, I think more distressing than the work that we do, where restrictive practices or restraint may be used, maybe misused, we have to be really conscious of the impact that has both in the individual, but also on the member of staff. I recently saw some research that suggested that actually, in residential care, something like almost a third of staff are experiencing symptoms of PTSD, post traumatic stress disorder. And I think the window of tolerance is a really, really important remainder of the priority that needs to be given to supporting staff through all of this process, and also of the impact that a restrictive practices can have on individuals. So please carry this with you carry this image with you, we want to be on that rainbow curve, we do not want those signs of distress. And we need to be really, really conscious where growth happens, and how we foster and facilitate that growth. So the network was set up to consider how best we could move forward positively to reduce the use of restrictive practices and restraint. And we use that title or restrictive practices because we've taken a very broad brush approach. It's not just those physical incidents of restraint. And I'll say more about that later. However, we were also really driven by our knowledge in terms of the terrible, terrible situations, and mismanagement and poor practice that have happened over the last 30 years or so in the United Kingdom.

The independent inquiry into the death of David Bennett in 2003. And David Bennett was a patient in a mental health assessment and treatment unit. He was also a black man and he was perceived to be more threatening because of his race, and was actually restrained by I think it was six people and in the end had a heart attack during an incident in restraint and died. Those are the kinds of tragedies that we deal with, unfortunately, all too often. And that's why we are absolutely committed to reducing the use of restrictive practices and restraint across Scotland. We then move forward into 2012 and the Winterbourne View tragedy that happened the Panorama report you're probably aware of. If you haven't seen the Winterbourne View programme, I would really recommend you watch it. But it comes with a health warning because it's hugely upsetting. It was a

national disgrace a national scandal. But unfortunately, as you can see, we move forward in time and similar things continue to happen. Whorlton Hall, another assessment and treatment unit and a similar scandal – poor practice, over use of restraint, people being over medicated off prescription medication. The ways in which we limit people's ability to communicate and to express themselves is just incredible in terms of some of the situations that we have in terms of facilities that are provided. We've also unfortunately in Scotland, in case anyone's thinking, Ah, yes, Charlie, but these were all down south. We have the Borders Education Department where a teacher was found guilty of five counts of assault on pupils. And those pupils had additional support for learning needs and were restrained in terms of physical contact.

We then, in the police in Scotland have the ongoing inquiry into the death of Sheku Bayoh who's similarly died as a result, it appears of restrictive practice.

So I mean, all of those situations. Absolutely are informing our priority and our need to reduce the use of restrictive practices and also reduce the use of restraint. In terms of our discussion in the network, we're also aware that in some situations, some organizations are working towards the elimination of restraint and the use of restrictive practices, and we absolutely welcome that. However, we also really appreciate we're all on a journey here and that journey is going to be long and complex. For some organizations, that will be the reduction of the use of restrictive practices, the elimination of the misuse of restraint. But for those who are able to pin their goal to eliminating the use of restrictive practices and restraint, that's fantastic. So we try to be as broad in our approach at the network as possible, I also want to really reinforce that we are all about protecting and respecting individual human rights, both as an organization at SCLD, but also in terms of the work of the network. The European Convention on Human Right, ECHR, which was incorporated into UK domestic law by the Human Rights Act, governs the use of restraint in all settings. And I think this is really important, like the window of tolerance, one of the founding principles, human rights and in the respect of individual human rights, is absolutely a foundation stone in terms of the work that we're doing. We have outlined in this slide - and we'll make the slides available for everybody - the different articles from the European Convention on Human Rights that are in play when incidents of restrictive practices or restraint are used: Right to Life, absolutely fundamental for everyone, but Prohibition of Torture, Inhuman and Degrading Treatment, and also can I remind you the inhuman and degrading treatment was always illegal - article three, rights is always illegal. I think that's a really, really important fact to remember as we move through. Personal Freedom, and respect for private and family life and non-discrimination – all people being treated equally. The need to ensure everyone's human rights are respected and protected equally, is fundamental to the network's existence and more information to come. Because in different human rights treaties, it's not just, the Human Rights Convention, we've got a number of other conventions and pieces of legislation at international level that we must be bound by. We've got an International Convention on

the Elimination of All Forms of Racial Discrimination, the Covenant on Civil and Political Rights, the Elimination of All Forms of Discrimination against Women, the Convention Against Torture and Other Cruel, inhuman or Degrading Treatment or Punishment, The Convention on the Rights of the Child, and the Convention the Rights of Persons with Disabilities. These treaties have all been signed up to by the UK, they may not have been incorporated into Scots law yet, but there are processes on going through the National Task Force work, which will enshrine these treaties in Scots law, however, we are signatories and therefore should be bound by them. And we wanted in the orange box there just to highlight the UN Committee for the different treaties, which investigate and then report on experiences for people have all highlighted serious concerns about the use of restraint in the UK, this is something that the country is aware of, because internationally, we are being held to account. And therefore we do need to do something as an absolute priority in terms of restrictive practices and restraint.

So we decided we would have a network and some of you may challenge and say "Oh, another network, etc". But we felt there was a real need to bring people together and to learn from each other. And we also wanted to make sure that we did build on the work done in residential childcare, and some of the excellent examples of good practice that we've been able to identify. And also then to look at all areas where people actually receive care and support. And may even in terms of Police Scotland, the Prison Service, be incarcerated. So we need to absolutely be aware that this is about all ages and stages of life. And this is about all the different parts of our public sector care and support sector of voluntary work, and voluntary charities. But we've got members from Child and Adult Social Care. We've got health representatives, and that's both local, so from the local health boards, from health and social care partnerships, and from national agencies, representatives from education, academia, Scottish Government, Police Scotland, the state hospital, Scottish Prison Service, we've got several regulators and that includes the Care Inspectorate and the SSSC - really important in terms of the SIRCC audience, I thought I would flag that - and the Scottish Commissioner for Children and Young People. There is also, and critically important for us as we move forward at the SCLD, a range of other learning disability organizations. Restraint and restrictive practices happen in all of these different settings. And we absolutely need to be learning from each other sharing good practice and seeing how we can move forward as best as possible. So that's the network membership. What do we aim to do? We've got a number of aims. And these have all been co-produced. We are absolutely committed to co-production in the work of the network. But these have all been co-produced from our initial discussions over 2020-21. And our first aim is to eliminate the misuse of restrictive practices in Scotland, building and all the experience, we have all the learning from the reviews, the critical incident reports, etc, we wish to eliminate the misuse of restrictive practices in Scotland. It is unacceptable that they are misused and action needs to be taken to make sure it doesn't continue. We also want to ensure that where restrictive practices are used it is done safely with respect for people's human rights, and in a culture of openness and

transparency. So there is an acknowledgement that in some situations, there may be the requirement for some restrictive practice. However, that needs to be really carefully thought through and considered and debated and discussed with the individual, the individual's family and carers, if they have them, the individual support package, the team around the child, the team around the adult, whoever it may be, and also then considered about to what end, and how do we ensure that it's not misused? How do we make sure that they're only used as a last instance, a last resort, and are absolutely considered required, but done safely, respectfully. And in a culture of openness and transparency? We've got a wide range and scope for the network. And we want to reduce and where possible to eliminate the use of restrictive practices across Scotland. Yeah, so but nothing if not ambitious. We want to work for children and adults of all ages, work with families and professionals, we want cross sector working, and whole system collaboration. We absolutely know if we're going to achieve in our ambitious aims and targets that they absolutely have to be approached across the country in this integrated and from a learning perspective. And that's one of the things hopefully, you're absolutely getting this sense of in terms of our commitment, and what we're trying to achieve. But the scope is broad. The approach and aims are ambitious, and how are we going to take that forward?

We are also really clear that we're talking about multiple forms of restrictive practice, we're not only talking about physical restraint, we are talking about physical restraint. We're talking about the use of seclusion. We're talking about chemical restraint, environmental restraint, and mechanical restraint. Restrictive practices come in many forms. And we've got to be very, very careful and very certain that should any be used that they are not being misused. Examples from my experience in real situations have occurred in trying to understand what's going on. But you find out that somebody, for example, may have had their electric wheelchair switched to the off position so they don't have control over their movement. So restrictive practices, not acceptable is not an appropriate response to someone's need to communicate and need to have control over their body. And so we've got to look for restrictive practices, and they come in many, many forms. We also, and everything that we've done and everything that we aim to do is about learning from each other. From the ages of five, we've used a number of presentations in terms of the work that we're doing. But from the ages of five years till he was 10, he has had 30 restraints and holds and been secluded and locked in rooms and other places and schools. For most restraints, the paperwork has been incomplete and for some restraints, no paperwork has been forthcoming. This is a story of a 12 year old boy, who has been adopted. And this was his experience at school. What we try to do in using our case studies and case examples, is say that we have to learn and learn from these experiences. And some of the key points here is that all behavior is communication, we are absolutely firm in our belief that all behavior is communication, and really rejecting the use of language like challenging behavior, and then restraint and restrictive practices being used as a response to perceived challenging behavior, behavior is communication. People are trying to tell us something and our challenge as professionals is to understand

what that communication is trying to tell us. We need to recognize different sensory needs that everyone has, we all have different sensory needs. We need to reinforce the importance of love in residential childcare. And obviously The Promise, absolutely one of the foundation principles was about love. And we are totally clear that we subscribe to that. And really, really important we open up that discussion in Scotland about love and residential childcare, and an education and an Adult Social Care. And in rights. You know, it doesn't matter where you are, if you're dealing with people, we need to be able to be having that discussion about love, respect, dignity. These are the foundation stones. We need to build emotional literacy and competence in staff. And there are a number of different social work theories about the development of emotional literacy in staff. But it's, again, really critical to how people move forward, how people see their behavior as professionals in relation to other people, and understand the impact it has on them. And we want to maintain a culture which recognizes individual capacity for improvement. This does not have to be we believe in change, we believe in moving forward. And we believe in reducing the reuse of restrictive practices, and where possible eliminating their use. So we all have that capacity for change. And that's fundamental change in learning.

And learning from each other continues, we want to work with families and recognize that they are the experts on their child and the child's experiences, listen to what's being said, Remember the confusion and trauma that restraint causes and the negative impact on trust and relationships. And that confusion and trauma is both for the individual experience of the restraint, but also for the members of staff involved. We want to try to provide a one stop shop for staff learning, to allow all staff easy access to information, training videos and restraint reduction, recording tools. We want to admit our mistakes and to feeling stuck sometimes and seeking appropriate help, support, advice, guidance, there is always someone there to speak to there is always something some action that an individual can take to ensure they don't feel alone, they don't feel stuck. And we need to be brave enough to admit that we all make mistakes at times. It's how we move on from that how we learn from that, and how we change what we've done as professionals. Everything we need to do has been done before by some of you. And that's one of the foundation principles of the network as well. But everyone within the network has that different experienced at different times. We need to enable those discussions to happen but take down barriers and walls and all the kind of the restraints that organizations put in place for staff actually sharing experience because only by doing that, do we believe we'll move forward in that learning focus. Some of the key points that the network of highlighted. I wanted to draw out - again the discussion is ongoing, folks. This is not a done deal. We had a very very organic network that is involved in discussion every turn, we use small groups all the time, although we've only met virtually the dialogue and narrative that we're creating is so so important for us. We believe that restraint reduction is about much more than just training. It has to include culture change, and leadership. And managers cannot be remote. And I think I'm going to say a bit more about culture change later on, but culture change is absolutely critical. And we need to avoid the use of

rhetoric, "Oh yes, we'll have culture change. And we'll have restraint reduction". It doesn't happen like that. Culture change is the hardest thing to get at in organizations. And we need to absolutely engage at the most senior levels throughout all of our organizations, for everyone to understand their contribution to the culture change and the reduction of the use of restrictive practices. One of the lines I love and have used a number of times as we have to make restraint reduction structurally unavoidable, if we are to succeed, you need to trip over it at every turn, we need to be confronted by the challenge about restraint reduction whenever we are in discussions about support and vulnerable people. These need to be live in ongoing discussions through your one to ones through our support and supervision, but also at the highest level in organizations, it needs to be structurally unavoidable, we cannot be enabled to avoid the need to reduce the use of restraint and restrictive practices. We need to include the voice of people with lived experience in training, particularly with a focus on trauma informed practice and everything we do in the network is informed and engaged with individuals who've got left experience, we need to train staff in alternatives to restrictive practices. So all well and good to see Oh, no, you shouldn't. But actually, what should you do? And how do you respond? - in what can be difficult situations for a member of staff, but how? How are you expected to respond and what should your actions be?

The point there being, if restraint as all a member of staff knows, it's what they'll do. We need to follow up training with person specific action plans to reduce the use of restrictive practices, it's not good enough to train and hope. And therein lies one of the huge challenges in social care and childcare that we faced over decades, we train and then someone returns to the workplace, what follow up is there, how do we embed that practice? How do we enable for that learning to happen? And training must be tiered for different levels, and it's been modular, and it needs to come with opportunities to apply in practice. Training has become one of those kind of mythological things that happens away in a classroom in a traditional world that we've been part of, up until most recently. How do we make sure it's multifaceted, and actually based on the reality that people are experiencing? So huge pieces of work for us to come as a network in terms of how we engage with that quality assurance and training. We need to provide ongoing support to staff to enable them to change their behavior. Hopefully you've gathered from what had been saying, the absolute commitment needed is about staff support, supervision, engagement, learning. Part of this support is about feedback, staff on the practice. It's about shadowing, role playing, coaching, mentoring, it's about learning by showing as well and being brave enough to open up our practice to that consideration, that critique that understanding. We need to recognize progress and celebrate success - there are some examples of fantastic practice out there and we need to absolutely be celebrating them. We need to celebrate the change the journey that people are on the experience that individuals have, from pure practice to better practice. We need monitoring and learning from data. In terms of restraint reduction, there's such a strong need there, there is no consistent way of collecting information and data. And if you don't know what's

happening, how are you ever going to make the changes that need to happen. We need to learn from incidents post incident review and reflection. But I want to stress here that those things shouldn't be happening at the same time, I had an account from a member of staff who had been involved in this situation and this to do I was given 45 minutes and I had to learn from my practice and also tell somebody how I was feeling about it. Those kind of situations are hugely traumatic for staff and staff need to be supported both emotionally and also given the opportunity to reflect on their practice and learn from it. Building them both in one session and given at 45 minutes - Oh, and um, well I'll need to go I'll need to go. Yeah, yeah, it's just lunchtime or... It is not good enough. We need to absolutely give the value to the time that's needed for people and the respect staff need to be able to process this information both emotionally and also from a learning perspective. It's about people having better life's, it's not just about decreasing restraint. Decreasing restraint is the thing we want to do, the task that needs to happen. But it's about enabling people to have their individual human rights respected, protected and fulfilled. That's why we exist as a network.

Just to flag up, I will not go through this slide in huge detail. But this is the model that we've started to evolve in the network. As you can see, over the top, we've got the children, young people, adults, older people, the different kinds of settings that people are involved in the different organizations. And then the emerging themes, which is the key issue here in terms of this module. But leadership, human rights and culture, absolutely setting the context, the foundation for everything that we do, and the overarching, so the top and the bottom, and then the middle, then issues like workforce development, environment, being person centered, excellent communication, and being trauma informed all of those different component parts that then impact on the experience of individuals, family, carers, staff, and managers. That's the model. That's what needs to be addressed if we're going to reduce the use of restrictive practices and restraint. Transparency and accountability, data, recording, monitoring and review. Hopefully, you've got that message from me already. But these are absolutely critically important. So that we can understand, so that we can move forward, and so that we can learn. So this is our model that's emerging, the much more work to be done on it, as I said, when only 18 months in this journey in the network, but that's where we have got at the moment. Our opportunities come in many different forms. But the big opportunities and how we sell the network to people is eliminate the misuse of restrictive practices, facilitating culture change to promote human rights, supporting more positive approaches to working with people. Sharing best practice and learning, supporting the development of guidance, supporting workforce development, and promoting best practice in the monitoring and reporting approaches that we use. Now. This is a network that everyone approaches as something in addition to their ongoing day to day work. So we're really clear of our need, potentially for future resources. However, at the moment, we've identified a whole range as you can see of opportunities that we wish to explore. But we know we can't do everything all at once. And we do have limited resources, but it doesn't

stop as being ambitious and wanting to achieve change. We also borrow heavily from the six core strategies from the United Kingdom Restraint Reduction Network, which we are a member of as a sister organization, and leadership towards organizational change the use of data to inform practice, workforce development, the use of prevention tools, involving people with lived experience, and post instance support and debrief. So there are the UKRRN and six core strategies, which we add then to our network opportunities. And we were really conscious as a network - So what are we going to do? How are we going to give ourselves focus? How are we going to move forward all of the learning, the key points that we've identified, our emerging model, the six core strategies and the opportunities we've identified, what are we going to focus on. So where we've got our co-production work, is we've identified an action plan, and that action plan has got three key component parts, we're going to focus on leadership and culture change. We're going to focus on workforce development, prevention and practice leadership.

And we're going to focus on monitoring, data, and evaluation. Those are three key elements what we've done with the network because there's something in the region of 66 members of the network at the moment, we've separated some of those individuals into working groups, volunteers, but their work into working groups each focusing on one. I actually lead on the leadership and culture change Working Group. My colleague, Dr. Anne McDonald is leading on workforce development. And my colleague from SCLD, Lorne Berkley, is leading on monitoring data and evaluation. And so we're going to take forward a detailed action plan that's available if you're interested and look, then how we further develop these pieces of work over time. As I say, we're doing this over and above everything else at the moment. But there is a huge enthusiasm and a great commitment from the members to make sure that we do have an impact. And we do bring about change. If you would like to get in touch, I've put up the website address, but we have a web page on the SCLD website. Please get in touch. There is loads more information there. Or if you're interested in taking forward membership of the network, please get in touch at admin@sclد.co.uk.

Thank you very, very much for listening. I hope this has worked, it's always very difficult to give a presentation when you don't have an audience to pick up on any cues. If I put you to sleep. I'm very, very sorry. Hopefully you will come back in terms of the discussion. I would like to hear so much more about what you think about restrictive practices and restraint reduction. And I'd also like to really thank SIRCC and CELCIS for the opportunity to speak today. We're really aware of the work of SPRAG in terms of taking forward restraint reduction in child care in Scotland. We're delighted to be part of that network. And we're also using all of the learning from SPRAG on an ongoing basis. And hopefully I've convinced you of that. So thanks very much, everyone and look forward to the discussion.