The Promise Scotland's response to the Scottish Government's consultation on 'Updates to the Code of Practice for the Mental Health (Care and Treatment) (Scotland) Act 2003'

October 2026

A note on terminology

This response mirrors the terminology used by the Independent Care Review. Wherever possible, 'system language' has been avoided, but on occasion it has been used in line with current and existing legislation for the purpose of clarity.

The term 'children' is used to mean those under the age of 18, in line with the UNCRC, and 'young people' aged up to 26, in line with corporate parenting.

About The Promise Scotland

The Promise Scotland exists to support Scotland as it works to keep the promise to Scotland's children, families and care experienced adults following the conclusions of the Independent Care Review.

Keeping the promise involves transforming the entirety of Scotland's 'care system', so that children, families and care experienced adults are at its centre. The Promise Scotland directly supports the work of multiple organisations and agencies, across many sectors working to make that happen by 2030 at the very latest.

About the promise

In 2017, the Independent Care Review was established, following years of campaigning from the care community demanding change. On February 5th 2020, it published its full findings in seven reports, including the promise, with an ambition for Scotland that **all its children and young people will grow up loved, safe and respected— so that they will realise their full potential.**

To realise this ambition, the Independent Care Review set out over 80 recommendations on what must be done, set out under five foundations – Voice, Family, Care, People and Scaffolding.

Scotland's then First Minister promised that that the country would implement these recommendations in full, by 2030. That commitment got the support of all of the Scottish Parliament's political parties, and so Parliament made the promise.

Our response shares evidence heard by the Independent Care Review about care experienced children and adults' views of restraint. As a result of the courage and bravery of those who shared their stories and experiences**, the Independent Care Review concluded that Scotland must become a nation that does not restrain its children** (the promise, Pg 85) and identified a number of actions that must happen in order for this to be realised in practice.

Plan 24-30 (Scotland's plan for keeping the promise) states that this means:

Scotland upholds children's right to safety, dignity and relational support in all settings. Scotland is a nation that does not restrain its children unless in exceptional circumstances, and when it is unavoidable it is co-regulated, trauma-informed, lawful, recorded and used only to keep a child safe. The workforce are nurtured and supported, recognising their needs in this. Consistent definitions, safeguards and leadership cultures grounded in care and rights ensure restraint and seclusion is continuously reduced and monitored across all settings.

Alongside the Children and Young People's Commissioner Scotland, the Mental Welfare Commission for Scotland, the Scottish Human Rights Commission and the Equality and Human Rights Commission, our view is that in order to uphold children's rights in line with the United Nations Convention on the Rights of the Child, and to keep the promise, **there must be a coherent statutory framework on restraint and seclusion in Scotland.** We consider that this will need to include as a minimum; early years, education, residential and secure care, health and mental health settings, as well as prisons and custody environments.

This piece of work to update the Code of Practice for the Mental Health (Care and Treatment) (Scotland) Act 2003 must be part of a broader framework of statute to ensure that the law around restraint and seclusion is robust, and children's rights are respected and upheld in all settings they are in.

Our response should be read in the context of the seven reports produced by the Independent Care Review, specifically the promise, and the route map for restraint set out in Plan 24-30.

Key messages

- The Independent Care Review concluded that Scotland must strive to become a nation that does not restrain its children.
- As a result, changes must take place to support the workforce and ensure that restraint is consistently and clearly defined and instances of restraint are properly recorded, reported and monitored across all settings.

- This is not only a moral imperative but a legal and human rights obligation that must be met following Scotland's incorporation of the United Nations Convention on the Rights of the Child (UNCRC).
- Although progress has been made following the passage of the Restraint and Seclusion in Schools (Scotland) Act 2026 and the Children (Care, Care Experience and Services Planning) (Scotland) Act 2026 and the commitment to update the Code of Practice for the Mental Health (Care and Treatment) (Scotland) Act 2003 our view remains that further alignment is required to ensure that there is a clear and consistent statutory framework around restraint in all settings for children and young people.
- If the same statutory obligations with regards to reporting and recording and a consistent and aligned definition does not apply to all settings, Scotland will not be able to understand the shifts in practice needed to support the changes required to become a nation that does not restrain its children.
- Although clearly there are bespoke and specific aspects of restraint and seclusion in mental health care, our view is that it is possible for a consistent definition to apply to all settings, with scope to include specificities if required depending on the setting.
- This update is another example of a welcome step in the right direction and presents a significant opportunity to make progress, however, progress must not exist in isolation.
- We have highlighted some particular areas which would strengthen the proposed changes to the Code of Practice for the Mental Health (Care and Treatment) (Scotland) Act 2003 in line with the conclusions of the Independent Care Review.

Consultation questions

1a. Do you agree with the general principles and the purpose of restraint and seclusion, as described in the draft update?

- **Yes**
- No

1.b To what extent do you agree or disagree?

- Strongly agree

- **Agree**
- Disagree
- Strongly disagree

1c. Please tell us more about your answer.

The Independent Care Review heard from care experienced children and young adults that restraint was frightening, painful and embarrassing, and that they were often restrained in times of distress. It heard of restraint being used not to keep children safe but as a punishment for perceived wrongdoing.

Many children and adults felt that members of the workforce who delivered restraint presented as either stressed or angry. Those with experience of care also spoke of the trauma of, at times, seeing children being restrained in emotional circumstances repeatedly.

As a result of this testimony, the Independent Care Review concluded restraint does not work for anyone. Pain compliance techniques have no place in a Scotland that aims to ensure its children feel loved. Once the promise is kept, Scotland will be a nation that does not restrain its children unless in exceptional circumstances, and when it is unavoidable it is co-regulated, trauma-informed, lawful, recorded and used only to keep a child safe.

Plan 24-30, Scotland's shared planning framework to keep the promise, is clear that this means that by 2030:

- Scotland will have reflected on the impact of the equal protection legislation to ensure that all children, wherever they live, are protected from all forms of violence (the promise, Pg 86).
- Scotland will have created environments in which actively reducing the likelihood of restraint is as important as responding appropriately to individual children in crisis. Settings of care will have established a leadership culture that upholds children's rights and applies the values of care, attachment, attunement and co-regulation in day to day life. The workforce will be nurtured and supported, recognising that children may exhibit challenging behaviours that may at times make them feel scared (the promise, Pg 85).
- All restraints and use of seclusion will be recorded and reported so Scotland understands its use and monitor progress towards its cessation. Reports will reflect what children and the workforce say about their experience of restraint and prioritise a full understanding of the impact of restraint not only on just

one child but on others living and working in a location where restraint takes place (the promise, Pg 86).

- In those cases where restraint has taken place a model will be followed which focuses on co-regulation, so that the workforce reflects on their responses. The right of children to be protected from violence will be the primary consideration (the promise, Pg 86).

The general principles in the draft update should better reflect these conclusions, including:

- Clearer reference to prevention and preventative measures to avoid restraint and seclusion in the first place and support for the workforce.
- Greater clarity on which settings children are in that this update will apply to, and to make specific reference to the rights of care experienced children and young people.
- A definition of the term 'young people' and the age to which this applies. As above, The Promise Scotland uses the term to mean young people up until the age of 26, in line with corporate parenting.
- Clarification about use of the terms 'restrictive interventions'/ 'restrictive measures'/ 'restrictive principle' which are used throughout the document. We are unclear why the term 'restraint and seclusion' is not sufficient, given that definitions for restraint and seclusion are provided and how this aligns with statutory guidance and reporting requirements for other settings and the terms used by the inspectorates. In some places the document feels lacking in consistency.
- Clarity that the ECHR also applies to children and young people—not just the UNCRC and greater emphasis of UNCRC Article 37 alongside Article 3.
- In the section relating to children and young people more about the role of parents/ carers/ family and more specificity on access to advocacy. The Restraint and Seclusion in Schools (Scotland) Act 2026 talks specifically about parent/ carer notification and it would be helpful to understand what the process is with respect to mental health settings.
- Pg 6 of the general principles talks about having "regard" to the welfare of the child. This should be stronger—in line with national and international human rights obligations. There should also be clearer reference to the right of the child and of other children to be safe from harm.

Additionally, the Scottish Government will be aware that The Promise Scotland's long standing view is that changes must take place to support the workforce and ensure that restraint is consistently and clearly defined and instances of restraint are properly recorded, reported and monitored **across all settings**.

The recent passing of legislation—the Restraint and Seclusion in Schools (Scotland) Act 2026 and the Children (Care, Care Experience and Services Planning) (Scotland) Act 2026—and the cross-party support shown, represents a significant step forward this year. We strongly support this work, and the ongoing work of the Scottish Government to ensure that the aligned statutory guidance and steps to increase support for the workforce and information and research relating to restraint and seclusion progress.

However, our view remains that despite the progress made, **further alignment is required to ensure that there is a clear and consistent statutory framework around restraint in all settings for children and young people.**

If the same statutory obligations with regards to reporting and recording and a consistent and aligned definition does not apply to all settings, Scotland will not be able to understand the shifts in practice needed to support the changes required to become a nation that does not restrain its children.

Although clearly there are bespoke and specific aspects of restraint and seclusion in mental health care, our view is that it is possible for a consistent definition to apply to all settings, with scope to include specificities if required depending on the setting.

Updating this Code of Practice is a welcome contribution towards the further progress that is required. This update, however, must not be a standalone piece of work, and steps must be taken to align this with the broader work happening across Scotland relating to restraint and seclusion, with the aim of coordinating and aligning.

Attention must be paid to closing the remaining gaps in policy, practice and statute and to ensuring clear alignment across monitoring, reporting and recording so that there is a comprehensive and cohesive framework in place across all settings where children and young people are.

This has the potential to enact the transformative shift in how children and young people are supported, protected and respected in Scotland.

Although now requiring updates following the legislative changes, Plan 24-30 does contain suggested milestones/ actions that were developed collaboratively with SPRAG, the Care Inspectorate, Education Scotland/ HMIE and the Mental Welfare Commission and the Children and Young People's Commissioner for Scotland (third outcome): Route Map: Rights and Restraint. For example, one of the agreed milestones for 2026 states:

"The Care Inspectorate, His Majesty's Inspectorate of Education and the Mental Welfare Commission, in conjunction with Scottish Physical Restraint Action Group (SPRAG), will ***review and agree revised definitions which are consistent across mental health,***

education and care settings – revised definitions will then be communicated to the mental welfare, education and care sector and implemented across all the Mental Welfare Commission, His Majesty's Inspectorate of Education and the Care Inspectorate's work. *In line with this, and the Scottish Government's broader work on the 'language of care', COSLA, Education Scotland, the Care Inspectorate and other partners will work collaboratively to discuss the importance of language when referring to 'restraint' and 'seclusion', considering the development of a practice guide or additions to existing guidance for members of the workforce, children and families."*

We are keen to work collaboratively alongside Scottish Government colleagues to further develop and ensure the milestones are progressed at pace.

3a. Do you agree with our definitions of restraint and seclusion?

- Yes
- No

3b. To what extent do you agree or disagree?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

3c. Please tell us more about your answer.

The Promise Scotland, the Children and Young People's Commissioner Scotland, the Mental Welfare Commission for Scottish, the Scottish Human Rights Commission and the Equality and Human Rights Commission have been working jointly for a number of years to call for an overarching coherent statutory framework for restraint and seclusion in Scotland as part of the work to keep the promise.

As part of this, we have been clear that there must be work undertaken to establish a clear and universal definition of 'restraint' and 'seclusion', **or at the very least, aligned definitions across all settings children are in**.

Currently there are different sets of definitions in operation in services which all support the same children and young people. It is not acceptable for there to be

different definitions of restraint that apply in different places where children and young people live their lives. Children must not face different standards depending on whether they are in school, residential care, hospital, or elsewhere. It can be confusing and traumatising when children are experiencing the use of restraint inconsistently. A lack of alignment will have implications to both settings and will limit purpose, function and reliability.

Children, young people and members of the workforce must be clear on what their rights and duties are around restraint and seclusion and there must be no confusion due to there being different definitions or different reporting requirements in different settings of care. Definitions, guidance, and reporting obligations must be aligned across sectors to provide consistency, alignment, and agreed expectations.

It is therefore important whilst developing this work to be cognisant of other changes happening in parallel, specifically, the forthcoming changes contained within the Restraint and Seclusion in Schools (Scotland) Act 2026 which provides a definition of restraint and seclusion for education settings so that efforts can be made to work towards an overarching statutory framework.

Although clearly there are bespoke and specific aspects of restraint and seclusion in mental health care, our view is that it is possible for a consistent definition to apply to all settings, with scope to include specificities if required depending on the setting.

The work around restraint and seclusion must not become disconnected and drift from the intended outcomes we are seeking to ensure our children and young people experience.

As stated above, we are unclear why there is also reference to 'restrictive interventions'/ 'restrictive measures'/ 'restrictive principle' and there are occasions where the draft contains inconsistencies and could potentially be confusing. Pg 9 also refers to 'intentional restriction'. It would be helpful to provide clarity about use and interchangeable use of these terms.

4a. Do you agree with our guidance on the lawful limits of restraint and seclusion?

- **Yes**
- No

4b. To what extent do you agree or disagree?

- Strongly agree
- **Agree**
- Disagree
- Strongly disagree

4c. Please tell us more about your answer.

The Promise Scotland is supportive of the drafting around lawful limits of restraint and seclusion. The promise was clear that the use of restraint and seclusion must only be used to keep people safe and must always follow a model which focuses on co-regulation, so that the workforce reflects on their responses (the promise, Pg 86).

We welcome the points made within the draft update which focus on working within the legal framework and only using restraint and seclusion when absolutely necessary and used proportionately.

It is unclear why the sections on 'lawful use' do not refer to the UNCRC, in particular to Article 37.

As stated above, clear alignment between this draft and the work relating to the Restraint and Seclusion in Schools (Scotland) Act 2026 and the Children (Care, Care Experience and Services Planning) (Scotland) Act 2026 is essential. There must be read-across and consistency across definitions, reporting, recording and monitoring requirements and there must be clarity about how the workforce will be supported and the measures to help ensure the workforce are supported to comply with the legislation and national and international human rights obligations. This includes ensuring that there is training and support to prevent the use of restraint and seclusion and ensure methods of de-escalation are well known and prioritised.

5a. Do you agree with our recommendations around future care planning?

- **Yes**
- No

5b. To what extent do you agree or disagree?

- Strongly agree
- **Agree**
- Disagree
- Strongly disagree

5c. Please tell us more about your answer.

The Promise Scotland welcomes the proposals around future care planning which supports the principles of promoting person-centred, preventative approaches to care. In particular, it is encouraging to see the ambition to ensure individuals are involved in developing any care plans and considering how their broader connections for example family members or carers can support this.

Taking into account a person's preferences, communication needs, sensory needs and known triggers whist being trauma-informed is integral to developing and effectively delivering a care plan.

Central to the promise is voice – children and young people must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need.

In line with the promise, future care plans must properly reflect the child or young person's wishes, recognise important relationships, acknowledge individual circumstances and genuinely influence decision-making, and it is encouraging to see this highlighted throughout.

In order to do this, there must be a compassionate, caring, decision-making culture focused on children and those they trust. The promise is clear that (Pg 32):

- The voice of every person with care experience must be heard in their care journeys, with real weight given to their wishes in line with the UNCRC
- Scotland's decision makers must listen with an expectation that what they hear will form the basis of their decisions. Listening must fundamentally shift the balance of power and provide a basis for shared language and understanding.
- Scotland must be aware of the power dynamics that can exist within decision making, where influential professional voices can dominate and drown out other perspectives. There must be a balanced approach to decision making that primarily listens to and focuses on children and their families.
- The workforce must be given time and space to listen.

- Decision makers must listen to everyone relevant to children and families. There must be no barrier to people who are close to the child from sharing their views.
- Listening and decision making must be honest and transparent so that everyone understands what has been decided and why.

It would be helpful for the update to be more specific about which members of the workforce would be responsible for taking this care planning forward and who is accountable to ensuring the plan informs decision-making when the use of restraint or seclusion is being considered.

It is also important to align this language and ensure that there is broad understanding of the term 'future care planning' across all settings where children and young people are—including secure care, residential children's homes, schools and childcare settings and custody. The work that CELCIS is leading ('Holding Differently') in addition to Aberlour and Kibble's work on 'Rethinking Restraint' should align with this section in the updated code of practice.

6a. Do you agree with our guidance for using restraint and seclusion with children and young people?

- **Yes**
- No

6b. To what extent do you agree or disagree?

- Strongly agree
- **Agree**
- Disagree
- Strongly disagree

6c. Please tell us more about your answer.

The Independent Care Review heard from care experienced children and young adults that restraint was frightening, painful and embarrassing, and that they were often restrained in times of distress. Many children and adults felt that members of the workforce who delivered restraint presented as either stressed or angry. Those with experience of care also spoke of the trauma of, at times, seeing children being restrained in emotional circumstances repeatedly. Restraint

was not always being used not to keep children safe but as a punishment for perceived wrongdoing.

As a result of this testimony, the Independent Care Review concluded restraint does not work for anyone. Pain compliance techniques have no place in a Scotland that aims to ensure its children feel loved.

The Promise Scotland therefore welcomes the recognition of the significant and lasting impact restraint and seclusion can have on children, and ensuring any response is based on upholding children's rights in line with the UNCRC. We also welcome the work that the team has done to ensure there is a clear focus on children and young people's rights. In order to strengthen this section we would welcome:

- A clear definition of the term 'young people' and the age to which this applies. The Promise Scotland uses the term to mean young people up until the age of 26, in line with corporate parenting.
- Cross referencing to existing or planned guidance which is relevant to this update and ensuring read- across, including with respect to statutory guidance for education and other care settings. Children do not live their lives in delineated and distinct policy areas, and as such, the action taken around restraint and seclusion must not be addressed in this way. Guidance must be consistent with guidance for other settings to both reduce confusion for both the workforce, and for children and young people, and to provide consistency.
- Clarity that the ECHR also applies to children and young people—not just the UNCRC and greater emphasis of UNCRC Article 37 alongside Article 3.
- More should be included about the role of parents/ carers/ family and more specificity on access to advocacy. The Restraint and Seclusion in Schools (Scotland) Act 2026 talks specifically about parent/ carer notification and it would be helpful to understand what the process is with respect to mental health settings.
- In some places the guidance feels confusing and a bit repetitive—it is not immediately clear how the section for children and young people aligns with the other parts of the guidance and the section on the UNCRC.

9a. Do you agree with our recommendations for monitoring and recording the use of restraint and seclusion?

- Yes
- **No**

9b. To what extent do you agree or disagree?

- Strongly agree
- Agree
- **Disagree**
- Strongly disagree

9c. Please tell us more about your answer

As stated above, we are concerned that separate definitions, reporting, monitoring and recording processes will cause confusion and will not lead the coherent and clear statutory framework that must apply and uphold children and young people's rights across all settings. Although we understand **and strongly agree with the importance of a statutory monitoring duty** and welcome the intention behind this section, there is only reference to complying with national monitoring and reporting requirements as set out by the Mental Welfare Commission and consistent data collection across Health Boards.

The promise is clear that Scotland must ensure that whilst working towards change, all restraints and use of seclusion must be recorded and reported on so that Scotland can understand its use and monitor progress towards its cessation. (Pg 87). As Scotland strives to become a nation that no longer restrains its children, clear and transparent reporting and monitoring mechanisms **across all settings** of care will be vital so that Scotland is able to understand progress and challenges— and provide additional resources and support where appropriate.

As part of a coherent statutory framework around restraint and seclusion we believe that there must be clear reporting and monitoring requirements across all settings which are consistent with the provisions of the Equality Act 2010. In our view, Scotland will not be able to meet the ambitions of the promise in relation to restraint without a centralised national collection and monitoring of data on restraint and seclusion across all settings. The disconnect across sectors, areas, and professions in terms of working to understand, regulate and reduce the reliance on physical restraint and other restrictive practices, in order to become a nation that does not restrain its children is severely limited by siloed working.

There must be a clear, coordinated national picture and avoid fragmented oversight. This must include national monitoring that generates learning, genuinely understands experiences, identifies variation in use, ensures accountability and results in concrete action to reduce the use of restraint. This must be prioritised rather than capturing data which focusses only on how and when it is used.

The introduction of a legal requirement to record and monitor instances of restraint and seclusion is in clear alignment with the United Nations Convention on the Rights of the Child and the UN Committee on the Rights of the Child's most recent Concluding Observations which called on the Scottish Government to *"develop statutory guidance on the use of restraint on children to ensure it is used only as a measure of last resort and exclusively to prevent harm to the child or others, and monitor its implementation."* The Mental Health Law Review, published in 2022, called for a *"national register of restraint to be set up and maintained by a central public authority which is capable of hosting the exchange of data between multiple public authorities, and which is capable of reporting publicly on trends in data from all of those authorities"* (recommendation 9.12).

10a. Do you agree with our recommendations for staff planning, training and welfare?

- **Yes**
- No

10b. To what extent do you agree or disagree?

- **Strongly agree**
- Agree
- Disagree
- Strongly disagree

10c. Please tell us more about your answer

The promise is clear that in order to reduce restraint, Scotland must ensure that the workforce is nurtured and supported, recognising that children may exhibit challenging behaviours that may at times make them feel scared (Pg 85). Individual members of the workforce cannot manage those behaviours in isolation, they must be supported to put theory into practice and to step in. The responsibility to create an environment which actively reduces the likelihood of restraint is as important as responding appropriately to individual children in crisis.

Reducing the use of restraint and seclusion requires a workforce that is supported and skilled. Support for the workforce includes addressing, and not ignoring, some of the systemic barriers faced in settings of care that prevent relational and

trauma-informed practice and mean children's rights are not being upheld. This includes ensuring that appropriate training, support and supervision is available for teachers and other members of the workforce and that core issues such as earlier access to support for children and families with neuro-diversities are addressed.

The Promise was clear that Scotland must support its workforce to manage very difficult situations. This means a genuine focus on the response to challenging behaviour in a trauma informed way, building relationships in advance so that a child or young person's history, current circumstances and behavioural triggers are known and can be responded to individually, in advance of, during and after a crisis occurs. To ensure a caring response, there must be a curiosity about the reasons behind challenging behaviour, recognising that all behaviour is communication. This links to the proposals around future care plans contained within this draft update, therefore it would be helpful to make the connections between the need for the two more explicit.

The Promise Scotland is supportive of provisions contained within the Restraint and Seclusion in Schools (Scotland) Act 2026 whereby Scottish Ministers may develop standards for the provision of training on the use of restraint and seclusion in schools and maintain a list of persons who provide training on the use of restraint and seclusion in schools and a list of persons who meet those standards. Although this only applies to education settings, it is important that all members of the workforce have access to regular, high-quality supervision, debriefs and reflective practice; and trauma informed practice that includes de-escalation. The Promise Scotland would welcome clarity from the Scottish Government as to how they will ensure that this training list around education settings can apply to other care settings, and as such, must be considered whilst updating the code of practice.

Consideration must be given to approving training providers to ensure appropriate safeguards are in place for children and young people and there is clear alignment with the UNCRC and the conclusions of the Independent Care Review:

- Approved training providers must be able to demonstrate a rights-based and trauma- informed approach to restraint reduction and demonstrate that clear acknowledgement and understanding of Scotland's aim and ambition to use restraint only as a last resort to keep children safe.
- Restraint techniques must be a part of a wider suite of relational and preventative trauma-informed approaches.
- Clear preventative factors must be built into practice around behaviours that are challenging and there must be more attention paid to the infrastructure

and support for the workforce, this includes better supporting children who are neurodiverse and have additional support needs.

- Alignment with the Independent Care Review's conclusions on profit and in particular avoiding the monetisation and preventing the marketisation of care (Pg 111 of the promise).
- Training must include reflective supervision, co-regulation, and de-escalation. It must be ongoing, reviewed regularly, and embedded within a wider culture of care and wellbeing.
- There must be appropriate scrutiny around training that ensures there is a clear record of training around restraint and de-escalation for those working alongside children and young people.
- Training, support and supervision for the workforce must include a better understanding of and sensitivity to cultural diversity and ethnicity and in particular where English is not spoken as the first language.

11a. Are there any other specific groups or clinical contexts that would need specific guidance, in relation to the use of restraint and seclusion? If so, please tell us more.

- Yes
- No

Please refer to our comments above about alignment across all settings.

12a. Would you be in favour of the development of further guidance that sets out the requirements for the use of restraint and seclusion in mental health settings in Scotland in greater detail?

- **Yes**
- No

12b. To what extent do you agree that further guidance is needed?

- Strongly agree
- **Agree**
- Disagree
- Strongly disagree

12c. Please tell us more about your answer (e.g. what should the guidance include, who should it apply to).

As referred to earlier in our response, The Promise Scotland has for some time called for an overarching statutory framework on the use of restraint and seclusion for all settings children are in. This will include statutory guidance, which must be clear that restraint is only used as a measure of last resort with the purpose of securing a child's safety.

The Promise Scotland does not necessarily believe there is a requirement to develop further detailed guidance which is a standalone piece of work, but rather, guidance must be developed that is consistent across all settings children and young people are in, including mental health settings.

For further information about our response, please get in touch with our Policy Lead, Chloe Riddell, at chloe@thepromise.scot.