

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

Purpose of paper

The paper is CSSC's response to the Department of Education's consultation on the development of draft statutory guidance on the reduction and management of restrictive practices in educational settings in Northern Ireland.

CSSC invited all controlled schools to provide comment on the draft statutory guidance and held three online meetings which were attended by eight settings representative of primary, post-primary (non-selective) and special schools.

The reporting officer also met separately with the leaders of three special schools and recently met with the leaders of mainstream primary schools facilitating specialist provision classes.

All controlled schools were informed of the opportunity to make direct contact with the reporting officer.

The closing date for responses was 3 November 2023.

Brief summary of report

The paper highlights significant concerns on behalf of the controlled sector and makes recommendations which are informed by the experience of leaders in controlled schools.

Key issues raised in the response include but are not limited to the following: -

- The need for greater clarity in defining restrictive practices
- The need for a regional standard of support
- Regional inconsistencies in support
- Resourcing schools appropriately – accommodation and staffing

Consultation with the sector confirmed the need to include additional comment on behalf of special schools drawing attention to the diversity of this sector and the need to better understand the significant implications of the guidance on the day-to-day operations of special schools.

Action required by E&R Committee:

To consider the consultation response and note for information.

Reporting Officer

Tracey Woods: tracey.woods@csscni.org.uk

30 October 2023

Dear Sir/Madam,

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

CSSC welcomes the opportunity to respond on behalf of the controlled sector to the Department of Education's consultation on the draft statutory guidance for the reduction and management of restrictive practices in educational settings in Northern Ireland. CSSC has consulted with controlled schools across all phases of education to inform this response and will use this opportunity to represent the views of school leaders and highlight key areas of concern for the staff of controlled schools.

CSSC understands the legislative and policy context for the development of this guidance and trusts that the views represented throughout this response will inform the finalisation of guidance which supports the Boards of Governors and the staff of controlled schools to implement the guidance with confidence.

Clarifying definitions of supportive and restrictive practices

Section 1 of the guidance states that 'the intention of this guidance is to provide clarity on the use of restrictive and supportive practices in educational settings.' While the guidance notes the need to 'make clear the distinctions between restrictive and supportive practices,' it was noted in our engagement with controlled schools that the delineation between both practices is unclear, and the guidance should provide specific examples of how they differ to remove any uncertainty caused by the statement in Section 1. The leaders of controlled schools understand that supportive practices are the practices which enable the child, however, this is not clarified sufficiently in the guidance.

During consultation with controlled schools CSSC became aware of confusion regarding whether some of the practices that settings currently used would be defined as restrictive or supportive. In considering the guidance and its reference to mechanical restraint, one example, provided by a special school was that it was unclear as to whether the current

guidance would allow for the school's use of back-packs with reins which support the child's safety on regular walks around the local town. The school referred to their lack of outdoor space and described the regulating effects of the walks and the use of the reins as a safety measure. While CSSSC understands that the use of such aids, unless prescribed by a Health and Social Care professional and included as part of an agreed care plan, would be considered an example of mechanical restraint, the fact that these questions are being raised, and raised in recent meetings between the leaders of special schools and the Department, indicates that greater clarity and awareness raising is required.

CSSSC is conscious that the range of provision across special schools is diverse and schools, which would historically have provided for children with moderate learning difficulties, are adapting their provision to meet more complex needs. It is CSSSC's view that specific examples of both supportive and restrictive practices should be included in the guidance and would benefit all phases of education in implementing the guidance. It is crucial that schools can identify what actions/measures are restrictive practices and what actions/measures are deemed supportive.

In determining that restrictive practices should only ever be used when it is necessary and proportionate to do so, controlled school leaders were concerned about what would be considered 'proportionate' and that the definition leaves too much to the judgement of staff. One principal noted 'what is one person's crisis situation may not be another's crisis situation.'

In supporting implementation of the guidance consideration should be given to support which will allow schools to clarify their specific contexts, real and hypothetical scenarios to reassure settings that they are complying fully with the guidance.

The need for a regional standard of support

CSSSC is conscious that the NICCY review of restraint and seclusion recommended that 'any new policy should be accompanied by an accredited training framework and supportive infrastructure to ensure schools have appropriate resources in place to support their pupils and staff in minimising the use of restrictive practices in educational settings.' During CSSSC consultation the overwhelming view from school leaders was that the guidance did not provide any reassurance in respect of the availability of much needed accredited training that would support staff in responding to behaviour in crisis situations.

The need for staff to understand the underlying causes of behaviours of concern is clearly communicated throughout the guidance document and controlled school leaders were

overwhelmingly of the view that staff are highly effective in their use of relational approaches to support a child's wellbeing and ensure calm, regulated states. Staff, however, do not feel that they have the capacity or the confidence to respond when the trauma compassionate approaches familiar to them have not been able to calm a dysregulated child. It is in these crisis situations that staff feel ill-equipped to respond and vulnerable to litigious action in response to an action which had the primary aim of keeping the children, young people and others from coming to harm.

CSSC notes that the DE review of restraint and seclusion stated, 'the Department will commission the Education Authority (EA) to undertake a training needs analysis to ensure that teaching and non-teaching staff in educational settings are able to comply with the statutory guidance.' Compliance with the guidance will only be secure where staff are provided with appropriate training. The draft guidance does not provide assurance to the leaders of controlled schools that their views will inform the development of training available to settings. While CSSC has been informed by the Additional Educational Needs Team at DE that training will be available to all educational settings, is currently being worked on by DE and EA and includes consideration of the development of a specific webinar for Boards of Governors, the guidance does not refer to a training needs analysis which was committed to in the report of the review approved by the former Minister for Education.

CSSC is of the view that the training developed and made available to schools must be informed by the needs of practitioners who daily work to support and educate our children and young people. The current guidance puts the onus very much on school leaders to design a programme of training for staff and may potentially be naïve in its understanding of the support currently available from the services referenced and the resource available to these services to meet the needs of every school in Northern Ireland.

Team Teach as a potential regional standard of supporting regulation and responding in crisis situations

The leaders of controlled schools were clear that training in de-escalation strategies and safe handling training is required by all settings. Many referred to the need for Team Teach training and were of the view that this accredited training would represent a regional standard of practice across all schools and serve to increase the confidence of staff in responding to behaviour in crisis situations. CSSC understands that the Team Teach model includes de-escalation strategies that pre-empt and have the potential to negate the need for physical restraint. Special schools familiar with Team Teach advocated for this to be expanded to mainstream schools, explaining that it provides a legal framework for staff

from which to operate. With the rapid and significant expansion of specialist provision in mainstream this is essential.

Controlled school leaders emphasised that the use of restrictive practices, indeed any type of physical intervention to prevent harm to the child/young person or others, would always be viewed as a last resort and would never represent a school's first intervention in responding to a crisis. However, they assert that physical intervention, in a last resort situation, needs to be available to schools as an option to prevent harm to the child/young person and others. Staff should be trained on a face-to-face basis by expert facilitators who can instruct staff in effective de-escalation strategies and model safe handling processes. The guidance as it currently stands does not provide staff with any clarity regarding whether the action they take to prevent harm to the child and to others will protect them from litigious action should they intervene physically in any way. It was noted that the guidance will leave staff fearful of any form of intervention which requires touch.

Team Teach or a carefully considered alternative

CSSC understands that Team Teach training is currently only available to the staff of special schools and would note that there is a lack of understanding within the controlled sector regarding the reasons for this approach especially in the context of increasing complexity of need presenting in all schools, both special and mainstream. It is crucial that the Department works to clarify and communicate the status of Team Teach and inform schools what the Department considers to be effective and supportive training. If Team Teach is not the model for Northern Ireland then there must be careful consideration of what training is put in place across all schools in Northern Ireland. If Team Teach is not determined to be the appropriate model, the identification of an alternative programme is recommended by controlled schools, and in identifying an appropriate model of support, it is crucial that DE understands the diversity of experiences across all schools and how the behaviour of children will vary across different phases of education.

Within special schools, ensuring that all staff have received Team Teach training is challenging, especially when schools experience a turnover in staff, and staff who are accredited Team Teach trainers either retire or move to other employment. Special schools are creative in addressing these issues and will collaborate with other special schools in the area to provide training, however, for this training to be delivered, sufficient substitute cover is required to facilitate staff attendance and ensure that an appropriate pupil:teacher ratio is always maintained in the school setting. If the training is not provided, then schools are left with fragmented class teams where not all staff have the capacity to support the

response to a child in distress. It was suggested that the EA should take control of ensuring that registrations for Team Teach are maintained across all special school settings.

CSSC notes that where educational settings plan to source their own training the guidance states that it would be considered good practice to discuss the training options they are considering with the EA for advice. While autonomy for schools to design their own programmes of training to support trauma compassionate approaches may be appropriate, it is CSSC's view that training which addresses the crisis situations referred to in the guidance should be developed and delivered by EA, and in collaboration with HSCTs where appropriate.

Increased support required for pupil emotional health and wellbeing

CSSC is conscious that the framework for specialist provision in mainstream schools, published and consulted on in 2021, did not include arrangements to address the lack of specialist provision for social, behavioural, and emotional wellbeing. The framework identified significant regional inconsistencies in access to this type of provision with all such provision concentrated solely at post-primary level in the Belfast area. CSSC notes the DE Children and Young People's Emotional Health and Wellbeing in Education Framework, February 2021, and the emphasis on a whole school approach to supporting emotional health and wellbeing. The framework places significant value on prevention and early intervention with enhanced support for children with more complex needs requiring referral to external services. Schools are in the position of having lost access to many of the resources with the potential to support this whole school approach to wellbeing and many controlled school leaders referred to how they no longer have access to the support of a school counsellor with the termination of the funding received from Healthy Happy Minds. CSSC is conscious that schools which have retained their school counsellor have done so to the detriment of their school budgets and these school leaders state that the resource they have committed is unable to support all the children who would benefit from counselling support.

Waiting lists for CAHMS also means that children at post-primary level are not receiving the support necessary for their emotional health and wellbeing which impacts on their ability to access the curriculum thereby having a detrimental impact on their long-term prospects. One attendee from a post-primary school spoke of the detrimental impact that behaviour challenges have on the teaching and learning experience of other pupils in the classroom, while several primary school leaders spoke of the traumatising effect that witnessing the violent and aggressive behaviour of a classmate can have on peers. Within a specialist



Controlled Schools' Support Council
2nd floor, Main Building
Stranmillis University College
Belfast, BT9 5DY
T: 028 9531 3030
E info@csscni.org.uk

provision class this behaviour can trigger dysregulated and/or aggressive behaviour in another or cause significant distress to a child who is already vulnerable.

CSSC is conscious that relational approaches employed by teachers to support children and young people can have an equivalent impact to those employed by a trained counsellor. However, while the ability of staff to employ these approaches may work for many pupils, some children will require more expert support from external services which is lacking. Support for a child who presents with behaviour of concern may be required from several different services, and school leaders invest a significant amount of time in facilitating multi-agency meetings to try to address these needs. A multi-agency approach should be supported and facilitated by the EA.

Regional inconsistencies in support

During CSSC consultation, practitioners referred to the support received for some individual children in accessing EOTAS provisions. CSSC is conscious that there are regional inconsistencies in accessing these provisions which must be addressed. Leaders of controlled schools whose children have availed of EOTAS provision emphasised that the strategies employed in these provisions supported the child's capacity to engage with the mainstream school environment in a more regulated manner and supported school attendance. Where these specialist EOTAS provisions are not in place, despite schools' use of therapeutic interventions to support pupils, large class sizes, which is the experience of many schools across all phases, can easily dysregulate children who present with behaviours which are challenging due to their experience of trauma or an additional need. Controlled school leaders expressed the view that effective strategies used by EOTAS provision staff need to be shared with staff across all phases of education. There is need for more on-site training, more modelling of the interventions which support staff to meet the needs of a severely dysregulated child. School-based interventions for the child should include an emphasis on capacity building for staff which enables staff to use the same interventions in similar crisis situations going forward.

Resourcing EA services to provide the right support

It has been acknowledged across many different educational forums that schools are experiencing an increasingly more complex pupil profile. Unfortunately, it is the view of most controlled school leaders that the level of expertise available to support these complex needs is not keeping pace with this acknowledgment. It is essential that the staff in relevant pupil support services receive training which enhances their current expertise, so they can provide practical advice and guidance that is cognisant of the changed pupil profile

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presenting in schools. CSSSC is conscious of efforts to engage with the views of practitioners to inform the support available and would emphasise the importance of continuing to engage with the expertise of the staff of controlled schools regarding the needs presenting. CSSSC would reiterate the view that the guidance communicates a naïve understanding of the support available to schools and the capacity of EA services to meet those needs. An additional resource is required to allow the EA to develop the right training and to be able to adequately staff their services. Conscious of the expansion of specialist provisions in mainstream schools, resourcing special schools to support colleagues in mainstream specialist provision settings is key to enhancing the capacity of school staff.

Resourcing schools appropriately – accommodation

Section 10 of the guidance refers to the role of supportive spaces within schools in either regulating or supporting sensory needs. CSSSC is aware of the highly effective use made of such spaces in controlled schools, however, in many schools, accommodation is limited and CSSSC knows of several schools which have lost access to supportive spaces as their schools have grown and while this is true for all phases of education, it is especially true for special schools. A non-selective controlled post-primary school has made extremely effective use of their accommodation to establish a space which dysregulated pupils, identified as requiring such support, can voluntarily access, and in which they will be supported by two members of staff who will enable their reintegration into the classroom where they are better able to engage with their learning, peers, and staff. Unfortunately, the current budgetary pressures mean that the school is significantly challenged to continue to resource this effective provision. Losing such provision is likely to have a seriously detrimental impact on the child receiving support as well as the learning experience of others. Furthermore, it is likely to impact detrimentally on the wellbeing of staff who feel ill-equipped to respond to the needs of children with more complex behavioural needs. The ability of schools to assign these spaces 'protected status', as the guidance promotes, is severely compromised at every level.

Ensuring appropriate staffing levels to support a trauma informed approach to behaviours which require intervention

In supporting children's access to these spaces there is the assumption that there will be sufficient staffing in place to support the child's access to the space or to meet the potential need to co-regulate with the child. Ensuring appropriate staffing levels across all phases of education is crucial to supporting the effective implementation of this guidance.

Staffing levels for specialist provision classes are 1 teacher and 1 classroom assistant for specialist provision (Learning) classes and 1 teacher and two classroom assistants for specialist provision (Social Communication) classes. CSSC is aware of schools with specialist provision classes which, in responding to behaviours which require intervention, have been subject to violence and aggression which has led to injury which suggests that, in some specific circumstances, consideration needs to be given to enhancing the adult:child ratio to better support and facilitate the most supportive response which ensures the wellbeing of both pupils and staff.

Special schools

Many of the afore-mentioned concerns apply across all phases of education and have included reference to special schools however, the experience of special schools in meeting the needs of our most vulnerable children and young people merits specific additional attention in the context of further development of this guidance.

Resourcing special schools – accommodation and staffing

It is widely known that special schools are at and beyond capacity, with many special schools reporting class sizes larger than appropriate. Many special schools do not have access to the supportive spaces highlighted as an essential requirement for supporting regulation due to the repurposing of all available spaces as classrooms. CSSC acknowledges that there are currently actions underway to address these capacity issues identified in the Area Planning Framework for Special Schools and Specialist Provision in Mainstream Schools, however, it is crucial that we consider this context in the further development of this guidance and consider how the presenting limitations of the special schools' estate can impact on the best intentions of staff to implement this guidance. One example is a special school which was originally established to accommodate 39 pupils is currently providing for over 125 pupils whilst also supporting the establishment of an off-site provision. CSSC is conscious that DE will be aware of other similar experiences across the sector. In another example, a special school no longer has access to a staff room which challenges the school's ability to provide a regulating space for staff which is crucial to sustaining their emotional health and wellbeing.

Where special schools do have access to supportive spaces it is the case for many that they do not have the required number of staff to support withdrawal to these spaces and ensure that the classroom from which the pupil has been withdrawn is appropriately supported. This is for a variety of reasons which include retention issues, as some support staff leave poorly remunerated posts for more gainful employment, or staff absences due to the

emotional health and wellbeing challenges encountered. A possible solution would be to have a pool of staff managed by EA who would be available at short notice to support settings unable to maintain appropriate adult:child ratios considered essential for the health and safety of all.

Special schools and definitions of restraint

Concern was expressed in respect of the section referring to chemical restraint which potentially is at variance with medication plans for pupils, agreed by health professionals. An example provided referred to a child of post-primary age who has been prescribed an analgesic with a sedative effect. The purpose of the medication is to subdue the child and as such could be categorised as a form of chemical restraint, although the medication is administered in accordance with a medication plan agreed by a health professional. Page 23 of the guidance states that the administration of medications is at the discretion of the teacher and 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. While the school in this example has parental agreement for the administration of the medical plan the assessment of the need for its administration during the school day is made by staff. Clarity is required for schools as to whether this type of medication could be interpreted as chemical restraint as it is not prescribed for the treatment of a formally identified physical or mental illness. This clarification is clearly required to protect staff members who administer the medication based on their assessment of the child's needs.

To ensure that staff are fully compliant with the guidance it may also be appropriate for DE to review other guidance, specifically, the guidance on administering medication developed in collaboration with the Departments of Health, Social Services and Public Safety. The guidance notes that in some instances Health and Social Care Trusts (HSCT) will employ nurses who are based within special schools. This is not the experience of many special schools and special school leaders have called for medical staff to be on site to support the administration of medication. This is considered essential by controlled school leaders who note that in many schools medical needs are overtaking educational needs. CSSC is conscious of concerns expressed by Unions representing non-teaching staff about the expectation for their membership to take on the significant responsibility of administering medication to pupils and is concerned that this will represent another barrier to schools' effective support for children and young people with SEND. This reinforces the need for special schools to have on-site access to medical professionals. CSSC notes that the guidance in relation to administering medication states that 'for each pupil with long term or complex medication needs, the principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.' During CSSC consultation it

was recommended that DE support the development of protocols which ensure that staff are appropriately supported and protected in carrying out this role. At the moment too much is left to the school leader to co-ordinate without adequate assurance that the protocols provide legal protection for staff.

Over the past few years, the staff of special schools have adapted to new guidance and advice from occupational therapists regarding the use of belts and cuffs that traditionally would have been used to control or limit a pupil's movement due to health and safety concerns. Schools understand the rationale for the changing advice; however, concern was expressed at too rigid an application of the guidance in respect of the definition of restrictive practice, especially where medical professionals deem the practice of the special school to be directly supporting the child's emotional health and wellbeing and ability to access the curriculum. CSSC is aware that Occupational Therapists in special schools have informed staff that orthotic devices such as gaiters are no longer to be used. CSSC is aware of instances where the categorisation of supports/interventions as restrictive have been at variance with the professional opinion of consultant paediatricians who have deemed the supports/interventions as crucial to enabling a child to access the curriculum. Special schools are still meeting new challenges and new behaviours within their settings and there needs to be a degree of flexibility for special schools which allows a measured and informed response to a child's needs, especially in circumstances where the supports in place are prescribed and/or endorsed by a medical practitioner.

Recording, reporting, and monitoring

CSSC notes the development of a pro-forma for the recording of restrictive practices and believes that a common template to support schools' recording of such incidents is helpful and in a mainstream school setting, potentially manageable. However, with respect to the experience of special schools and potentially mainstream schools facilitating specialist provision, the requirement to record, report and monitor the use of restrictive practices could become a significant administrative burden because of the frequency of distressing behaviours encountered in these settings. It was highlighted that the definition of reportable incidents in the guidance could result in a school having to record approximately 1,390 incidents a month. In this respect a clear understanding of the context of special schools is not reflected in the guidance. The requirement to report all incidents (which could range in severity from minor to severe) to the Chair of the Board of Governors, to meet with parents and record all follow up actions will be a significant undertaking in this context.

Acknowledging and addressing the complex behavioural profile of a minority of special school pupils

There should be an acknowledgement that in special schools, children with the most complex needs will always present with specific behaviours and the best efforts of staff will not change this and will not reduce the likelihood of a re-occurrence. Schools support an increasingly diverse range of needs within the same setting, children with complex medical needs and children with complex behavioural needs, each requiring different support. While acknowledging the difficulties in ensuring timely support, the support for children with more visible medical needs will inevitably be met by Allied Health Professionals, however, there is an acute lack of support for those children with complex behavioural needs which can be described as an 'invisible disability.' Schools' access to Psychiatry or Allied Health Professionals is not sufficient to allow for a planned and pre-emptive approach to supporting children with more complex behavioural needs and this situation is exacerbated and made all the more alarming by the acknowledgment that the relevant support services do not have the expertise to meet the needs of a small percentage of children in special schools who have the most complex behaviour and mental health needs.

CSSC heard that accessing timely intervention from Allied Health Professionals and/or social workers requires the situation to reach a crisis. School leaders spoke of many avenues of support being closed off to special schools due to the child's primary need and, in referring to the challenges of accessing Behaviour Support from EA, CSSC was apprised of the 'hoops that have to be jumped through.' While aware of some support available from EA specific to special schools, this support was not considered to meet the needs of all schools. CSSC is conscious that the Better Together programme has been well received by some special schools but believes that the differing views highlight the diversity of the sector and the different levels of need being addressed within each special school setting. An awareness of the context of each special school is vital in the planning of any programme of support. The effectiveness of the Farouk Problem Solving Model was highlighted, which allows for a multi-disciplinary consideration of a specific challenge encountered by a setting in meeting the needs of a child enabling different services, inclusive of Health and Education, to provide support which enhances the ability of staff to meet specific needs. CSSC is aware that this model of support has been piloted by the EA Early Years Intervention Service and despite some concerns by settings at the wait times to access this support it has been well received. CSSC would endorse this support and encourage DE to consider how this model of support could be resourced to meet the needs of more settings.

Acknowledging the duty to cooperate to meet the needs of children and young people

Addressing these issues in special schools requires a joined-up approach from Education and Health and this is lacking despite the duty to cooperate established in the 2015 Children's Services Co Operation Act. An example provided was of the need to consider the hormonal changes that children in special schools experience during puberty and how this may impact their behaviour and necessitate a review of their medication plans and other support required. CSSSC was made aware of the difficulties parents face in ensuring that these reviews happen in a timely manner.

The approach to supporting special schools requires input from both Education and Health, and the support of Occupational Health Therapists and Allied Health Professionals is common in some special schools. CSSSC is, however, aware of regional inconsistencies in the support available to special schools from HSCTs and, as previously mentioned, some special schools do not have access to the services of a school nurse. This should be addressed to ensure equity.

In taking forward support for special schools and ensuring regional consistency it is essential that the EA and the HSCTs can provide a multi-disciplinary approach to support. There is a need to map the different training that is available for staff to ensure a more joined up approach which is responsive to need. Such an approach would allow for consideration of which practices are appropriate for each setting, which approaches represent good practice and what further support should be developed.

Addressing suspensions within a very different context and providing relevant support

CSSSC is aware that some special schools, after an incident has occurred, may have to resort to a suspension. This is always a last resort measure but required on occasion to allow staff to regroup, recover and plan a way ahead following severe incidents. The language/terminology associated with reporting of suspensions and exclusions do not reflect the intention of special schools in taking action considered necessary in the response to a crisis incident. Many controlled school leaders have expressed concern at the lack of support provided by EA as Managing Authority in respect of support for ensuring that all risk assessments are legally compliant and spoke of specific obstacles/barriers in accessing legal advice from EA including when responding to Tribunal cases. School leaders also spoke of the requirement to direct any legal queries to EA's Solicitors through their School Improvement Professional which in removing the school leader's ability to contact EA's Solicitors directly could be described as an unnecessary barrier.

Supporting the health and safety and emotional health and wellbeing of staff.

School leaders have expressed significant concern for the health and safety and emotional health and wellbeing of staff. In identifying effective practice in supporting the wellbeing of staff, DE's Children and Young People's Emotional Health and Wellbeing in Education Framework specifies 'opportunities for staff debriefing/supervision' as a specific example of effective practice yet CSSC is aware of a significant lack of support in developing the capacity of staff in special schools to be able to facilitate supervision and the busy school day and the challenges of working to support the needs of the school community do not allow enough time for debriefing after severe incidents. The end of the school day is often not the best time to carry out debriefing sessions as staff will have the demands of family to negotiate. CSSC would refer the Department to a [study](#) carried out by Barnardo's Scotland which addressed the barriers and enablers to supervision in education and would suggest that specific consideration is given to how supervision can be facilitated in educational settings. The challenges of the role and the impact on staff wellbeing leads to high levels of staff absence and there are significant concerns that the impact on the health and wellbeing of staff is not being acknowledged.

The reporting and recording of incidents of physical aggression towards staff is a significant issue of concern and school leaders were of the view that reference to these incidents as 'Accidents' is wholly inappropriate. Schools report receiving a speedier response to incidents where staff have tripped or slipped on school grounds than they have to reports of physical aggression. While the media has drawn attention to unfortunate incidents in which pupils have been hurt the data regarding these incidents has not been interrogated fully and does not capture the injuries caused to staff. CSSC is conscious that the Special Schools Strategic Leadership Group has sought to quantify these incidents and the data shared with DE paints a distressing picture and documents how the incidents of physical aggression have increased at an alarming rate in recent years. It is crucial that the reporting system for such incidents is made fit for purpose and informs appropriate and timely support for the staff of special schools and specialist provisions.

CSSC would refer the Department to the Special Schools Challenging Behaviour Survey carried out by members of the Strategic Leadership Group and shared with DE in January 2023. This survey highlighted the behavioural issues experienced by 60% of special schools and referenced the ETI 2012/2013 'Evaluation of a Provision to meet the needs of pupils with persistent and challenging behaviour in Special Schools'. This document emphasised that 'some pupils with extremely challenging behaviour require a very different approach and specific and constant input from a number of different professionals that is not currently available to the Special School sector'.



Controlled Schools' Support Council
2nd floor, Main Building
Stranmillis University College
Belfast, BT9 5DY
T: 028 9531 3030
E info@csscni.org.uk

The situation in special schools has reached a point where it is no longer possible to delay the support which is required to support staff to meet the needs of our children and young people. This guidance and the concerns expressed in relation to its implementation emphasise that the gaps in support are still there and unless they are addressed, we will be in a situation where settings are not equipped to implement the guidance, and this is a matter of grave concern.

Conclusion

The roles, responsibilities and accountabilities of Boards of Governors, Principals, and staff in implementing this guidance are many and clearly enumerated in the guidance. While the guidance stipulates that training will be made available to all settings, it does not provide reassurance that the training available will be training which is able to effectively support staff to meet the complex behaviour that can present in school settings. CSSC has raised specific concerns on behalf of controlled schools which CSSC believes must be addressed if schools are to be fully supported to be compliant with the guidance and equipped to meet the needs of all children and young people.

CSSC is happy to discuss this response with the Department.

Yours faithfully,

Mark Baker
Chief Executive