

**DRAFT FOR CONSULTATION**

**Statutory Guidance on the Reduction  
and Management of Restrictive  
Practices in Educational Settings in  
Northern Ireland: Understanding and  
responding to behaviour in crisis  
situations**

**(September 2023)**

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## Section 1: The purpose of this guidance

The Department of Education ('the Department') published a report on the Review of Restraint and Seclusion in Educational Settings on 25 March 2022<sup>1</sup>. Recommendations 2 and 3 of the Review recommended that the Department issues guidance on the use of restrictive and supportive practices for educational settings.

The purpose of this guidance is to provide clarity on the use of restrictive and supportive practices in educational settings. This guidance has been written with the aim of reducing and minimising the use of restrictive practices, wherever possible. The Department of Health (DoH) and the Department of Justice (DoJ) worked with the Department on the Review and the development of this guidance.

## Section 2: The status of this guidance

This is statutory guidance from the Department issued under Article 18 (1)(c)<sup>2</sup> of the Education and Libraries (NI) Order 2003. Schools must have regard to it when carrying out their duties to safeguard and promote the welfare of children. For the purposes of this guidance children includes everyone under the age of 18.

This statutory guidance relates to the welfare and protection of pupils. It places a duty on the Board of Governors of a grant-aided school to have regard to this guidance when determining the measures to be taken at the school (by the Board of Governors, the staff of the school or other persons) to protect pupils from physical or mental abuse, whether at school or elsewhere, and includes Education Otherwise Than At School (EOTAS) provision. Whilst there is a duty for all BoGs of grant-aided schools to have regard to the guidance, it is nevertheless to be regarded as non-statutory advice by all other educational settings however all other educational settings that are involved in the education of children must comply with the law.

We use the terms "must" and "should" throughout the guidance. We use the term "must" when the person in question is legally required to do something and "should" when the advice set out should be followed unless there is good reason not to.

As statutory guidance, any departure from it will be unlawful unless there is a compelling reason for doing so. Departures from this guidance may therefore be subject to judicial review.

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<sup>1</sup> [Report on the Review of Restraint and Seclusion in Educational Settings | Department of Education \(education-ni.gov.uk\)](#)

<sup>2</sup> [Article 18 \(1\)\(c\) of The Education and Libraries \(Northern Ireland\) Order 2003](#)

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- Boards of Governors must ensure all staff working in their educational setting are aware of this guidance and of their individual responsibility to follow this guidance.
- Educational settings should review their policies and practice to identify any changes that are necessary to support the implementation of this guidance.
- When reviewing current arrangements, educational settings should take into account legislation and policy relevant to children and young people using education and youth services.
- The Education and Training Inspectorate (ETI) will consider compliance with this guidance when they carry out inspections on educational settings.

This guidance replaces DE Circular 1999/9 'Pastoral Care: Guidance on the Use of Reasonable Force to Restrain or Control Pupils,' 'Towards a Model Policy on the use of Reasonable Force,' 'Regional Policy Framework on the use of Reasonable Force/Safe Handling' and 'Interim Guidance on the Use of Restraint and Seclusion in Educational Settings'. The terms "restrictive practices" and "supportive practices" replace previous references to reasonable force and safe handling.

The following relevant provisions further underpin the statutory basis of the guidance:

- Article 3(2)(b)(ii) of the Education (NI) Order 1998<sup>1</sup>
- Section 2(1)(d) of the Addressing Bullying in Schools Act (Northern Ireland) 2016<sup>2</sup>
- Article 4 of the Education (NI) Order 1998<sup>3</sup>
- Article 6 of the Education (NI) Order 1998<sup>4</sup>

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<sup>1</sup> [Article 3\(2\)\(b\)\(ii\) Education \(Northern Ireland\) Order 1998](#)

<sup>2</sup> [Section 2\(1\)\(d\) of the Addressing Bullying in Schools Act \(Northern Ireland\) 2016](#)

<sup>3</sup> [Article 4 of the Education \(Northern Ireland\) Order 1998](#)

<sup>4</sup> [Article 6 of the Education \(Northern Ireland\) Order 1998](#)

## Section 3: The context of this guidance

This guidance sets out the requirements for the use of restrictive and supportive practices and reiterates the legal requirements in the context of safeguarding children in the care of staff in educational settings.

Article 17 of the Education and Libraries (NI) Order 2003 imposes a statutory duty on the Board of Governors of a grant-aided school “to safeguard and promote the welfare of pupils attending the school at all times when such pupils are on the premises of the school, or in the lawful control or charge of a member of the staff of the school.” This overarching statutory duty further underpins this guidance.

In using and applying this guidance, the best interests of the child must be a primary consideration in accordance with Article 3 of the United Nations Convention on the Rights of the Child (UNCRC) and Article 7 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). All staff are required to act in accordance with human rights and equality law obligations and this guidance will assist them in doing so (Section 6 sets out relevant human rights provisions).

The issue of the use of restrictive practices in educational settings is an area of significant public interest, with a number of cases having been brought to public attention by parents and carers of children with lived experience. In early 2020, at the request of the then Education Minister, officials began a formal review of this area in relation to educational settings. The Department subsequently published Interim Guidance on the Use of Restraint and Seclusion in Educational Settings<sup>1</sup> in May 2021 whilst the review was ongoing.

In December 2021, the Northern Ireland Commissioner for Children and Young People (NICCY)<sup>2</sup> published a Review on the Use of Restraint and Seclusion in Educational Settings – ‘Neither Seen Nor Heard’. The report provided evidence from a range of stakeholders including schools, professionals and parents regarding the use of restrictive practices in schools in Northern Ireland, and made a number of recommendations, including that the Department should publish statutory guidance to educational settings on the use of restrictive practices.

In March 2022, the Department published its report on the Review of the Use of Restraint and Seclusion in Educational Settings<sup>3</sup>, which accepted the recommendation from NICCY that the Department should issue statutory guidance on the use of restrictive and support practices in educational settings.

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<sup>1</sup> [Circular 2021/13 - Interim Guidance on the Use of Restraint and Seclusion in Educational Settings](#)

<sup>2</sup> [NICCY - Neither Seen Nor Heard Report - December 2021](#)

<sup>3</sup> [Report on the Review of Restraint and Seclusion in Educational Settings | Department of Education \(education-ni.gov.uk\)](#)

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Restrictive Practice is an umbrella term that refers to the entire range of interventions that are considered restrictive and which have the potential to infringe on a person's rights. Detailed definitions are contained in Section 5. The use of restrictive practices has the potential to physically and emotionally harm those involved – including children and young people, their families, and educational staff.

Health and social care staff working in educational settings should consider the requirements of this guidance in conjunction with other relevant legislation, policies, and procedures, using it to inform their decision-making and practices.

Under Article 18(1)(c) of the Education and Libraries (NI) Order 2003 the scope in terms of legal effect relates solely to grant-aided schools. The duty does not apply to other educational settings which are not 'grant-aided schools'. The Department however recommends and encourages the use of the guidance in respect of all educational settings (including independent schools).

It highlights the following:

- Restrictive practices can only be used in crisis situations when it is necessary and proportionate to do so in order to keep children, young people, and others from coming to harm.
- The emphasis should be on the reduction and minimisation of the use of restrictive practice.
- Parents / carers, and where appropriate, the young person, must be aware and in agreement in advance to any supportive practices used (including type and frequency), where appropriate.
- Educational settings should ensure that where restrictive or supportive practices are used, they are the minimal intervention required, and are used for the shortest duration necessary.
- Parents / carers must be informed of any incidents of restrictive practice being used on their child.
- All incidents of restrictive practices must be recorded.
- The use of supportive practices must be agreed in advance with parents / carers.

Detailed roles and responsibilities are contained in Appendix 8.

## Section 4: Overview

All children and young people have rights. The UNCRC is an international human rights treaty which has been signed by the UK Government and sets out a range of rights for children. The principle of “the best interest of the child”, set out in Article 3(1) of the UNCRC and Article 7 of the UNCRPD underpins this guidance. The principle provides that “in all actions concerning children, whether undertaken by public or private social welfare institutions, a court of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration”.

Educational practitioners are required to protect the rights of pupils in educational settings in Northern Ireland in preventing them from experiencing harm arising from any restrictive practices, or poor quality or unsafe supportive practices; to promote measures that will lead to the reduction of last resort restrictive practices; and to ensure supportive practices are in line with health and/or other appropriate guidelines.

There may be occasions when pupils display behaviour that due to its intensity and impact on themselves and/or others may require emergency intervention for their care and wellbeing. The protection of other pupils and staff, when this is taking place is also important. Planning should be in place, within the context of the educational setting, which safeguards the pupil and those whom they interact with. This is reflected in some of the case studies contained in this guidance. It is important that staff take a trauma-informed approach to dealing with behaviours that require intervention, and the focus should be on identifying triggers and ensuring sensitivity to the needs of all the children and young people involved.

The guidance advises on circumstances when supportive practices may be used and on circumstances when restrictive practices could be used.

**Restrictive practices should only ever be used when it is necessary and proportionate to do so in order to keep children, young people, and others from coming to harm.**

**Restrictive practices should never be used as a punitive measure.**

**Enforced seclusion should never be used in educational settings, unless in a crisis situation where it is necessary for the prevention of serious physical harm to individuals.**

Educational settings should use support, techniques, training, and practices **in order to reduce the likelihood of needing to use restrictive practices and make clear distinctions between restrictive and supportive practices.**

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### **When can restrictive practices be used?**

Restrictive practices (including restraint and seclusion) are defined in Section 5.

Restrictive practices should only ever be used as a last resort in crisis situations when it is necessary and proportionate to do so in order to keep children, young people, and others from coming to harm. Reasonable force is defined in legislation (see Section 8).

### **What must happen after an incident where restrictive practices have been used?**

Educational settings must record when restrictive practices are used and must inform parents / carers of the incident. This should include measures to support the child and staff and reduce the likelihood of further incidents. Post incident learning reviews should also take place in order to support those involved and to reduce the likelihood of further incidents of the use of restrictive practices.

The focus of policy and practice should be on the reduction of restrictive practices. Educational settings should ensure that where restrictive practices are used, this takes place within a framework that promotes human rights.

### **What must Boards of Governors do?**

Boards of Governors must ensure all staff working in their educational setting are aware of this guidance and of their individual responsibility to follow this guidance.

They must ensure that all staff are aware that the focus should be on reducing restrictive practices and respecting human rights, equality and educational inclusion of children with SEN and disabilities (and any other legally protected characteristics).

### **What must educational settings do?**

Educational settings should review their policies and practice to identify any changes and measures that are necessary to support the implementation of this guidance.

Educational settings need to take their own decisions about staff training. The Principal should consider whether members of staff require any additional training to enable them to carry out their responsibilities and should consider the needs of the pupils when doing so. The Education Authority (EA) provide advice and guidance to help schools develop an appropriate training programme.

**Educational settings should develop a policy on the reduction and elimination of the use of restrictive practices, including the use of force, and promoting supportive and inclusive practices which are the acceptable and preferred options available in the best interests of children.**



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When reviewing current arrangements, educational settings should take into account legislation and policy relevant to children and young people using education services.

Educational settings must inform parents / carers of any incident involving their child which resulted in the use of restrictive practices. All incidents involving the use of restrictive practice must be recorded. A pro forma to record incidents is provided in Appendix 4. Further detail on recording and reporting is contained in Section 12.

### **How will compliance with this guidance be monitored?**

The Education and Training Inspectorate (ETI) will consider compliance with this guidance when they carry out inspections of educational settings.

The recording, reporting and monitoring of restrictive practice incidents will provide valuable information on the scope and scale of the issue in order to guide improvements in policy and practice and inform appropriate interventions.

It is important to ensure the recording, reporting and monitoring of restrictive practice follows the requirements in this guidance to ensure accountability and that a child or young person's needs are being met within educational settings.

## Section 5: Definitions

The principle of “the best interest of the child” underpins the following definitions.

The definitions are provided to ensure clear, concise and consistent terminology to be used in this area in any policy or practice development within educational settings. **They are set out under two headings to differentiate between practices which are restrictive and those which are supportive.**

### **Behaviour that requires intervention**

Behaviour that requires intervention is that of such an intensity, frequency or duration as to threaten the physical safety of the individual or others.

### **Crisis situations**

Crisis situations are when pupils display behaviour that requires intervention to ensure their safety and that of those around them. When alternatives are not an option (i.e., as a last resort), this may take the form of the use of restrictive practices.

### **RESTRICTIVE PRACTICES:**

**Restrictive practices are defined as any activity that limits a person’s movement, day to day activity or function.** In the context of this Guidance Restrictive practices are **not** practices that are prescribed, monitored and delivered through medical or Allied Health Professional (AHP) advice:

- for postural management and physical development;
- to increase mobility and movement; and/or
- that support inclusive practice and increase the quality of life for the child.

**Restrictive practices cover a wide range of activities including:**

### **Physical restraint**

Any procedure where one or more people restrict a pupil’s physical movement or normal access to his or her own body. **It is an intervention to be used only in crisis situations as a method of last resort when all reasonable de-escalation methods have been exhausted, and in line with current legislation and common law, e.g., when not to do so could result in harm or injury to the pupil or other pupils or staff.**

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### **Reasonable Force**

Under Article 4(1) of the Education (NI) Order 1998<sup>1</sup> the current legislative term is defined as such force as is reasonable in the circumstances for the purpose of preventing a pupil from -

- (a) committing any offence;
- (b) causing personal injury to, or damage to the property of, any person (including the pupil himself); or
- (c) engaging in any behaviour prejudicial to the maintenance of good order and discipline at the school or among any of its pupils, whether that behaviour occurs during a teaching session or otherwise.

In keeping with Recommendation 1 of the Review it is the Department's intention to repeal Article 4(1)(c) at the earliest opportunity. This will bring legislation into line with Article 36 (4) of the Education and Libraries (Northern Ireland) Order 2003, in relation to the "abolition of corporal punishment", in that physical punishment should never be used as a form of discipline. Therefore, using force as a punitive or disciplinary measure is likely to be unlawful and a breach of human rights standards.

### **Chemical restraint**

The use of medication, which is administered for the purposes of controlling or subduing acute behavioural disturbance, or for the management of on-going behavioural disturbance. This form of restraint must never be used in educational settings in Northern Ireland unless prescribed by a Health and Social Care professional and included as part of an agreed care plan.

### **Mechanical restraint**

The use of mechanical aids such as belts, cuffs and restraints to control a pupil's movement or to control behaviour, where they are not prescribed by a Health and Social Care professional, and included as part of an agreed care plan. Where equipment that is recommended by a relevant Health and Social Care professional to enable the child or young person to access the curriculum, it should be used in line with the child's care plan and manufacturer's guidance. **This form of restraint must never be used in educational settings in Northern Ireland to control behaviour or as a punitive measure.**

### **Enforced Seclusion**

Placing a child or young person involuntarily in any environment in which they are alone and prevented from leaving. Physical prevention from leaving can include through the use of a locked door, a blocked door, or an exit held closed by a staff member. **Enforced seclusion must never be used in educational settings in Northern Ireland unless in a crisis situation where it is necessary for the prevention of serious physical harm to individuals.** (Example scenario provided at Case Study 7).

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<sup>1</sup> [Education \(Northern Ireland\) Order 1998 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

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Any form of restrictive practice must be used for the shortest duration possible, and the least restrictive intervention must be considered before a more restrictive intervention.

Restrictive practices must not be used as a means of maintaining good order and discipline.

Restrictive practices must not intentionally involve any techniques that inflict pain.

### **Deprivation of Liberty (DoL)**

Article 5 of the European Convention on Human Rights (the right to liberty) prohibits the deprivation of a person's liberty (a DoL) save in certain circumstances and in accordance with a procedure prescribed by law.

There are three components of Deprivation of Liberty for the purposes of Article 5 ECHR (known as the Storck criteria):

1. The objective component of confinement in a particular restricted place for a not negligible length of time;
2. The subjective component of lack of valid consent; and
3. Imputability to the State.

A DoL occurs when a person, without valid consent, is held in circumstances where they are (a) under continuous supervision and control and (b) not free to leave.

A young person aged 16 or over will be assumed to have capacity unless it is established that they lack capacity (under the procedure set out in the Mental Capacity Act (NI) 2016). Where they lack capacity, they cannot provide valid consent to being held in circumstances amounting to a DoL, and their parent cannot provide such consent on their behalf (this was confirmed by the UK Supreme Court in *Re D* [2019] UKSC 42).

Therefore, for over-16s who are unable to validly consent to being placed in a DoL, a legal authorisation is required. The process for this is set out in the Mental Capacity Act (NI) 2016, which enables authorisation of DoLs by Health and Social Care Trust Panels.

The referral pathway for the authorisation of DoLs for over-16s in school settings is the subject of parallel work by the Department and a joint protocol with the Department of Health is currently being developed which will provide more detailed guidance for educational settings.

Authorisation for DoLs is not available in relation to under-16s under the Mental Capacity Act (NI) 2016. In the case of children aged under 16, or in the event that the

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process for authorisation under the Mental Capacity Act (NI) 2016 is for some reason unavailable, the inherent jurisdiction of the High Court may be invoked and a Declaratory Order authorising a DoL may be sought. However, educational settings are advised to seek legal advice as early as possible where it considers a situation amounting to a DoL may arise or have arisen so that appropriate steps can be taken to ensure any DoL is lawful.

It should be noted that even an agreed intervention or one which is medically advised can amount to a DoL, thus requiring authorisation.

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**SUPPORTIVE PRACTICES:**

**Supportive practices are interventions used in the best interest of the child for safety, health and well-being purposes. Any supportive practices used should always be the minimum intervention needed to provide the necessary support, and the focus must always be on inclusion of the child / young person in the educational setting.**

**All use of supportive practices must be agreed in advance with parents / carers, and where appropriate, the child / young person, and this agreement recorded. Supportive practices are defined as follows:**

**Physical support**

Direct physical contact to assist in movement, emotional well-being, feeding and personal care needs such as changing, giving reassurance, etc.

**Medication**

The use of medication (whether orally or intravenously) and relevant healthcare interventions administered for the treatment of a medical, healthcare and/or mental health condition.

**Therapeutic support**

The use of aids/equipment and treatment interventions to help support physical, emotional well-being or developmental need that is used to enhance a pupil's safety and functional needs and that is used in line with an assessed need and, where appropriate, under the guidance and direction of relevant trained Health and Social Care professionals. This guidance does not include the use of seatbelts or other mechanical supports where they are a legal requirement, e.g., under road traffic legislation.

**Supportive Spaces**

Dedicated areas of a building, or an outdoor space away from noise or other people that pupils can normally access of their own free will when needed to refocus and regulate their emotions and can return from when they choose, or in some instances for pupils with severe learning difficulties, for whom access is timetabled as part of a multi-disciplinary approach. Pupils are not left unattended in these spaces. More details on the types and use of these spaces is detailed under Section 10 of this guidance.

**Where applicable, supportive practices should be recorded in pupil care / learning plans. If a pupil does not have a care / learning plan, this should not prevent them from accessing support.**

## Section 6: Human rights and the use of restrictive practices

This guidance is underpinned by and designed to secure respect for human and children's rights. Everyone who uses this guidance should be familiar with and have regard to the following human rights standards, which are of particular relevance. Other relevant rights are listed in Appendix 2 and 3.

### European Convention on Human Rights (ECHR)<sup>1</sup>

- Everyone has the right to life (Article 2).
- Torture, inhuman and degrading treatment are absolutely prohibited (Article 3)
- Everyone has the right to liberty and security (Article 5).
- Everyone has the right to respect for their private and family life, which includes respect for their autonomy, physical and psychological integrity (Article 8).
- No one shall be denied the right to education (Article 2, Protocol 1).
- No one should be discriminated against in the application of their ECHR rights (Article 14).

Under the Human Rights Act 1998, it is unlawful for any school to act in a way which is incompatible with these rights. In applying and using this guidance, schools must ensure they act in a manner which is compatible with these rights.

### United Nations Convention on the Rights of the Child (UNCRC)<sup>2</sup>

- In all actions concerning children, the best interests of the child shall be a primary consideration (Article 3).
- A child who is capable of forming his or her own views has the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child (Article 12).
- Children must be protected from all forms of physical or mental violence, injury and abuse while in the care of any person, including schools (Article 19).
- Every child has the right to an education (Article 28).

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<sup>1</sup> [The Human Rights Act | Equality and Human Rights Commission](#)

<sup>2</sup> [Convention on the Rights of the Child | OHCHR](#).

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### UN Convention on the Rights of Persons with Disabilities<sup>1 2</sup>

- All persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law. (Article 5)
- All actions concerning children with disabilities, the best interests of the child shall be a primary consideration. (Article 7)
- No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. (Article 15)
- Right of persons with disabilities to education (Article 24)

Any form of restrictive practice has a potential to interfere with a person's fundamental human rights. Any use of restrictive practices must therefore be lawful, proportionate and the least restrictive option available.

Restrictive practices should only be used as a last resort, in the child's best interest within the appropriate legal frameworks. Educational settings should ensure they are aware of and operating within the parameters of the legislation and guidance relevant to them, to the children and young people they support and those for whom they provide services.

A clear commitment to human rights within educational settings will support a culture where everyone is treated with dignity and respect, and where everyone feels safe to speak out if this is not happening.

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<sup>1</sup> [UN Convention on the Rights of Persons with Disabilities](#).

<sup>2</sup> UN CRPD Committee's concluding observations recommending the UK Government and NI devolved institutions 'Adopt appropriate measures to eradicate the use of restraint for reasons related to disability within all settings as well as practices of segregation and isolation that may amount to torture or inhuman or degrading treatment'.



## Section 7: Policies and procedures in educational settings

Educational settings should ensure that they have policy and procedures in place in relation to the use of restrictive and supportive practices. This is important to ensure that staff, pupils, and parents / carers are clear about the educational setting's approach to the use of restrictive and supportive practices. The EA will develop a model policy on the reduction and management of restrictive practices for all schools.

### **What needs to be taken into consideration when writing the policy / procedures for the use of restrictive and supportive practices?**

Protecting the safety and physical and emotional wellbeing of our children and young people, taking into account their individual needs and their best interests, and understanding that all behaviour is communication should be at the heart of every educational setting's policy and procedures on the use of restrictive and supportive practices. The focus should be on the reduction of the use of restrictive practices.

Educational practitioners are required to protect the rights of pupils in educational settings in Northern Ireland by preventing them from experiencing harm arising from any restrictive practices, or poor quality or unsafe supportive practices; to promote measures that will lead to the reduction of last resort restrictive practices; and to ensure supportive practices are in line with health and other appropriate guidelines.

A policy on the use of restrictive and supportive practices should be developed to enable staff to achieve this purpose.

The policy should clearly explain how the use of restrictive practices will be recorded and monitored and should be made accessible to parents and carers.

As well as the rights-based requirements, policies and procedures should be based around approaches that support pupils and reduce the need for physical interventions when dealing with behavioural issues.

The General Teaching Council's (GTCNI) publication "Teaching – The Reflective Profession (2011)"<sup>1</sup> sets out the key teaching competences and code of values and professional practice for the teaching profession in Northern Ireland

These values include, as part of a teacher's commitment to learners, that they maintain professional relationships with those pupils/learners entrusted to their care which respect the pupil/learner as a person and encourage growth and development and ensure that relationships with the parents, guardians or carers of pupils, in their capacity as partners in the educational process, are characterised by respect and trust.

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<sup>1</sup> [Teaching: The Reflective Profession - The General Teaching Council for Northern Ireland \(gtni.org.uk\)](http://gtni.org.uk)

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The decision to use supportive practices should take into account the child or young person's human rights and the right to self-determination.

Some children and young people may react to certain situations by displaying behaviours which may be harmful to themselves and others and are at heightened risk of restrictive intervention to minimise the impact of their behaviour, on them and on other people. Families of children and young people with lived experience have voiced concern that restrictive practices can be traumatising and have on occasions caused physical harm. There can also be a negative impact on staff who carry out these interventions. It is however recognised that there may be occasions when restrictive practices may need to be used for the child or young person's protection and to keep them, and others, safe.

**Using positive behaviour support and working to de-escalate behaviours which require intervention, tackling the reasons for it at source, must always be the preferred approach.**

**Restrictive practices should only be used as a last resort, in accordance with the law and clear ethical values and principles which respect the rights and dignity of children and young people, and in proportion to the risks involved. It can never be a long-term solution to unmet behaviour support needs.**

In circumstances when restrictive practices are necessary as a last resort to prevent any harm to the individual or others, there should be prior planning and training in place to secure the safety of all concerned, following the appropriate legal requirements on the use of force.

### **What should the policies / procedures include?**

Policies and procedures relating to the use of restrictive practices and supportive practices should ensure a focus on the best interests of the child, a reduction of the use of restrictive practices, a focus on inclusion, and include the following:

- An understanding that behaviour is a form of communication, and that children and young people must be listened to and understood in order to meet their needs.
- An understanding of the need to identify the underlying causes of behaviours that may require intervention, the times and situations when these behaviours are likely to occur, and the steps that should be taken to support pupils to avoid these behaviours and thereby reduce the need for the use of restrictive practices (see Case Study 8).

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- Clear definitions of restrictive and supportive practices and their use in educational settings as detailed in Section 5 of this guidance.
- An understanding of the supportive practices necessary to support health and / or emotional well-being and ensure these are included in a pupil's health care and/or pupil learning plan, where appropriate.
- The importance of working with other adults, including parents/carers, to develop a plan that meets the individual needs of the child or young person, actively reduces restrictive practices, and encourages good quality, safe, supportive practices.
- Ensure all staff providing supportive practices are appropriately trained and use equipment and other therapeutic advice in line with pupil's individual care and/or learning plan.
- An understanding of when restrictive practices can be used as a last resort in crisis situations.
- The aim of reducing the need for use of restrictive practices by promoting a children's human rights based supportive approach.
- Ensure prior planning and training is in place on de-escalation of behaviours that require intervention, risk management and developing appropriate plans with built in review and monitoring arrangements, with the focus that, every effort is made to prevent harm to the individual or others and to secure the safety of all.
- Have measures in place to appropriately record incidents of the use of restrictive practices in accordance with this guidance.
- Have measures in place to ensure that parents/ carers are informed of incidents where restrictive practices were used.

Case studies in Appendix 7 provide a range of scenarios and positive approaches that minimise the risk of situations escalating to become crisis situations.

## Section 8: The use of reasonable force - legislation

Article 4 of the Education (NI) Order 1998,<sup>1</sup> contains the legislative powers that exist in relation to the use of reasonable force and for whom. It enables a member of staff of an educational setting to use, in relation to any pupil at the school, such force as is reasonable in specific circumstances. What is lawfully “reasonable” is dependent upon the facts in a given situation.

Reasonable force should only be used to prevent a pupil from any harm or injury to themselves or others. Reasonable force is a measure of last resort, must be the minimum force necessary, and the best interests and welfare of the child underpin any decision to use it. The needs and circumstances of pupils may differ, and reasonable adjustments must be in place in relation to children with SEN, disabilities or those pre-disposed to certain behaviours.

As previously noted in this guidance, it is the Department’s intention that the legislation will be updated as soon as is practicable to repeal Article 4 (1)(c) ‘To prevent a pupil engaging in any behaviour prejudicial to the maintenance of good order and discipline at the school or among any of its pupils’. Whilst Article 4(1)(c) remains on the statute book, staff are reminded of their responsibility to act in compliance with the convention rights set out in the Human Rights Act 1998 when they exercise any powers given to them by statute. Use of force as a punitive or disciplinary measure is likely to be unlawful and a breach of human rights standards.

In relation to Article 4(1)(a) staff are reminded that the use of force must be reasonable, and therefore proportionate to the nature of the offence.

Staff are reminded under Article 36 of the 2003 Order corporal punishment is unlawful in Northern Ireland.

The right of a member of staff to use such force as is reasonable to restrain or control a pupil applies:

- where the member of staff is on the premises of the school; or
- elsewhere at a time when he/she has lawful control or charge of the pupil concerned; and
- to teachers at the school, and to any other member of staff who with the authority of the Principal has lawful control or charge of pupils.

Article 4(3) defines “member of staff” as – “any teacher who works at the school and any other person who, with the authority of the principal, has lawful control or charge of pupils at the school.”

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<sup>1</sup> <https://www.legislation.gov.uk/nisi/1998/1759/article/4>

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### What is meant by reasonable force?

There is no precise legal definition of “reasonable force” so it will always depend on the circumstances of each case. However, there are three relevant considerations to be borne in mind:

- the use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it, such as to prevent serious physical harm where no other option is available. The use of any degree of force is potentially unlawful if the particular circumstances do not warrant the use of physical force. **Therefore, physical force could not be justified to prevent a pupil from committing a trivial misdemeanour, or in a situation that clearly could be resolved without force;**
- the degree of any force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. Any force used should always be the minimum needed to achieve the desired result; and
- whether it is reasonable to use force, and the degree of force that could reasonably be employed, will also depend on individual circumstances of each pupil.

### When might it be appropriate to use restrictive practices?

Restrictive practices can only be used in crisis situations.

Before intervening physically, a member of staff should encourage de-escalation of the situation. Where this fails, the member of staff should, wherever practicable, tell the pupil to stop, and communicate clearly that they may physically intervene if he/she does not. During any physical intervention the member of staff should continue attempting to de-escalate the pupil throughout the incident and make it clear that physical contact or restraint will stop as soon as it ceases to be necessary. A calm and measured approach to a situation is needed.

Sometimes a member of staff should not intervene in an incident without help (unless it is a crisis situation), for example, if the teacher believes he/she may be at risk of injury. In those circumstances the member of staff should remove other pupils who might be at risk, and seek assistance from a colleague or colleagues, or where necessary contact the police. The member of staff should inform the pupil(s) that he/she has sent for help. Until assistance arrives the member of staff should continue to attempt to defuse the situation and try to prevent the incident from escalating.

If a school is aware that a pupil is likely to behave in a way that may require the use of restrictive practices, then the necessary risk assessment and support plans should be in place to plan how to respond if the situation arises. Such planning needs to address:

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- social, behaviour and emotional wellbeing planning;
- de-escalation techniques and reasonable adjustments;
- involving the parents and carers to ensure that they are clear about the specific action the school might need to take and are able to contribute their views on effective alternative strategies that work for their child;
- involving the child and young person to ensure that they are clear about the specific action the school might need to take and are able to contribute their views on effective alternative strategies that work for them; briefing staff to ensure they know exactly what action they should be taking (this may identify a need for training or guidance); and specialist advice from Pupil Support Services or HSCTs;
- ensuring that additional support can be summoned if appropriate.

### **What action can be taken in self-defence or a crisis situation?**

Everyone has the right under common law to defend themselves against an attack provided they do not use a disproportionate degree of force to do so. In a crisis situation, for example if a pupil is at risk of injury or on the point of inflicting injury on someone else, any member of staff would be entitled to reasonably intervene whether or not specifically authorised by the Principal to do so.

Where there is a risk of injury, a member of staff may need to take any necessary action that is consistent with the concept of “reasonable force”, for example, to prevent a young pupil running off a pavement onto a busy road, or to prevent a pupil hitting someone, or throwing something. However, staff should never act in a way that might reasonably be expected to cause injury.

### **Recording the use of restrictive practice**

All incidents involving the use of restrictive practices (including reasonable force) must be recorded, and parents / carers informed of the incident.

Further guidance on reporting, recording and monitoring is contained in Section 12, and a pro forma for recording the use of restrictive practices is contained in Appendix 4.

## **Section 9: Children and Young People on the SEN or Medical Registers including those with a Statement of Special Educational Needs and / or Disabilities**

While the previously referenced ECHR, UNCRC, and UNCRPD underpin the rights-based approach for BoGs and schools, this section is to emphasise the additional duties pertaining to children and young people on the SEN and medical registers including with a statement of special educational needs and / or disabilities.

Please note:

### **[The Education \(Northern Ireland\) Order 1996](#)**

Article 8: Duties in relation to pupils with special educational needs in ordinary schools

Article 8A: Duty to inform parent where special educational provision made.

Article 9: Determination by Boards of Governors of policy in relation to provision of education for children with special educational needs

### **[The Special Educational Needs and Disability \(Northern Ireland\) Order 2005](#)**

Article 14: Discrimination against disabled pupils and prospective pupils

Article 16: Disabled pupils not to be substantially disadvantaged.

Article 18: Accessibility plans for schools

Article 43 (4): Victimisation

Article 45: Liability of employers and principals

While it is not fully commenced, the Department would ask that BoGs and schools have due regard to the following requirements of the **[Special Educational Needs and Disability Act \(Northern Ireland\) 2016](#)**, that is -

- To have regard for the views of the child
- To have in place for each pupil on the SEN Register a Personal Learning Plan
- To designate a teacher as a Learning Support Co-ordinator

### **Reasonable Adjustments**

Where possible for all children presenting with educational needs, health conditions or other disabilities, educational settings should firstly consider the implementation of reasonable adjustments.

BoGs and educational settings are reminded of the **[Equality Commission NI Disability Discrimination Code of Practice for Schools](#)**.

Advice on reasonable adjustments can also be provided by the EA.

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### **Pupils at any Stage of the SEN Code of Practice**

The pupil's Personal Learning Plan (PLP) or Individual Education Plan (IEP) should be developed and agreed with the child (where possible) and the parent / carer.

When developing the PLP/IEP, the SENCo/LSC should, in conjunction with the staff team involved with the child, ensure that supportive strategies to assist with access to the curriculum minimise any requirement for restrictive practices and that descriptors of these are clearly outlined in the PLP for the pupil and their parent/carer to sign off on.

For those pupils who have gone through the statutory assessment process and are now in receipt of a statement of SEN, it is likely that in conjunction with their PLP/IEP, they will require more detailed plans that set out supportive practices to assist with access to the curriculum.

Any interventions put in place to support children and young people with SEN that could be considered 'restrictive', should be clearly explained to the child and / or their parent/carer in order that express consent for the intervention can be noted.

### **Additional Plans that might be in place for specific pupils**

**Positive Behaviour Plan:** Specifically, where dysregulation is a characteristic of a pupil's presenting educational need, health condition or other disability, they may have an additional behaviour or support plan. These plans should be grounded on the premise that 'all behaviour is a form of communication' and interactions should be agreed that are based on clear and professional understanding of the pupils presenting Social Behavioural Emotional Well-being (SBEW) profile. Educational settings should also consider the question 'How would this be managed at home?' as a baseline for any intervention and prepare a graduated response depending on the child's presentation. It is critical that time is taken to discuss this plan with the teachers / other educational staff involved with the pupil, the pupil themselves and their parent / carer to ensure that any proposed interventions are understood, and that consent is in place. These plans may also be informed by input from health professionals.

**Medication Plan:** While the administration of medications is at the discretion of the teacher, some pupils will have a detailed medication plan that will be developed and prescribed by their medical team. All medication plans are required to be clearly explained to the child and / or their parent / carer in order that express consent can be noted. (The Department will publish updated guidance in relation to this in due course.)

**Use of Equipment:** For some pupils the use of certain types of equipment will be prescribed by a relevant health and social care practitioner to assist with accessing the curriculum. A detailed plan for this will be set out by the pupil's designated link Allied Health Professional and again this will be clearly explained to the child and / or their



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parent / carer in order that express consent can be noted. (The Department of Health will publish updated guidance in relation to this in due course.)

When developing plans schools should carefully consider the fine balance of a supportive practice and the potential for this, without explanation or consent, to be perceived as a restrictive intervention which could also meet the test for a Deprivation of Liberty (DoL) (see Section 5).

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## Section 10: Supportive and Regulatory Sensory Spaces

Supportive spaces within an education setting can be categorised as having two primary purposes, either to regulate or support sensory needs.

**A supportive sensory space** supports children and young people's sensory preferences and needs. It aims to provide children and young people with sensory input to self-regulate by addressing the primary senses. This will allow children and young people to concentrate and attend during the school day.

**A regulatory sensory space** is designed to develop, support and improve the capacity of children and young people to self-regulate in order to feel safe, have a sense of belonging and settle to learn. Some children with emotional and behavioural difficulties may find it hard to self-regulate and may require staff to co regulate with them. The concept of safety is different for each child and young person and based on individual presenting needs.

The following guiding principles underpin every aspect of regulatory and sensory supportive spaces for children and young people. This helps to define the function of these spaces, provides a shared understanding of how they should be used to the benefit of the school community, and describes the approach to be taken in supporting children and young people as they access these spaces:

- Children and young people must always be given the choice to use the supportive space and should enter voluntarily.
- Staff should be trained in the appropriate and safe use of supportive and regulatory sensory spaces.
- Written consent must be obtained from parents / carers in relation to the use of supportive and regulatory sensory spaces, following the provision of clear information on how, when, and for what purpose the spaces will be used, in accordance with health advice and SEN statement where appropriate.
- Senior Leadership and Governors have reviewed the use of space within the setting and determined the most appropriate space for development as sensory space(s).
- The purpose of the space(s) is clearly defined, shared and understood by the school community.
- Children and young people, along with the other members of the school community, should be actively involved in design of the space.

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- These spaces should be understood as spaces that promote and support 'inclusion' – children and young people should be 'enabled' within these spaces and as a result of having accessed the space, be able to successfully re-integrate back into their classroom environment.
- These are dedicated spaces - they are not multi-purpose and should have 'protected' status.
- Access should be possible for all children and young people, determined by need.
- These spaces are child-led. The privacy and dignity of the child/young person should be paramount.
- The spaces should only ever be used as a supportive strategy, not as a reward or a punishment.
- Children and young people should have constant access to support and adult supervision for the duration of the time spent within the space. Where appropriate, this should include access to water and snacks.
- When a supportive/quiet space isn't available, schools should contact the EA and discuss training options.

## Section 11: Training Provision

The EA will review and update relevant training aligned to the guidance to support the implementation of this guidance. Further information will be provided in due course.

The EA provides an annual training programme of professional learning for staff and support for children and young people on a wide range of needs, including guidance on the use of nurturing principles and de-escalation approaches. The latest programme can be found at: <https://www.eani.org.uk/school-management/children-and-young-peoples-services-training-programme>

Guidance, support and resources on behaviour support and emotional wellbeing can be found at:

- <https://www.eani.org.uk/information-for-children-and-young-people>
- <https://www.eani.org.uk/information-for-educational-settings>
- <https://www.eani.org.uk/information-for-parents-and-families>

The EA also have staff within their Behaviour Support Service for both primary and post primary age pupils, including Social Behaviour and Emotional Well-being Intervention Officers who support schools in managing complex behaviour and build the capacity of school staff to help them address the needs of young people in school.

Behaviour support available to schools, including a range of whole school capacity building training, can be requested from both Primary and Post Primary Behaviour Support and Provisions services. This training supports schools to establish early intervention, preventative, trauma informed and nurturing approaches to support behaviours that challenge and promote a culture of positive emotional health and wellbeing (EHWB). The core focus of this training is:

- understanding that behaviour is a form of communication;
- to move away from controlling or managing behaviour to nurturing and support for EHWB;
- the importance of relationships;
- creating a network around a school and the child;
- child centred: voice of the child is captured in support plans developed;
- a trauma Informed/ trauma sensitive approach is encouraged; and
- understanding of neurological development.

The EA also provides training on the following areas:

- A Positive Approach to Risk Reduction: regional approach to Risk Assessment and development of a Risk Reduction Action Plan.
- De-escalation training.
- Understanding and Managing Children that Present with Social Behaviour Emotional and Wellbeing (SBEW) needs.

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- Whole School Positive Behaviour Frameworks that address effective staff structure, professional development, space, ethos and resources with emphasis on preventative and solution focused approaches and nurture principles.
- Development of a Positive Behaviour Policy.
- Record keeping and legislation.
- Nurture training.
- Bespoke staff training e.g., classroom assistant.
- Supporting a Pupil with a Statement for SBEW Needs.
- Trauma Informed Practice training for schools.

Other available support to schools, apart from training includes:

1. Regional Primary Behaviour Support and Provisions Telephone Helpline.
2. Provision of guidance materials and resources including signposting to specialist programmes.
3. School visits by EA staff to provide support with implementation:
  - Best practice in relation to risk reduction including de-escalation and diffusion and use of restrictive practice and safe handling.
  - Legislation and guidance in relation to bullying in schools.
4. Preventing Violence at Work policy and guidance – EA draft policy in development which includes guidance for school staff.
5. Targeted support for pupils with a statement of special education needs for SBEW.
6. Intensive pupil intervention support, which may include an EOTAS placement.
7. Group Based Intervention to address specific areas of need.
8. Revised chapter of SEN Resource File on SBEW key areas of focus: nurture/trauma informed practice.
9. The Nurture in Education programme for all sectors.
10. Fortnightly High Five newsletter for Primary schools: incorporates the Take 5 EHWP programme.
11. High Five Resource Hub available for all nursery and primary schools.

In addition to the above a bespoke programme for supporting behaviour that challenges in Special Schools which was piloted in one locality area was expanded in the 2022-23 academic year.

Schools can also refer directly to both Primary and Post Primary Behaviour Support to request staff professional development, pupil intervention and requests for placement within Education Otherwise Than At School (EOTAS) through the respective EOTAS Panel. Details are available on C2k Exchange and the EA web page.

Any training on the use of restrictive practices should have de-escalation and prevention techniques and best interests of the child as the primary focus, with physical intervention as a last resort.

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If educational settings plan to source their own training, then it would be considered good practice to discuss the training options they are considering with the EA for advice.

### Case Studies

Case Studies for educational staff to draw from are provided in Appendix 7.

These cover various scenarios and educational settings, showing how a range of techniques and supportive processes when put in place can produce positive outcomes for pupils and staff.

- Case study 1: Positive de-escalation and behaviour techniques.
- Case study 2: Using sensory circuits to settle children for learning in class.
- Case study 3: Supportive spaces for pupils to use when they wish to.
- Case study 4: The positive use of quiet spaces or areas for children and young people who are non-verbal and those with severe learning difficulties who do not have the capacity to self-regulate.
- Case study 5: The use of restrictive equipment and medication in a special school.
- Case Study 6: Using a quiet space for a pupil with severe learning difficulties, limited communication and high levels of anxiety.
- Case Study 7: Enforced seclusion in a crisis situation.
- Case Study 8: Four-year-old with a diagnosis of autism was put on a restricted timetable.

## Section 12: Recording, reporting and monitoring

All educational settings should record and report the use of restrictive practices in accordance with the procedures set out in this section.

### Recording

A pro forma for the recording of restrictive practices is included in Appendix 4 of this guidance. All use of supportive practices must be agreed in advance with parents / carers, and this agreement recorded.

Educational settings are encouraged to use this form to record incidents requiring the use of restrictive practices. The following details should be captured:

- Details of the incident and the events preceding it
- Details of all those involved in the incident.
- Details of the restrictive practice used (type, duration)
- Details of the outcome of the incident and the actions taken to reduce the likelihood of recurrence.
- The impact of the restrictive practice including any injuries or risk to physical or mental wellbeing
- Protected characteristics of the child or young person involved, including any additional need(s)
- Details to explain why the restrictive practice was believed to be necessary, proportionate and in the best interests of the child.
- Communication with parents / carers including any comments they wish to make.

### Reporting

Parents/carers must be informed of any instances of the use of restrictive practice. A report must be produced, and a copy sent to the Chair of the Board of Governors. It is best practice that the use of restrictive practice is a standing agenda item for Board of Governor meetings and that the Principal/Designated Teacher prepares a report for the meeting of all incidents and a full annual report for the Board of Governors. In the case of EOTAS settings, the report should be sent to the Director of Children and Young People's Services. The report should also be shared with the parents / carers of the child / young person involved. It should include information on measures taken to support those involved in the incident and actions that will be taken to reduce the likelihood of further occurrences.

### Monitoring

Boards of Governors should conduct a periodic review of all incidents to ensure overarching monitoring is conducted which includes number of incidents (with

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comparison with previous years), how incidents have come about, actions taken, outcome of the learning review and whether the necessary follow-up was taken.

Records should be maintained and monitored on a regular basis by educational settings in order to review events leading up to the incidents, with a view to reducing the likelihood of these in the future. The outcome of each periodic review and the follow-up actions must be retained. These records should be made available on request to ETI, the EA, and the Department in line with all relevant data protection legislation. Parents / carers of children and young people who are subject to the use of restrictive practice should have access to their own records on request.

A record should be kept of follow up actions including whether or not additional support was requested from EA by the school, the reason for this, and the outcome.

The impact of this guidance will be monitored in accordance with the Department's Equality Scheme regarding the promotion of equality of opportunity, in relation to persons with and without disabilities.



## Section 13: After an incident

Educational settings should carry out a learning review with the aim of learning from the incident and reflecting on practice. It is important that these reviews are not about attributing blame. They should be an opportunity to discuss an incident that involved the use of restrictive practices. They should be carried out with the aim of reducing the use of restrictive practices.

Educational settings should regularly review uses of restrictive practices in order to gain a fuller understanding of events leading up to the incidents, and how physical intervention can be avoided in future.

After incidents, including assaults where someone sustains an injury, all schools can report to EA via the online accident reporting system.

In compliance with health and safety legislation the Department reminds educational settings of their obligation to report incidents involving major injuries, or injuries causing staff to be off work for three or more days to the Health & Safety Executive/enforcing authority under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 ('RIDDOR').<sup>1</sup>

Schools can also refer directly to both Primary and Post Primary Behaviour Support to request staff professional development, pupil intervention and requests for placement within Education Otherwise Than At School (EOTAS) through the respective EOTAS Panel. Details are available on C2k Exchange and the EA web page.

[Contact Us - Post Primary Behaviour Support | Education Authority Northern Ireland \(eani.org.uk\)](https://eani.org.uk/contact-us/post-primary-behaviour-support)

Alongside this, all schools have access to the EA Health and Wellbeing Hub for support in relation to Health and Wellbeing: <https://healthwell.eani.org.uk/>

The contact for all schools is [healthandwellbeing@eani.org.uk](mailto:healthandwellbeing@eani.org.uk)

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<sup>1</sup> [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

## Section 14: Safeguarding our Children and Young People

The Education and Libraries (NI) Order 2003 Articles 17 and 18 place a statutory duty on the Board of Governors of a school to safeguard and promote the welfare of their pupils and to determine the measures to be taken at the school with a view to protecting pupils from abuse (whether at school or elsewhere).

The [Safeguarding and Child Protection in Schools - A Guide for Schools \(2022\)](#) assists schools in fulfilling their responsibilities regarding their safeguarding and child protection role.

All grant-aided schools must have a child protection policy which includes the appointment of a Designated Teacher/Deputy Designated Teacher with responsibility for child protection. Requirements on other settings are a condition of grant.

Settings must ensure that staff understand their safeguarding responsibilities and are familiar with the organisation's safeguarding policy and procedures. Safeguarding issues must be reported to social services or the police in line with requirements set out in the Safeguarding and Child Protection in Schools Guide and relevant guidance:

Where there is any indication that restrictive practices are being used inappropriately this must be reported as a safeguarding concern.

Settings should also ensure that practitioners are made aware of their whistleblowing policy.

Settings should ensure that children and young people and/or their parents/carers receive information about the organisation's work to reduce restrictive practices, their right to make a complaint and the relevant process for making a complaint. They should also receive clear information on how to report a safeguarding concern. This information should be in a fully accessible content and format, which includes identifying and making reasonable accommodation for specific needs to ensure accessibility.

## Section 15: Whistleblowing and complaints

### Whistleblowing

The EA Whistle Blowing Protocol aims to ensure that employees and the general public have a mechanism, in which to raise concerns, identify wrongdoing, risk or malpractice.

Staff or parents who are concerned about an educational setting's use of restrictive practices should also be aware they can request an investigation from the EA under their whistleblowing policy. [Whistleblowing | Education Authority Northern Ireland \(eani.org.uk\)](http://Whistleblowing | Education Authority Northern Ireland (eani.org.uk))

### Complaints

The Complaints policy for schools sets out how any expression of dissatisfaction relating to the school will be managed. By taking concerns raised seriously at the earliest possible stage, it is hoped that issues can be resolved quickly and effectively by taking the appropriate action to rectify the issue and prevent it happening again.

Responsibility for taking decisions on school complaints rests with the Board of Governors. Each school is responsible for setting its own complaints policy and procedures which should be available on the school's website, or by contacting the school directly. An example of the school complaints process is available at Appendix 9.

If an incident occurs in school involving the use of restrictive practices by a member of staff, the procedures set out in this guidance should be followed.

This will include informing the parent(s)/guardian(s) of the child. Parents / carers should also be provided with information on the complaints process.

In the event of a subsequent complaint made against a member of staff either by or on behalf of the child, this should be dealt with in accordance with the school's child protection complaints procedures, as set out in the latest Safeguarding and Child Protection in Schools guidance issued by the Department.

This includes providing the parent/guardian making the complaint with full details of the school complaint process, the role of the Board of Governors, the Principal and the Designated Teacher for Child Protection and the right to escalate a complaint to Northern Ireland Public Sector Ombudsman (NIPSO) should they remain unsatisfied with the outcome of the school complaints process. Details of how to make a complaint to NIPSO can be found on their website at [Northern Ireland Ombudsman](http://Northern Ireland Ombudsman). Please bear in mind that usually, before a complaint will be considered by the Ombudsman, the

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complainant will be expected to have exhausted the school's internal complaints procedure.

A dispute about the use of restraint by a member of staff might lead to an investigation either under disciplinary procedures, or by the police and Social Services under child protection procedures.

Staff who themselves are subject to physical violence or assault should be supported, in taking any appropriate action in relation to an incident.

Educational settings will wish to consider if the incident should be reported to the police.

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**Membership of Restraint and Seclusion Working Group (RSWG)**

Chair - Director of Raising Aspirations, Supporting Learning and Empowering Improvement (DE)

Representatives from:

Additional Educational Needs Team (DE)

Pupil Support Team (DE)

Special Educational Needs Team (DE)

The Education & Training Inspectorate (ETI)

The Department of Health

The Department of Justice

The Education Authority

The Public Health Agency

**Membership of Restraint and Seclusion Reference Group:**

Barnardo's

British Association of Social Workers (NI)

Chief Allied Health Professions Office (CAPHO)

Children with Disabilities

Strategic Alliance (CDSA)

Children's Law Centre (CLC)

Equality Commission for Northern Ireland (ECNI)

NI Commissioner for Children & Young People (NICCY)

British Red Cross (until April 2021)

**Other Stakeholder Engagement:**

Principals and Teachers, Parents and Carers, Allied Health Professionals, Teaching Unions

## Appendix 2

### Relevant articles of the European Convention on Human Rights (ECHR):

Article 2, (Right to life)

Article 3, (Prohibition of torture)

Article 5, (Right to liberty and security)

Article 8, (Right to respect for private and family life)

Article 14, (Prohibition of discrimination)

Article 2, of Protocol No. 1, (Right to education)

Full details of each article can be found at [The Human Rights Act | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://www.equalityhumanrights.com/en/what-we-do/our-legal-work/the-human-rights-act)

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## Appendix 3

### **Relevant articles of the United Nations Convention on the Rights of the Child (UNCRC):**

Article 2(1) (Non-discrimination)

Article 3, (Best interests of the child)

Article 6, (Right to life)

Article 12, (Child's right to express views)

Article 16, (Right to privacy)

Article 19, (Protection from violence)

Article 23, (Children with disabilities)

Article 28(2), (Right to dignity in context of administering school discipline)

Article 29, (Purpose of education)

Article 37, (Freedom from torture and right to liberty)

Article 39, (Right to recovery)

Full details of each article can be found at [UN Convention on the Rights of the Child - UNICEF UK](#).

### **Relevant articles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD):**

Article 3, (General principles)

Article 4, (General obligations)

Article 5, (Equality and non-discrimination)

Article 7 (Children with disabilities)

Article 8, (Awareness raising)

Article 10, (Right to life)

Article 14 (Liberty and security of person)

Article 15, (Freedom from torture)

Article 16, (Freedom from exploitation, violence and abuse)

Article 17, (Protecting the integrity of the person)

Article 22, (Respect for privacy)

Article 24, (Right to education)

Article 31, (Data collection)

Full details of each article can be found at [Convention on the Rights of Persons with Disabilities – Articles | United Nations Enable](#)

### **Relevant article of the International Covenant on Economic, Social and Cultural Rights (ICESCR):**

Article 13 (right to education)

Further details of this article can be found at [International Covenant on Economic, Social and Cultural Rights | OHCHR](#)

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### **Relevant article of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW):**

Article 10 (right to education)

Further details of this article can be found at [Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979 | OHCHR](#)

### **Relevant article of the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD):**

Article 5(e)(v) (right to education)

Further details of this article can be found at [International Convention on the Elimination of All Forms of Racial Discrimination | OHCHR](#)

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**RECORD OF THE USE OF RESTRICTIVE PRACTICES PRO FORMA (a)**

Pupil Name: \_\_\_\_\_

Year Group: \_\_\_\_\_

Name of school: \_\_\_\_\_ Date and time of Incident: \_\_\_\_\_

SEN/any protected characteristics of the pupil.

\_\_\_\_\_

**Events Leading up to the Incident.**

Where did the incident occur?

\_\_\_\_\_

What was happening at the time?

**Describe the Event that Occurred.**

Provide details of the incident

What action was taken to try to de-escalate the situation before using restraint?

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Provide details of the crisis situation that warranted intervention.

What do you believe could have happened if there had been no restrictive practice?

---

How was the pupil held? And by whom?

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How long did the pupil need to be restrained?

---

Was anybody injured?      YES/NO      If yes, please give details.

### **Implications for Future Planning**

Does this pupil have an individual behaviour programme/education plan?      YES/NO

Do changes need to be made to any of the following? *(Please tick appropriate box)*

The environment e.g., organisation, curriculum	<input type="checkbox"/>	Targets for teaching new skills	<input type="checkbox"/>
Reinforcement strategies	<input type="checkbox"/>	Defusing and calming strategies	<input type="checkbox"/>

Other  Please specify. \_\_\_\_\_

## DRAFT FOR CONSULTATION

### Follow Up Action

Medical intervention was needed. YES/NO

Has school nurse/doctor been informed YES/NO

Please specify other recording procedures:

Accident book Record  Accident form  Child Protection

Parent/carer informed by Telephone  Letter   
Direct Contact

Any comments parents / carers may wish to make.

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#### Signature of person reporting to parent/carer(s)

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

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#### Signature of person submitting form

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

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#### Signature of Headteacher

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

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#### Signature of Parent/ carer(s)

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

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#### Signature of child / young person

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

## DRAFT FOR CONSULTATION

***A copy should be sent to the chairperson of the Board of Governors***  
**POST INCIDENT CHECKLIST**

Action	Carried out by:	Date Completed
Maintain regular contact with all involved: parents, children, school staff to ensure the well-being of all concerned.		
Hold a review meeting with relevant staff to review the incident and to plan for the future This will inform the drafting or review of any necessary support plan.		
Conduct a follow-up meeting with parents/carers and the child to review the Incident. This meeting should be minuted and any changes to the Support Plan agreed, recorded.		
Make parents/carers aware of appropriate avenues to follow should they continue to have concerns following the meetings		
Ensure parents/carers are aware of the school's complaints procedures.		
Ensure parents/carers are aware they can request an investigation from the Education Authority under their whistleblowing policy.		
Make staff members aware of the services provided by the Education Authority.		
Inform the Designated Safeguarding Person if necessary.		
Inform any outside agencies which may be required, (e.g., Social service, PSNI).		
Register the incident in the school's incident report book.		
Report the incident to the Board of Governors at the next Board meeting.		

***A copy should be sent to the chairperson of the Board of Governors***

***In the case of EOTAS settings, a copy should be sent to the Director of Children and Young People's Services***

## Relevant legislation, policy and guidance

### International conventions

UN Convention On The Rights Of The Child (UNCRC)

UN Convention On The Rights of Persons with Disabilities (UNCRPD)

International Covenant on Economic, Social and Cultural Rights (ICESCR)

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

International Convention on the Elimination of All Forms of Racial Discrimination (ICERD).

Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)

The UN Committee on the Rights of the Child's general comments web pages offer guidance on how to interpret treaty provisions in practice. These can be accessed [here](#) and [here](#).

### Legislation

Children (NI) Order 1995 – duty to protect and child protection responsibilities/ fulfilling responsibility.

Human Rights Act 1998 – bringing the European Convention on Human Rights into UK law.

Education (NI) Order 1998 Article 3 and 4.

Education and Libraries (NI) Order 2003 – Articles 17, 18 and 36

Education (NI) Order 1996

Special Educational Needs and Disability (NI) Order 2005 (SENDO)

Special Educational Needs and Disability (NI) Act 2016 (SEND).

Mental Capacity (NI) Act 2016

Children's Services Co-operation (NI) Act 2015

Northern Ireland Act 1998, section 75

Disability Discrimination Act 1995

Addressing Bullying at Schools (NI) Act 2016

### Policy & guidance

Safeguarding and Child Protection in Schools guide

Circular 2017/04 - Safeguarding and Child Protection in Schools - A Guide for Schools

Whistleblowing | Education Authority Northern Ireland (eani.org.uk)

Special Educational Needs Code of Practice and Supplement

Pastoral Care in Schools: Promoting Positive Behaviour (2001)

Child Protection Support Service - School Governors Handbook (2021)

This is not an exhaustive list and settings should ensure they are up to date with the requirements placed on them through any non-statutory guidance or advise.

## Health Support in Educational Settings

Health and social care colleagues worked with DE on the review of restrictive practices and the development of this guidance.

This includes alignment of definitions to Department of Health guidance ([doh-Regional-Policy-on-the-use-of-Restrictive-Practices-in-Health-and-Social-Care-Settings-March-2023.PDF \(health-ni.gov.uk\)](#))

The PHA are working with EA, other health and social care services and professionals, and education services on a number of initiatives that will support enhanced integrated working across the education and health sector;

- A seamless model for the identification and provision advice for children and young people undergoing Statutory Assessment by EA;
- The safe and appropriate use of equipment for children and young people in the educational setting;
- A training programme and pathway to facilitate the identification and support of children and young people in education settings with eating, drinking and swallowing needs.

### Regional Integrated Support for Education

Regional Integrated Support for Education (RISE) [RISE: Working and learning together | HSC Public Health Agency \(hscni.net\)](#) is a health support service provided to mainstream primary and nursery schools, by Health and Social Care Trusts, which includes occupational therapists, physiotherapists, speech and language therapists, clinical psychologists, behaviour therapists, and therapy assistants. [A parent's page is available at RISENI - RISENI/parents \(pagetiger.com\)](#)

### Behaviour therapists/ clinical psychologists

Behaviour therapists/ clinical psychologists provide support to children and young people based on their health needs. These can be accessed through Community Child Health and CAMHS referral pathways.

**The Emotional Health and Well-Being (EHWB) Framework** The emotional health and wellbeing (EHWB) framework should strengthen children's mental and emotional health, and developmental support, promoting greater partnership and more integrated working across universal, early intervention and specialist services. They will provide clear pathways to support children and young people when they need to access the health service. This will ensure education staff are also appropriately supported to provide the best education to their students, by understanding and meeting emotional health and wellbeing needs. Further information on this framework is provided below.

### **The Emotional Wellbeing Teams in Schools**

The Emotional Wellbeing Teams in Schools ([EWTS](#)) programme has been developed in conjunction with Child and Adolescent Mental Health Services (CAMHS). EWTS will offer support to education staff for capacity development in a range of areas related to emotional wellbeing. These will include information about emotional wellbeing; training needs; connecting schools to services in their community; developing student voice; identifying EWB champions; and development of networks across health and education. The teams will offer this range of support to a limited number of post primary schools for an academic year commencing September 2023.

### **Autistic Spectrum Disorder (ASD) Assessment and Intervention Teams**

While the understanding of support needs can be enhanced by diagnosis, support should be provided according to need and not diagnosis. No interventions or supports should be diagnosis dependent. Diagnosis can happen before, during or after additional support provision at home, in an educational setting or in the community. Information from those around the child and family about how the child engages in their day-to-day environments is useful in the contextual assessment required for diagnosis. Education staff should be integral to developing a need based holistic support plans alongside health staff that is individual to each child or young person. This will include understanding the adjustments to environment and interactions to maximise learning opportunities. The Strategic Planning and Performance Group (SPPG) will be working with Middletown ASD Centre to develop and help implement supports for children and young people, and staff in educational settings including Special Education. If a diagnostic assessment is required, support to meet the presenting needs should be ongoing alongside and informing the assessment process. Post diagnosis, autistic children and young people should have access to appropriate health services with an expectation that health staff will understand how to adapt to meet their autistic needs.

### **Emotional health and wellbeing**

Emotional health and wellbeing of children and young people is a high priority policy area for the Department of Education (DE), and this has been even more so the case since the pandemic which has significantly impacted on the lives of our children and young people. Educational settings continue to play a central role in supporting children and young people's wellbeing and for some of our most vulnerable they act as a stabilising refuge from other aspects of their lives.

In February 2021, DE and the Department of Health (DoH) published the '*Children and Young People's Emotional Health and Wellbeing in Education Framework*' <https://www.education-ni.gov.uk/publications/children-young-peoples-emotional-health-and-wellbeing-education-framework-final-version> which is the overarching programme for a number of projects and aims to:

- Ensure children and young people are empowered and assisted to understand and take care/manage their emotional health & wellbeing.

## DRAFT FOR CONSULTATION

- Identify needs early and address effectively when required.
- Establish an integrated model that supports an early help, support and intervention focus.
- Reduce the numbers of children and young people requiring specialist intervention from Mental Health Services.

The Framework has been written for those working with children and young people in educational settings to assist them in not only recognising the emotional health and wellbeing needs in their pupils but also in themselves and to avail of the appropriate support. The projects, some already established, and others being developed as at the time of this document issuing, are as follows:

- **Text A Nurse** service - a secure and confidential text messaging service for young people aged 11-19 providing access to a school nurse.
- **REACH** – ‘Resilience in Education, Assisting Change to Happen’ programme run by EA youth service for 6–19-year-olds to develop positive emotional health, increase their readiness for learning and build their resilience.
- **Wellbeing Hub** a CCEA led project bringing together and updating existing curriculum linked resources and support for both teachers and pupils.
- **The Attach Programme** – focusing on the impact of trauma on children looked after by providing support to education, health & social care staff and the voluntary sector who in turn support the child, their family and carers.
- An **extended school nursing pilot based on the “Abbey Pilot”** (at Abbey Community College) to one post primary school in each Health Trust with a school nurse located in the school to identify the physical and emotional health needs of pupils and develop innovative ways to meet these.
- **Expansion of the RISE NI programme to Key Stage 2**, a health led multi-professional early intervention team to help address children and young people emotional health and well-being needs that are impacting on their ability to access the curriculum.
- **Emotional Health and Wellbeing Teams in School** a health led project which aims to strengthen existing provision at post primary to support schools in promoting their emotional health and wellbeing, build individual and collective resilience and most critically provide access to interventions at the earliest opportunity including a range of mental health awareness training and a suite of resources.



## DRAFT FOR CONSULTATION

Further information on the Framework and accessing the projects can be obtained from the EA.

### **Pupil Counselling Services**

A well-established Independent Counselling and Support Service (ICSS) is available for post primary pupils. <https://www.eani.org.uk/help-available/counselling-and-therapeutic-services/independent-counselling-service-for-schools>

### **Youth Wellness Web Wellbeing**

[Youth Wellness Web Wellbeing – Children and Young People’s Strategic Partnership \(CYPSP\) \(hscni.net\)](#)

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## **Case study 1: Positive de-escalation and behaviour techniques**

A Year 1 child presented in mainstream school with difficulties relating to Social, Behavioural, and Emotional Wellbeing (SBEW) along with the acquisition of language skills, organisational skills, concentration and attendance. In addition, the partnership between home and school was not strong.

A record of concern was completed by the school staff and the child moved from Stage 1 to Stage 2 of the Code of Practice. A classroom assistant was provided to support the pupil whilst in school and he was referred to the school counsellor. An educational psychologist assessment resulted in the pupil being given a Statement of Special Educational Need due to medical and physical difficulties which included a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). The support given to the child included access to the school nurture group, behaviour support from the Education Authority and a part-time partnership placement in a Primary EOTAS centre.

A range of strategies were introduced to support the child with each specific difficulty. The child's difficulty in communication was seen as a key area to be addressed. The school staff believed his behaviour outbursts were often stemming from frustration at not being able to express himself sufficiently clearly. The child began a specific language and communication programme with the SENCO and classroom assistant working with the pupil in a small group setting. All staff in the school were trained in attachment theory with associated strategies for dealing with difficulties children could experience. Staff working with the child were trained in positive behaviour support strategies, emotional wellbeing and developmental thinking, and a relaxation programme. Strategies employed included encouragement to participate in after-school activities, raising the child's self-esteem by focusing on achievements and success, promoting the pupil's strengths, providing choices, and clear boundaries and structures. A prioritised focus was made by the school on establishing an effective partnership with the parents.

The child's attendance improved significantly to over 90% attendance and levels of literacy showed steady improvement each year although his attitude to work remained varied. His behaviour became more settled with improved levels of concentration, helped by a programme for using positive thinking strategies. His relationships with peers improved significantly and the child's parents have reported better relationships at home and fewer incidents regarding his behaviour.

## DRAFT FOR CONSULTATION

It was not one course of action which improved overall the child's SBEW needs and attitude and enabled him to be taught in class with his peers. The appropriate SBEW strategies needed to go hand-in-hand with effective learning and teaching strategies for the areas in which the child had difficulties. The school provided wrap-around support with a wide range of strategies to address each difficulty the child had. The child was taught in small groups by the SENCO so that he did not have to cope with the distractions and sensory experiences present when being taught within a whole class of children. The positive behaviour programmes provided the child with acceptable strategies to deal with anger or frustration. Improved attendance at school meant that he accepted school routines more readily and received the appropriate and consistent teaching he required to make progress. Each achievement, no matter how small, was celebrated to improve his confidence, self-esteem and pleasure in attending school. Restraint and seclusion practices were not required in the support of this complex child. The timely support of a classroom assistant, the skilled teaching of the SENCO within a small group setting, the development of a positive partnership with the parents, the expansion of staff skills, and a calm, consistent approach by all working with the child led to a confident and successful outcome for all.

## **Case study 2: Using sensory circuits to settle children for learning in class**

A number of primary schools in one region have therapists from the local Health Trust based in their schools. This has the benefit of developing positive working relationships amongst school staff and therapist and facilitates the sharing of detailed knowledge of the children by both health and education practitioners. From an educational perspective, school staff are to ask for advice whenever a difficulty arises for a child, receive well-considered suggestions and put in place very quickly an early intervention with the suggested strategies.

In the same region, the occupational therapists have been proactive in training staff, teachers and classroom assistants in schools in the area to use sensory circuit exercises in their schools. Following the training, staff have put in place daily 'start of the day' sensory circuits for children who have been identified by the therapists as benefiting potentially from these short series of exercises and activities. It has been noted that the children who travel to school on school transport have benefited from their participation in sensory circuits. The children report that they enjoy the sessions, quickly learn the routines and feel calmer following them; teachers have noted that the children settle to work in class more quickly than previously.

### **Case study 3: Supportive spaces for pupils to use when they wish to**

Many special schools, and schools with learning support classes, have found that using regulatory spaces such as quiet spaces attached or adjacent to the classroom have proved invaluable in enabling the pupils to regulate their behaviour and sensory responses. The spaces are usually smaller than classrooms, and have attractive, comfortable furniture and soft furnishings. The quiet spaces offer a selection of fidget toys and sensory equipment designed to help calm and soothe the pupils, for example light tubes, and a selection of their favourite books and toys. There is soft lighting, and the spaces are usually located in a quiet area of the school. The children are always supervised by staff when using the space. The pupils are taught how to use the supportive space to help them regulate themselves effectively. The staff watch closely for any signs the child may show of discomfort or distress and encourage or calmly accompany them to the quiet space if the child wishes to avail of the quiet place when they begin to feel overwhelmed or experience negative emotions which they may find difficult to manage.

Schools show the quiet space to parents before their child is introduced to it, explain its use and ask the parents for suggestions of what equipment and toys their child enjoys and what activities calm their emotions. Staff introduce the space to the pupils as a pleasant and soothing place to be and explain when the pupil may want to use it. They then teach the pupils to recognise signs they may have of sensory or emotional distress or overload and encourage them to use the quiet space to help them regulate themselves. Staff find it useful to use a pictorial sign or card to suggest to the pupil that they may wish to go to the quiet space, this strategy is easier for the pupil to understand when they are in a state of high arousal. Pupils are clear that they have a choice as to whether to go to the space or not. The pupils are taught that they may leave the space when they wish, or to indicate to staff if they need help. Staff ensure that the selection of sensory equipment, toys and books remain of particular interest to the pupils, changing them as required to retain the interest of the pupils using the space.

## **Case study 4: The positive use of quiet spaces or areas for children and young people who are non-verbal and those with severe learning difficulties who do not have the capacity to self-regulate**

Special schools have found that where non-verbal pupils do not wish to go to quiet areas to help regulate their behaviour and sensory reactions, it has been of benefit to open the door from the classroom to a safe outside play area. Very often the pupil will access the play area themselves and benefit from being in the fresh air whilst supervised by an experienced member of staff who will be able to read the child's body language and use simple, visual communication aids as the pupil's emotions settle. An alternative is to remove the other pupils from the classroom until the pupil's emotions settle. The other pupils may be afraid, or agitated by the incident and staff may need to provide enjoyable activities for them in other parts of the school or grounds.

## **Case study 5: The use of restrictive equipment and medication in a special school**

In special schools, all pupils who require supportive equipment are identified through occupational therapy and/or physiotherapy assessments. These pupils have postural needs and receive occupational therapy to encourage their postural management and mobility within school. Occupational Therapy assess Children who have an identified postural need. Based on the assessed clinical need, Occupational Therapy will make recommendations to the school and or EA to purchase a specific piece of equipment to provide the necessary support and allow children to access the curriculum. The Occupational Therapist (OT) will assess for required accessories such as laterals, pelvic belts and chest harness's only as part of a postural assessment and where there is an identified clinical need.

There may be a requirement to procure equipment specific to a pupil's individual special educational needs to enable them to access the Northern Ireland Curriculum appropriate to their age, aptitude, and ability. Advice and recommendations about the need for specialist equipment will usually result from specialist assessment and from discussions between relevant HSCT personnel e.g., Allied Health Professionals, specialist teachers, SENCO/LSC, parents and children and young people.

A recommendation for pupil specific equipment is normally made by the Health and Social Care Professionals from an HSCT and may be specified in the pupil's statement of SEND as it is required in supporting the pupil to access the curriculum.

Therapy staff will demonstrate the safe use of the recommended equipment and will provide visual instructions specific to the child and the identified equipment.

Pupils require access to supportive equipment such as seating in order to improve their posture which in turns help them to access the curriculum and complete required classroom-based activities. A range of supportive chairs may be used in school.

Occupational Therapists will assess for provision of splints to manage contractures and prevent further deformities, or as part of an upper limb therapy programme or to help alleviate pain. Occupational Therapy do not make recommendations for splinting to manage behaviours.

School staff and therapy staff have worked in collaboration to develop documentation in relation to use of equipment and restrictive practices. The school has created documentation outlining where, why and by whom supportive equipment is used in the school. It also includes the length of time for the planned use of supportive equipment. The health professionals of the Trust have engaged with the school to consult, and make recommendations, on the content of the school's supportive equipment form. Parents are invited into the school to see the equipment proposed for their child's use and to see the child using the equipment. The reasons for using the equipment is explained to the parent, along with the length of time and the occasions on which it would be used. The equipment is used only when parental agreement has been sought and obtained. Regular reviews of the appropriateness of the use of supportive equipment are held at least bi-annually. Comprehensive records are kept in the school.

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Governors are kept fully informed of all aspects of the school's policy, practice and provision.

The medication needs for pupils in school where regular doses of medication are required are provided for by the school's nursing team who only give medication to pupils under the specific direction of the pupil's doctor, psychiatrist or consultant. When there is a crisis situation whilst at school, for example, when the pupil has a severe seizure, medication is administered by the school nurse according to the explicit instructions of the child's doctor, psychiatrist or consultant. The medication is provided by the parent to the school nurse in the packaging from the pharmacist. The medication is kept in a locked cupboard and dispensed in the nurse's room, or by the nurse in the classroom. Clear instructions are given to the nurse by the doctor concerned.

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## **Case Study 6: Using a quiet space for a pupil with severe learning difficulties, limited communication and high levels of anxiety**

Using a quiet space attached to a classroom for a pupil with severe learning difficulties, limited communication skills and high levels of anxiety can be a successful strategy. In this case study, a 14-year-old girl with autism and severe learning difficulties attends a small class of six pupils in a special school. She has little verbal expressive language and can only comprehend simple requests of three to four words by staff. She demonstrates frequently self-stimulatory behaviours (referred to as 'stimming') in the classroom. A visual communication system is used in school but she her understanding of this is inconsistent and she will sometimes request items which she then does not want. The pupil rarely initiates communication with adults.

The classroom is spacious with structured areas for independent work, group work and one-to-one teaching. There is a black-out tent in the classroom available for use at any time by the pupils.

The pupil demonstrates high levels of anxiety for large parts of the day and can be overwhelmed by the classroom environment, and by staff requests, even when these are minimised. She is highly sensitive to noise and dislikes the presence of others in close proximity. She attains some success in structured activities but can quickly become upset with such tasks and responds to overload by suddenly screaming and crying, often resulting in her hitting out at staff members, and sometimes causing minor injuries to them. Such incidents tend to escalate quickly with very few early indicators of agitation or overload, and she requires significant time to regulate her emotions after these incidents.

A quiet space accessed directly from the classroom. The pupil has free access to it at all times, entering and leaving the space independently. The door to the space is always open, and the space is not used in a punitive way, it is a quiet and pleasant place for the pupil to help with her anxiety. Approximately one-half of the space has padded mats on the floor and walls and everything is white. The only stimulation in the space is a bubble tube and fibre optic lights which can be easily operated with large switches, and a compact disc player is available.

Triggers for the pupil's behaviour are not always identifiable; incidents of overload and distress are usually unpredictable and so it is not possible to prompt her to use the quiet space at early indicators of agitation. By the time she is visibly agitated, it is too late to prompt her to go to the quiet space. Using a request card for a calm break is not effective as a communication system is not consistently established, and the pupil is not able to process the use of a request card when distressed.

## DRAFT FOR CONSULTATION

The strategy introduced by staff is for free access by the pupil to the quiet space so she can go there when she was feeling overwhelmed in the classroom. She is also permitted to stay in the space for as long as she wishes, coming out when she feels comfortable to do so. A visual timer is sometimes used to prompt her to leave the quiet space when she appears calm and regulated. However, if she refuses to leave when the timer has finished, she is given additional time. A 'First/Then' card, with motivating and high preference activities for her, has been introduced to prompt her into leaving the quiet space. The card is used only when she appears calm and regulated.

The Middletown Centre for Autism supported the school in communicating and liaising with the pupil's parents. The parents were advised and shown how the strategies implemented in school could be put in place and used in the home. Middletown Centre for Autism demonstrated the use of appropriate supports during their weekly home visits. The pupil's anxiety was helped by the consistency of resources and strategies used in both school and home.

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## Case Study 7: Enforced seclusion in a crisis situation

A pupil arrived at school appearing to be highly agitated and carrying a large pair of scissors which he had adapted at home. At the front of the school building, he threatened a member of staff, stating he was going to kill her and brandished the scissors at her. He then made his way into the school foyer, however he was unable to gain access to other parts of the school building due to the security lock on the door. Office staff immediately called for police assistance and locked the office door so he could not gain entry. The caretaker locked the main door to the school to maintain the safety of other pupils and staff arriving to school. The pupil was contained in the foyer for approximately 10 minutes until police arrived.

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## **Case Study 8: 4-year-old with a diagnosis of autism was put on a restricted timetable**

A 4-year-old with a diagnosis of autism was put on a restricted timetable because he wasn't always able to sit still or join group work. The child was physically held with arms trapped by his sides in a seated position on the floor to "participate" in circle time despite an obvious need to get off the scratchy carpet and out of the close-contact group. Prevented from self-regulating, the child became distressed etc. The child became aware he was "different" to others and felt he was not wanted in school because he was "bad". Advice was sought externally regarding the statutory assessment, SEN provision and the statement of special educational needs. In the interim, a Classroom Assistant was assigned by the EA. Following this an ASD trained Classroom Assistant was assigned, and reasonable adjustments were made to classroom practices. The child's needs are now accommodated within the classroom without the need for restrictive practices. The child is now happy and learning.

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## Roles and Responsibilities

### Role of Department of Education

- Promote the education of children and young people in Northern Ireland and ensure the effective implementation of education policy.
- Develop statutory guidance on the reduction and use of restraint on children to communicate that it is used only as a measure of last resort and exclusively to prevent harm to the child or others.
- Monitor the outcome of ETI assessment on the implementation of the guidance.

### Role of ETI

- Assess compliance with the guidance when carry out inspections on educational settings.
- Review educational settings records on the use of restrictive practices.

### Role of EA

- Develop a model policy on the reduction and management of restrictive practices for all schools.
- Support Boards of Governors, school leaders and school staff in implementing the guidance to reduce the use of restrictive practices and improve outcomes for all pupils.
- Regularly review relevant training to support the implementation of the guidance.
- Provide appropriate training to educational settings that is aligned to this guidance and will support the reduction on the use of restrictive practices.
- Ensure all schools are aware and have access to appropriate training.
- Provide support to schools seeking advice on behaviour support to assist them in establishing early intervention, preventative, trauma informed and nurturing approaches to support behaviours that require intervention.

### Role of Board of Governors

- Overall responsibility in relation to duty of care to children and young people and staff, and health and safety, in their schools.
- Ensure the school has a reduction and management of restrictive practices policy which is reviewed annually, and parents and pupils receive a copy of the policy in an accessible format.
- Ensure staff, parents and pupils are involved in the development of the school's policy and in any review.
- Ensure all staff working in their educational setting are aware of the guidance and of their individual responsibility to follow the guidance and offer the opportunity to discuss requirements and impact on roles and responsibilities.

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- Overall responsibility for staff induction and the delivery of additional training and development.
- Active monitoring, scrutiny and challenge of restrictive practice data and practice to minimise the use of restrictive practices.
- Conduct a periodic review of all incidents to ensure overarching monitoring is conducted which includes number of incidents (with comparison with previous years), how incidents have come about, actions taken, outcome of the learning review and whether the necessary follow-up was taken.
- Investigate complaints in relation to the use of restrictive practices and deal with outcomes.
- Provide parent/carer full details of the school complaints process and the right to escalate a complaint to Northern Ireland Public Sector Ombudsman (NIPSO) should they remain unsatisfied with the outcome of the school complaints process.

### **Role of Principal/School Leader**

- Ensure an experienced senior member of staff (the Principal, a senior teacher, or designated teacher for child protection) takes special responsibility for providing guidance to other staff on the use of restrictive practices.
- Day-to-day responsibility in relation to duty of care to children and young people and staff, and health and safety, in their schools.
- Day-to-day responsibility for the delivery of additional support for training and development.
- Local delivery of the school's reduction and management of restrictive practice policy.
- Ensure all staff know and understand their roles and responsibilities in relation to supporting all pupils.
- Ensure, staff, parents and pupils are involved in the development of the policy and in any review.
- Ensure new staff are given a copy of the policy and a senior member of staff advises on its implementation.
- Keep staff informed of planning in relation to individual pupils who are considered likely to display behaviour that may require intervention.
- Overall responsibility to ensure parents/carers are informed of any instances of the use of restrictive practices.
- Ensure a report on the use of restrictive practices is produced and a copy sent to the Chair of the Board of Governors.
- Ensure the report is shared with the parents / carers of the child / young person involved.
- Ensure all staff providing supportive practices are appropriately trained on the use of equipment and other therapeutic advice in line with pupil's individual care and/or learning plan.

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### Role of School Staff

- Responsibility to support the health, safety and wellbeing of children and young people.
- Local delivery of the school's reduction and management of restrictive practices policy.
- Following any such incident of restrictive practice, the member of staff concerned should tell the Principal or a senior member of staff.
- Seek advice from a senior colleague (e.g., the Principal or senior member of staff who has been designated) to provide training and guidance on the use of restrictive practices.
- Engage on the development of the reduction and management of restrictive practice policy.

### Role of Health professionals

- Advice and support on health-related issues within educational settings.
- Consult with schools, parents and the pupil and make recommendations, on the content of the school's supportive equipment.
- Engage with education staff when developing a needs-based holistic support plan individual to each pupil.
- Clearly outline where, why and by whom supportive equipment is used in the school.
- Clearly outline the reasons for using the supportive equipment to the parent, along with the length of time and the occasions on which it would be used.
- Invite parents into the school to see the equipment proposed for their child's use and to see the child using the equipment.
- Ensure the equipment is used only when parental agreement has been sought and obtained.
- Regularly review the appropriateness of the use of supportive equipment and at least bi-annually.
- Keep comprehensive records on the use of supportive practices.

### Role of Parents

- Engage with the school on the development of the reduction and management of restrictive practice policy.
- Engage with health professionals, schools and your child on the content and usage of the school's supportive equipment.
- Speak to the school or health professional to clarify any issues you may have in relation to restrictive practices or supportive practices.

### Role of Children and Young People

- Speak to a trusted adult in school or at home with any concerns.
- Engage with the school on the development of the reduction and management of restrictive practice policy.

## School Complaints Process

**Step 1** If you have any concerns or worried about your child's welfare, you can contact the **child's teacher**. If you feel unable to talk directly to the child's teacher you may wish to speak to **the head of year, head of key stage or the pastoral teacher**.

**Step 2** If you can't resolve the problem with the teacher or you are not satisfied with their response you can talk to the **Principal**. You should be able to arrange a meeting or a telephone conversation with the Principal through the school office. If this isn't practical, you may wish to make a written complaint.

**Step 3** If your complaint is not resolved by the Principal or you are not satisfied with their response the next stage is to approach the school **Board of Governors (BoG)**. If you want to complain to the BoG, you should request a copy of the school complaints procedure. All complaints to the governing body must be in writing.

It is important to note at this stage that some complaints have separate **established statutory procedures** and appeal mechanisms. e.g., child protection/safeguarding, employment matters, statutory assessments of Special Educational Needs (SEN) disability discrimination and suspensions and expulsion decisions. These examples are not exhaustive. The Principal or Chair of the Board of Governors will advise on the appropriate procedure to use when the complaint is raised.

**Step 4** If following the BoGs review of the complaint you remain dissatisfied with the outcome you can refer the matter to **Northern Ireland Public Service Ombudsman (NIPSO)**.

The Ombudsman provides a free, independent and impartial service for handling complaints about schools in Northern Ireland. Details of how to make a complaint to NIPSO are available at the following link [How do I make a complaint to NIPSO](#).