

## **RCPsych NI Response to Department of Education Consultation on Statutory Guidance on the Reduction & Management of Restrictive Practices in Educational Settings**

### **Introduction**

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 Royal College of Psychiatrists in Northern Ireland has approximately 440 members in Northern Ireland (including Doctors in training) who provide the backbone of the local Psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Royal College of Psychiatrists in Northern Ireland Devolved Council following engagement with our Members, particularly those working in both Learning Disability Psychiatry and in Child & Adolescent Psychiatry.

The Royal College of Psychiatrists in Northern Ireland welcomes the publication of the Draft Statutory Guidance which aims to provide clarity on the use of restrictive and supportive practices in educational settings, with a view to reducing and minimising the use of restrictive practices where possible. This is an important issue.

We consider that some of the Draft Guidance is helpful and constructive, but other aspects would need to be clarified and strengthened before publication. We also wish to highlight some specific concerns because this Draft Guidance has implications for healthcare professionals and, more importantly, because restrictive practices can lead to negative physical and mental health outcomes for children and young people.

We feel there is a need to augment the proposed safeguards in relation to protecting the rights and welfare of children who may be subject to potentially restrictive practices. Greater clarity is needed to guide collaborative practice in situations where healthcare staff may be involved in the care of a child and when

restrictive practices become necessary in education settings. We are also concerned that the Draft Guidance potentially allows for the seclusion of children during their school day and further consideration of this should be given due to the consequent legal implications.

## **SAFEGUARDING FRAMEWORKS**

We believe that further consideration needs to be given to strengthening the safeguards outlined in the Draft Guidance. This is 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 outlined in the Draft Guidance. There should be a clear Regional standard for what is recorded, how this is reported and how data is analysed and shared. The Draft Guidance should set out clearly how to systematically and comprehensively conduct post-incident reviews and how to apply learning to ensure the child's support needs are met and ensure 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 identified 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 and the Education and Training Inspectorate. 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 guardians - and support human rights protections for children.

The Draft Guidance suggests that educational settings need to take their own decisions about staff training. We feel 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. They also need to be 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.

In addition to the need for strengthened mechanisms of review and training standards, establishing a clearer decision-making framework for educational professionals would be helpful. For example, the decision to use a potentially restrictive practice should typically only be taken after discussion and agreement

between parents and educational professionals - and rarely by one professional acting in isolation. The evidence-base for the use of the restrictive practice should be clearly documented and there should be clear frameworks in place to ensure the reduction in the use of restrictive practices over time.

## **INVOLVEMENT OF HEALTHCARE PROFESSIONALS AND 'SUPPORTIVE PRACTICES'**

We are concerned that introducing the concept of 'supportive practices' to define practices which might be potentially restrictive in their nature and effect, could lead to lack of clarity and misuse of restrictive practices. The inclusion of supportive practices within the document almost infers that an intervention could be concurrently supportive and restrictive, without safeguards being triggered, simply because a healthcare professional is involved.

In the introduction of the document, it highlights the need for there to be a clear distinction between restrictive and supportive practices. However, in the subsequent narrative the concepts become almost interchangeable. Any suggestion that a practice might not be restrictive simply because it is introduced by a healthcare professional would be fundamentally flawed and subject to legal challenge.

Any practice which is potentially restrictive should be identified as such and this should prompt the automatic application of the relevant policy and safeguards. Using the term supportive could have a camouflaging effect and result in human rights considerations and safeguards not being activated.

The document suggests that healthcare staff might use 'supportive practices' to ensure a child can access the curriculum. Much greater clarity is needed about what this means. It is important that there is no expectation on healthcare staff to recommend certain interventions which may have a restrictive effect in order to prevent a child being excluded from aspects of education *e.g.* that they are "medicated" or strapped into chairs which they cannot get out of before they are allowed to come to school (notwithstanding the use of a range of therapeutic interventions for relevant indications).

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).<sup>1</sup> Inherent to this DoH Regional Guidance Policy is a requirement for all professionals involved in the use of the practice to participate in discussion and planning - and to be in agreement about the necessity of the practice. This would include Education staff where the practice is used in schools. Any Draft Guidance for Education staff should outline the need for Education staff to be aware of this DoH Regional Guidance Policy and provide them with guidance and training on collaborative working and the crucial intersection of health and education policies. Consideration of joint oversight between the Department of Education and the Department of Health

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<sup>1</sup> [doh-Regional-Policy-on-the-use-of-Restrictive-Practices-in-Health-and-Social-Care-Settings-March-2023.PDF \(health-ni.gov.uk\)](#)

may be worth considering. This issue cannot be treated as an Education only preserve.

### **SECLUSION 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 very serious intervention which represents a fundamental breach of their human rights and is often experienced as traumatic. It can cause significant harm. It is critical that the Draft 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 make a decision about the necessity of seclusion. Several organisations concerned with the rights of the child have called for a ban on the use of seclusion in education settings.

In conclusion, we reiterate our support for this policy overall. However, certain aspects of the Draft Guidance should be reviewed and strengthened, as outlined, to ensure it is fit-for-purpose. Significant redrafting, based on more robust engagement with key stakeholders, should be considered before publication. Any aspiration to reduce the use of restrictive practices will require comprehensive reform across the education system and close collaboration with the healthcare sector. We would be happy to meet with the Department of Education to discuss the issues raised in our response to this Consultation.

**Dated: 3<sup>rd</sup> November 2023**

A handwritten signature in black ink, appearing to read 'Richard Wilson', with a horizontal line underneath it.

**Dr Richard Wilson**

**Chair RCPsych NI & Vice President RCPsych**

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