

Response ID ANON-4VJH-E4CB-T

Submitted to Restrictive Interventions: Guidance for Educational Settings
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Introduction

Your Information

1 Please tick the box that best describes you

Other

2 If Other, please specify

Other:
Royal College of Speech and Language Therapists Northern Ireland (RCSLT NI)

3 If you are responding on behalf of an organisation please specify below. (Optional)

Organisation:
RCSLT NI

4 Name (Optional)

Name:
Sue McBride

Questions

5 Overall, the guidance is clear and understandable.

Agree

Optional: Please provide any additional supporting comments.:

RCSLT NI welcomes the overall improvement in clarity and structure within the revised guidance. The stronger emphasis on prevention, de-escalation, trauma-informed practice and the reduction of restrictive interventions is particularly positive and supports a more child-centred and rights-based approach.

The guidance is generally more accessible and operationally clearer than the previous consultation draft. In particular, the increased focus on safeguarding, accountability, individualised planning and post-incident review strengthens the document considerably.

However, there are several important areas where greater clarity is required.

A significant gap throughout the guidance is the lack of explicit recognition of speech and language therapists (SLTs) as key professionals within prevention, assessment, intervention planning and post-incident review. The relationship between communication and behaviour has not been sufficiently recognised. Children and young people with speech, language and communication needs (SLCN), neurodevelopmental differences or non-speaking profiles may communicate distress through behaviour, yet support pathways often default to behaviour teams while SLT involvement becomes an afterthought once a crisis has occurred. The guidance should place greater emphasis on preventing escalation through early communication-informed intervention.

The guidance would also benefit from clearer recognition of:

- communication as behaviour and behaviour as communication;
- non-verbal communication cues and respecting children's expressed wishes;
- the needs of non-speaking children and young people;
- the role of multidisciplinary teams, including SLTs;
- the importance of communication-accessible debrief and explanation following incidents.

Further clarification is also required regarding:

- roles and responsibilities of principals and staff;
- expectations regarding follow-up timeframes after incidents;
- onward referral pathways, including referral to SLT services where appropriate;
- review and amendment of care plans and behaviour/support plans following incidents.

RCSLT NI also notes that children and young people with eating, drinking and swallowing difficulties who may require restrictive intervention plans for safety reasons have not been sufficiently considered within the guidance.

Concerns also remain regarding consistency and equity across settings. For example, differing approaches to environmental restriction practices between special and mainstream settings may create discrepancies or perceived discrimination in practice and would benefit from further clarification. RCSLT NI would additionally welcome the development of easy read and accessible versions of the guidance to support understanding by children, young people and families.

Overall, RCSLT NI broadly agrees that the revised guidance is clearer and more understandable than the earlier version. Whilst there is some improvement with this revised guidance, there should be additional clarification and operational detail including key information around communication.

6 The expectations set out in the guidance are practical to implement within educational settings.

Agree

Optional: Please provide any additional supporting comments:

RCSLT NI agrees with the overall direction and intent of the guidance and welcomes the emphasis on prevention, early intervention, de-escalation and trauma-informed practice.

However, successful implementation will depend significantly on workforce capacity, specialist support, training and multidisciplinary collaboration. The guidance currently does not sufficiently recognise SLTs as key professionals despite the strong relationship between communication needs and distressed behaviour.

Many children and young people who experience restrictive interventions may have unidentified speech, language and communication needs, sensory differences, neurodevelopmental needs or eating, drinking and swallowing difficulties. Without early SLT involvement, schools may rely on behavioural responses rather than preventative communication-based approaches.

The guidance would benefit from:

- explicit recognition of SLTs within multidisciplinary planning and review;
- clearer pathways for onward referral to SLT and health professionals;
- stronger links between education and health services;
- greater emphasis on communication-aware de-escalation;
- clearer expectations regarding who provides training in de-escalation and trauma-informed approaches;
- clearer roles and responsibilities for principals and staff;
- mandatory review and amendment of care plans and behaviour plans following incidents.

RCSLT NI also notes concerns regarding inconsistent practices between settings, including environmental restrictions and classroom locking arrangements, which may create inequity or perceived discrimination between mainstream and special educational settings.

Implementation would also be strengthened through accessible and easy read versions of the guidance.

Overall, RCSLT NI agrees that the expectations are broadly practical provided sufficient specialist support, MDT involvement and training are available.

7 The guidance provides appropriate and workable procedures for recording and reporting restrictive interventions.

Agree

Optional: Please provide any additional supporting comments:

RCSLT NI welcomes the strengthened emphasis on recording, reporting and post-incident review within the revised guidance.

However, the procedures would be significantly strengthened through clearer recognition of communication needs and multidisciplinary involvement. Recording systems should specifically capture:

- speech, language and communication needs;
- non-verbal communication cues;
- sensory and environmental triggers;
- communication-supportive strategies used;
- whether SLT involvement or referral is required;
- whether care plans and behaviour plans require amendment.

The guidance should also specify clear timeframes for:

- post-incident follow-up;
- review meetings;
- periodic reviews;
- communication with families.

At present, references to periodic review are insufficiently defined.

RCSLT NI also believes the guidance should place stronger emphasis on communication-accessible debrief processes. Children and young people should

receive explanations and opportunities for reflection in ways that are accessible to their communication profile, particularly non-speaking children and young people or those with learning disabilities.

The role of SLTs and MDTs within post-incident review has not been sufficiently teased out despite communication often being central to escalation and distress.

RCSLT NI also notes the absence of specific consideration for children and young people with eating, drinking and swallowing difficulties who may require restrictive intervention plans linked to safety and medical management.

Overall, RCSLT NI broadly agrees that the procedures are workable but believes stronger operational guidance, clearer timelines and explicit SLT involvement are required.

8 The guidance will support the reduction and minimisation of restrictive interventions in educational settings.

Agree

Optional: Please provide any additional comments :

RCSLT NI agrees that the revised guidance represents a positive step toward reducing restrictive interventions through its stronger emphasis on prevention, trauma-informed practice and de-escalation.

However, the guidance does not yet sufficiently recognise that communication is behaviour and behaviour is communication. This is a significant omission.

Children and young people with speech, language and communication needs, neurodevelopmental differences or non-speaking profiles are at increased risk of distress and escalation where communication needs are not recognised early. Too often, referrals are directed primarily toward behaviour support, while SLT involvement occurs only after situations have escalated to crisis point. Preventative communication-based approaches should be embedded much earlier.

The guidance would therefore benefit from:

- explicit recognition of SLTs as key professionals;
- stronger MDT expectations;
- clearer links between education and health services;
- mandatory communication-informed assessment and planning;
- stronger focus on non-speaking children and young people;
- greater emphasis on recognising non-verbal communication and distress cues;
- clearer guidance regarding communication-accessible debrief and repair processes.

The guidance also requires greater clarity regarding:

- who delivers de-escalation training;
- standards for trauma-informed and communication-aware practice;
- timelines for review and follow-up;
- amendment of care plans and behaviour plans following incidents.

RCSLT NI additionally notes concerns regarding discrepancies in restrictive practices between settings, including environmental restrictions within special educational settings compared with mainstream schools. Greater consistency and oversight are needed to ensure equitable and rights-based practice.

Overall, RCSLT NI agrees that the guidance provides a stronger framework for reducing restrictive interventions but believes communication, SLT involvement and MDT working require substantially greater emphasis to achieve meaningful preventative change.

9 The revised guidance is suitable to be issued by the Department of Education.

Disagree

Optional: Please provide any additional supporting comments :

RCSLT NI welcomes the significant development of the revised guidance and considers that it provides a substantially stronger framework than the previous consultation draft.

The guidance reflects a more preventative, trauma-informed and child-centred approach, with stronger emphasis on safeguarding, de-escalation, accountability and post-incident review.

However, there remain several significant gaps that should be strengthened prior to final publication.

Most notably, the guidance does not sufficiently recognise:

- speech, language and communication needs;
- the relationship between communication and behaviour;
- speech and language therapists as key professionals within prevention and intervention;

- the needs of non-speaking children and young people;
- the importance of MDT and health involvement.

The guidance currently risks reinforcing a system where children are referred primarily to behaviour pathways while underlying communication difficulties remain unidentified. SLTs should be explicitly recognised as core contributors to assessment, planning, de-escalation and post-incident review.

RCSLT NI also notes the absence of:

- clear timelines for follow-up and periodic review;
- sufficiently detailed onward referral pathways;
- adequate consideration of eating, drinking and swallowing needs;
- communication-accessible debrief processes for children and young people;
- clarity regarding principal and staff responsibilities.

Additional work is also needed to ensure consistency across educational settings and to address possible discrepancies in restrictive practices between special and mainstream environments.

RCSLT NI would further welcome easy read and accessible versions of the guidance.

Overall, RCSLT NI believes these areas require strengthening to ensure fully inclusive, equitable and communication-informed implementation before publication.

10 Please use the box below to make any further comments you may have regarding the guidance.

Optional: Please provide comments :

RCSLT NI welcomes the opportunity to contribute to this consultation and recognises the significant progress reflected within the revised guidance.

The stronger emphasis on prevention, trauma-informed practice, safeguarding, accountability and reduction of restrictive interventions is highly positive and reflects important movement toward more child-centred and rights-based educational practice.

However, RCSLT NI believes there remains a significant and recurring gap throughout the guidance regarding speech, language and communication needs and the role of speech and language therapists.

In our previous consultation response, we highlighted links between behaviour and communication as follows:

- ☐81% of children with emotional and behavioural disorders (EBD) have significant unidentified communication needs.
- ☐57% of children with diagnosed language deficits are identified with EBD.
- ☐In a study of pupils at risk of exclusion from school, two thirds were found to have SLCN.
- ☐Excluded boys had significantly poorer expressive language skills than their peers who had not been excluded from school; many of their difficulties had not previously been identified.
- ☐More than 60% of young people who are accessing youth justice services present with SLCN which are largely unrecognised.
- ☐Children with persistent and severe conduct problems are about three times more likely to have low verbal ability than children with a low risk of conduct problems.

Further information and the references for above can be found here:

<https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/rcslt-behaviour-a4-factsheet.pdf>

Communication and behaviour are intrinsically linked and we do not feel that is accurately reflected in the revised guidance. Children and young people frequently communicate distress, anxiety, sensory overload, unmet need or trauma through behaviour. Despite this, SLTs are not sufficiently recognised within the guidance as key professionals in prevention, assessment, intervention planning, de-escalation or post-incident review.

Too often, support systems default toward behaviour management approaches while communication needs remain unidentified until crisis point. Restrictive interventions should not become the stage at which communication support is first considered.

The guidance would therefore benefit from:

- explicit recognition that communication is behaviour and behaviour is communication;
- stronger recognition of speech, language and communication needs throughout;
- explicit inclusion of SLTs within MDT assessment and planning processes;
- stronger links between education and health services;
- clearer onward referral pathways to SLT and other health professionals;
- mandatory communication-informed preventative planning;
- stronger emphasis on non-speaking children and young people and recognition of non-verbal communication;
- communication-accessible debrief and explanation processes following incidents;
- clearer review timelines and follow-up expectations;
- mandatory review and amendment of care plans and behaviour plans after incidents.

RCSLT NI also notes that children and young people with eating, drinking and swallowing difficulties who may require restrictive intervention plans for safety purposes have not been sufficiently considered within the guidance.

Further clarity is also needed regarding:

- who provides and oversees de-escalation training;
- responsibilities of principals and staff;
- consistency of practice across settings;
- equity concerns regarding environmental restrictions and locked spaces;
- monitoring and accountability arrangements.

RCSLT NI would strongly encourage the Department to produce easy read and accessible versions of the guidance and to continue engaging with children and young people, families and multidisciplinary professionals during implementation.

Overall, RCSLT NI considers the revised guidance to be a positive and important development but believes stronger communication-informed and multidisciplinary approaches are essential to achieving meaningful and sustainable reduction of restrictive interventions across educational settings.

Additional Information

11 If you would prefer your response to remain confidential, please tick this box

Yes:

No