

Mental Health Champion Response to Department of Education's Consultation - Restrictive Interventions: Guidance for Educational Settings

As Mental Health Champion, I have been involved in reviewing this draft guidance before its publication for consultation. I have significant concerns regarding the content of this guidance which have been communicated to the Department, but which unfortunately have not been incorporated into this recent draft. I have again raised these concerns through the public consultation process and have chosen to share my feedback on the report in this public format. I encourage all those with interest in this area to reply to the public consultation [Restrictive Interventions: Guidance for educational settings | Department of Education](#) before the June 4th Deadline.

I appreciate the considerable work that has gone into producing this document and acknowledge the limitations around uncertainty regarding the repeal of article 4(1c). The commitment to endorse all 6 recommendations from the Report on the Review of Restraint and Seclusion in Educational Settings in 2022 was made by previous Ministers, while the refresh of guidance is very welcome after such a long period, it would be prudent to highlight that it has been completed prior to the completion of recommendation one (the repeal of Article 4(1c)), and as such is subject to ongoing review (recognising that the legislative change can take time). I know that you were disappointed that groups had not provided detailed recommendations.

As Mental Health Champion, I continue to have significant concerns about the guidance in its current form. The guidance should reflect the position that these physical interventions can always cause harm and should only be used where the assessment is that the harm will be greater if a physical intervention is not used. The document outlines that restraint should only be used as a last resort, yet this current draft does not appear to reflect that position. Despite the title, the document itself does not provide any guidance on how to reduce these practices, it focuses on how engagement in these practices fall within the

protection of the law. At no point does the guidance acknowledge or describe the nature of the physical or psychological harm that the use of force, restraint and seclusion may cause to the child, their peers and witnesses, and the staff involved. The training and reporting requirements for incidents where children and young people are subjected to potential harm are completely inadequate, and the approach is contrary to a rights-based, trauma-informed approach.

Recommendations

1. Set out the aim of the guidance, and the goal with targets.

It is important to state at the outset that the goal is to ensure that educational settings are safe, trauma-informed environments, based on psychological safety through relationships. I recommend that the title is changed to reflect the type of setting that we wish to achieve. The current title refers to reducing the use of restrictive practices, yet there are no targets for reduction, and it will be impossible to know how we would know whether this guidance has been applied consistently and/or achieved the intended objective. If we fully appreciate the harm caused by these practices across the education system (staff, pupils, witnesses etc.) The ultimate goal should be the minimisation or elimination of these practices (and the need for them), rather than how to engage in them in a way that is legal. Language referring to the “power” of staff and the overall emphasis on how these practices are to be used could be interpreted as condoning them. Terms such as “last resort”, “reasonable” and “appropriate”, are not defined in the current document. The guidance should be clear that the use of physical interventions can only ever be justified where the alternative leads to a greater harm or a risk of injury.

2. Provide information on the physical and mental health/wellbeing harms caused by physical interventions.

The document should provide a brief summary of how trauma affects the body and brain, and the nature of triggers. It should state clearly that these practices can, and do, harm children. The description of the harm and damage caused by these practices also needs to include an acknowledgement of the impact on relationships within the setting, the effect on witnesses, and the fact that they lead to a spiral of dysregulation and more difficulties in the school community over the long term. The guidance should specifically highlight the needs of neurodivergent children and young people, and the ways in which trauma and dysregulation can impact them. It is important to acknowledge that these practices are

invariably degrading and humiliating. Indeed, humiliation is one of the most damaging aspects because peer relationships are such an important component of young peoples' wellbeing. There should be acknowledged examples of steps that staff may take to reduce the level of humiliation.

3. Provide guidance and expand training on alternative strategies to reduce the need for physical interventions.

From a psychological perspective it is vital to focus on the behaviour that we want, in this case, alternatives to restraint and seclusion. Ultimately, it will be impossible to achieve a reduction in physical interventions if staff are not equipped with skills in alternative de-escalation methods. We should be moving ultimately to the position where only trained staff engage in these practices. It is concerning that the training on de-escalation provided by the Education Authority (EA) is limited to staff within special schools. The ambiguity in the terms, the criterion used and the failure to provide examples for clarity, indicate a need for a parallel training programme for all staff. The increasing numbers of pupils with SEN in mainstream schools, and the increased use of Specialist Provision in Mainstream schools mean that this training should be in all schools. Alongside this, staff obviously need to receive training on behaviour management strategies, de-escalation and the creation of an environment that minimises dysregulation. Whilst this might be a longer-term endeavour, it is important to add a reference to this work to ensure that it is viewed as part of the overall vision. The absence of training on alternative behaviour management strategies will impact the perceived point of last resort. At the very minimum, resources should be provided with web links to detailed information provided in the guidance. Web links should be provided to trusted sources on de-escalation, and trauma informed behaviour management etc., rather than generic websites (such as the main EA website that is currently in the document). It should emphasise the importance of psychological safety and relationships in the school setting; the principles of dysregulation and co-regulation; and the importance of restorative approaches. Information about how to minimize and manage social, emotional and behavioural difficulties is provided on the Department's resource file for children with special educational needs (p.257). It would be helpful to provide this chapter as part of the guidance, because it is relevant to all pupils and is designed for school settings. In addition to general guidance about de-escalation methods, the guidance should explicitly highlight the importance of communicating to the child the reason for the intervention and giving them information about what is happening

and going to happen to them. Information to the child may help minimise their distress and reduce the time spent in restraint.

4. Provide guidance on risk assessment regarding physical interventions.

The guidance states that decisions about whether it is reasonable to use force “depends on individual circumstances of the child”. This is a really important section. Terms such as “reasonable” and “appropriate” force are subject to different interpretations, and similar actions may have very different harmful impacts in different children. Some children have health conditions that mean that they are more prone to physical injury. Many will have an adverse home environment, care experience, or prior trauma exposures that mean that the risk to physical or mental health is even greater, or manifest in a different way than would be typical. Indeed, many children in these categories may be more prone to exhibit dysregulation. The triggers and regulation needs of neurodivergent children also need to be considered. While some children will have bespoke care plans and education plans based on identified need, this guidance is applicable to all children, and it needs to be fit for that purpose. I am unclear whether schools have a formal way of recording children’s needs, trauma exposures and potential triggers. It is in the absence of this that schools need guidance on how individual circumstances of the child are to be established and recorded so that staff have this vital information.

5. Every incident where physical interventions are used needs to be recorded and reviewed, and an appropriate proforma to support this needs to be provided.

I was particularly concerned about the apparent lack of post-incident review, given the significance and inherent lasting harm caused by these practices. This is important to establish the medical and support needs of all involved, and to ensure that measures are taken to ensure that the situation does not happen again. I understand that schools have informed the Department that they wish to avoid this administrative burden, however if physical interventions are to be minimized, the need for recording would be reduced. At a minimum this should be captured in an electronic document to facilitate learning in collaboration with trainers and other education officials during the review process. Recording and reviewing are essential so that the impact on a child or young person affected can be monitored, and so that staff can reflect on the context and how to manage similar situations in the future. To inform the review, the pro-forma needs to include specific sections on the physical injuries inflicted, the training of the staff members involved,

witnesses (adults and children) and the response of the child. Post incident support should be offered, including awareness of the symptoms of trauma related difficulties and referral to medical services if appropriate. These incidents should prompt a review of support plans and care plans (in consultation with the child's parents/guardians/key workers) and this should also be included. There is no reference to the need for other adult witnesses when physical interventions are employed. Adult witnesses can improve accuracy of the recording and will be important for the review.

6. Parents/guardians need to be informed about every incident of physical intervention.

Parents/guardians must be informed on every occasion that force, restraint or seclusion is used in recognition of the physical and mental health impact of these incidents. The document suggests that an incident of restraint does not have to be reported if the child is able to move away. Even with the flow chart provided in this document there is ambiguity around when an incident should be recorded. For example, if a child was being obstructive on a bus and a staff member having to hold their arm and direct them to a seat or off the bus, there would be no requirement for this incident to be reported formally in school, or to parents/carers. It is my view that parents/carers must be informed in all instances so that they can understand the context of any injury (and inform treatment if needed), or subsequent behaviour (e.g. sleep problems, avoidance) that may result. They also need to know what happened to inform their parenting, and so that they can address any issues in a reparative way with the young person. Given the risk of this type of trauma exposure to witnesses and the impact on psychological safety in the class the parents of children who witness these practices also need to be informed (in a way that maintains the anonymity and privacy of the child subjected to these practices).

7. The child or young people subjected to physical interventions must have an opportunity to have their version of events recorded.

This is necessary for any review process but primarily it is deeply concerning that the reporting form provided within this guidance does not give young people an opportunity to record their version of events. Staff are asked to record who was there, what happened before the incident, accurately recount the incident and note what happened after. My understanding is that this was removed from the original draft as schools believed that pupils may feel pressured to support the school's narrative of an incident. While that

certainly can happen, the response should never be to reinforce that power imbalance by removing the child's voice. If not on the same form, there should be a separate form, or appropriate recording process, accommodating of the child's age/stage of development or additional needs. Where a child is harmed in an educational setting the official procedure and response should never, in effect, silence that child.

In Northern Ireland we are acutely aware of the significant and lifelong impact of trauma. We must always work to create systems which counter trauma, raise awareness of its impact and promote recovery. I have engaged with parents, teachers and young people extensively as part of this role, over the past five years, and in relation to this guidance specifically. I fully recognise the care and professionalism within which staff in our schools practice. I have no doubt that they would be disappointed with any guidance on reducing restraint and seclusion which does not deliver a vision for the type of educational environment that they would wish to create, alongside clear guidance on how to achieve that. The idea that schools would only want a brief document containing information on how to engage in restraint and seclusion without breaking the law will be offensive to committed staff on the ground. Most of my recommendations are cost neutral and align with the Department's vision that every child and young person is "happy, learning and succeeding". This document is a really important opportunity to highlight the type of educational setting that we want to achieve and set high standards for trauma informed practice in the sector.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Siobhan O'Neill', written over a horizontal line.

Professor Siobhan O'Neill
Mental Health Champion