

Royal College of Psychiatrists in Northern Ireland (RCPsychiNI)

Response to:

**Department of Education Consultation on Restrictive Interventions:
Guidance for Educational Settings**

1.0 Introduction about RCPsych in NI:

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 450 Members in Northern Ireland (including Doctors in training) who provide the backbone of the local Psychiatric service, offering acute and community treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Devolved Council of the Royal College of Psychiatrists in Northern Ireland (RCPsychiNI).

2.0 Substantive Response:

The Royal College of Psychiatrists in Northern Ireland welcomes the publication of the redrafted statutory guidance which aims to provide clarity on the use of restrictive interventions in educational settings, with a view to reducing and minimising the use of restrictive practices where possible. This is a critical issue, and the College had sent a detailed response to the earlier consultation document published several years ago. We also attended a meeting to discuss our concerns directly. Some of the concerns raised at that time remain pertinent and are rehearsed below, others have been addressed.

The College considers that much of the guidance is helpful and constructive. However, safeguarding frameworks should be further clarified and strengthened before publication.

The College welcomes the removal of references to supportive practices used by healthcare professionals in the guidance. However, there is an interface between

education and healthcare in school settings e.g. Allied Health Professionals in Special Schools - and the guidance could better reflect that.

The College is concerned that the guidance potentially allows for the seclusion or mechanical restraint of children during their school day and further consideration should be given to the legal implications of this. There are some issues that call for further exposition and clarification.

SAFEGUARDING FRAMEWORKS:

The College believes that further consideration should be given to strengthening the safeguards outlined in the draft guidance, essentially to ensure it is consistent with the recommendations made by the Equality and Human Rights Commission in 2021, following their inquiry into how schools were monitoring the use of restraint, and the subsequent report from the Northern Ireland Commissioner for Children and Young People.

The fundamental need to record, report and review all use of restrictive practices is not comprehensively outlined in this guidance in a way that will ensure governance and accountability is 'hardwired' into the system. Reporting is mandated only in a limited set of circumstances which are open to interpretation e.g. "serious incidents of physical restraint". There should be a clear regional standard for what is recorded, how this is reported and how data is analysed. The guidance should set out more comprehensively how to systematically and comprehensively conduct post-incident reviews and how to apply learning to ensure the child's support needs are met and further incidents of restrictive practice are prevented.

It is important that data is collated and analysed over time to inform staff development and practice. Data analysis should be robust enough to ensure that concerning trends are found at an early stage, such as the disproportionate use of restraint on children who share a protected characteristic under the law.

It would be helpful to set out mandatory regional minimum standards for recording the use of restraint in schools - and data from schools should be collated, published and analysed at a regional level - with oversight by the Education Authority, the Education and Training Inspectorate and Department of Education. Regional and school-level restraint data should be used to inform inspection frameworks and training needs, increase transparency and oversight including the involvement of parents, and support human rights protections for children.

The guidance gives limited direction in relation to the training that educational settings should have in place. A regional standard in relation to mandatory staff training is a safety critical issue. There is a need to ensure that staff have a robust understanding of the legal and ethical frameworks which should govern their practice, as well as being up-to-date and competent when using restrictive interventions (including holds) and related practices, such as trauma-informed practice, communication and positive support. Training in alternatives to restraint is fundamental to changing culture and practice in support of children's

rights and welfare and, again, there should be clear regional guidance for staff training and in relation to addressing systemic culture and practice issues.

Clearer and more robust guidance on how to prevent the use of restrictive practices, and a decision-making framework about how and when to use a restrictive practice, will be essential to ensuring restrictive practices are not misused or overused. The framework should include inherent safeguards e.g. advocacy and involvement of external agencies in planning and review. The evidence-base for the use of any restrictive practices employed should be documented and there should be clear frameworks in place to ensure the reduction in the use of the restrictive practices over time.

HEALTHCARE STAFF:

When a healthcare professional is recommending a restrictive practice in any setting, they will be governed and guided by the regional guidance published by the Department of Health in 2023 (Regional Policy on the use of Restrictive Practices in Health and Social Care Settings). Inherent to this guidance is a requirement for all professionals involved in the use of the practice to take part in discussion and planning, and to agree about the necessity of the practice. This would include education staff where the practice is used in schools. Guidance for education staff should outline the need for education staff to be aware of the Department of Health policy and provide them with guidance on collaborative working and the intersection of health and education policies.

SECLUSION OR MECHANICAL RESTRAINT OF CHILDREN DURING THEIR SCHOOL DAY:

The draft guidance allows for the seclusion of children during their school day. The seclusion of a child is a serious intervention which is a fundamental breach of their human rights and is often experienced as traumatic. It can cause significant harm. It is critical that the guidance is consistent with other aspects of law and policy in Northern Ireland and takes cognisance of the fact that seclusion should only take place within a specific legal framework. It is not clear that education staff would have the legal authority or requisite competencies to decide about the necessity of seclusion. Several organisations concerned with the rights of the child have called for a ban of the use of seclusion in education settings.

The document defines seclusion as “placing a pupil involuntarily in any environment in which they are alone and prevented from leaving”. This suggests a child might, in some circumstances, meaningfully consent to a restriction of their liberty, which is not the case. A child should not be “voluntarily” placed alone in any environment that they would later be prevented from leaving.

Similarly, this document allows for the use of mechanical restraint during the school day. The NICE guidelines on “Violence and aggression: short-term management in mental health, health and community settings” state “do not use mechanical restraint in children” and anticipate its use only in medium or high secure hospital settings. The College does not support the use of

mechanical restraint “for the primary purpose of behavioural control” in schools, and does not view it as a practice which could be medically justified.

OTHER POINTS OF CLARIFICATION:

The document discusses the concept of withdrawal. Where this practice amounts to a restrictive practice, it should be named and recorded as such.

It is likely that psychological restrictions are used in schools. These should fall under the scope of the policy.

The guidance should make clear that any misuse or overuse of restrictive practice is a safeguarding concern.

CONCLUSION:

The College reiterates our support for this policy overall. However certain aspects of the guidance should be reviewed and strengthened to ensure it is fit-for-purpose. Any aspiration to reduce the use of restrictive practices will require comprehensive reform across the education system and close collaboration with the healthcare sector.

The College commends certain aspects of the An Roinn Oideachais / Department of Education document from the Republic of Ireland, “Understanding Behaviours of Concern and Responding to Crisis Situations” which specifically says that “seclusion should not be used under any circumstances in any recognised school setting”. It has a stronger focus on pupil wellbeing, with a continuum of supports, and whole school preventative strategies, and outlines a stronger governance framework.

The College also recommends consideration of the issues highlighted in the March 2026 report from the Challenging Behaviour Foundation, “A Statement on the use of restrictive interventions: Children and young people with a learning disability in England, Northern Ireland, Scotland and Wales”. This outlines the harms caused by restrictive practices and alternative, positive and beneficial approaches to behaviours of concern and makes strong policy recommendations. It calls for the prohibition of seclusion and mechanical restraints in education settings. The guidance could be strengthened by taking cognisance of the evidence and recommendations outlined in this report and reflecting them in the final guidance.

Dated: 5th May 2026



Dr Julie Anderson Chair RCPsych in NI & Vice President RCPsych

- on behalf of RCPsych NI

Contact Details: thomas.mckeever@rcpsych.ac.uk