

# Self-evaluation tool:

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The use of restrictive practices



## Self-evaluation tool: The use of restrictive practices

### Introduction

This self-evaluation tool will support you to evaluate how well you are doing in using restrictive practices and identify areas where you want to improve. See Appendix 2 at the end for definitions of restrictive practices and more information.

This self-evaluation tool is designed to help in your commitment to upholding and promoting human rights and the rights of the child. We know that the use of restrictive practices creates a conflict in the promotion of rights, independence and choice for children and young people, versus promoting and maintaining our duty of care. Practitioners may be required to take protective action to keep young people safe, that may affect rights, including choice, dignity and freedom. Acting on the results of this self-evaluation will contribute to the wider culture of promoting positive relationships, one where the overall service, and each member of staff is committed to best practice in the use of restrictive practices.

Self-evaluation is best done by those who know the service. Find ways to include children and young people, their families, staff, or other stakeholders/professionals as appropriate for each question. We do not expect you to return this self-evaluation tool to us. This is a specific part of your wider evaluation and improvement plan for your service and how you support improved outcomes for children and young peoples. We know that self-evaluation takes time and some services have told us it was easier to complete one section of the tool at a time. You may find it helpful to take a phased approach to self-evaluation, focusing on what you think is important to your service.

Three key questions help with self-evaluation.

- 1. How are we doing?** This helps you to understand the impact of your service on the lives of children and young people.
- 2. How do we know?** This helps you consider what evidence you have to show how good you are. For each question, think about the best ways of gathering this evidence. This could include:
  - the views of children or young people experiencing care and their families (you will need to consider the best ways of seeking the views of the children and young people you support)
  - the views of other stakeholders and professionals that interact with your service
  - direct observations of staff practice and interactions
  - performance or improvement data collected by you or others
  - reviewing documentation that evidences how decisions are made
  - improvement stories
  - quality assurance activities such as benchmarking, team meeting discussions, family focus groups, reviewed risk assessments/reviewed personal plans/risk assessments.
- 3. What are we going to do now?** This helps you to make specific plans to improve based on the first two questions, including changes you plan to test out and specific actions you are going to take.

## Self-evaluation tool

The ability to identify what is working well, what is not working well and how improvements can be made is a strength. Using this information to develop and carry through an improvement plan demonstrates good leadership and management and is characteristic of an organisation that continues to develop in order to support the best outcomes for children and young people.

The self-evaluation table gives you space to rate how you are doing against different statements, list the evidence you have to back up the rating, and the next steps to take. The rating scale to choose from is in the footer of this document.

You do not need to complete the whole self-evaluation tool at one time. It may be helpful to select a section to focus on initially. The sections are Welcoming a new child or young person to our service; Policy and participation; Care planning; Using recording to improve; Debriefing and learning; and Management, leadership, learning & staffing.

By the end of the questions, you will be ready to complete your improvement plan with specific dates and people responsible for carrying through each step. We have included an improvement plan template at the end of the document along with further information, useful links and resources which we hope will be of help.

**Date of self-evaluation:** \_\_\_\_\_ **Who led this self-evaluation?** \_\_\_\_\_

**Who else was involved (should be many people)?** \_\_\_\_\_

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- 1. Major weaknesses - urgent remedial action required
- 3. Strengths just outweigh weaknesses
- 5. Major strengths

- 2. Important weaknesses - priority action required
- 4. Important strengths, with some areas for improvement
- 6. Outstanding or sector leading

<b>Welcoming a new child or young person to our service</b>								
<b>What do we want to know about?</b>	1	2	3	4	5	6	<b>How do we know, what is our evidence for choosing this number?</b> (For instance: What do children & young people / families / staff / stakeholders say? What is written down?)	<b>What would we like to focus on to make this even better?</b>
Children and young people have been involved in developing child and young person friendly admissions or transitions guidance								
Children and young people and families, have good quality, clear, current information about our use of restrictive practices.								
Information about the restrictive practices used is suitable for all (for example, neurodiverse children and young people, or those with learning disabilities or speech, language and communication differences)								

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Our pre-admissions assessment considers past trauma, with a view to minimising the possibility of re-traumatising children and young people								
We take account of approaches that have worked for the child or young person								
Other items you think would be useful to evaluate.								
Things we are particularly pleased with:								

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<b>Policy and participation</b>								
<b>What do we want to know about?</b>	1	2	3	4	5	6	<b>How do we know, what is our evidence for choosing this number?</b> (For instance: What do children & young people / families / staff / stakeholders say? What is written down?)	<b>What would we like to focus on to make this even better?</b>
Children and young people are involved in reviewing and co-producing policy and practice approaches								
Our policies are clear about our commitment to reducing the use of physical restraint,								
Our policies and practice incorporate up-to-date trauma-informed research.								
All staff are clear about our policy on the use of wider restrictive practices.								
All staff are clear how to keep children and young people safe if we have a 'hands off' approach								
We are clear about our process for involving the police								

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<b>Care planning</b>								
<b>What do we want to know about?</b>	1	2	3	4	5	6	<b>How do we know, what is our evidence for choosing this number?</b> (For instance: What do children & young people / families / staff / stakeholders say? What is written down?)	<b>What would we like to focus on to make this even better?</b>
The use of restrictive practices (including bespoke methods) is individually assessed and recorded for all children and young people								
The voice of the child or young person (including neurodiverse children and young people, or those with learning disabilities or speech, language and communication differences) has a place within discussions about personal plans, current triggers, and which de-escalation strategies or restrictive practices best help them								

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Personal plans pay attention to past trauma								
The use of restraint and wider restrictive practices is individually risk assessed.								
Children and young people are aware of their behaviour support plans, which includes commitment to restraint reduction								
We respond to the purpose and function of children and young people's behaviours, whilst maintaining a duty of care								
Children and young people are kept safe, even if our service does not use restrictive practices								
Multi-agency working promotes and supports safer practice through								

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agreement around the use of restrictive practices								
Other items you think would be useful to evaluate:								
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<b>Using recording to improve</b>								
<b>What do we want to know about?</b>	1	2	3	4	5	6	<b>How do we know, what is our evidence for choosing this number?</b> (For instance: What do children & young people / families / staff / stakeholders say? What is written down.)	<b>What would we like to focus on to make this even better?</b>
How we record and report varying restrictive practices and restraint is specific for individuals and is kept up to date.								
Reviewers of restrictive practice records can easily understand exactly what action was taken or not taken, the rationale, and that the child or young person's physical and emotional safety were taken into account								
Our staff are well supported to regularly review individual and service use of restrictive practices								

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The voice of the child or young person has a place within this discussion									
We are confident about which restrictive practices are notifiable to external bodies									
We track and review our use of physical restraint to ensure a reduction over time									
Internal and external leaders routinely quality assure, and/or institute action plans on restrictive practice reports leading to positive changes in practice.									
Any time we use physical restraint it is legally justifiable, and this is evidenced in recordings									
Other items you think would be useful to evaluate:									

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<b>Debriefing and learning</b>								
<b>What do we want to know about?</b>	1	2	3	4	5	6	<b>How do we know, what is our evidence for choosing this number?</b> (e.g. What do children & young people / families / staff / stakeholders say? What is written down?)	<b>What would we like to focus on to make this even better?</b>
We monitor and review the percent of incidents of restrictive practice that are followed by debriefing sessions completed with staff, and with children and young people								
Children, young people, and staff are well supported after any restraint, and their views and reflections are captured through debriefing sessions								
Debriefing is suitable for each individual child, including neurodiverse children and young people, or those with learning disabilities or speech, language								

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and communication differences								
We overcome difficulties with children and young people being unable or unwilling to debrief								
Our debriefing sessions are useful to both staff and children and young people, providing time and space to reflect and learn								
Debriefing sessions positively influence the culture of the service, future practice, and support restraint reduction								
Staff are supported with their wellbeing in relation to providing more loving and relational ways of holding children and young people								

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<b>Management, leadership, learning and staffing</b>								
<b>What do we want to know about?</b>	1	2	3	4	5	6	<b>How do we know, what is our evidence for choosing this number?</b> (e.g. What do children & young people / families / staff / stakeholders say? What is written down?)	<b>What would we like to focus on to make this even better?</b>
We are confident that staff and managers are competent, well trained, frequently updated, and only use the techniques that are supported by incident data and are risk assessed for individuals. This is reflected in policy.								
All staff are kept up to date and have the chance to discuss and implement: <ul style="list-style-type: none"> <li>• Trauma informed practices</li> <li>• The legal framework</li> <li>• Key definitions e.g., restrictive practices,</li> <li>• Risks of restrictive practices.</li> <li>• Restraint reduction</li> </ul>								

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methods, research, practices etc.								
Our culture influences more loving and relational ways of holding children and young people, making more coercive forms of holding less necessary								
The culture of the service ensures that any restraint is experienced by a child or young person as an act of care								
Staffing levels support a reduction in the use of restrictive practices								
We have a well communicated whistleblowing policy in operation								
We have a robust on-call management system in place								
The model of training we employ undergoes robust								

external scrutiny and analysis (e.g. from the training provider)									
Other items you think would be useful to evaluate									
Things we are particularly pleased about:									

If you have any feedback on this self-evaluation tool, please email [consult@careinspectorate.gov.scot](mailto:consult@careinspectorate.gov.scot) using the subject header 'restrictive practices self-evaluation tool'.



## Appendix 2: Useful notes, resources and further reading

The use of restrictive practices, including physical restraint, must be considered within a context of practitioners having a duty of care, and taking protective action to keep young people safe that may affect rights. The Care Inspectorate is committed to upholding and promoting human rights and the rights of the child. These rights may only be restricted as a last resort, including in the use of restraint. The use of force is required to be justifiable, reasonable and proportionate. For a physical intervention to be legally defensible and justifiable, the practitioner “*must reasonably believe that:*

- *A child will cause physical harm to themselves or another person.*
- *A child will run away and will put themselves or others at serious risk of harm; or*
- *A child will cause significant damage which is likely to have a serious emotional effect or create a physical danger”* ([SIRCC, 2005, p. 35](#)).

Additionally, [The Social Care and Social Work Improvement Scotland \(Requirements for Care Services\) Regulations 2011](#) specifies under welfare of users that “*A provider must ensure that no service user is subject to restraint, unless it is the only practicable means of securing the welfare and safety of that or any other service user and there are exceptional circumstances*” (4(1)(c)).

In relation to wider restrictive practices, such as the use of environment to restrict children and young people’s liberty (e.g. locked doors, window locks, holding doors shut, door alarms, seclusion, remote placements, use of Safe Spaces etc.) [The Social Care and Social Work Improvement Scotland \(Requirements for Care Services\) Regulations 2011](#) specifies under fitness of premises that “*Premises are not fit to be used for the provision of a care service unless they*

- (a) are suitable for the purpose of achieving the aims and objectives of the care service as set out in the aims and objectives of the care service;*
- (b) are of sound construction and kept in a good state of repair externally and internally;*
- (c) have adequate and suitable ventilation, heating and lighting; and*
- (d) are decorated and maintained to a standard appropriate for the care service”* (10 (2)).

And that “*Accommodation must not be provided and used for the purpose of restricting the liberty of children in any residential premises where care services are provided unless such provision and use have been approved by the Scottish Ministers*” (10 (3)).

Additionally, the [Health and Social Care Standards](#) set out at standard 5 that:

“*I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate*” (5.9).

“*If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet*” (5.10).

“*I can independently access the parts of the premises I use and the environment has been designed to promote this*” (5.11).

“*If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom*” (5.12).

When thinking about wider restrictive practices, consideration should also be given to blanket restrictions such as locked kitchens, the handing in of mobile phones at bedtime, or switching off Wi-Fi at night. Services should be aware of the range of restrictions that could result in a child or young person being deprived of their liberty. More detailed examples can be found in our [Position paper - Depriving and restricting liberty for children and young people in care home, school care and secure accommodation services](#). Depending on the age of young people, and the risks they present with, restrictions can be appropriate however they should be individually assessed for each young person. The Restraint Reduction Network advises using the 4Rs (rules, reasons, rights, review) in the consideration of blanket restrictions. You can read more about this in the [Restraint Reduction Network Blanket Restrictions Toolkit](#).

Debriefing sessions, for both staff, and children/young people, offer an opportunity for time and space to reflect and learn from an incident of restrictive practice, and should be offered routinely after every incident. You can read more about this in [Holding Safely: A Guide for Residential Child Care Practitioners and Managers about Physically Restraining Children and Young People](#) which is the current best practice guidance for residential child care settings. [Rights, risks and limits to freedom](#) also offers some useful principles that are of relevance.

By law all services must tell us immediately if certain events take place, using our [eForms system](#) to make these notifications. [Records that all registered children and young people's care services must keep and guidance on notification reporting](#) states that we must be notified of restrictive practices using the **Restrictive practices notification** in [eForms](#).

The definitions of restrictive practice detailed in [Records that all registered children and young people's care services must keep and guidance on notification reporting](#) make it clear what is notifiable, and are set out below:

Restriction or restraint	Definition	Recording and reporting
<b>Physical restraint</b>	'an intervention in which staff hold a child to restrict his or her movement and [which] should only be used to prevent harm'.	All instances of physical restraint must be recorded and follow the organisation's reporting procedures. They should also be reported to the Care Inspectorate.
<b>Seclusion</b>	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.	All instances of seclusion must be recorded and follow the organisation's reporting procedures. They should also be reported to the Care Inspectorate.

<b>Restrictive physical intervention</b>	'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 physical interventions need not be recorded through the incident reporting process, however, must still be recorded in daily notes, detailed in personal plans, suitably risk assessed, and have appropriate quality assurance oversight. They need not be reported to the Care Inspectorate, but this does not in any way eliminate the importance of organisations maintaining their own oversight and monitoring of these interventions. Restraint training providers may be able to offer guidance on at what point a physical intervention becomes a physical restraint.
<b>Restrictive practice</b>	[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.' Any of these restrictive practices (including physical, environmental, chemical, or mechanical restraint) which fall out with a normal parenting response for a child or young person of the same age and stage of development, must be recorded and reported.	Any of these restrictive practices (including physical, environmental, chemical, or mechanical restraint) which fall out with a normal parenting response for a child or young person of the same age and stage of development, must be recorded and follow the organisation's reporting procedures. They should also be reported to the Care Inspectorate.

We recommend using the Model for Improvement to ensure that the changes you make will actually lead to the improvements you intended. You can read more on this in [Care Inspectorate Self-evaluation for improvement – your guide](#).

**Other useful documents:**

- [Self-evaluation tools and guidance for children and young people services](#).

- Care Inspectorate Quality frameworks
- Institute for Healthcare Improvement – how to improve



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This publication is available in alternative formats on request.



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