



FROM THE MOTHER OF MAX BENSON, STACIA LANGLEY, TO PRIME MINISTER RISHI SUNAK

Dear Prime Minister Sunak,

I address you as a mother whose son was killed by his teachers in a restraint at his school. My hope is that the grief and pain I will forever live with never darkens another family's future.

On November 28th, 2018, I sent my autistic son, Max Benson, to his California school.

He never came home.

The next day, I lie in his hospital bed with him, after oxygen deprivation from the restraint had left him brain dead and on a ventilator, telling him stories about his childhood and the good times we had with his twin and older sibling and pets. I held him as his heart stopped beating.

Outside my awareness, Max and other students had been restrained at school in a way that had become routine. I would later learn that even after Max had stopped breathing, his teachers scolded him to "stop faking." Restraint was so common there, for such long durations, students had learned to pretend to lose consciousness to make it stop.

Over time, the use of restraint becomes more frequent and lasts longer. The data in the ICARS report England mirror the same horrifying truths that happen in the United States. Restraints do not reduce dysregulated behaviors. They do, however, reduce the capacity of the teachers to see our children as fully human. They traumatize the children and desensitize teachers to the vulnerability of the lives they are charged with stewarding.

Max was restrained for an hour the week before he was killed. On his last day, he was held in an improper restraint for over an hour, begging to be able to breathe, to go to the bathroom, to live. He would soil himself, vomit, and cry as his classmates watched their teacher kill a fellow disabled child.

Restraint is a tool of control that conditions teachers to be unfazed by trauma in the name of compliance.

Max was a brilliant, spirited, social child. In our quiet cul-de-sac, he was affectionately called "the mayor" because he knew everyone and always wanted to help them. He had a fierce love for justice, like many autistic and otherwise neurodivergent children. Their commitment to fairness will never be nurtured in a place where they and their disabled classmates are treated as subhuman. Their only options are to resist or to let the best parts of their spirit be suffocated and broken under the punishing weight of forced compliance and restraint.

For those who survive, will they grow up to know their value and worth? Will they be able to trust authorities? Will they feel safe with their partners? Will they accept abuse against them? Will they be able to tolerate the touch from their physicians or dentists? Will they forgive their families for not protecting them? Will they be able to close their eyes at nights without having to relive the terror and degradation of restraint in the form of PTSD flashbacks? Or will they succumb to heart failure from stress or suicide, the number one and two highest causes of death among autistic adults?





My son's experience is also the experience of autistic children across England, save for the mercy that those children returned home alive, albeit injured physically and emotionally. You have the opportunity to learn from my son's death about the inevitability of what happens when restraint is routinely used to control behavior.

To see parents in England being told by their Autistic and disabled children that they "could not breathe" while being restrained sends the message that Max and other children who have died under the care of their educators are seen as disposable humans and acceptable losses, and that officials have not taken their deaths seriously enough to take steps to prevent future deaths.

How many more children will suffer a life of PTSD and how many more families will grieve before someone decides disabled children deserve to be treated with dignity and respect?

I ask you to act to prevent life-threatening restraints, to ensure restraint is only ever used as a way to protect a child from serious injury or death. Until you take definitive action, until there is clear legislation to prevent the routine use of restraint to manage behaviors of distress, restraint will continue to disrupt lives and, in cases like Max's, to end lives.

Please engage with ICARS and the autistic advocates, survivors, and disability stakeholders doing life-saving work to safeguard children to legislate an end to the use of life-threatening restraints and put in place protections that reflect a commitment to the dignity and right to life of children.

Sir, you can succeed where other Prime Ministers have failed. No other family should go through what we have been through, and for that reason I am allowing myself the pain of reliving this trauma and breaking my silence to ask you to do the right thing, in Max's honor, and to stand in solidarity with ICARS and families across England to end this self-perpetuating cycle of life-threatening abuse.

Yours Faithfully,

A handwritten signature in black ink that reads "Stacia Langley". The signature is fluid and cursive.

Stacia Langley



Further Reading:

[Who Was Max Benson? An Interview with His Mother, Stacia #ShineOnMax](#)
[#ShineOnMax Community-wide Candlelight Vigil for Max Benson, Sunday November 17](#)





In memory of the children who lost their lives to restrictive practice

“Our children and grandchildren are not merely statistics towards which we can be indifferent.” - John F. Kennedy

Adam Rickman (14)
Alan Unzueta (16)
Alexis Evette Richie (16)
Andrew McClain (11)
Angellika Arndt (7)
Anthony Green (15)
Austin Skidmore (19)
Bobby Jo Randolph (17)
Bobby Sue Thomas (17)
Brandin Hadden (17)
Candice Newmaker (10)
Carlton Eugene Thomas (17)
Casey Collier (17)
Cedric Napoleon (14)
Charles Moody (17)
Chris Campbell (13)
Christening "Mikie" Garcia (12)
Corey Foster (16)
Cornelius Frederick (16)
Darryl Thompson (15)
Darvell Gulley (13)
David Hess (17)
Dawn Renay Perry (16)
Demetrius Jefferies (17)
Denis Maltez (12)
Diane Harris (17)
Donderey Rogers (14)
Dustin Phelps (14)
Earl Smith (9)
Edith Campos (15)
Eric Roberts (16)
Faith Finley (17)
Gabriel Poirier (9)
Gareth Myatt (15)
Garrett Halsey (13)
Giovanni Alteriz (16)
Gynnya McMillen (16)
Isaiah Simmons (17)
Jamal Odom (9)
Jamar Griffiths
Jason Tallman (12)
Jeffrey Bogrett (9)
Jeffrey Demetrius (17)
Jermiah Flemming (15)
Jerry McLaurin (14)
Jerry Trivett (15)
Jimmy Kanda (16)
Jonathan Michael Carey (13)
Johnathan King (13)
Joseph Winters (14)
Joshua Ferrarini (13)
Joshua Sharpe (17)
Justin Sangiuliano (17)
Kelly Young (17)
Kenneth Barkley (15)
Kristal Mayon-Ceniceros (16)
Latasha Bush (15)
Laura Hanson (17)
Leroy Prinkey (14)
Linda Harris (14)
Maria Mendoza (14)
Mark Draheim (14)
Mark Soares (16)
Martin Lee Anderson (14)
Matthew Goodman (14)
Max Benson (13)
Michael Ibarra-Wiltsie (12)
Michael Keith Owens (16)
Micheal Renner - Lewis III (15)
Omega Leach (17)
Orlena Parker (15)
Paige Elizabeth Lunsford (14)
Paul Choy (16)
Randy Steele (18)
Rochelle Claybourne (16)
Roxanna Gray (17)
Ruben Gonzalez (15)
Sabrina E. Day (15)
Shaquan Allen (16)
Shinaul McGraw (12)
Shirley Arciszewski (12)
Stephanie Duffield (16)
Stephaine Jobin (13)
Tanner Wilson (11)
Thomas Mapes (17)
Timothy Thomas (9)
Tina Winston (11)
Travis Parker (13)
Tristan Sovern (16)
Wallace Dandridge (16)
Walter Brown (17)
Wauketta Wallace (12)
William Lee (15)
William Edgar (13)
Willie Wright (14)
Xavier Hernandez (21)



SCOPE OF THE ICARS REPORT

This report is intended to provide information on the topic of restraint and seclusion and to document the experiences of families whose children have experienced these restrictive practices in England. The information presented in this report is based on publicly available data and the testimony of parents and carers of children.

SURVEY RESPONSES AND QUOTED SOURCES

The responses included in this report were provided by individuals who completed our survey. These responses are included exactly as they were submitted, except where information in brackets has been added to clarify quotes and protect the privacy of respondents. The redactions were added solely to protect the confidentiality of the respondents. The authors of this report have not edited or altered the responses in any way.

This report contains information and quotes from various sources that are referenced throughout the report. The opinions and experiences expressed in these sources are those of the original authors and do not necessarily reflect the opinions or experiences of the authors of this report.

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IN RESPONDENTS' OWN WORDS

Apparently the school call it guiding. But my lad often says he has been raped, he means restrained.

I've insisted school follow the equality act and make reasonable adjustments to the behaviour policy. They say they don't have to.

Tried to commit suicide at home and has tried numerous times to self harm.

"I had to withdraw to home educate him, as he had become nearly fully mute from trauma. I was not informed about EHCP or any support so it was my only option. School where happy when we withdrew, we were basically off-rolled."

Bruises to arms chest ribs, black eyes and nail marks in his shoulders that were bleeding. Locked in time out room for the whole school day just to be let out for lunch and put back in again till home time.

Red markings in the wrists/Arms, bruising, a hole on the inside of his cheek and he collapsed complaining he couldn't breath and felt dizzy and sick, no medical attention was given.



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ACKNOWLEDGEMENTS

We want to first acknowledge the children whose names are listed at the opening of the ICARS Report— children who have died from the use of restraint and seclusion.

We wish to thank the parents and carers who have stepped forward and relived trauma to chronicle the lived experiences which inform this report.

We acknowledge and commend the survivors who were subjected to restrictive practices as children. We see your courage to rise together, organise, and speak to your own experiences. We witness you changing systems and creating laws in an aim to protect future generations.

In solidarity with the autistic community, we are disheartened but not shocked that our report serves as unimpeachable evidence that you are the most targeted group subjected to the use of restraint and seclusion. We acknowledge your tireless advocacy to protect autistic and otherwise disabled children from institutional abuse and hope that this report serves as the evidence base that has not historically documented the extent to which autistic children have been failed by the systems in place that are supposed to protect them.

We recognise teaching staff on the frontline who are the key to eliminating abusive, restrictive practices from education. Whilst too often you are simplistically portrayed as “the problem” by some campaigners, we know that it is not all teaching staff who, with intent, abusively apply restraint and seclusion within schools.

We would like to give special thanks to the following individuals for their unwavering commitment to upholding children's rights:

James Betts, Caroline Cole, Caoilfhionn Gallagher KC, Cyndi Gerlach, Paris Hilton, Tracy Humphreys, Angela Jackman KC, Kate Jones, Stacia Langley, Dr. Oliver Lewis, Chelsea Maldonado, Rebecca Mellinger, Anna Moore, Dr. Georgia Pavlopoulou, Kieran Rose, Hannah Schmitz, Amanda Simmons, Heidi Smit Vinois, Naomi Smith, Karen Stepanova, Terra Vance, Tré Ventour-Griffiths, Sara Waldecker, Lyn Wall, Ryan Westwell, Jacqui Wunderlich.

Full list of acknowledgements can be found at the end of the report.



INTRODUCTION

"Restraint" is classified as an act carried out with the purpose of restricting an individual's movement, liberty, and/or freedom to act independently. - Equality & Human Rights Commission, 2019.

Restraint includes all incidents wherein a child is physically restricted from movement, physically confined, or placed in seclusion. Restraint can be chemical (the use of medication to control behaviour) or mechanical (the use of chairs, velcro, reins, handcuffs, wrist straps, body wraps, leg/ankle straps, and other physical equipment).

Key Points:

- This report documents the experiences of 560 children who experienced restraint in English schools
- Behavioural approaches are being implemented to manage behaviours associated with disability
- Restraint reduction efforts have been counter-productive and have resulted in increased usage of restraints in health, social care, and youth justice settings
- Rather than supporting accommodation needs in the school, children are punished for behaviours associated with their disabilities
- Educators lack education and training in disability-affirming practices contributing to a culture that prioritises control and policing of behaviours that are a reaction to being under-accommodated
- Research into the factors that contribute to the use of restraint indicate that prioritising psychological safety and creating an inclusive culture are how to eliminate the use of restraint

The ICARS Report England documents the experiences of 560 English children which were collected over a 12-month period, exposing an educational system which has failed children, especially those receiving SEND services, and their families, with devastating consequences.

Unlike previous releases on the subject of restrictive practices used across England, The ICARS Report England allows readers to witness the lived experience of hundreds of families in their own words. Their testimonies provide a glimpse into harrowing practices occurring behind school gates. Their words are featured throughout this report and in the accompanying testimonial supplement.

Nearly 40 years have passed since British state and publicly-funded schools abolished corporal punishment in 1987. Yet still, disabled children across England continue to be exposed to aversive behavioural modification approaches designed to shape and correct behaviours borne of physical, neurological, and developmental disabilities. Behavioural interventions fail to address the needs of disabled students who would be better served through accommodations. In the same way that eyeglasses are more appropriate for nearsighted students and inhalers are more appropriate for students with asthma compared to behavioural interventions, so too are sensory, social, and educational accommodations more appropriate for students with developmental or invisible disabilities.

The reality is that there are many educational staff who are completely committed to the children in their care but are unknowingly endangering themselves and the children by utilising restrictive practices. Many educators and paraprofessionals are taught and thus rely on restrictive methods in educational settings despite its inhumane and counterproductive nature. This is because restrictive practices are presented as effective, best practices.



INTRODUCTION

Without insight into the harm being caused and the risks being assumed, staff are lulled into a false sense of security when they attempt to gain and maintain control through restrictive practices. A narrative of “them vs us” has emerged that characterises children with disabilities as angry, aggressive, entitled, and in need of being managed behaviourally to protect staff and other students.

The experiences of families detailed in this report shine a light on a system which has failed to honour a commitment to the children it is duty-bound to serve and educate. Parents' and carers' testimonies describe having to remove their children from educational settings to protect them from enduring mental and physical abuse as a result of restrictive practices, restraint, and seclusion. Vulnerable children are being forced into educational environments that not only fail to provide them with their legal rights to educational services, but actively causes harm to their well-being.

In a [26-year study on the factors contributing to restraint deaths](#), Nunno, et al., examined the causes and conditions of restraint-related fatalities in schools, child welfare, corrections, mental health, and disability services (2021). Researchers found that there was not a single factor which resulted in fatality, but rather “*a confluence of medical, psychological, and organizational causes; such as cultures prioritizing control, ignoring risk, using dangerous techniques, as well as agencies that lack structures, processes, procedures, and resources to promote learning and to ensure physical and psychological safety*” (2021). Testimonies provided to ICARS reveal that many of these identified factors are prevalent in England’s schools.

The ICARS Report England proposes that culture change that involves eliminating restraints entirely other than in situations which are ‘true’ last resort’ across the education sector is more effective than attempting a call within individual schools to reduce restraint occurrence alone. Funding and support are needed to train educators in how to change practice to a trauma-informed, disability-affirming model in order to foster widespread reform. This cultural shift needs to run alongside effective, meaningful legislation that ensures disabled children are delivered an equitable education that is in line with their non-disabled peers. The need for concurrent legislative change is demonstrated by Barnard-Brak, et. al, (2014) in [An international systematic review on factors which contribute to the use of restraint in schools](#) who discovered that schools in states that prohibited corporal punishment reported less restraint use than in those reported in states with no such prohibition. The reported restraint levels were further reduced in states that also regulated the use of restraint in schools.

We ask that when you read the harrowing experiences within this report, that you keep in your conscious awareness the knowledge **that a large number of the children referenced therein are still routinely being subjected to restraint and seclusion in their educational environments.** These realities are not historic abuses; they are now, they are yesterday, today, tomorrow... and they will continue unless we act decisively. We must make material changes to ensure that all students have legally-sustained, effective protections to prevent abusive demonstrations of authority which attempt to punish disability out of children in the name of “good order and discipline” (cited in [Education and Inspections Act of 2006, Section 93](#)).



CHILDREN AT RISK FROM RESTRAINT PRACTICES





CHILDREN WHO ARE AT RISK FROM RESTRAINT PRACTICES ACROSS ENGLAND

Without consistent documentation and centralised reporting, it is impossible to determine how extensively restraint and seclusion are used in England's schools. What we can do is identify which vulnerable children are most at-risk of experiencing restrictive practices and developing lasting physical injuries and psychological trauma.

The ICARS data demonstrates that it is disabled children who are disproportionately affected by the use of restrictive practices in schools. Surveys were distributed widely across social media and did not target any specific populations; however, 93% of respondents reported that their child had a diagnosis that impacted their educational needs. A further 4% of parents said that their child was awaiting a diagnosis or they suspected that their child's needs may warrant a diagnosis. Only 3% of the children represented in the ICARS survey report as having no diagnosis or suspected need for a diagnosis. The ICARS data is almost exclusively populated by children with "special educational needs and disabilities" (SEND). Although only 16.6% of England's total pupil population has SEND, this survey data demonstrates that students with disabilities are disproportionately vulnerable to the use of restrictive practices and the enduring consequences.

**JUST UNDER 1.5 MILLION PUPILS IN ENGLAND
HAVE SPECIAL EDUCATIONAL NEEDS.**

**EHC PLANS/STATEMENTS
OF SEN (PERCENT)**

4.0%

PERCENT OF PUPILS WITH AN EHC PLAN.
UP FROM 3.7% IN 2021

SEN SUPPORT (PERCENT)

12.6%

PERCENT OF PUPILS WITH SEN SUPPORT.
UP FROM 12.2% IN 2021

**EHC PLANS/STATEMENTS
OF SEN**

355,566

PUPILS IN SCHOOLS IN ENGLAND.
UP BY 9.2% FROM 2021

SEN SUPPORT

1,129,843

PUPILS IN SCHOOLS IN ENGLAND.
UP BY 4.3% FROM 2021

Data taken from Gov.UK Academic Year 2021/22 Special educational needs in England



SUMMARY



Data collected by the International Coalition Against Restraint and Seclusion over one year from 560 families across England shows a concerning trend of restrictive practices in the form of physical restraint and seclusion in schools.

76%

of respondents were unaware that their child could be subjected to restrictive practices.

87%

of respondents reported their children had been subjected to restraint in education on at least one occasion before the age of 10 (Early years through Key Stage 2).

81%

of the children subjected to restraint and seclusion had an autism diagnosis.

71%

of respondents reported that restraint and seclusion are happening in mainstream schools.

90%

of respondents reported that their child has been psychologically harmed.

48%

of respondents reported that their child had been physically harmed.

91%

of respondents did not believe their child's needs were met at school.

66%

of respondents were not informed of holds and restrictive practice methods used on their child.

84%

of respondents who submitted a complaint about unnecessary restrictive practices felt that there had been no accountability.

29%

of respondents reported that the number of times their child had been subjected to restraint and/or seclusion totalled hundreds, or "too many to count."

KEY FINDINGS



Children suffer restraint or seclusion practices which may have long lasting psychological effects:

- Children are being physically and psychologically harmed by use of physical restraints and seclusion in educational settings.
- Restraint is not being used as a last resort, but as an intervention for mild behavioural issues caused by sensory dysregulation and lack of adequate supports.
- Autistic children are disproportionately affected by restraint.
- Lack of reasonable accommodations is reported to increase incidents where students exhibit behaviours of concern, leading to restrictive practice.



Respondents are not included in decision-making around behaviour management nor are they informed when such practices are used (with or without their consent):

- Many respondents reported that they had not given permission to use physical restraint or seclusion on their children.
- There were no effective routes for respondents to be informed about restraint and seclusion, to contribute to behaviour plans, or to recommend alternatives that would eliminate the use of restraint and seclusion practices.
- Respondents reported that they were not notified of incidents or injuries.
- Records are rarely shared with respondents, and there was little transparency.
- There is little evidence that records are being monitored – and if they are, respondents reported not being included in this process.



Educational staff need support, training, and mentoring in kind and inclusive practices:

- Respondents reported that educational staff are not supported or given adequate education, training, or resources.
- Educational staff lack clear policy to guide decision-making on when to use physical restraint leading to increased reliance on physical intervention.
- Legislative framework is needed to support and guide educational staff in prioritising safer alternatives to restraint, and eliminating the use of restraint practices altogether other than for *true* last resort.



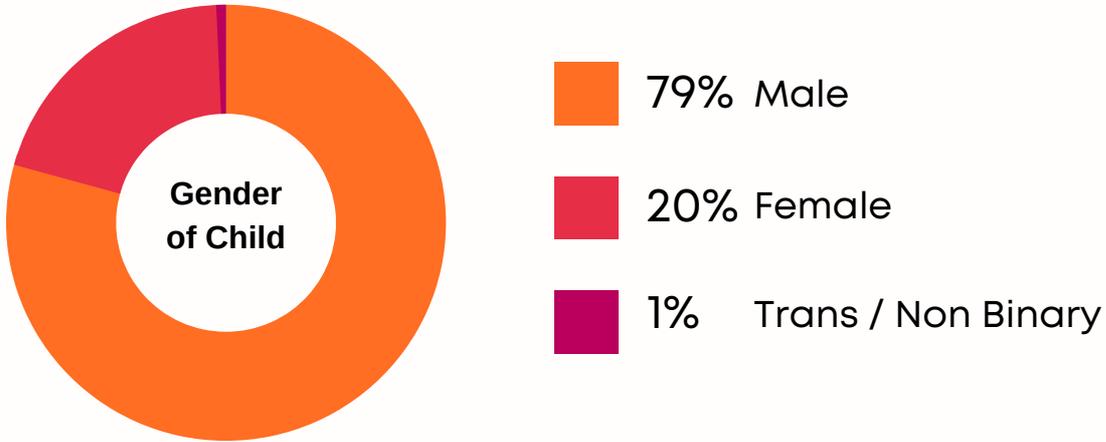
Demographics

560 respondents from across England.
Respondents were placed in schools spanning all
nine educational regions.

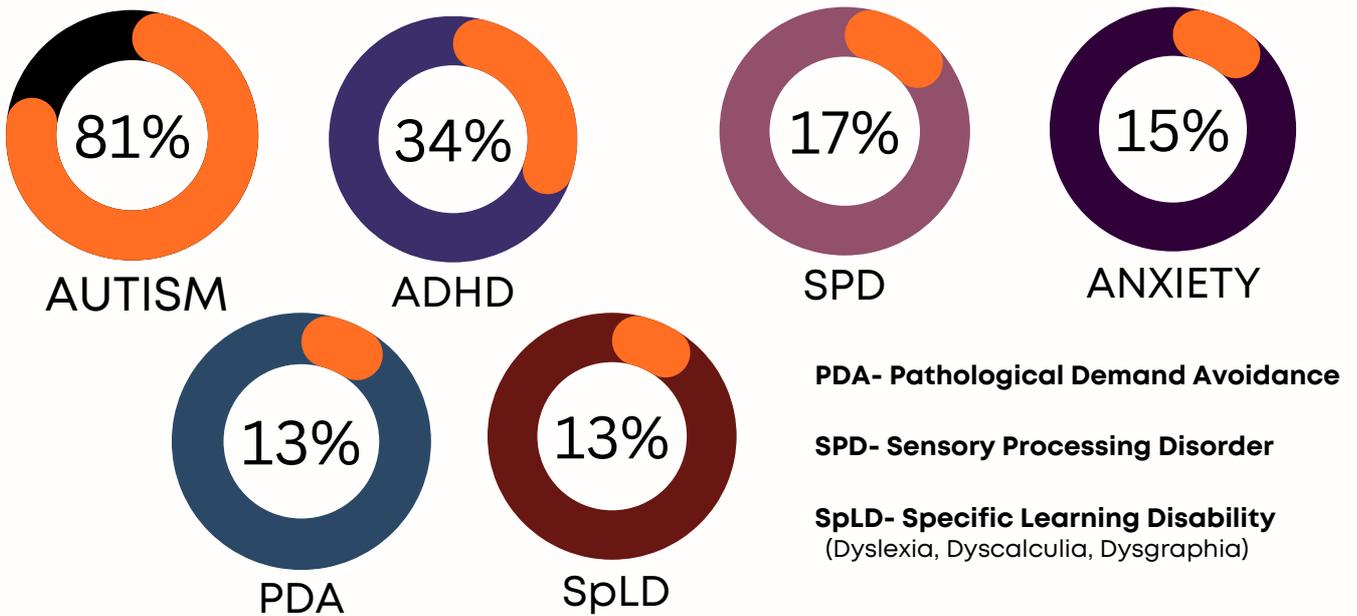


**Map shows the local authorities overseeing the schools
children attended, not the locations where the children reside.**

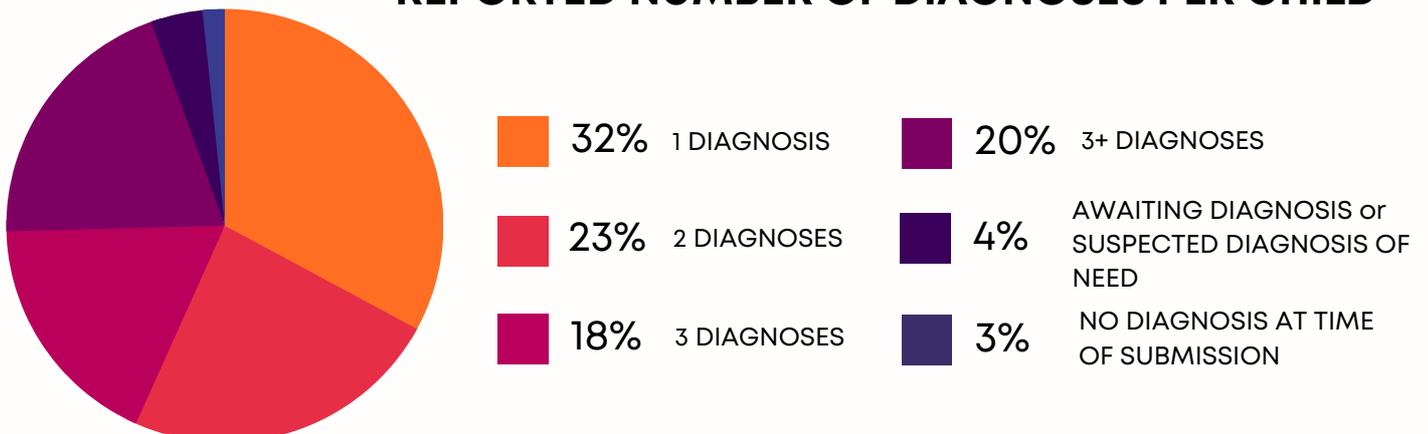
DEMOGRAPHICS OF CHILDREN IN THE ICARS REPORT



LEADING DIAGNOSES OF CHILDREN IN REPORT



REPORTED NUMBER OF DIAGNOSES PER CHILD



DIAGNOSES AND IDENTIFIED SUPPORT NEEDS OF CHILDREN AS REPORTED IN SURVEY RESPONSES

ADD/ ADHD	Allergies	Anxiety	APD	Asthma	Attachment Disorder
Auditory Processing Disorder	Autism	Binocular instability	Bowel Disorder / IBS	Brain Damage/ Injury	Cerebral Palsy
C-PTSD	Deaf	Demand Avoidant	Depression	Developmental Delay	Developmental Trauma
Diabetes	Dyscalculia	Dysgraphia	Dyslexia	Dyspraxia/ DCD	Eating Disorder
Emotional Disregulation	Epilepsy	FASD	FVS	GDD	Genetic Disorder
Hearing Impaired	Hypermobility /HJS	Irlen Syndrome	Language Disorder	Learning Disability	Motor Disorder
OCD	ODD	PANS	PDA	Processing Delay	PTSD
Saccades	Scoliosis	Selective Mutism	Sensory Integration Disorder	Sensory Modular Disorder	Sensory Processing Disorder
Seperation Anxiety	speech language delay / disorder	Sleep Disorder	SpLD	Tics	Tourettes Syndrome
Trauma	Tuberous Sclerosis	Vision Impairment	Wheelchair User	Awaiting Diagnosis	

Additional diagnoses were presented in the findings. Due to the rarity of these diagnoses, they have not been listed here in order to protect the identity of the children and maintain their confidentiality.



THE IMPACT OF STRUCTURAL INEQUITY

Data in this report does not provide insight into how structural inequities may pose a higher risk for the use of restrictive practices on people from Black, Asian, and other racial and ethnic population groups in England. While participants reflected in this data had the option to enter their racial and ethnic heritage, nearly half of participants opted not to answer this question. Others entered nationality as opposed to ethnicity. Thus, the data in this report does not provide a clear picture of how restraint and seclusion impacts students in England based on race and ethnicity; however, data from other sources indicate that race, ethnicity, socioeconomic status, geographic location, and immigration status contribute to disparities in how structural inequities are experienced in England.

It is important to note that recently-reported data in the UK reflects that inequalities in education, service provision, health care, policing, and mental health services disproportionately impact Black children and adults. Data released by the Department of Health and Social Care (2021) indicate that, “Black people are over 4 times more likely to be detained under the [Mental Health Act] and over 10 times more likely to be subject to a community treatment order.” Data from the Department for Education indicate that Roma and Irish Travellers have the highest suspension (2023a) and exclusion (2023b) rates, followed closely by Black students.

The Universities and Colleges Admissions Services (UCAS) noted that between 2013 and 2017, Black applicants were 22 times more likely to be investigated than white university applicants (Jordan, 2019). The Commission on Inequality in Education (Clegg, Allen, Fernandes, Freedman, & Kinnock, 2019) demonstrated that economically disadvantaged areas had access to less experienced and qualified educators.

Disparities in diagnostic prevalence of autism reveal significant differences in autism identification rates, with Black students being diagnosed most frequently (2.1% of students) and Roma/Irish Travellers least frequently (0.85% of students) compared to white students (1.8%) (Roman-Urrestarazu, et. al, 2021).

The Youth Justice Board from the Ministry of Justice published statistics in 2021 that indicated that over half of youths in criminal custody were Black, Asian, or from minority ethnic groups in 2020 (2021).

We acknowledge that disparities identified across England in existing systems indicate that race and ethnic background impact the way that systems are experienced by individuals. While the data in this report does not indicate the prevalence rate or frequency of restraint and seclusion used on specific racial and ethnic groups, other data and systematic reviews indicate that Black, Romani and Irish Traveller, and other minority racial and ethnic groups experience structural inequities at higher rates and may be disproportionately impacted by restrictive practices and use of force.





RESTRICTIVE PRACTICE ACROSS ENGLAND



**CHILDREN AND FAMILIES' EXPERIENCES OF RESTRAINT AND SECLUSION IN
ENGLAND 'S SCHOOLS**

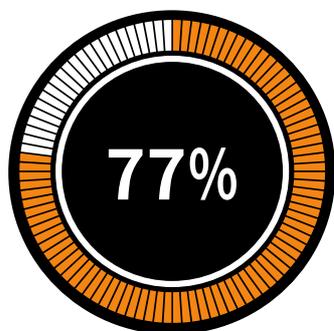


HAS YOUR CHILD EXPERIENCED THE USE OF RESTRAINT AND / OR SECLUSION AT SCHOOL?

"Restraint" is classified as an act carried out with the purpose of restricting an individual's movement, liberty, and/or freedom to act independently. It can therefore include incidents where a child is restrained or placed in seclusion.

Restraint can also be chemical (the use of drugs to control behaviour) and mechanical (such as chairs, velcro, reins, wrist straps, cuffs, body wraps, leg/ankle straps).

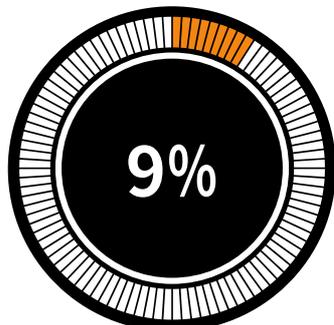
RESPONDENT ANSWERS



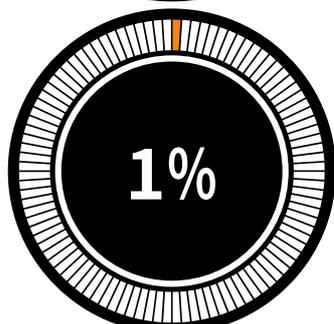
Restraint and Seclusion



Restraint only



Seclusion only



Suspected, not confirmed



HAS YOUR CHILD EXPERIENCED THE USE OF RESTRAINT AND / OR SECLUSION AT SCHOOL?

WHAT RESPONDENTS TOLD US

5 teachers holding my autistic son face down on floor.

This was carried out due to the convenience of the school/lack of understanding of sen children. Easy option/time constraints. Much of the restraints could have been avoided, and yet it was an established SEMH school.

My son was restrained several times and on one occasion locked in an office, another occasion he was thrown out into the carpark.

My son has been restrained and secluded most days. School won't apply for EHCP. School don't see a problem with harming my child.

Restrained because they did not have the patience, understanding or kindness to deal with an anxious and very likely autistic child.

This was in front of all the families just because he was crying and screaming coming into school in the mornings. He was not a danger to himself or anyone else. He is a tiny and would not hurt a fly.

Held on the floor for over 30 minutes awaiting arrival of parent. Removed from class and put in a separate room. Devastating.

My son was never violent and he was four. He didn't want to go into the classroom and the assistant picked him up and carried him inside. He screamed and fought so she put him down in the classroom and then sat on him. I removed him from that school.

Also isolated from other children for over a year (since 5 years old) taught with an adult outside the classroom and no playtime.

My child was locked in a small room with no windows due to her behaviour in 2020. No adult stayed with her. She was very distressed. She had carpet burns on her knees.

My son has told me on a number of times he has been kept secluded from other staff and pupils in his class. Usually at lunch time while they go out to play, he is kept inside, sometimes as a punishment for behaviours he has no control over.

He's been restrained in a corner and felt like he was going to die and couldn't breathe in a seclusion room in a special school.

HAS YOUR CHILD EXPERIENCED THE USE OF RESTRAINT AND / OR SECLUSION AT SCHOOL?

WHAT RESPONDENTS TOLD US

“ Pinned by 2 adults one either side, dragged to a room pushed in and door held shut ”

“ Restrained at 4 years old. ”

“ Also isolated from other children for over a year (since 5 years old) taught with an adult outside the classroom and no playtime. ”

“ Multiple times, particularly when he first started the school in September 2021. ”

“ My son has told me on a number of times he has been kept secluded from other staff and pupils in his class. Usually at lunch time while they go out to play, he is kept inside, sometimes as a punishment for behaviours he has no control over. ”

“ Age 6 at a mainstream school restrained by 3 members of staff. ”

“ My child was locked in a small room with no windows due to her behaviour in 2020. No adult stayed with her. She was very distressed. She had carpet burns on her knees. ”

“ He was contained in an infant school head teachers office, unable to leave. Experienced verbal and emotional abuse. This carried on over a couple of years. ”

“ Last time he was restrained in mainstream, school said it took 4 people, my child told me there were 5 people holding him. When SENDIASS asked the Headteacher how long for, he said 45 minutes! ”

“ He states he was dragged out of the classroom, down the corridor and locked in a room until he calmed down. Since this time his mental health has deteriorated rapidly. ”

“ Many times without my knowledge under the guise of a blue room or calming space. ”

“ Seclusion started in Y1 and restraint also started in Y1 ”



THE EDUCATIONAL SETTINGS

In England, in 2019, the [Department for Education produced non-statutory guidance](#) around reducing the use of restraint and restrictive interventions in special schools; this guidance did not extend to other educational settings. Following the publication of this guidance the Department for Education went on to carry out a [consultation](#) looking into whether further guidance was needed that related to mainstream schools, pupil referral units, alternative provisions, non section 41 provisions, and other exceptional placements. This consultation, which closed in October 2019, has never been reported on.

ICARS surveyed respondents to determine the type of educational settings in which their child or children had been restrained and/or secluded. For a number of children, restraint and seclusion had occurred in more than one type of setting. The respondents were asked to describe the setting in as much detail as possible. The results outlined in the table below demonstrate the harrowing reality that in the UK, restraint and seclusion happens across the board in school settings of all types. It is notable that, as outlined above, Department for Education guidance relating to reducing the use of restraint and seclusion only applies to special schools, yet 71% of restraint reported to us in England is happening in mainstream schools.

71% of respondents reported their child's restraint happened in England's MAINSTREAM Schools

The results showed that this is a practice which is being disproportionately used in mainstream schools against children with diagnosed disabilities or awaiting a diagnosis or EHCP determination.

EDUCATIONAL SETTINGS *			
ACADEMY	ALTERNATIVE PROVISION	ASD SPECIALIST	COMMUNICATION PLACEMENT
INDEPENDENT	INDEPENDENT SPECIALIST	NURSERY	NURSERY (PRIVATE)
NURTURE BASE	MAINSTREAM	MAINSTREAM ACADEMY	MAINSTREAM C OF E
MAINSTREAM CATHOLIC	MAINSTREAM INDEPENDENT	MAINSTREAM MAINTAINED	MAINSTREAM PRIVATE
MAINTAINED	PUPIL REFERAL UNIT	RESIDENTIAL	RESIDENTIAL INDEPENDENT
SEC 41 ASD	SEC 41 SEMH	SEMH ACADEMY	SEMH INDEPENDENT
SEN ACADEMY	SEN / ASD UNIT	SEN ALTERNATIVE	SEN INDEPENDENT
SEN MAINSTREAM	SEN PRIVATE	SEN PROVISION	SEN PRIVATE
SEN PROVISION	SPECIALIST	SPECIALIST INDEPENDENT	SPECIAL PRO ACADEMY

* Educational settings respondents listed their child had been restrained and / or secluded in.

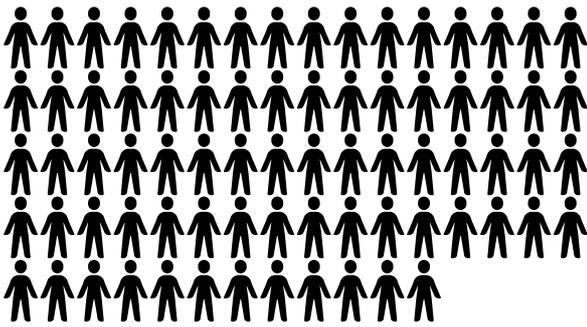


WHAT DID FAMILIES KNOW?



WERE RESPONDENTS AWARE THAT THEIR CHILD COULD BE SUBJECTED TO RESTRAINT AND SECLUSION IN SCHOOL?

A disturbing picture emerged when ICARS explored with respondents whether they knew restraint and seclusion could be used on their child at school prior to it happening.



76%

of respondents were not aware that restrictive interventions could be used in schools and had not given permission for them to be used.

7%

of respondents were not aware they had signed permission, it was not made clear on the school paperwork.



6%

of respondents gave permission because they were told their child would not have a school placement if they did not sign.

5%

of respondents gave permission not knowing what it meant.



3%

of respondents gave permission for restrictive practices to be used.

2%

of respondents gave permission and then rescinded permission.



1%

of respondents suspected restrictive interventions but it was not confirmed.

Respondents forced to sign permission were frequently told that their child could not attend school if they did not sign an agreement that restrictive practices could be used on their child by the school. This was before the child entered the school gates and became an enrolled pupil.

ICARS can find no requirement in governmental guidance that gives educational settings the authority to force a parent/carer to agree to the use of restrictive practices prior to a child being granted access to education. ICARS suggests that this practice could be discriminatory, as parents of non-disabled children are not forced to sign requirements such as these in order for their children to access education.

WERE PARENTS INFORMED RESTRICTIVE PRACTICE COULD BE USED AS A BEHAVIOURAL TECHNIQUE AGAINST THEIR CHILD PRIOR TO STARTING SCHOOL?

WHAT RESPONDENTS TOLD US

Only found out when my child was coming home with horrific injuries.

I was aware that it would be used in his ASD school if they had exhausted all options and they felt he was a danger to himself or others.

I was never told, child non verbal drew his experience. Once occurred on play ground and was witnessed being dragged across it by other parents.

Yes , but I then had a ASD diagnosis and said i don't want him restrained anymore as they were too physical and smashed his head against brick walls, kneed him and kicked him.

I was aware of PRO ACT SCIP but not being locked in a room.

It may have been noted on forms but was not mentioned explicitly. Even if it had been I was led to believe there was no other way he could access school safely. We now obviously know this to be a lie.

They called it positive handling, and made us sign a form.

No, but in one of the provisions a mappa /teach guide was placed in the reception waiting area.

It wasn't until our child started showing difficulties that they told us about team teach. I suspect they used it as standard towards the end of his time there rather than as a last resort.

Manual handling was added to his plan without us being informed or consenting to it despite this being a known trigger.

Schools never discussed restraint or seclusion before my son started school.

We were told by head teacher that restraint could be used as a last resort if he was seen as a danger to himself or others. No explanation was given regarding type of restraint or detailed circumstances when restraint might be warranted.

WERE PARENTS INFORMED RESTRICTIVE PRACTICE COULD BE USED AS A BEHAVIOURAL TECHNIQUE AGAINST THEIR CHILD PRIOR TO STARTING SCHOOL?

WHAT RESPONDENTS TOLD US

“ This company was found to have been abusing, secluding and restraining several children whom have significant additional needs. ”

“ We did not give permission for the school to use restraint or seclusion and this was never discussed with us as parents. Indeed, the school appears to have tried to cover up their mistreatment of our son. ”

“ The school didn't tell us anything. ”

“ They made me sign a form after he started. They said he couldn't go to the school until it was signed as it was a legal requirement. No signature, no school. ”

“ Yes they said as a last resort but it was always the first thing they did. ”

“ I was sold the school as a nurturing school especially for my child's needs . I did not know an exclusion room existed nor shown it when looking around. I did not even know these kind of practises were happening at all , let alone were legal. ”

“ I was told to sign a handling contract before my son could start and I told them I don't give permission for restraining my son. ”

“ They said that they had training in interventions that was very open to interpretation, but it certainly wasn't described to us as effectively locking him in a room. ”

“ The school refused to accept the professional diagnoses and instead followed a policy of trying to 'normalise' him (their words). They withheld information from their own private EP. ”

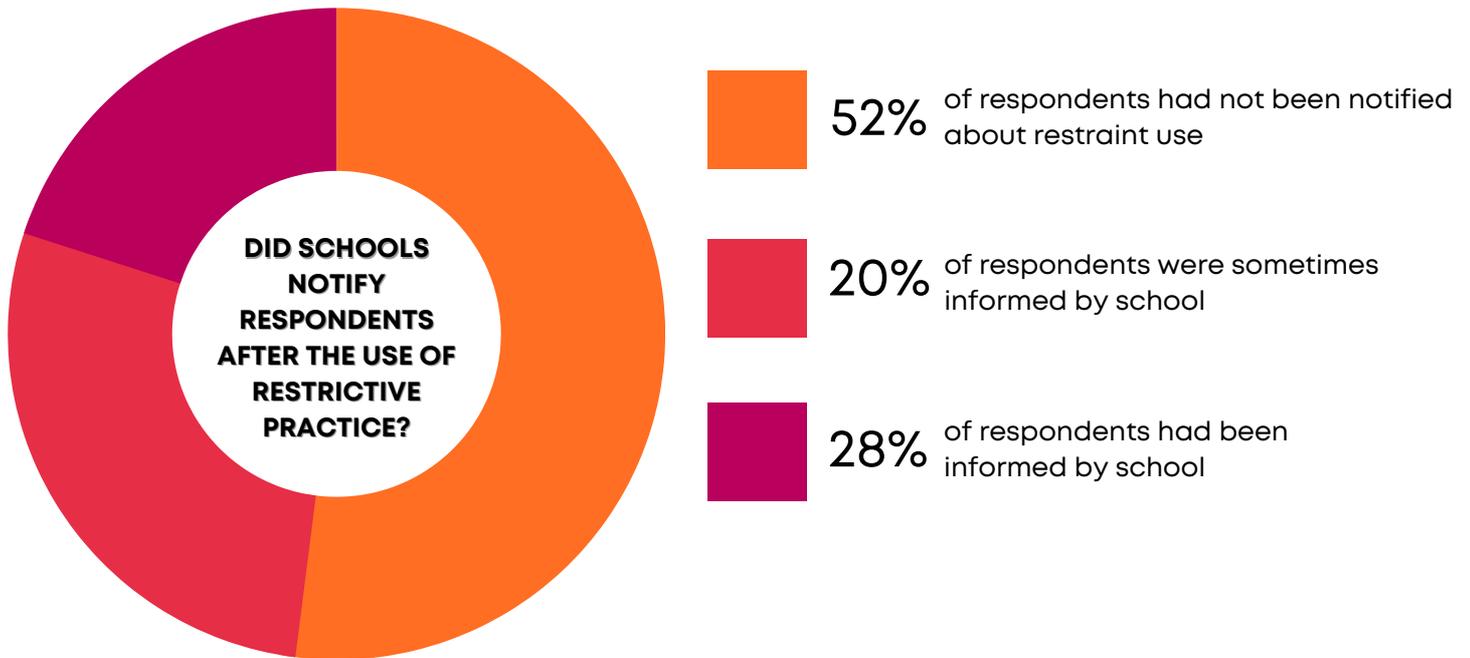
“ Told they couldn't educate him if not strapped in chair. ”

“ The school maintained I gave permission but a SAR showed that I had not. ”

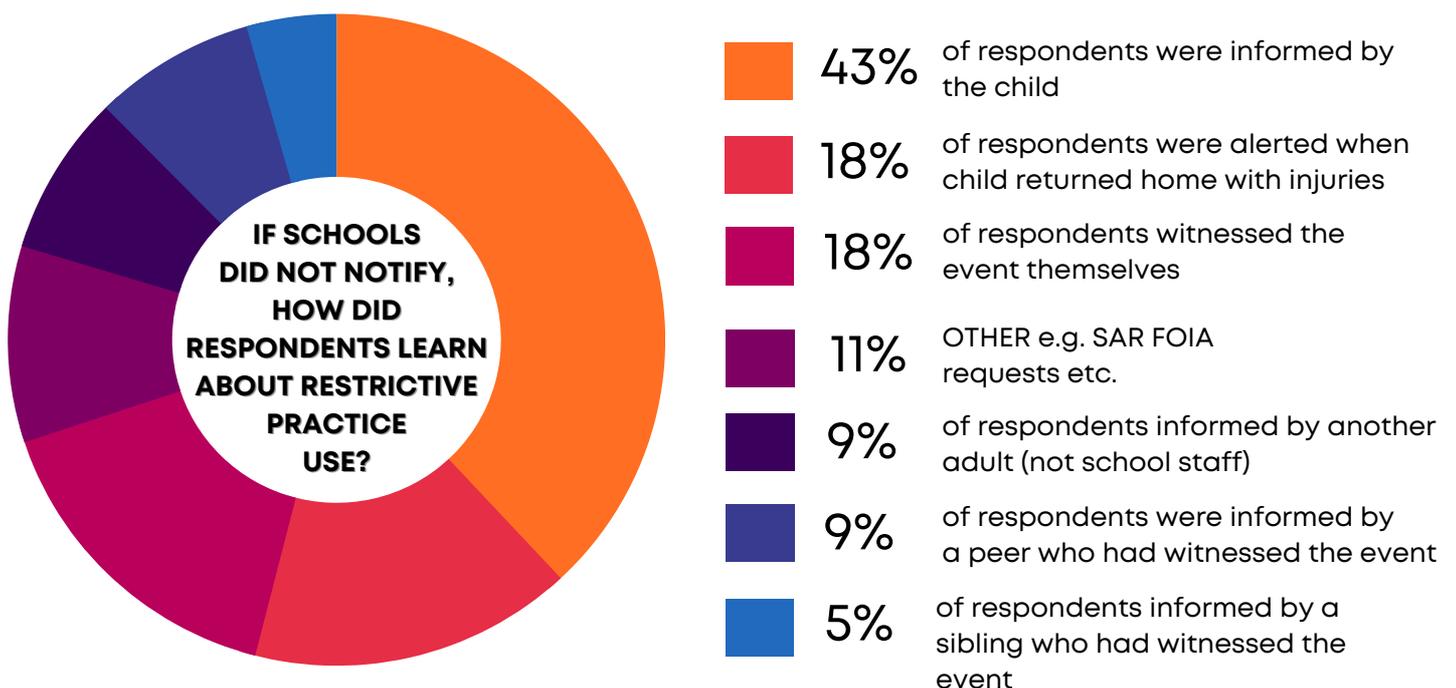
“ It is written into his EHCP that restraint should not be used due to trauma caused after a hospitalisation (incorrect technique used by 4 adults in a SEN school) that was agreed prior to his school admission. ”

WERE RESPONDENTS INFORMED BY SCHOOL WHEN RESTRICTIVE PRACTICES WERE USED?

WE ASKED RESPONDENTS IF THEY WERE NOTIFIED BY THE SCHOOL WHEN THEIR CHILD WAS SUBJECTED TO RESTRAINT AND / OR SECLUSION PRACTICES.



RESPONDENTS NOT INFORMED BY SCHOOL FOUND OUT RESTRICTIVE PRACTICES WERE USED IN THE FOLLOWING WAYS



Respondents whose child had been subjected to numerous restrictive practices over an extended time period were often informed of restraint and seclusion events in multiple ways.

DID YOUR SCHOOL NOTIFY YOU THAT RESTRAINT AND/OR SECLUSION WERE USED?

WHAT RESPONDENTS TOLD US

“
The Senco let it slip out while I was questioning her regarding little mans behaviour changing so drastically.”

“
Teachers informed me off the record but no written.”

“
The school used to ring n tell me every time they put him in isolation. As I complain about unfair times or excessive times-such as this week when they tried to put him in there for [numerous] continuous periods- they rarely inform me anymore.”

“
Their paperwork was completed sporadically & they told me they did not have to keep records legally.”

“
Not exactly - key worker was appalled and informed me what had happened.”

“
School would notify of restraint holds eg 'caring c's' but not of the use of seclusion. I found out through a freedom of information request.”

“
The deputy head said, “if we told you every time we used restraint we'd be on the phone every 5 minutes and I'm sure you've got enough to do.”

“
They have, but I'm not sure if there's more that they haven't said about.”

“
They tried to deny it had happened until I informed them I had a witness.”

“
Occasionally, the school reported that assistants had used a "double elbow hold" with our son.”

“
Informed then threatened with her being excluded for good. Like they doing me a favour and giving her another chance.”

“
In a meeting it was divulged by accident.”

IF YOU WERE NOT INFORMED BY THE SCHOOL, HOW DID YOU FIND OUT RESTRAINT AND/OR SECLUSION WERE BEING USED?

WHAT RESPONDENTS TOLD US

My child informed me sometime later, shortly after a traumatic flashback.

My son told me he was being held and locked in a room every day he was in school.

I was never told, child non verbal drew his experience. Once occurred on play ground and was witnessed being dragged across it by other parents.

Child came home with bruises, witnessed on one occasion by [professional title] and he told us.

I only found out when I was called to collect my son from school for having a meltdown. The school receptionist took me straight through and I saw the incident with my own eyes.

Ta in school told me on occasion or child told me.

Therapists witnessed it when they visited school to assess my son.

Son came home and advised of witnessing peers being restrained daily fter discussing opened up about what school staff had done to him.

Discovered seclusion on arriving at the school to collect him.

Peer told their parent who contacted me. Own child had told me, but school told me he was a liar and I always believed him!

I turned up at the school to hear my son screaming to get off him.

Had to get the police to look at the CCTV footage to find out where his injuries came from.

IF YOU WERE NOT INFORMED BY THE SCHOOL, HOW DID YOU FIND OUT RESTRAINT AND/OR SECLUSION WERE BEING USED?

WHAT RESPONDENTS TOLD US

Came out in therapy sessions.

My son informed me on the Friday, it was to occur from Tuesday of the following week until Christmas. My son then went a fear state.

Bruising on my son that they lied about and my sons change in behaviour to scared for me to even leave him to go to bathroom, this was later found out to be because they would lock him in a dark room for hours at a time!

As previously stated [relative] spotted him being restrained at nursery because he wouldn't eat a yoghurt.

My nieces would come out of school and inform me my son had been dragged and held in school my daughter once came home very upset my son had been fireman lifted in the playground which is not safe.

Our son came home from school with red marks on his arms that looked like wrist straps.

My son told me he was being held and locked in a room every day he was in school.

Bruised red mark's on neck and full of tears telling me what happened. But sometimes they told us what happened. One time two big men over 6 foot both held my son together he was 7 they pinned him onto the floor. Two 6 foot men.

Discovered seclusion on arriving at the school to collect him.

I witnessed it.

Other parents mentioned things their children were saying and my other son was upset as he had seen his brother "dragged down the corridor.

Photos sent home.



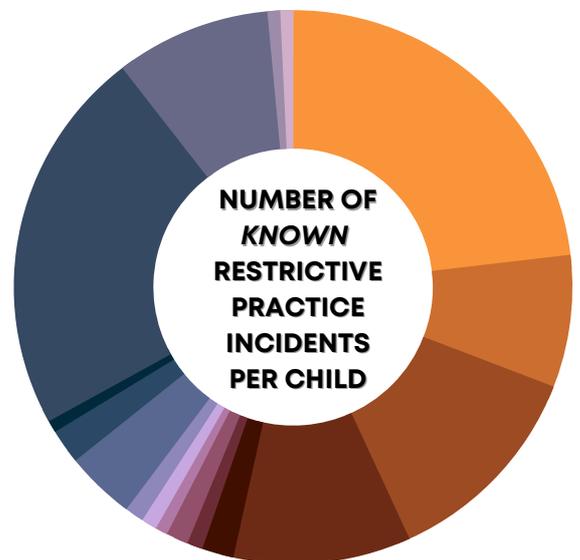
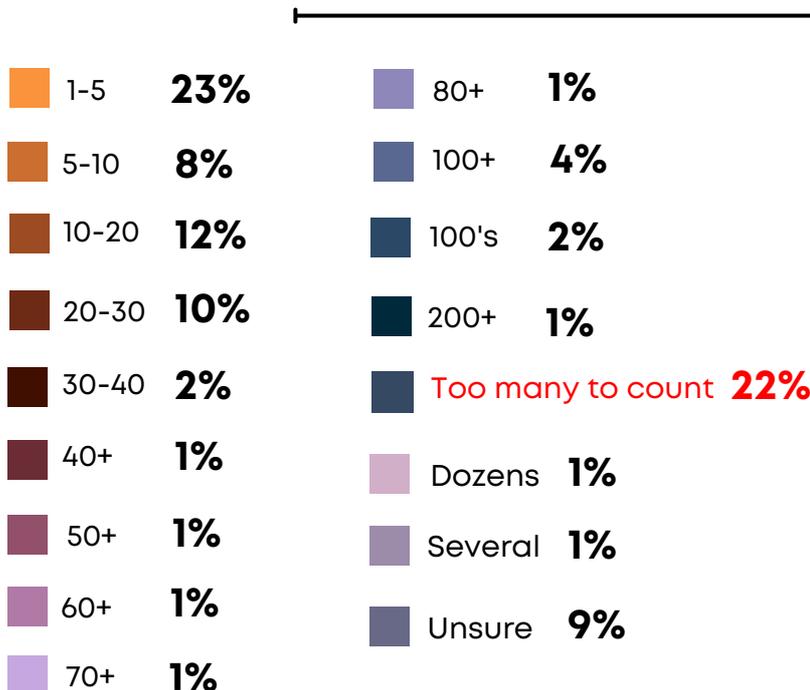
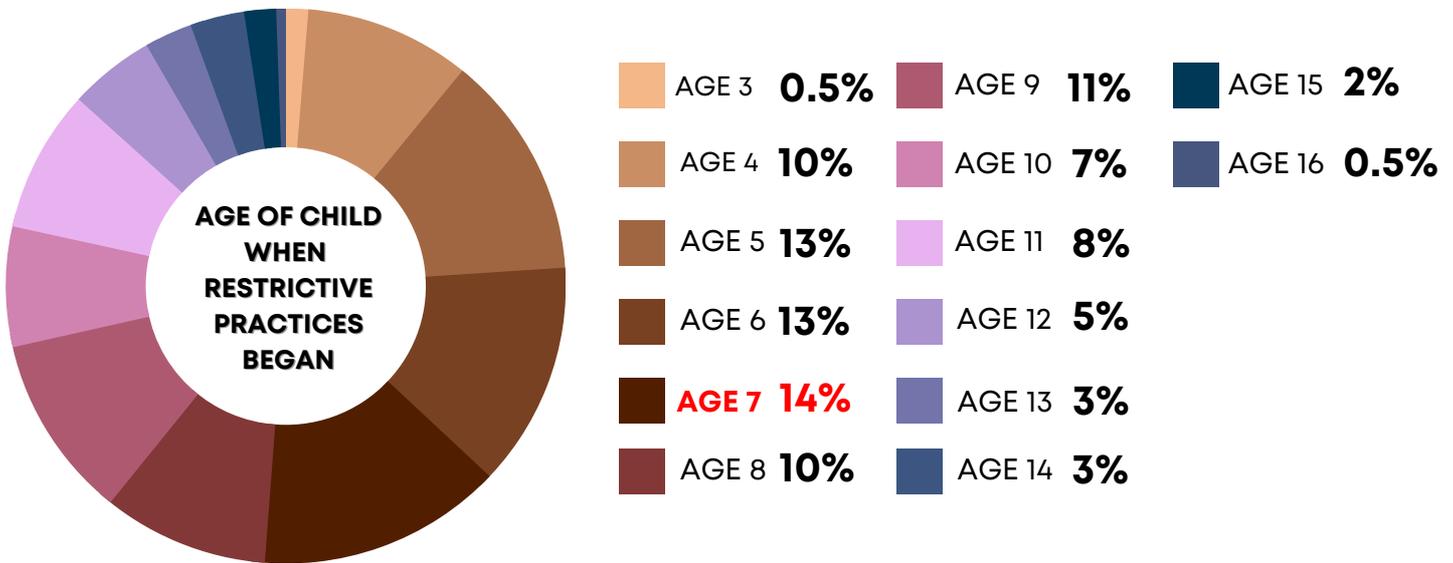
AGE AND FREQUENCY OF RESTRICTIVE PRACTICE USE



THE AGE RESTRICTIVE PRACTICES BEGAN

78% OF CHILDREN WERE FIRST SUBJECTED TO RESTRAINT AGED 10 AND UNDER.

Children’s formative years are a critical time for their development. During these years, they experience rapid cognitive (intellectual), social, emotional, and physical development. However, the ICARS survey found that disabled children are already experiencing restrictive and aversive practices during this period, with detrimental and long-lasting consequences. The physical and psychological effects of restraint during these years creates life-long trauma and mental health issues including anxiety, depression, trauma, and suicide. The financial cost is great across generational life cycles; the cost to individuals greater as we consider Winterbourne, Whorlton Hall, the Edenfield Centre, and most recently Fullerton House, Wheatley House, and Wilsic Hall run by the Hesley Group.





THE NUMBER AND FREQUENCY OF KNOWN RESTRAINT AND SECLUSION INCIDENTS AT SCHOOL .

Can you imagine if your child's school restrained or secluded your child... and nobody told you? This is the reality for many parents and carers. Far too few parents and carers in England are being told about teaching staff's use of restraint and seclusion against their children, shown in this data set, outlined on page 29 of the report. Over three quarters of respondents, all of whom had at least one child who has experienced restraint and/or seclusion at school, had no idea that restraint and seclusion could be used against their child until after it happened. No permissions were sought and no conversations were had with parents or carers about the potential for these restrictive approaches being used.

Over three quarters (78%) of the respondents reported that restraint and seclusion had been first used on their child before the age of 10 years old. Many very young children are restrained every year.

Over half of the respondents reported that they were not told by school staff **after** restrictive and aversive practices had been used on their children. Rather, they discovered their child had been restrained or secluded from the child themselves, they spotted injuries on their child that caused them to ask questions, or they were informed by others who witnessed it. This is the case despite the young age, and the increased vulnerability due to disability, of the cohort of children represented in the survey and regardless of the harm caused by restrictive practices.

Virtually none of the respondents had understood before it happened to their child that children could be subjected to restraint and seclusion whilst in the care of school staff. Even fewer had given permission for such practices. Appallingly, nearly a third reported that their children had been restrained and/or secluded hundreds of times or too many to even count.

Unfortunately, these experiences are not new. In 2008, Francis Gilbert penned "[Schools are for learning, not imprisonment](#)" in The Guardian which details parent Andrew Widdowson's campaign to expose the abuses his son endured. Far too many disabled children have been harmed from the over abundance of restrictive practices, restraint and seclusion, which have become intrinsic features of their educational experience.

Whilst most would be horrified to hear these lived experience testimonies and alarmed at what they tell us about restraint and seclusion practices in schools throughout England, no laws have been broken. We reiterate, what we have discovered does not see schools in breach of government law or policy in this area. Despite the known traumatising and harmful nature of restraint and seclusion, there are no legally enforceable mechanisms across England that require schools to:

- Use restrictive practice only as an emergency procedure.
- Inform parents/carers that restrictive practices may be used on their child and what that means.
- Allow parents/carers to refuse its implementation.
- Notify parents/carers and provide records when restrictive practice has been used.
- Inform parents/carers if staff use restrictive practices that could be life-threatening.





Life-Threatening Restraint

CONTENT NOTICE: THIS SECTION CONTAINS THE TESTIMONY OF CHILDREN SUBJECTED TO LIFE-THREATENING RESTRAINTS. READER DISCRETION IS ADVISED.





LIFE-THREATENING RESTRAINT

Key points:

- The use of restraint is not a victimless practice
- There is overwhelming evidence collected over decades determining the very real risks of restraints that restrict breathing and blood flow to the brain.
- Increasingly international territories are legislating against the use of life threatening restraint.
- Meanwhile the Westminster government have implemented no protections against restraints that kill in education.
- Urgent action is needed to safeguard children from this known and deadly risk.

We draw your attention to the children listed at the beginning of this report on page 4, and the letter from Max Benson's mother, Stacia Langley. All of the children listed have tragically died before their time as a consequence of restraint.

When considering Article 2: Right to Life of the [Human Rights Act 1998](#), [The Equality and Human Rights Commission](#) state on their website:

This means that nobody, including the Government, can try to end your life. It also means the Government should take appropriate measures to safeguard life by making laws to protect you and, in some circumstances, by taking steps to protect you if your life is at risk.

Public authorities should also consider your right to life when making decisions that might put you in danger or that affect your life expectancy.

Having read this, no rational person would conclude that the use of "reasonable force" as outlined in the Department for Education guidance [Use of Reasonable Force \(2013\)](#) should involve using restraints that are life-threatening. Yet, the fact is that educational staff are not prohibited from using life-threatening restraints against children in England's educational system. Thus we ask:

- Is the the failure to prohibit restraint that places children in danger in violation of the [Human Rights Act 1998](#)?
- Are local authorities, academies, and other public and private bodies responsible for the oversight of schools in violation of the Human Rights Act for allowing an approach to be used with children, most frequently disabled children and others with protected characteristics, that places them in danger, thereby threatening their life expectancy?



LIFE-THREATENING RESTRAINT

What respondents told us:

“ sat on by a grown person, pulled across the floor by arms, **his arms were crossed on his chest and pulled back behind his back. He was choking and unable to breathe.** ”

“ **Pinned to floors prone and face down with knees pushed into back and neck.** ”

“ 5 teachers holding my autistic son **face down on the floor.** ”

“ He collapsed **complaining he couldn't breathe** and felt dizzy and sick, **no medical attention was given.** ”

“ **3-person restraint...1 staff member holding each arm to the floor and 1 holding his legs, while he was lying on his stomach.** ”

“ **Face planted on his front with 4 adults pinning him to the floor.** On occasions I was informed that **they had held him like this for over an hour.** ”

“ One time the teacher grabbed the back of my child's head and **slammed his head to the floor.** ”

“ At his special school he has been restrained regularly but was injured 2021 from a caring c hold, his mouth bled and **he collapsed after because he couldn't breathe.** ”

“ She was restrained with **one arm across my child's neck** and across under her armpit. ”

“ I witnessed a **supine floor restraint.** ”

“ **Three people involved in restraint. Face down on floor.** ”

“ He was restrained many times and **prone restrained.** ”

LIFE-THREATENING RESTRAINT

What respondents told us:

Suffered **prone restraint** after a seated hold was done badly.

I had complained because they were using what my son described as a **basket hold**, but they said it was a hold similar to that and that they used team teach, making me feel it was justified.

Described how the staff restrained him during a video interview with police. It accurately describes a **facedown basket hold**. He also told social workers **they would strangle him and he could not breathe**. When he demonstrated it to the police, it was a **basket hold**.

I was informed of a **floor-restraint**.

Even a **basket hold** was used but the school tried to tell me it was the T wrap when I complained.

I'd forgotten to give them his bag, went back about a minute later to find him being **restrained by 2 adults on the floor**.

One time **two big men over 6 foot** both held my son together **he was 7** they **pinned him onto the floor**.

He was **pinned to the floor** with **an adult on each limb**.

He subluxed ribs, had bruises and **had breathing difficulties**.

held for long periods of time, I know my son **thought he would die on at least 1 occasion**, he **couldn't breathe** and they had to help him. I never knew this until much later.

Most denied but mechanical restraint and **prone restraint** was put down to lack of training

At mainstream he was restrained many times and **prone restrained** according to friends working in the school but I couldn't get the records.



LIFE-THREATENING RESTRAINT

These lived experiences provide clear evidence that life-threatening restraints are being used against vulnerable children under the provision of “reasonable force” in educational settings across England. Whilst all restraint is dangerous, these basket holds, neck holds, prone, and supine restraints carry an increased risk of restricting the flow of oxygen and blood flow to the lungs and brain, risking death or permanent brain, heart, or lung injury. A preponderance of research illustrating the risks posed by specific restraints has been available for decades. (A selection of the evidence is listed at the end of this section).

The Department for Education cannot claim that their failure to make educational settings safer is due to a lack of evidence or academic and public research on the harms associated with restraint. Rather, to date, the data and the plight of disabled children have been deprioritised by legislators and policy makers across England. In contrast, international lawmakers have and continue to legislate against life-threatening restraint practices.

It is not necessary for Westminster or the Department for Education to engage in lengthy processes, data collection, and consultations before taking definitive action to prohibit life-threatening restraint. Disabled children do not have that time. In April 2004, Garth Myatt died following the use of a “seated double embrace” restraint technique at the Rainsfield Detention Center, Northamptonshire. Nearly 20 years ago, in 2004, Adam Rickwood committed suicide after being subjected to an unlawful restraint called the “Nose Distraction Technique.” Carlyne Willow of [Article 39](#) addressed these deaths along with the deaths of 33 others over a 25-year period in her book, [Children Behind Bars](#). In the 20 years since Garth Myatt and Adam Rickwood tragically lost their lives, the facts have not changed. The best time for action was yesterday.

Thus, we call on Westminster to act with urgency in order to put an end to life-threatening practices in schools. This grave urgency is not hyperbolic. It is, quite literally, a matter of life and death. These deaths can and must be prevented through legislation. Currently, private restraint training and behaviour management companies and their lobbyists have increasing influence in legislation and within educational settings across England; however, their encroachment on primary and secondary education has only seen a counterproductive impact in the form of an increase in restraint incidents and school refusal.

To date, 37 states in the United States have banned the use of prone restraint and restraints which inhibit breathing in schools: Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, New Hampshire, New Mexico, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, and Wyoming.

The Westminster Government is only being asked to adopt and implement protections which have established precedents in other constituencies. Internationally, lawmakers have recognised the research and casualties and have implemented legislative protections that prevent these risks and encourage culture shifts that value the rights, dignity, and bodily autonomy of children.



LIFE THREATENING RESTRAINT

The Normalisation Of Life Threatening Restraint

This report is not the first time ICARS has formally addressed the dangerous use of restraint in England's schools. Following the BBC2 broadcast of a documentary series entitled [Don't Exclude Me](#) (2021), wherein prolonged, intrusive, dangerous restraints were normalised as a "best practice" in behaviour management for non-violent behaviours or emotional dysregulation. In this documentary, government behaviour advisor Marie Gentles was portrayed restraining a disabled six-year-old and training others to do the same. This restraint was far from best practice. The featured hold shown was a "T-wrap," a form of basket hold, which has been shown to carry with it the risk of restricted breathing. The featured restraint had been withdrawn from the training provider's syllabus prior to the filming and broadcast of the programme. A UK expert in positional asphyxiation, Dr. John Parkes from Coventry University, stated about the hold, "I would not recommend the restraint position shown on the video."

Yet the ICARS' complaint, joined by 108 organisations, stakeholders, and advocacy groups, plus 200 individuals, was not upheld by the BBC or Ofcom. Instead the BBC's Complaints Director and investigator, Jeremy Hayes wrote, "I consider that what is shown in the programme is consistent with the law and good practice concerning the restraint of children at school." The full complaint process can be followed on the ICARS website, at ["The normalisation of restraint in mainstream media."](#)

Examples like the BBC's documentary, *Don't Exclude Me*, condition educators and broader society to consider these restrictive practices are *normal* and *acceptable* when utilised against disabled children.

Preventing the ongoing use of life threatening restraint across England demands immediate attention in the form of robust legislation. Government guidance, whether statutory or voluntary, has proven itself insufficient. Absolute clarity is required to protect the lives of disabled children. Current loopholes, such as those outlined in the framework detailed in [The Department for Education's statutory guidance publications for schools and local authorities](#), allow schools to determine themselves whether they have "reason" to engage in life-threatening restraint. The safety of children, and primarily disabled children, is relegated to an option to be meted out at the discretion of staff who have been trained and socialised to use these practices. Processes to safeguard the rights of pupils by allowing parents, teaching staff, and onlookers to lodge complaints and initiate investigations are critical to increasing accountability and prevention of future incidents. Unfortunately, the ICARS data demonstrates that virtually no effective processes or avenues currently exist in this area. (Page 84 Complaints, processes, and accountability).





LIFE-THREATENING RESTRAINT

British Broadcasting Corporation Broadcast Centre, BC2 B4, 201 Wood Lane, London, W12 7TP

Telephone: 020 8743 8000 Email: ecu@bbc.co.uk



Executive Complaints Unit

Ms Becky Gillespie
International Coalition against Restraint and Seclusion

Via email

Ref: CAS-6946369

19 January 2022

Dear Ms Gillespie

"Don't Exclude Me", BBC Two, 7 October 2021

Thank you for your letters to the Executive Complaints Unit regarding a programme broadcast on BBC Two which showed an expert in child behaviour management, Marie Gentles advising members of staff at a school and interacting with children. You identified a particular incident involving the physical restraint of a child in the playground at the school which you criticised. To summarise your objections, you stated that:

- a) It was not appropriate to restrain the child in question because his behaviour was not sufficiently extreme as to require it, and you consider the hold used to be dangerous.
- b) The action taken by Ms Gentles in physically restraining him was unsafe, and could have risked his safety and welfare.

And you requested that in the light of these criticisms, the programme should be taken down from the BBC's iPlayer as it could encourage other teachers to emulate Ms Gentles' approach, methods and behaviour.

The BBC's Editorial Guidelines concerning the Safeguarding the Welfare of Children and Young People state that staff should apply the principles of the [BBC Child Protection Policy](#) in dealings with children and young people. In particular the policy states:

Although the BBC is not a statutory body it has a duty of care for any child with whom it interacts, regardless of the nature of the interaction, as well as a





LIFE-THREATENING RESTRAINT

responsibility to act in the child's best interests if it becomes aware of a risk of harm to a child, even if the risk lies externally to the BBC.

In addition the guidelines on Imitative Behaviour advise that:

Careful judgements are required about content which might lead to dangerous imitation.

I have reviewed the correspondence between you and the Complaints team at Stage 1 and the comments in your most recent letter to the ECU referencing the opinions of *Team Teach* and Dr John Parkes about the hold used by Ms Gentles in the scene shown, which you have supplied.

The Executive Complaints Unit is not qualified to make a judgement about the use of physical restraint by teachers but we note that the law and guidance from the Department for Education do permit the use of the type of hold used by Ms Gentles. In the programme prior to her decision to restrain the child she says:

If a child becomes a risk to themselves or a danger to those around them it's important to risk assess a situation. The priority is safety and keeping him and everyone else safe.

I have viewed a video on [Youtube](#) in which Ms Gentles discusses the incident, referring to behaviour before the actions she takes in the programme. In a statement published on [Twitter](#) she explains that there were other aspects not caught on camera which led her to judge that she should physically restrain the child to protect him and another child from his "dangerous behaviour". It has been established that no harm came to the children involved, resulting from Ms Gentles' actions, and the parents of the child who was restrained were informed about the incident. Accordingly I conclude that the production of the programme and the programme itself were consistent with the BBC's Child Protection policy in relation to this incident.

I turn to your concern that the programme could encourage people with responsibility for the care of children to emulate what you regard as unsafe practice. [Advice](#) from the government, published in 2013, on the "Use of reasonable force" in schools states:

The decision on whether to physically intervene is down to the professional judgement of the teacher concerned. Whether the force used is reasonable will always depend on the particular circumstances of the case. The use of force is reasonable if it is proportionate to the consequences it is intended to prevent.

As set out above Ms Gentles' professional judgement was that in the circumstances physical restraint was appropriate. Her decision to restrain the child was based on a reasoned assessment of the situation and his behaviour and in the circumstances,



LIFE-THREATENING RESTRAINT

given the way in which restraint was applied and then released, I believe it was measured and proportionate.

Moreover the hold used by her was not one against which the Department for Education has issued advice. Ms Gentles has explained that the boy was restrained in a ground hold partly because there was no chair available in the playground on which to seat him.

I understand that *Team Teach* does not approve or teach the technique used by Ms Gentles, however other agencies do continue to instruct teaching professionals on its safe application. *Team Teach's* opinion about the risks posed by the child's behaviour, and the basis for Ms Gentles' action, appears to be based on a selection of clips taken from the film, without the benefit of full knowledge of the circumstances.

I consider that what is shown in the programme is consistent with the law and good practice concerning the restraint of children at school. Accordingly I can see no basis for removing the programme from iPlayer, as you have requested.

For the reasons I have set out I am not upholding your complaint. There is no provision for further appeal against this decision within the BBC but it is open to you to approach the broadcasting regulator, Ofcom for its opinion. You can find details of how to contact Ofcom and the procedures it will apply at <https://www.ofcom.org.uk/tv-radio-and-on-demand/how-to-report-a-complaint>. Ofcom acknowledges all complaints received, but will not normally write back to individual complainants with the outcome of its considerations.

Yours sincerely

A handwritten signature in black ink that reads "Jeremy Hayes". The signature is written in a cursive style with a large initial 'J'.

Jeremy Hayes
Complaints Director





LIFE-THREATENING RESTRAINT

A Selection of Academic and Public Research on Restraint Risk and Death

Coercion-Free Practices

In 2015, the National Survivor User Network for Mental Health and Mind released their report, [Restraint in Mental Health Services](#). The report opens with the words, "Being physically restrained by staff as a patient on a psychiatric ward is not only humiliating and distressing, it can also be dangerous– even life-threatening."

Threat to life

Consistent with findings in the ICARS report, a [2014 report to the US Senate](#) found that suicidal ideation, suicide attempts, and completed suicide had happened as a direct result of restraint used in school settings.



40,000 RESTRAINTS

70% of reported restraints were used on disabled students.



TRAUMA

The report established that even in absence of physical injury, students subjected to restraint experienced severe trauma and even PTSD.

EVIDENCE

A comprehensive review of the evidence demonstrated no educational, emotional, or behavioural benefits come from the use of restraint and seclusion.



CORNELL UNIVERSITY



In 2021, [Cornell University's College of Human Ecologies published research](#) on the restraint deaths of children in institutional settings over a span of 26 years. The authors concluded that these restraint deaths were the result of preventable organizational failure, often due to cultures of control. One promising statistic was that following legislation restricting or banning restrictive practices, **restraint deaths decreased by 65%**.

US GOVERNMENT AUDIT



[A report commissioned](#) by the Committee on Education and Labor and the U.S. House of Representatives by Gregory D. Kutz (2009), Managing Director of the forensic audit and special investigation unit from the Government Accountability Office, highlighted the dangers posed by restraint.



Death



Serious Injury



Severe Trauma

REVIEWS OF RESTRAINT DEATHS



1

Equip for Equality and US Department of Health & Human Services

In 2011, a [report on 61 restraint deaths](#) found that nearly all who died in restraints had disabilities or health conditions.

2

Restraints impede the ability to learn

A [2010 US government review](#) found that the use of restraint causes trauma that impedes a student's ability to learn or regulate their own behaviours and emotions.

3

Restraints reduction improves conditions

A [2005 study](#) following a 91% reduction in the use of restraints found that cost of care, employee turnover rates, student and staff injuries, and adolescent behaviour incidents were also significantly reduced.



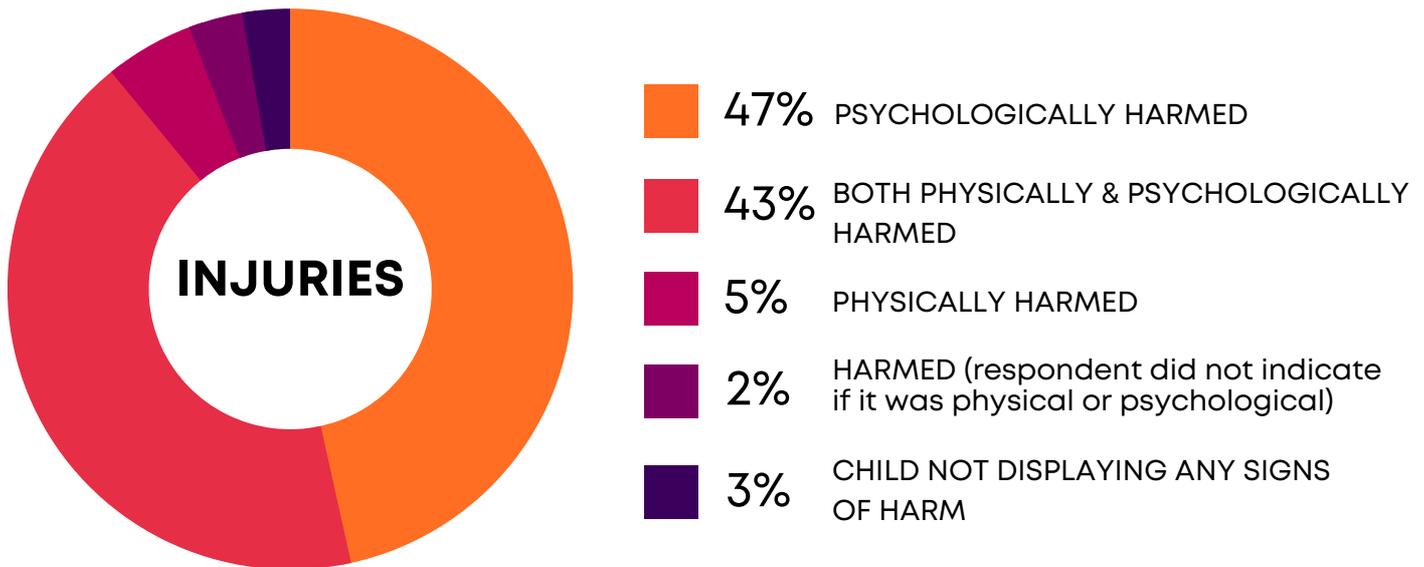
THE INJURIES

CONTENT NOTICE: THIS SECTION CONTAINS TESTIMONY OF CHILD INJURY, TRAUMA, AND ATTEMPTED SUICIDE. READER DISCRETION IS ADVISED.

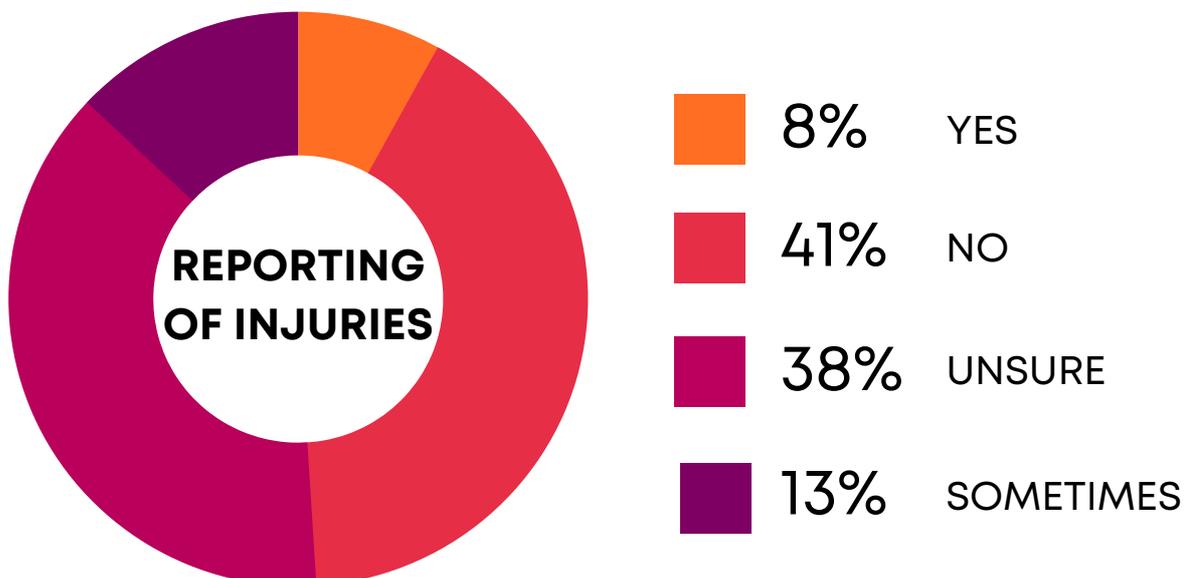


THE INJURIES

90% of respondents reported that their child has been psychologically harmed.
48% of respondents reported that their child had been physically harmed.



WERE CHILDREN'S INJURIES RECORDED BY THE SCHOOL?





THE INJURIES

Even when records were maintained and made accessible to parents and carers, any psychological harm resulting from the use of restrictive practices, restraint, and seclusion on their children was not documented or recorded. Parents and carers reported that their children's trauma histories were not documented or monitored. Moreover, there were instances where children suffered significant trauma from being subjected to restraint and seclusion in one setting, only to experience the same treatment in another, supposedly more specialised setting.

PSYCHOLOGICAL DIAGNOSIS AND EFFECTS FOLLOWING RESTRICTIVE PRACTICE				
ANXIETY	ATTACHMENT ISSUES	BREAKDOWN	UNABLE TO LEAVE THE HOME	UNABLE TO SLEEP ALONE
CONFIDENCE ISSUES	CPTSD	CUTTING	DEPRESSION	EATING DISORDER
EBSA SCHOOL AVOIDANCE	EMOTIONAL DYSREGULATION	FEAR	FEAR OF TOUCH	FEELINGS OF SHAME
FLASHBACKS	FOOD AVERSIONS	LOSS OF APPETITE	LOW SELF ESTEEM	MEMORY LOSS
MENTAL HEALTH CRISIS	DEPRESSIVE ADJUSTIVE DISORDER	MENTAL HEALTH ISSUES	MUTISM	NEGATIVE SELF IMAGE
NIGHTMARES	NIGHT TERRORS	PANIC ATTACKS	PERSONALITY CHANGE	PETRIFIED OF THE WORLD
PHOBIAS	POOR MENTAL HEALTH	SCARED	PTSD	SCHOOL REFUSAL
SELF HARM	SELECTIVE MUTISM	SHAME	SIGNED OFF SCHOOL BY PSYCHIATRIST	SOCIAL ANXIETY
STARVATION	SUICIDE ATTEMPTS	SUICIDAL THOUGHTS	SUICIDE THREATS	TOILETING DIFFICULTIES
TOUCH AVERSION	TRAUMA	TRAUMA - DEVELOPMENTAL	TRUST ISSUES	WANTING TO DIE
		WITHDRAWN		



THE INJURIES

PHYSICAL INJURIES AND EFFECTS OF RESTRICTIVE PRACTICE				
ARMS HURT	BACK HURT	BLACK EYES	BLEEDING NAIL MARKS	BODY HURT
BODY SCARS	BREATHING DIFFICULTIES	BROKEN HAND	BROKEN SKIN	BRUISED ANKLES
BRUISED ARMS	BRUISED BACK	BRUISED BODY	BRUISED CHEST	BRUISED FACE
BRUISED HEAD	BRUISED LEGS	BRUISED NECK	BRUISED RIBS	BRUISED SHOULDERS
BRUISED SPINE	BRUISED WRISTS	CARPET BURNS	CHEST STRAIN	DEFORMED JOINTS
DISLOCATED WRISTS	DIZZINESS	FACIAL SCARRING	GRAZES	GRAZED FOREHEAD
HEADACHES	HEADBUMPS	HOLE IN FACE	HOLE INSIDE CHEEK	HOSPITAL ADMISSION
INJURIES TO CHEST	INJURIES TO FEET	INJURIES TO HANDS	INJURIES TO HEAD	INJURIES TO KNEES
INJURY TO SHOULDERS	LIMPING	MARKS (RESTRAINERS FINGER NAILS)	MARKS (RESTRAINERS FINGER PRINTS)	MARKS (RESTRAINERS HAND PRINT)
MARKS AND ABRASIONS TO BODY	MARKS ON ARM	MARKS ON BACK	MARKS ON BODY	MARKS ON CHEST
MARKS ON FACE	MARKS ON HIPS	MARKS ON LEGS	MARKS ON NECK	MARKS ON SHOULDERS
MARKS ON WRISTS	MARKS UNDER ARMS	MIGRAINES	MUSCLE STRAINS	NOSE BLEED
PAIN ARMS AND SHOULDERS	PAIN ELBOW	PAIN IN LEGS	PAIN IN RIBS	PETECHAIE
PHYSICAL BREAKDOWN	PHYSICALLY COLLAPSED	PULLED MUSCLES	SCRAPES	SEIZURES
SHOULDER DISLOCATION	SHOULDER ROTATOR CUFF INJURY	SPRAINED WRIST	SUBLUXED RIBS	TEMPORARY BLINDNESS
	TEMPORARY PARALYSIS	TWISTED ARMS	VOMITING	



THE INJURIES

The World Health Organization (WHO) [School Based Violence Prevention Handbook](#) defines “child maltreatment” as:

Child maltreatment (including violent punishment) involves physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and orphanages. [...] Emotional or psychological violence and witnessing violence includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment. Witnessing violence can involve forcing a child to observe an act of violence, or the incidental witnessing of violence between two or more other persons (2019).

ICARS suggest that restraint and seclusion used for anything other than **last resort** should be considered child maltreatment as it falls within the World Health Organisation's definition. [The Child Welfare Information Gateway \(2019\)](#) describes the consequences of childhood maltreatment:

“Maltreatment can cause victims to feel isolation, fear, and distrust, which can translate into lifelong psychological consequences that can manifest as educational difficulties, low self-esteem, depression, and trouble forming and maintaining relationships.”

There is no doubt that the use of restraint and seclusion in schools is damaging to children and young people, and that this harm persists into adulthood. In [Adverse childhood experiences and suicide attempts among those with mental and substance use disorders](#), the authors note, “Experiencing childhood maltreatment is a risk factor for depression, anxiety, and other psychiatric disorders throughout adulthood. Studies have found that adults with a history of ACEs had a higher prevalence of suicide attempts than those who did not” (Choi, et al., 2017).

Responses to the ICARS survey demonstrate unequivocally that parents and carers are witness to the fact that restraint and seclusion in and of themselves constitute traumatic events leading to physical harm and long-term psychological damage in the lives of children. It is common sense that any actions considered effective, positive, or best practices by educational staff should not result in the atrocious physical injuries reported-- injuries that would find a parent/carer or other member of the general public under investigation by the authorities and the police for child abuse. In the lived experience testimony, we learn about medical staff in England's A&E departments who have treated children's injuries and attempted to raise safeguarding referrals due to concerns about the treatment the children received. Unfortunately, no action was taken. Police officers report that they are powerless to investigate and advise parents that it is an issue that must be addressed by the school.

As you review the testimonies in this section, keep in mind the fact that all of these incidents have occurred under the pretext of “use of reasonable force,” taken straight from [present government guidance](#). ICARS proposes that none of these children's experiences were “reasonable.”

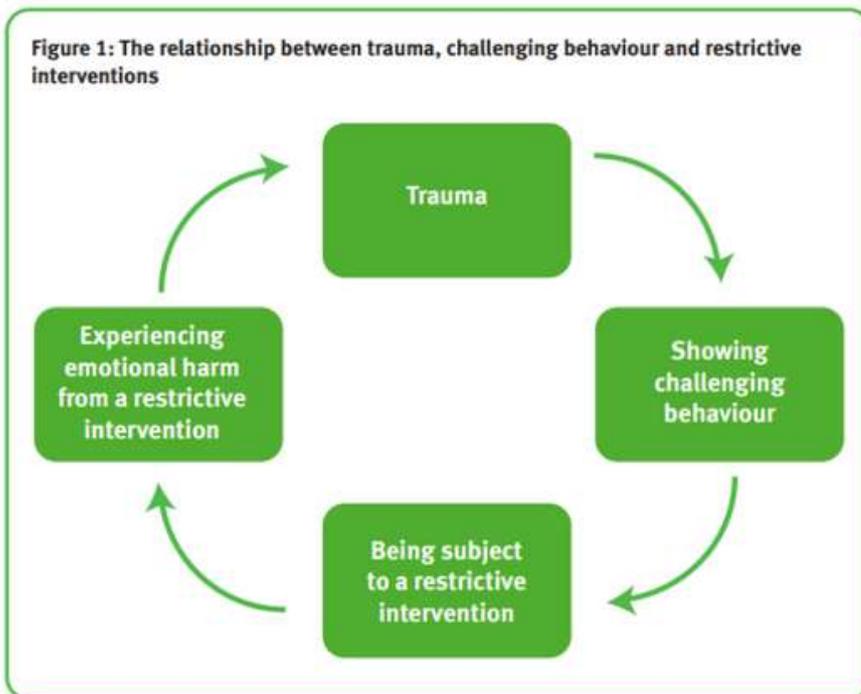
At least 90% of the parents and carers who responded to the ICARS survey reported that their child had experienced psychological harm as a result of being restrained and/or secluded. This is unsurprising when you consider Simon Nielson's research in his [phenomenological analysis](#) exploring how children experienced restraint in CAMHS units. He wrote, “Children talked about how being physically restrained could start much earlier and continue long after the ‘physical’ element of the restraint. Children described traumatic and confusing experiences which had made the situation feel ‘worse’ for them and left them dealing with ‘emotional debris’ for a long time after the physical restraint.”



THE INJURIES

Despite this, a number of respondents reported restraint and seclusion being used on children who had previously been subjected to trauma outside of school settings. This trauma should have precluded these children from having restrictive practices used against them except in incidents of true life-saving last resort. Despite being aware of the Adverse Childhood Experiences (ACEs) of some students, including experiences of sexual and physical abuse or other significant traumatic life events, schools continued to use restrictive practices with no apparent concern for the welfare or well-being of the child. For example, one respondent reported that a seven-year-old autistic child whose mother had recently passed away was restrained at school that same week for reasons far from being a "last resort." The child was restrained and secluded because he could not stop crying.

The diagram below is pulled from the Centre of Mental Health's briefing, [Trauma, Challenging Behaviour and Restrictive Interventions in Schools](#) (2020). It provides a simple graphic description of the harm too often inadvertently being done to children in educational settings through the use of restrictive practices such as restraint and seclusion.



Jo Wilton (2020) writing for The Centre for Mental Health briefing 54 stated: "Thousands of young people are subject to some form of restrictive intervention in England every year for challenging behaviour. There is reason to believe that these interventions have a negative impact on mental health, irrespective of previous trauma exposure. She goes on to say, "Removing the young person from the classroom (or, in the case of physical restraint, forcibly preventing the young person from carrying out the behaviour) is not the same as removing the challenging behaviour, let alone the thoughts and feelings that give rise to it. In fact, there is reason to believe that restrictive interventions may add to these thoughts and feelings. [...]"

Restrictive interventions do not promote the wellbeing of the young people who are subject to them; and whether they promote the wellbeing of other young people in the school is open to debate."

The harm caused by restraint and seclusion is clear. A child most certainly experiences restraint and seclusion used against them as an Adverse Childhood Experience (ACE). Much research explores the impact of adverse childhood experiences on children as they navigate childhood, and also focuses on the impact of ACE's into adulthood.

Further reading: Merrick, Ports, Ford, Afifi, Gershoff, & Grogan-Kaylor (2018). [Unpacking the impact of adverse childhood experiences on adult mental health.](#)

WAS YOUR CHILD INJURED FROM RESTRAINT AND/OR SECLUSION?

WHAT RESPONDENTS TOLD US

Threats to kill himself, thinking he is naughty and a bad child.

Bruising, loss of self confidence, unable to trust, hurt fingers, pulled muscles, trauma, PTSD, memories triggered by George Floyd incident as he had flashbacks last year.

Child was restrained and locked in a cupboard, sat on by a grown person, pulled across the floor by arms, his arms were crossed on his chest and pulled back behind his back. He was choking and unable to breathe.

Tried to commit suicide at home and has tried numerous times to self harm.

At his special school he has been restrained regularly but was injured in 2021 from a caring c hold, his mouth bled and he collapsed after because he couldn't breathe.

Twice, he came home limping. He complained about a Headmaster kicking him. He is still very traumatised by physical and emotional abuse in schools.

He is so traumatised he has completely shut down. He was also in pain from where they shoved him down a corridor to put him in a room.

Bruising to the ribs, chest, back, underarms and face. CPTSD from restraint, resulting in negative sensory seeking, self harming, night terrors, negative self image, aversion to touch.

Bruising, trauma including attempts at suicide immediately following the use of restraint. Can't access school with other children yet [years] on as was bullied regularly in SEMH.

Bruises, scratches, nightmares loss of appetite, flashbacks, avoidance, depression/ wanted to die.

He suffered from severe anxiety and emotional dysregulation, he didn't speak for weeks. CAMHS visited weekly. He has suffered a trauma, and was scared of being on his own. It's left a lasting imprint on him.

Child just diagnosed with school related CPTSD by [hospital].

WAS YOUR CHILD INJURED FROM RESTRAINT AND/OR SECLUSION?

WHAT RESPONDENTS TOLD US

“ He became too afraid to leave the house and go anywhere but especially school, as he has hypermobility dragging him by the arms caused him physical pain and distress. ”

“ He now has a diagnosis of anxiety disorder and I believe this was brought on by the amount of physical restraints and seclusions he has been subject to. He became afraid of the colour blue, I believe this was because of the amount of time he was put in the 'blue room'. ”

“ Our son has never recovered. His mental health is shattered. Our funny, lively, curious boy was damaged and he is now a shell of the person he was. ”

“ Bruised, scratches under her clothes. Fear & trust, feeling like she can't do anything right. Anxiety depression now on medication. ”

“ He told me he didn't want to be alive anymore age 7. ”

“ He's currently out of education due to poor mental health, he's threatening suicide if he's made to go back to the school in question. ”

“ He's had a lot of anxiety surrounding school, as has his sister from witnessing his treatment in school. ”

“ Dislocated wrist, night terrors, bruises (constantly) bruised ribs. ”

“ He won't allow us to drive past the school. He was hurt by the TA on a few occasions when he went outside after he ate lunch instead of going back in the cupboard as he calls it, and which it was. ”

“ Enduring anxiety, head injuries - bruising, broken skin, from head butting the walls whilst left in seclusion. Injuries to hands and feet from hitting against walls or treading on broken items. ”

“ Previous history of sexual abuse .. further trauma from adults including men holding down during restraint. ”

“ He is now petrified of school. If you say the word school, he runs out of the house, and hides at the bottom of the garden. He also has nightmares. ”

WHERE YOUR CHILD'S RESTRAINT AND/OR SECLUSION INJURIES RECORDED IN SCHOOL RECORDS?

WHAT RESPONDENTS TOLD US

“
The police went through everything and no records were kept.”

“
No it was covered up even though I took pictures and reported school to safeguard and social services.”

“
School refused to acknowledge them even when safeguarding concerns were raised by local A&E.”

“
"I have no idea if any of this has been put in his records. I've sent emails about things that have happened in school and had no response.”

“
The staff told the practitioner at the restraint training day that they often didn't record them as they were too frequent an occurrence. They recorded the major ones I believe.”

“
I requested a SAR to see they weren't recorded or logged.”

“
I got copies.”

“
No they would always record if staff were injured but never when he was.”

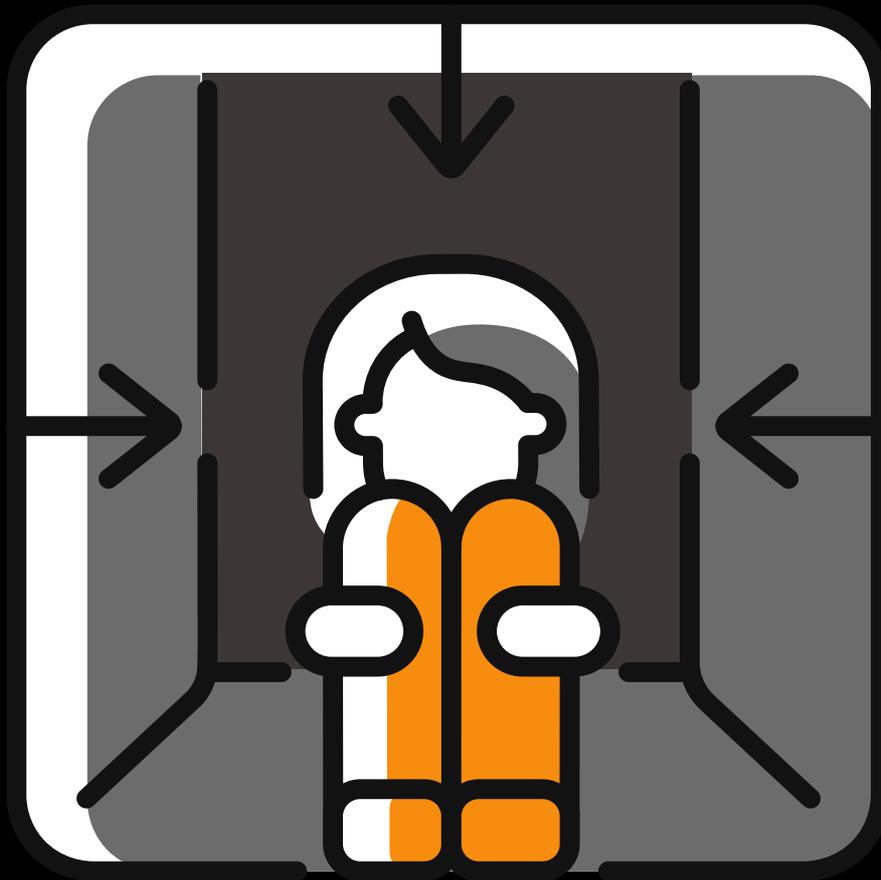
“
School will not tell me.”

“
They said he refused a medical scheme and when informed them of his injuries and offered pictures they told me [numerous] times not to send them in (safeguarding lead).”

“
The school sent home some reports that were distressing to read and showed that they were mismanaging our son's condition, and blaming him for behaviours they had caused. When we raised concerns about these reports, they simply stopped sending them.”

“
As far as i know, no. They didn't know he had injuries until i told them, so I don't think they would have recorded it, considering all I got when I told them was "well we're sorry he had injuries, but we're going to restrain him again if we need to.”

USE OF SECLUSION/ REMOVAL ROOMS



“Physical restraint should be used only when there is imminent danger of injury, and only when imposed by trained staff. Secluding students should never be allowed, nor should mechanical restraints.”

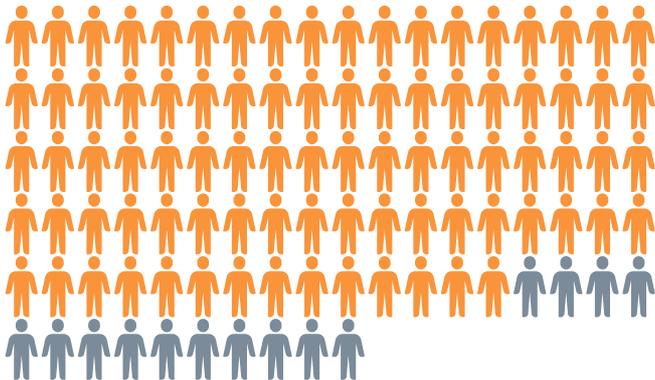
Randi Weingarten - President, American Federation of Teachers.

Quote taken from a statement to Hearst Newspapers, 2022.



USE OF SECLUSION/REMOVAL ROOMS

“At specialist ASD school - Son has been locked in a room with a key turned to lock him away. He’s also been put in rooms with the door handles held.”



86%

of respondents reported their child had been subjected to seclusion.

“

Children who have negative school experiences can have a diminished capacity to learn, perceiving themselves as unworthy. Internalising emotions of core shame can seriously degrade a child’s sense of self. He goes on to say, The challenges confronting educators are complex and demanding, however, banishing children to an isolated space and depriving them of their fundamental human rights is not an acceptable solution. [...] Offering specialised support and the elimination of holding areas for students removed from the classroom may be one step towards creating enabling environments where children feel valued and where their right to a quality education is met.

”

-Cozolino, (2014). [The Neuroscience of human relationships: Attachment and the developing social brain](#)

[Behaviour in schools: advice for headteachers and school staff \(2022\)](#), government guidance, saw the Department for Education (DfE) make changes to their recommendations to schools around the use of seclusion. In doing so, there has been some recognition from the DfE that seclusion, or in the Government’s language of choice, “the use of removal rooms,” is as per [Human rights framework for restraint: principles for the lawful use of physical, chemical, mechanical and coercive restrictive interventions](#) (EHRC), a form of restraint:

“Restraint” is an act carried out with the purpose of restricting an individual’s movement, liberty and/or freedom to act independently. Restraint includes chemical, mechanical and physical forms of control, coercion and enforced isolation, which may also be called ‘restrictive interventions’. The key issue is the nature of the act, not how it is described. If an act or series of acts are intended to restrict a person’s freedom to move or act then the human rights principles set out in this framework apply. Example: Isolation may be enforced by locking a door or using a door the person cannot open themselves, or otherwise preventing them from leaving an area, for example, by the use or threat of force. Isolating a person is a form of restraint, no matter how it is described (such as calling it seclusion, segregation, separation, time out or solitary confinement.) Restraint does not require the use of physical force, or resistance by the person being restrained, and may include indirect acts of interference (2019).



USE OF SECLUSION/REMOVAL ROOMS

However, when considered across DfE documents, government guidance for schools around seclusion becomes contradictory. In the government guidance, [Reducing the need for restraint and restrictive intervention \(2019\)](#), paragraph 1.10 states, "Schools can use seclusion or isolation rooms appropriately as a disciplinary penalty without this constituting a form of restraint or restrictive intervention." This indicates a troubling and perplexing inconsistency where the guidance permits the use of seclusion and isolation within schools as an acceptable form of discipline, despite the fact that in any other setting wherein a child may be cared for, seclusion and isolation are considered a form of restraint and cannot be used for disciplinary purposes. Paragraph 5.18 states, "[Seclusion] should only be used to contain severely disturbed behaviour, including which is likely to cause harm to others, and for the minimum time necessary."

In the *International Journal of Inclusive Education*, Sealy wrote of the UK education system, "The challenges confronting educators are complex and demanding, however, banishing children to an isolated space and depriving them of their fundamental human rights is not an acceptable solution." Read more from Sealy, Abrams, & Cockburn (2021), [Students' experience of Isolation Room punishment in UK mainstream education](#). "I can't put into words what you felt like, almost a dog in a cage."

There is a clear international Human's Right's Framework that protects the rights of children which includes The [United Nations Convention on the Rights of the Child](#) (UNCRC), The [United Nations Convention on the Rights of Persons with Disabilities](#) (UNCRPD), [The United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment](#) (CAT) and the [The European Convention on Human Rights](#) (ECHR). Each of these conventions have arguably been broken when considering the discriminatory use of seclusion in schools as demonstrated by the data in the ICARS Report England.

International evaluation of the use of discriminatory and unlawful seclusion practices has been highlighted extensively in the media. An investigative collaboration between ProPublica Illinois and the Chicago Tribune, ["The Quiet Rooms,"](#) was awarded the USA's top annual prize for journalism in education 'The Fred M. Hechinger Grand Prize'.

Indeed, on an international level removal and seclusion rooms have been successfully banned from many educational settings. For example, the use of seclusion across New Zealand's educational settings is prohibited. In just the last year, Florida and Maryland have followed other states in America in prohibiting the use of seclusion there. States within the USA that have banned all use of seclusion now include: Delaware, Florida, Georgia, Hawaii, Maryland, Massachusetts, Nevada, New York, Pennsylvania and West Virginia. It is hoped that these protections will soon apply across the USA given that the US federal legislation Keeping All Students Safe Act (KASSA) is currently in committee. Amongst other provisions this legislation seeks to prohibit the use of seclusion on a federal level, in line with states who have already prohibited its use.

The United States Department of Justice Office of Civil Rights has concluded five investigations since December 2020 into the use of restraint and seclusion practices, specifically looking at the discriminatory use of these practices against children with disabilities through the enforcement of Title II of the American with Disabilities Act (ADA). These investigations have seen agreements made with the DOJ to end and prohibit any future use of seclusion in schools.





USE OF SECLUSION/REMOVAL ROOMS

Department of Justice Office of Civil Rights and US Department of Education Office of Civil Rights investigations in to disability discrimination and use of restraint and seclusion in schools.

US GOVERNMENT INVESTIGATIONS



US Department of Justice Office of Civil Rights

ABOUT DOJ'S EFFORTS TO COMBAT IMPROPER SECLUSION

Since 2014, The DOJ Office of Civil Rights has investigated 60 cases of discriminatory use of restraint and seclusion practices in schools and has approximately 96 open cases they are currently investigating.

TITLE II AMERICANS WITH DISABILITIES ACT

Title II of the American's with Disabilities Act (ADA) requires state/local governments to give people with disabilities an equal opportunity to benefit from all of their programs, services, and activities. State/local governments can't deny people with disabilities the chance to participate or make them participate in different programs than available to others.



MEDIA

[U.S. Justice Department finds Anchorage School District illegally restrained and secluded students.](#)

[U.S. settles with Florida school district to protect students with disabilities](#)

[Cedar Rapids school district reaches settlement with DOJ over seclusion, restraints](#)

[Federal civil rights officials find Frederick County's public schools engaged in improper use of restraints, seclusion for disabled students](#)

[North Gibson to end seclusion room use after DOJ investigation finds discrimination](#)

DOJ SETTLEMENT AGREEMENTS

- 1 **Anchorage School District.** February 2023
[SETTLEMENT AGREEMENT](#)
- 2 **Okaloosa County School District.** December 2022
[SETTLEMENT AGREEMENT](#)
- 3 **Cedar Rapids Community School District.** September 2022
[SETTLEMENT AGREEMENT](#)
- 4 **Frederick County Public School District.** December 2021
[SETTLEMENT AGREEMENT](#)
- 5 **North Gibson School Corporation.** December 2020
[SETTLEMENT AGREEMENT](#)

U.S. DEPARTMENT OF EDUCATION, OFFICE FOR CIVIL RIGHTS

- 1 **Davis Unifed District.** December 2022
[RESOLUTION AGREEMENT](#)
- 2 **Southeastern Cooperative Educational Programs** December 2022
[RESOLUTION AGREEMENT](#)
- 3 **Horry County Schools.** May 2022
[RESOLUTION AGREEMENT](#)
- 4 **Huron Valley Schools.** January 2022
[RESOLUTION AGREEMENT](#)
- 5 **Saco Public Schools.** November 2021
[RESOLUTION AGREEMENT](#)





USE OF SECLUSION/REMOVAL ROOMS

The USA provides us with examples that serve as a precedent to establish actions taken when disabled children are being discriminated against. The Department of Justice Office of Civil Rights has the authority and directive to investigate and seek accountability around the use of seclusion rooms and restrictive practices in educational settings. The protection from abusive practices is achieved through legislation leading directly to accountability and illustrate what could be achieved if the Department for Education committed to safeguarding disabled children within educational establishments in England.

ICARS is heartened to see signs of progress towards the elimination of seclusion rooms across devolved parliaments within the UK; however, we urge the Westminster government to take heed of cautionary advice drawn from ICARS' international knowledge of the experiences of other governments and jurisdictions that have previously tackled this issue. The prohibition of seclusion rooms without the implementation of other safeguards can lead to an increase in life-threatening restraints. While eliminating seclusion is necessary, it must be done with careful consideration of mechanisms defining "last resort" and prohibiting "life-threatening restraint."

Restraint and seclusion are aggressive demonstrations of authority and control, and without a cultural shift that seeks to better understand and accommodate for trauma, disability, and behaviours of distress in developing children, eliminating seclusion alone will result in an increase in the most similar tool-- restraint-- to control behaviour. The data collected by ICARS demonstrates that restraint and seclusion are being used with high frequency to punish children for behaviours associated with their disabilities.

It is important for all stakeholders to recognize that legislation prohibiting seclusion needs to happen, not as a stand alone aim, but as part of a comprehensive legislative package which delivers carefully drafted components that ensure effective restraint elimination outcomes and practices with clear avenues for accountability, supported by Policies, Procedures Protocols and Guidelines (PPPG) which demonstrate a commitment to the dissemination of necessary knowledge to, and education of, all staff expected to comply. Thus far, guidance provided for this issue within the wider UK has been insufficient and reads like training manuals, providing little protection for children. ICARS are hopeful that England's children will be provided better protections with the establishment of definitive rules of law to ensure safeguarding and security from the threat to life and harm associated with restrictive practice.

To be clear, we do believe the practice of seclusion needs to be prohibited but that this needs to happen with due regard to the possible challenges and implications of banning seclusion. ICARS is uniquely placed to advise in this area given the team consists of those who have written and passed state legislation and written federal legislation covering the use of restrictive and aversive practices across settings outside the UK.





USE OF SECLUSION/REMOVAL ROOMS

CHILDREN'S EXPERIENCES OF SECLUSION

ICARS data demonstrates clearly that disabled children, particularly autistic children, are being disproportionately affected by the use of seclusion in schools.

Professor Andrew McDonnell of [Studio 3](#) has been addressing the use of seclusion in England for many years. He wrote one of the first articles about the elimination of seclusion, [Phasing Out Seclusion Through Staff Training and Support](#) (1997). This ethos of restraint and seclusion elimination runs throughout his work. He is the originator of the Low Arousal Approach, "a non-aversive approach to managing distress, which encourages stress reduction and de-escalation with a focus on the behaviour of supporters." Professor McDonnell's experience and decades of working with autistic people, intellectually disabled people, and those diagnosed with mental health conditions have been documented in the release of two books on the subject. Here, a series of [videos](#) produced to accompany his latest book, [Freedom from Restraint and Seclusion](#), answers questions about restraint and seclusion. Professor McDonnell speaks to the elimination of the use of seclusion which is being used against the most vulnerable in settings where it has become "habit and routine." He talks of "deep-seated practices that are not necessarily about the people but about the systems."

The ICARS survey data demonstrates that within schools there is too often a lack of understanding and knowledge with regards to neurodevelopmental disability. This lack of understanding and knowledge is resulting in disabled children's actions being viewed through a behavioural lens rather than through a lens of disability awareness. We believe that this is in large part due to teachers not being adequately trained to sufficiently understand the ways which disabilities impact learners. Rather, educational staff are more often being presented with training and resources that focus on controlling the behaviours that occur as a result of stress, overstimulation, and under-accommodation.

Everyone can understand that a blind child can not be made to read a book fine print book through behaviour management. Instead, they learn through being given **necessary accommodations** such as Braille, audiobooks, or other adaptive texts. Because neurodevelopmental disability is less simply understood and has more diverse presentation, understanding the individual needs of each child is deprioritised and ignored in favour of controlling their behaviour so that they do not even have access to protesting that their basic needs are not being met. The [SEND Code of Practice \(2015\)](#) does make clear that Local Authorities have a duty to provide the necessary accommodations or "reasonable adjustments" needed for children to access the school curriculum.

Respondents to the ICARS survey detail that for their children, doors are being held shut or locked, children are left alone, maybe even watched through a window in the door, unable to leave until they "calm down." Rooms used in this way to seclude a child or young person are clearly instruments of forced segregation and incarceration, frightening places for vulnerable children who are having emotional abandonment normalised as what they deserve for attempting to have their needs met. There is little wonder that teaching staff are resorting to the use of physical force in order to put the children in them. Our data distinctly identifies a link between seclusion use and physical restraint use, demonstrated in the graph on page 21. Horrifyingly, our data (page 34) shows children as young as 3 years old are being subjected to restraint.

Until educational and support providers are able to understand and identify the needs of children with neurodevelopmental disabilities, they will continue to respond with behaviour management that will condition vulnerable children to ignore their needs and settle into learned helplessness. That is an abdication of responsibilities that penalizes children for our own failures.



CHILDREN'S EXPERIENCE OF SECLUSION / REMOVAL ROOMS.

WHAT RESPONDENTS TOLD US

“ My son was dragged through corridors to a storeroom and kept there for some time - I was not made aware of this by school but a parent visiting with a view to send their child there - needless to say they didn't. ”

“ At primary school, he was placed everyday in a separate room with other 'naughty' children with challenging behaviour and allowed to watch videos all day on You Tube. ”

“ My son is regularly held/carried or guided into a "safe space" (small room off the classroom, used just for him. ”

“ My son was kept in a storeroom in primary school, another parent witnessed him being dragged by his arms by two teachers into the room and the door held shut. It was a storeroom full of old computers, pieces of wood and shelving , no windows and not at all a safe space. ”

“ The staff told the practitioner at the restraint training day that they often didn't record them as they were too frequent an occurrence. They recorded the major ones I believe. ”

“ A member of staff told me much later that during a melt down he moved to a supposed safe space where the door was shut on him and he was left alone to sob and his trusted adult was not allowed to go in to him. ”

“ Put into a 'quiet room....this was an oppressive room with dark padded seating where she was left in view of people passing in the corridor and continued banging her head on the walls. ”

“ He was in mainstream at the time. Often moved to the medical room had a camp bed. Was held down on it. My partner arrived and shouted get off my son. He was face down. ”

“ Small room called sensory room all equipment taken out double lock on door so he could not get out. ”

“ This was following her feeling unable to cope in the classroom. Previously restrained in primary as she found it so difficult to cross the threshold into school school would try to run. ”

“ He spent the majority of his day every day in seclusion unfortunately until CAMHS were able to get the details I did not know how many lessons per day were in seclusion He was to upset when he was at home to talk about it He stopped eating and washing He started smelling of urine. ”

“ Providing a comforting hug and seclusion or isolation was always explain to us as providing our daughter with a quiet space to learn. However she was forgotten on Multiple occasions and once even went without lunch. ”



REASONS FOR RESTRAINT AND SECLUSION USE





REASONS FOR RESTRAINT AND SECLUSION

“There is no evidence that using restraint or seclusion is effective in reducing the occurrence of the problem behaviours that frequently precipitate the use of such techniques.”

Arne Duncan U.S. Secretary of Education 2012

Having been acquainted with previous publications on the subject of restraint and seclusion in the UK, ICARS expected to find that the primary reason educational staff used restraint in school settings would be due to "challenging behaviour." However, this hypothesis was not substantiated by the ICARS data set.

The lived experience testimonies collated in this report illustrate that too often restraint and seclusion are used in educational settings in England, not for “last resort,” but for the most minor of infractions. Respondents in testimony after testimony report that restraint is presently occurring in situations where it could not be considered that children are posing a significant threat of harm to either themselves or others. When one respondent asked staff why their child had been subjected to restraint, they were told, we quote, “They did not know what else to do.”

Other respondents reported that educational staff provided justifications for restraint being used on their child using language that appeared solely to comply with school policy. For example, whilst parents and caregivers may have been told that restraint had occurred because their child was a "danger to themselves" or a "danger to others" or to "prevent property damage," upon inspection of records or further questioning of staff, it was evident that their child had not done anything that warranted restraint or seclusion. In some cases when it had been reported that children had exhibited aggressive or dangerous behaviour, further probing revealed that it was not until staff attempted to restrain the child that aggressive or dangerous behaviour occurred. **The very act of restraint itself escalated situations that could be, and should have been, managed differently.**

Current government law and policy applicable to educational settings in England allow staff to restrain or seclude a child for purposes of the *maintenance of good order and discipline*. This is stated in the [Education and Inspections Act Section 93 \(2006\)](#). This policy is unlike that applied to any other childcare setting in the country. This policy also contradicts England's own legislation [The Human Rights act 1998](#): *No one shall be subjected to torture or to inhuman or degrading treatment or punishment* and Article 3 Prohibition of torture [European Convention on Human Rights](#) states: *No one shall be subjected to torture or to inhuman or degrading treatment or punishment*.

The government's conflicting stances on restrictive practices has led to mixed messaging in guidance. While government guidance advises educational staff that it is unlawful to use restraint and/or seclusion as a punishment ([Department for Education, 2013](#)), they are simultaneously permitted to use such measures for "the maintenance of good order and discipline," as previously stated. Parents and carers consider that children in schools are experiencing restrictive practices as punishment under the premise of "good order and discipline," despite the government's prohibition on using them in this way.

What respondents told us:

“I usually just get told a blanket excuse of 'my son just started becoming a danger to himself and others' or he started on another child 'for no reason' but all i hear is 'we can't meet your sons needs' or 'we are missing opportunities to support your son and wait until he is so anxious that he physically lashes out then we punish him twice for it.'”





REASONS FOR RESTRAINT AND SECLUSION

Other respondents said:

“Usually the reasons weren’t actual reasons and the blame would be attributed to my child. For example: ‘He kicked off’ I would ask: ‘What triggered that? What happened right before that to cause the explosive reaction?’ And would never get an answer - it was always behaviour = punishment regardless of what went before.”

“Always very dubious reasons. Punishment always more severe than crime, if any. Because of disability everything was treated as defiance so there were always consequences.”

Our data shows that the vast majority of children experiencing restraint in educational settings are neurodivergent. It appears that some teachers struggle to manage the support needs of neurodivergent children due to a lack of education, resources, and support, leading to restraint being used in order to *maintain good order and discipline*.

In order to eliminate the use of restraint in educational settings, it is imperative that teaching staff receive better training in disability knowledge and experience. Currently, compliance and reward based structures are almost universally prevalent across educational settings in England. A more responsive approach is required wherein staff recognise disability and tailor their responses accordingly to meet the individual needs of the child. This shift in the educational landscape is necessary to ensure that restraint is not the only tool available to staff to manage behaviours of distress and dysregulation.

These are some of the reasons given to respondents for restrictive practice by schools:

“Behaving autistically”

“She refused to give them the sweet she was eating before registration. TA and teacher insisted despite knowing she is Autistic demand avoidant. When they tried to take it she reacted violently so they restrained her”

“The throwing of books and refusing to follow instructions that were being given, but she was in an autistic meltdown so had lost capacity to follow instructions or communicate her needs in that situation”

Lamentably, some respondents reported that their children are having restrictive practices used against them whilst at school as a consequence of their being bullied.

“The reason he was kept isolated was that the school kept him in there for his own safety, because he was being bullied.”

Other respondents reported restrictive practices being used simply because of a teacher's perception of a child such as;

“Bad choice of friends.”

The grounds for restraint would be unlikely to see a neurotypical child restrained or placed for days at a time in seclusion. Particularly when some respondents' descriptions of which suggest small, cupboard-like spaces that no human being should be subjected to, let alone a disabled child whose needs are chronically unmet.





REASONS FOR RESTRAINT AND SECLUSION

[The State of the nation 2022](#) (2023) perhaps goes some way to explaining this. In it, the Department for Education reported that "Both primary- (parent-report) and secondary-age children with SEN/SEND were more likely than those without SEN to report having been a victim of bullying in the previous 12 months."

They also reported that, "Considering rates of loneliness by mental health of the child or young person, among those aged 11 to 16 years old those with a probable disorder were more likely (18%) than those unlikely to have a disorder (1.7%) to report often or always feeling lonely in 2022."

Our data, in combination with the aforementioned research, suggests that children with developmental disabilities are experiencing restraint and seclusion as a direct result of being bullied or experiencing loneliness at school. Research is not needed to imagine the harmful social consequences for a lonely child frequently isolated and restrained in front of their peers. It is also discriminatory that those who have sensory processing disability are being subjected to restraint and seclusion due to an inability to tolerate strict uniform codes and other environmental triggers for which students have a right to be accommodated. One respondent reported that their child was subjected to restrictive practices for,

"Low level behaviour, shirt not tucked in, shoelaces undone, calling out the answer in class before being asked, not knowing the answer, fidgety in class, being late for class, not settling down in class quickly enough, not having the correct equipment, not being on the right page."

These behaviours are manifestations of disability that impacts motor planning and inhibition, executive functioning, and sensory processing. We cannot ignore the most common presentations of disability in autistic students and continue to punish them as if their disability is willful bad behaviour by exploiting the intention of *good order and discipline*. Another tells us:

"To support his sensory needs but this is untrue as it made him much worse and unable to learn a thing as well as impacting on his social and emotional health."

Neurodivergent experts have been addressing these devastating school experiences as a community and have developed trainings, best practices, and ways to accommodate for disability in classroom and broader school settings, and it is time to listen to them and seek solutions developed by those who have historically had the same experiences. Such experts have much to offer to ensure that neurodivergent children and youths are provided the best possible educational environment in which to thrive, and staff are adequately prepared to meet the needs of all those who enter their classrooms.

Children must also be heard. Those being cared for in residential settings gave their views on restraint in the Children's Rights Director for England's report, [Children's views on restraint - Ofsted \(2012\)](#). The report states,

- One young person told us that using restraint simply to keep order and control could be child abuse.
- One group was worried that if restraint was allowed to keep good order, it could lead to some very odd uses: "It would be daft to restrain a six-year-old for not brushing their teeth."
- All our groups also said that restraint shouldn't be used on disabled children or young people – including children with some medical problems like asthma, diabetes, weak bones, a heart problem, or epilepsy, where restraint could trigger problems or an attack.



REASONS GIVEN TO RESPONDENTS BY SCHOOLS FOR RESTRAINT AND SECLUSION USE

ANNOYING THE TEACHER	AUTISTIC BEHAVIOUR	BAD ORGANISATIONAL SKILLS	BAD PARENTING	BEING UNREASONABLE
CHILD CAN'T MANAGE BEING IN CLASS	CHALLENGING BEHAVIOUR	CHEEKY	CHILD CHOOSING BEHAVIOUR	CHILD DISTRESSED
CHILD LIKES IT	CHILD OUT OF CONTROL	CHILD SCARED OF SCHOOL	CHILD WANTED IT	COULDN'T SIT STILL
CRYING	DAMAGING PROPERTY	DANGER TO OTHER CHILDREN	DANGER TO SELF	DANGER TO STAFF
DISCIPLINE	DISOBEYED PRINTER RULE	DISREGULATED	DISRESPECTFUL	DISRUPTING CLASS
DISTRACTING TEACHER	FOR CHILDS OWN BENEFIT	FOR OWN GOOD	FRIEND CHOICES	GETTING UPSET
HORMONES	HUGGING PEERS	HURTING THEMSELF	KEEP CHILD IN SCHOOL	KEEP CHILD SAFE
KEEPING OTHER KIDS SAFE	KEEPING STAFF SAFE	LEAVING THE ROOM	MAKING NOISE	MELTDOWN
MIGHT THROW	MISBEHAVING	MISSING DETENTION	NAUGHTY	NEEDED A QUIET SPACE
NEEDED TO CALM DOWN	NEGATIVE BEHAVIOUR	NEGATIVE BEHAVIOUR POINTS	NON COMPLIANCE	NOT COMPLETING TASK
NOT CONFORMING	NOT COOPERATING	NOT ENGAGING IN WORK SET	NOT ENOUGH STAFF	NOT FOLLOWING INSTRUCTION
NOT LISTENING	NOT BEING WHERE SHOULD BE	OTHER STUDENT WELL BEING	PREVENT CHILD RUNNING AWAY	PROTECT PROPERTY
PUNISHMENT	REACTING TO OTHERS	REFUSING TO ENGAGE	REQUIRED NORMALIZING	RUDE
RUNNING AFTER PARENT	SAFEGUARDING	SAFETY FROM BULLIES	SAFETY OF CHILD	SAFETY OF OTHERS
SELF HARM	SENSORY OVERLOAD	SENSORY SEEKING	SEPARATION AT SCHOOL DROP OFF	SO NO ONE LOOKED AT HIM
STAFF WELLBEING	SO THEY COULD STUDY WITHOUT DISTRACTION	SWEARING	THREATENING BEHAVIOUR	THROWING A PEN
TO HELP THE CHILD	UNABLE TO PLAY NICELY	UNACCEPTABLE BEHAVIOUR	UNIFORM	UPSETTING OTHERS
	VIOLENT BEHAVIOUR	WAS IN AUTISTIC MELTDOWN	WOULD NOT SIT IN CHAIR	

WERE REASONS GIVEN FOR RESTRAINT AND/OR SECLUSION BEING USED?

WHAT RESPONDENTS TOLD US

“
Annoying the teacher.
Crying.
Refusing to be kept in
seclusion.”

“
For crying because his
mother had died.”

“
Behaving autistically.”

“
The reason he was kept
isolated was that the
school kept him in there for
his own safety, because he
was being bullied.”

“
They said they didn't want
other parents or children
seeing him for his own good !

“
Always very dubious reasons.
Punishment always more
severe than crime, if any.
Because of disability
everything was treated as
defiance so there were
always consequences.”

“
Sometimes they tell me the
reason. Sometimes the
person ringing me tells me
they don't know why and
somebody who does know
will call me and they never
do.”

“
To support his sensory needs
but this is untrue as it made
him much worse and unable
to learn a thing as well as
impacting on his social and
emotional health.”

“
Overall excuse was
hormones. Usually refusal
to do something. No one
was in danger. Then his
behaviours escalated and
he started self harming.”

“
It was presented as being
the best thing to help my
child. It was not.”

“
That my son looked like he
was going to throw
something at a window.”

“
That she was in a
dangerous situation. After
viewing CCTV footage this
was a lie.”

WERE REASONS GIVEN FOR RESTRAINT AND/OR SECLUSION BEING USED?

WHAT RESPONDENTS TOLD US

“
He was getting upset. He might have hurt someone.
”

“
Would not sit still. Would not listen. Was disregulated. Ran away from staff. Hit staff.
”

“
He was restless couldn't sit still.
”

“
It's not something I have ever had to do at home, and I do believe that his teachers helped create the situations for it to escalate to this point by not adjusting to his additional needs.
”

“
Danger to others.
Danger to property.
Danger to self.
”

“
He needs to comply and do as he is told.
”

“
My son required kindness understanding and encouragement compassion. He needed his SEND to be acknowledged and explored and supported. Instead his sense of self worth was completely destroyed.
”

“
Lack of continuing professional development in understanding and helping to identify neurodiversity played a massive part, she was labelled defiant and naughty when she was clearly distressed and dysregulated.
”

“
Low level behaviour , shirt not tucked in shoelaces undone. Calling out the answer in class before being asked .Not knowing the answer....
”

“
A temporary TA (who disagreed with how he was treated) informed us that he was provoked so staff could practice team teach skills on him.
”

“
No not unless I asked and then it was usually that my son distracted the class with his Tourettes.
”

“
Not conforming. Rude. To keep safe. To keep others safe. As punishment . To teach a lesson. Was not doing as told. Need to be taught more discipline.
”

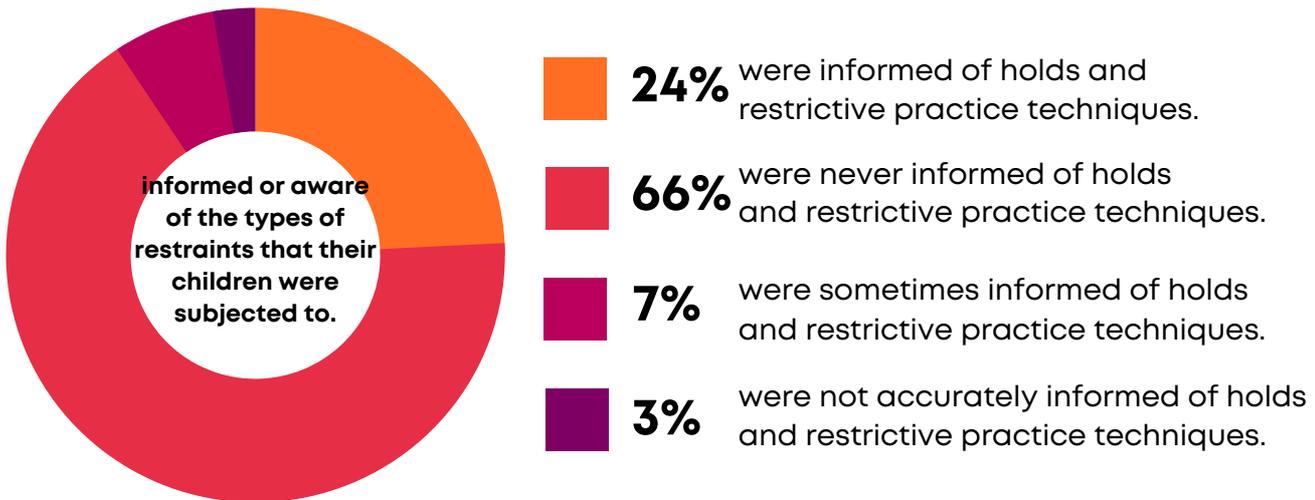


RESTRAINT PRACTICES USED, TRAINING AND SYSTEMS

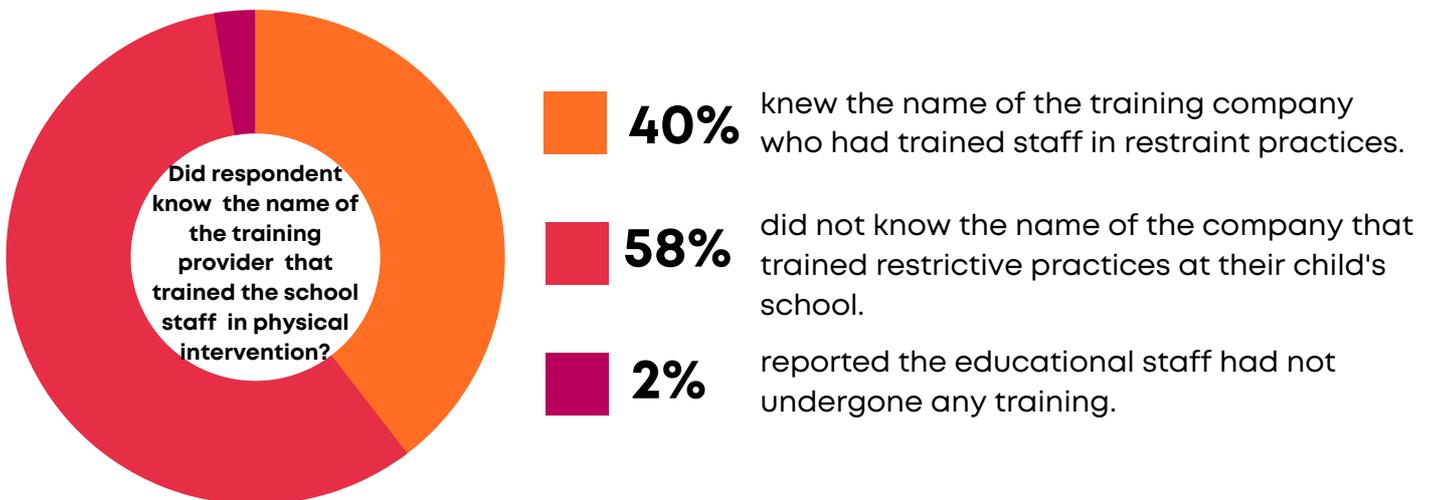


RESTRAINT PRACTICES USED, TRAINING AND SYSTEMS

66% OF RESPONDENTS WERE NOT INFORMED OR AWARE OF THE TYPES OF RESTRAINTS THAT THEIR CHILDREN WERE SUBJECTED TO.



58% OF RESPONDENTS DID NOT KNOW WHICH COMPANY HAD TRAINED THEIR CHILD'S EDUCATIONAL STAFF IN RESTRICTIVE PRACTICES.



Respondents from England allege the staff at their child's school were trained in restrictive practices by: Babcock Behavioural Support, Essex Steps, MAPPA, NAPPI, Positive Handling, Price Training, Proct Skip, Pro act scip, Scip, and Team Teach.



RESTRAINT PRACTICES USED, TRAINING AND SYSTEMS

Given the amount of risk and harm caused by the use of restraint and seclusion, it is indefensible that there is no legal requirement or framework for school staff to be trained in order to avoid situations arising where restrictive practices are used, neither is there a requirement for staff to be trained in how to restrain in a way that causes the least amount of harm in instances of true "last resort."

[Ofsted guidance to inspectors](#) (2021) states: *There is no universally recognised accreditation system or government standards for models of restraint and/or physical intervention for children.*

ICARS believe that a lack of adequate regulation and standardisation of training increases the risk of life-threatening restraint. We should all be extremely alarmed that even when training companies acknowledge that holds they have taught for years are now being deemed by medical professionals as life-threatening, there does not seem to be an effective mechanism on the ground to inform all those trained in the technique to cease and desist the practice. For example, the prevalence of the T-Wrap appearing throughout the 560 cases across England is evidence to the fact that although withdrawn from the training provider's syllabus in 2020, children were still being subjected to this life-threatening restraint in December of 2021. It is of profound concern that not all professionals who had been trained were aware that, as of 2020, this is no longer an approved technique. How are training companies informing all staff accredited in their systems across England when dangerous restraints are no longer approved techniques? How are staff informed of the threat to life and told to cease using unauthorised techniques?

The lack of clear regulations regarding what is allowed and what is prohibited in school restraint and restrictive practice interventions has created a lucrative market for training providers. Amongst these providers can be found those whom believe in and promote an ethos of pain compliance, some who supply mechanical restraint systems to educational settings across the UK. There are companies that present alarmingly-convincing sales pitches promoting the use of their restraint methods as well as offering legal advice to staff should they create harm or injuries which result in legal challenges whilst implementing their restraint methods. We would put forth that if your school is embarking on training in a system which features advice and further services which can be rendered in regards to possible future legal proceedings, that this is a system that should not be trained in or used in education. ICARS are not alone in the belief that no child should be placed in cuffs or other types of belt systems or subjected to pain compliance. This can be seen in the advocacy work undertaken over the years by Article 39 in respect to the restraint of children in care and the youth justice system.

The restraint training industry makes large incomes from education providers and settings who rely on it at their own peril. It is an industry that ICARS data demonstrates lacks transparency. Over half those who responded to the ICARS survey had no idea which training company, if any, their child's school used to train staff in restrictive practices. The list of alleged training companies presented in survey responses can be found alongside the data graphs on page 70.

ICARS believe that those who profit from the restraint training industry should not be involved in drafting policy or building frameworks that they can circumnavigate to protect themselves and their financial revenue streams which has been and currently is happening in regards to the implementation and drafting of such documents.



DO YOU KNOW THE NAME OF THE TRAINING PROVIDER USED BY THE SCHOOL TO TEACH THE STAFF PHYSICAL INTERVENTION?

WHAT RESPONDENTS TOLD US

“ I asked for this information and it was refused. ”

“ Some were, but most times it was grab and hold, techniques went out the window. ”

“ I believe they were since they said he couldn't start school until they had received training but I am not 100% certain. ”

“ Original TA informed me she'd never been trained to do some of the things she being told to do by slt and made her uncomfortable. She did not want or like to restrain but told to. ”

“ I was told yes but I was told a lot of things. ”

“ I don't even know who restrained him. The school is so poor that I've never actually met or spoken to his teacher as parents are kept at quite the distance from the school. ”

“ "mild " safer handling techniques " may be used" But they didn't say it would be used every day almost-before even trying de escalation tactics. ”

“ Most were but one wasn't who was involved in a campaign of preventive restraint. ”

“ No idea, but if they were, they absolutely did not follow the rules and did it incorrectly. I have proof of this. ”

“ "I doubt the school caretaker was for a start ! ”

“ "I don't believe some were and asked for there certification but I was never given it. ”

“ Although we weren't shown any documents to confirm they were up to date with their TT training, the Head led us to believe they were. But clearly not trained recently, as they were still using a t-wrap which we learnt was advised against by Team Teach a year earlier. ”

DO YOU KNOW THE NAME OF THE TRAINING PROVIDER USED BY THE SCHOOL TO TEACH THE STAFF PHYSICAL INTERVENTION?

WHAT RESPONDENTS TOLD US

“ No. Nor the company that have apparently provided PDA training (we have asked). ”

“ Proact skip (not sure of spelling) supposed to be positive behaviour support. ”

“ I believe they were since they said he couldn't start school until they had received training but I am not 100% certain. ”

“ We know the TA who hurt him had been on refresher training the week before. We feel this contributed to her reacting the way she did. She wanted to put her “skills” to use. The untrained TA managed to de-escalate successfully. We feel this is very telling of the training. ”

“ There is some evidence that training staff in restraint techniques increases the likelihood of their use. ”

“ I was aware of pro act ship but not being locked in a room. ”

“ On paper, “safer handling techniques “ may be used” But they didn't say it would be used every day almost-before even trying de-escalation tactics. ”

“ School trained all the staff I heard , but one time a class teacher sent me an e-mail and said that my son was held by 2 person double seated position. This made me very concerned as I am aware that this particular position is not OK to use. ”

“ I complained about this but denied me access to the data. Eventually when I got it one TA used for planned restraint was not trained. ”

“ It wasn't until I got the incident forms via the SAR that I realised they were doing 'two person caring C around the ears' (whatever that is) 'friendly hold' 't wrap' and 'seated t wrap with leg restraint' (and more). ”

“ We weren't given that information. ”

“ I believe they were since they said he couldn't start school until they had received training but I am not 100% certain. ”

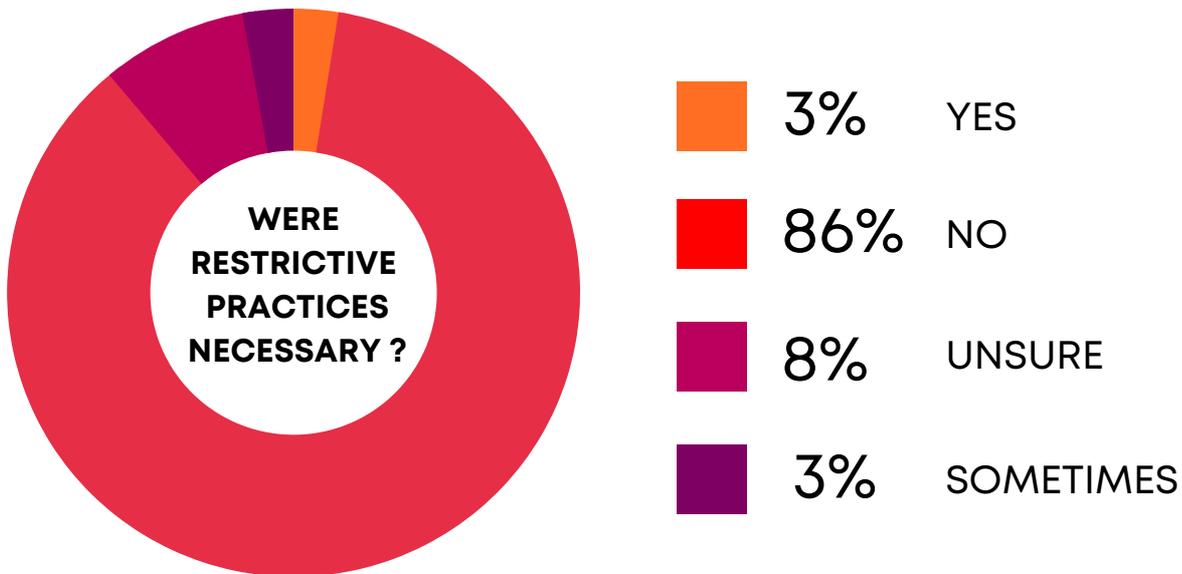


WERE RESTRICTIVE PRACTICES NECESSARY AND ARE CHILDREN'S NEEDS BEING MET ?



WERE RESTRICTIVE PRACTICES NECESSARY ?

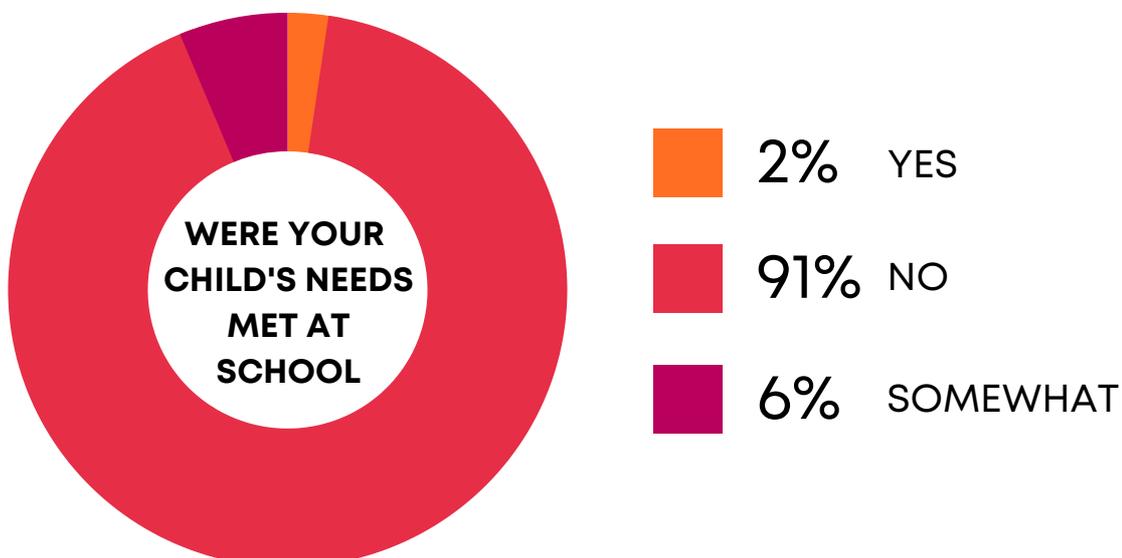
WE ASKED RESPONDENTS IF THEY BELIEVED THEIR CHILD BEING SUBJECTED TO RESTRICTIVE PRACTICES WERE NECESSARY.



The overwhelming majority of respondents to the ICARS survey did not feel that the restrictive practices used on their children in educational settings across England were necessary.

It is essential to emphasise that these are not parents concerned that a school's behaviour policy may mean their child could face minor disciplinary actions due to misbehaviour at school. These are the parents of disabled children facing extremely detrimental and harmful practices with significant long-term effects, as highlighted throughout this report.

WE ASKED RESPONDENTS WERE YOUR CHILD'S NEEDS MET AT SCHOOL. THE RESPONSE WAS OVERWHELMINGLY 'NO'.



DO YOU FEEL RESTRAINT AND/OR SECLUSION WERE NECESSARY?

WHAT RESPONDENTS TOLD US

“ There was a sense that the school believed my child was wilfully refusing to follow instructions, when in fact he was so distressed he was no longer able to follow verbal instructions. The school refused to put in place strategies to support my child. ”

“ My son has a diagnosis of PDA. This has been disregarded by social services and education. School ignored my pleas of this is demand Avoidance, he cannot cope with everyday demands and that he is masking in school his anxieties. ”

“ I don't think they understood they were willing to admit she was suspected ASD and Pda at that point. They have now placed her in thrive with a room she can go if anything overwhelms her. Now though it's too late and she can't cope with school at all. ”

“ No, she was disruptive but never violent or aggressive. ”

“ I think there were other ways to manage the situation but they often gave the impression that this was the path of least resistance for them, they really didn't have his best interests at the centre of their 'care'. ”

“ My child was upset and so they locked her in an empty classroom until she stopped crying so she wouldn't disrupt her peers. ”

“ He needed calm and kindness and to be heard They escalated each situation leading to this. ”

“ Nowhere else, before or after, felt the need to restrain my son. ”

“ Most restraints were over completely avoidable situations. Restraint should have been a completely last resort and most of the incidents could have been avoided or handled much better. ”

“ Completely unnecessary just so they could get on with their day. He was no threat to himself or anyone else. ”

“ They didn't know how to deal with a child with PDA. They just increased demands for good behaviour. ”

“ Overused, they always looked at his behaviour, never what he was desperately trying to communicate. ”

DO YOU FEEL RESTRAINT AND/OR SECLUSION WERE NECESSARY?

WHAT RESPONDENTS TOLD US

“ He was the one being bullied, yet he suffered a breakdown because of the way the school dealt with the situation. No child should be restrained or isolated. ”

“ There are plenty of alternative sanctions that are not traumatising for a sen child. ”

“ My son went into fight/flight so struggled with behaviour and received his first detention. This then caused more fear. ”

“ The most dangerous and severe restraint used on him was because he had severe OCD over entering classrooms with a wooden threshold at the door. He became agitated and a new TA successfully de-escalated. But another TA walked in and towered over him shouting which re-escalates the situation. ”

“ Absolutely not! It was purely because he had emotionally based school avoidance (school refusal) and they were effectively marching him into school and then forcing him to stay. ”

“ They need to understand that kids have sensory needs, and that if they use de-escalation techniques way before the 'behaviour' starts, then it won't end in restraint. However, as they don't appear to have much understanding of or training on sensory needs ”

“ I can understand that the situation may have escalated to a point where it was necessary, before they learnt better methods of communication with a child with ASD but I can't believe that was more than once. ”

“ Not at all. ”

“ I had no issue with his removal from class ON OCCASION. In my opinion this was used far too frequently, and meant he missed out on a great deal of classroom time. ”

“ It's not something I have ever had to do at home, and I do believe that his teachers helped create the situations for it to escalate to this point by not adjusting to his additional needs ”

“ Obviously I'm not present during school hours but in my experience I would say no. ”

“ Lack of continuing professional development in understanding and helping to identify neurodiversity played a massive part, she was labelled defiant and naughty when she was clearly distressed and dysregulated. ”

DO YOU FEEL YOUR CHILD'S NEEDS WERE MET AT SCHOOL?

WHAT RESPONDENTS TOLD US

“ He has been in the library and now an unused cloakroom with a TA for all lessons except maths and PE for almost this entire academic year. ”

“ While he was in the cupboard nothing in his EHCP was done He received no OT or SaLT No education actually. ”

“ They were not meeting needs and removing triggers. ”

“ Knowing my child and how ASD and anxiety affects them if the appropriate skilled support had been put in place the meltdowns which preceded the restraint/seclusion could have been prevented or mitigated at least to the extent that he was no physical threat to anyone. ”

“ They haven't since she was diagnosed 2 years ago, they have been delaying all possible help. ”

“ My son wasn't support by trained staff. My sons meltdown were always due to adult error. ”

“ My son loved school but after the abuse he was frightened of everything. ”

“ How could they be when he was terrified to be there. ”

“ Didn't want my child in school. Head didn't believe that autistic children acted differently to each other and expected them to be quiet and compliant. ”

“ If you meet my son's needs he is clever, funny, engaging, curious, and a joy to teach. If you don't meet his needs he can indeed be aggressive, defensive, verbally and physically challenging, but he's the same child. Meet need, fine, don't meet need, difficult. ”

“ Never It was a SEN school for children with ASD and ADHD and they couldn't even recognise his social and communication difficulties. ”

“ "Headteacher can't be bothered always on the staff side. ”

DO YOU FEEL YOUR CHILD'S NEEDS WERE MET AT SCHOOL?

WHAT RESPONDENTS TOLD US

“NO NO NO We submitted a request for a needs assessment in year six, three years after our daughter's ASD diagnosis. Our local authority admitted that there was send need but we're unable to go ahead with the needs assessment request as the school failed to submit any evidence to support our application.”

“Used child's lack of speech skills to declare he was miss understanding and it never happened.”

“No way! He was let down massively when schools are suppose to help an keep your child safe.”

“He was abused constantly and also never once received any education at the school. They could not produce a single piece of work. I have since found out another parent took legal action against the school 5 years previously under very similar circumstances.”

“While he was in the cupboard nonthing in his EHCP was done He received no OT or SaLT No education actually.”

“Has been telling the school since year 1 he couldn't write properly and he even wrote to the teachers himself and was still bullied by them.”

“My son loved school but after the abuse he was frightened of everything.”

“Not at all. Diagnosis totally ignored.”

“Refusal to put strategies in place, Refusal to assess needs.”

“No ed phycologist appointed. No boxhall report done. Was told by senco daughter needed a kick up backside! Also that all teenagers could be said to have PDA.”

“Never It was a SEN school for children with ASD and ADHD and they couldn't even recognise his social and communication difficulties.”

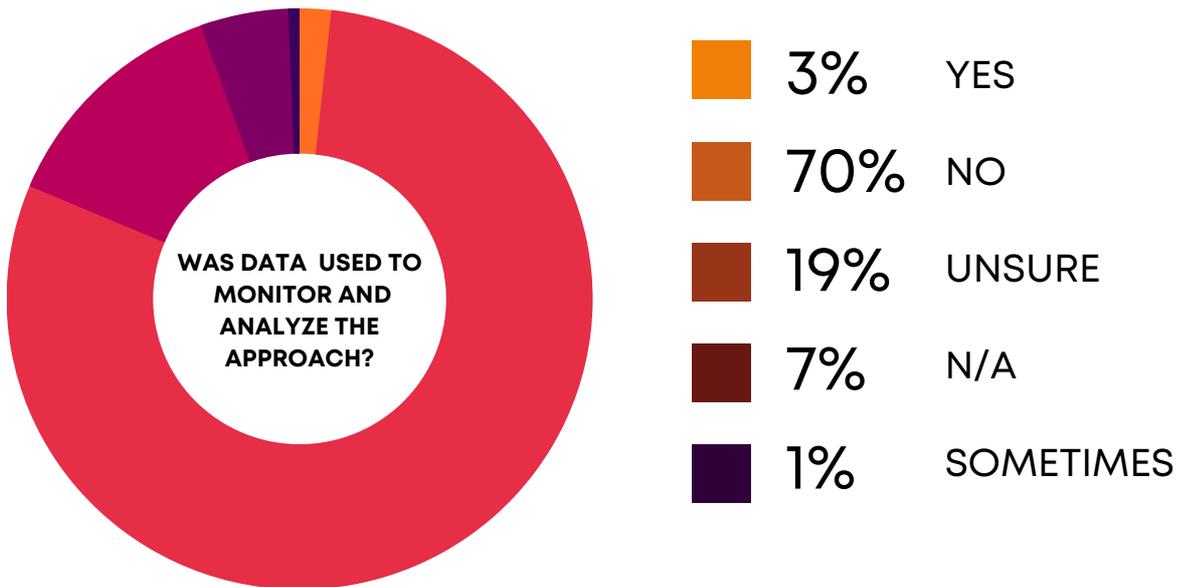
“She spends all day alone with just a TA her timetable keeps getting changed. She feels sad in school.”



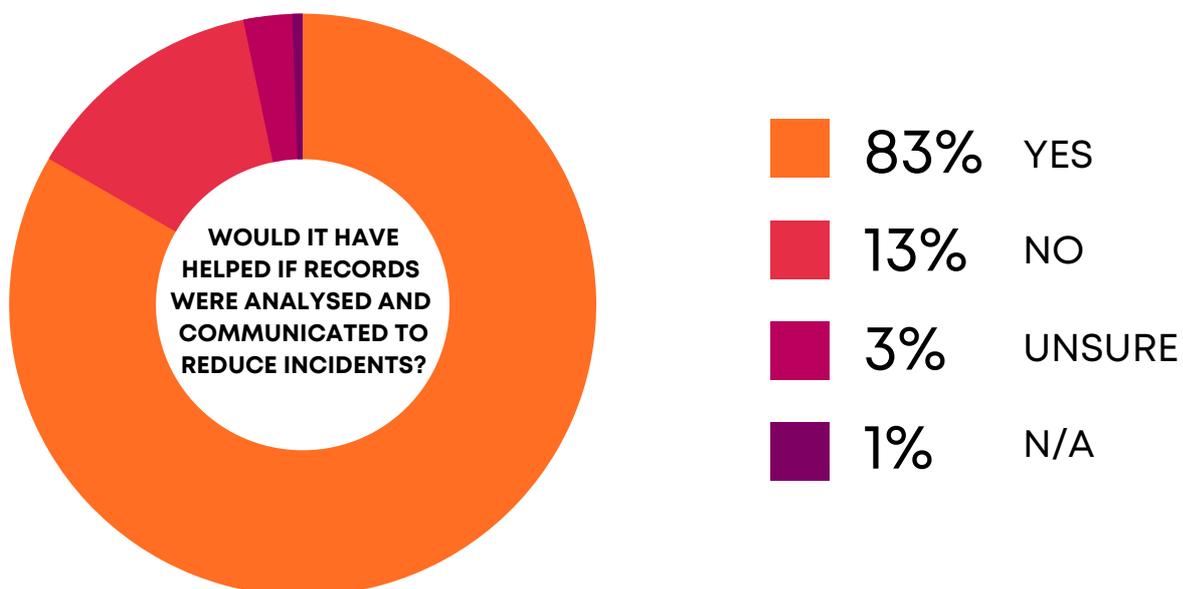
RECORDING AND DATA ANALYSIS OF RESTRICTIVE PRACTICES



IF SCHOOL RECORDS OF RESTRAINT AND/OR SECLUSION WERE KEPT, WERE YOU AWARE OF THIS DATA BEING USED TO MONITOR AND ANALYZE THE APPROACH TAKEN BY THE SCHOOL? IF SO, DID THIS LEAD TO ANY CHANGE OR POSITIVE OUTCOMES?



DO YOU THINK IT WOULD HAVE HELPED IF RECORDS WERE KEPT, COMMUNICATED TO YOU, AND ANALYSED TO SEE WHAT, IF ANY, CHANGES COULD BE MADE TO REDUCE THE NUMBER OF INCIDENTS?





IF SCHOOL RECORDS OF RESTRAINT AND/OR SECLUSION WERE KEPT, WERE YOU AWARE OF THIS DATA BEING USED TO MONITOR AND ANALYSE THE APPROACH TAKEN BY THE SCHOOL? IF SO, DID THIS LEAD TO ANY CHANGE OR POSITIVE OUTCOMES?

WHAT RESPONDENTS TOLD US

“No positive change only negativity towards him.”

“No, they have detailed records, logged on computer, graphs made etc, but nothing changed / helped my son.”

“Never told anything regarding this.”

“That’s what I argued as there was no reviewing of anything bar at EHCP which it wasn’t addressed. No learning at all.”

“I was aware it was recorded. I don’t believe this was used to monitor the situation. The situation didn’t improve.”

“It led to exclusion in both cases. And the PRU not wanting him back, although they did accept him in the end.”

“Doubt it no one takes you seriously if it’s an allegation against a teacher.”

“I removed my son from the school to safeguard him but it was too late as the damage was already done by the school he’s now in a PICU made several attempts to take his own life.”

“No. It just got worse never better.”

“It was used by me to prove mainstream could not meet need.”

“Record keeping refused.”

“Unsure, however I would have been interested in engaging in, and supporting with, this work.”



DO YOU THINK IT WOULD HAVE HELPED IF RECORDS WERE KEPT, COMMUNICATED TO YOU, AND ANALYSED TO SEE WHAT, IF ANY, CHANGES COULD BE MADE TO REDUCE THE NUMBER OF INCIDENTS?

WHAT RESPONDENTS TOLD US

“ We would never have left him to endure this treatment for so long. He was so unhappy and we had no idea this was happening to him. Some time later he said to us “I though you had said they were allowed to do that to me.” ”

“ They were ill equipped to deal with his needs. Frequently I tried to support them with this but as a school they believed they knew better. In numerous meetings, whilst they agreed that I had adjusted to his needs and they needed to implement our practices at home into their school, they failed to act on it. ”

“ If data was kept and analysed I expect it would show that as a treatment for behaviour seclusion was ineffective as it was not addressing and supporting a child with any of the difficulties with learning that they were experiencing. ”

“ Yes as we could have shown how de-escalation with sensory strategies was effective. And it would have helped getting SEN support as school was saying he had no additional needs yet secluded and restrained him. ”

“ Of course, collaboratively is the only way forward. ”

“ Accurate communication would have been a start. They claim they don't know the triggers meaning they don't really know the child. ”

“ Restraint wasn't necessary on my son. He had never needed it before that school nor after. I took him out the school after eight months. ”

“ The school make their own rules and if you as much as complain then you're accused if being difficult, hostile or aggressive. ”

“ The incidents were down to one individual head teacher. It wasn't policy. It was abuse. ”

“ I keep telling them the same, they only want to punish the afterwards but not paying attention to the triggers. ”

“ Any records of the support that she should have received would've been good. ”

“ Probably not as the school were not interested in working with me. Every time I tried to explain why he did things, or how their approach had made matters worse, I was told off for trying to tell them how to do their job. ”



COMPLAINT PROCESS AND ACCOUNTABILITY





COMPLAINTS AND ACCOUNTABILITY

No parent or carer wants to make a complaint about the care or education their child is receiving, as they have entrusted their child's well-being to the staff. However, raising complaints may be their only option when restraint or seclusion has been used against their child. Some respondents reported they also tried to raise safeguarding concerns. None of the respondents to the ICARS survey had had their safeguarding concerns upheld with action taken against teaching staff or schools. Even when it was acknowledged that the use of restraint on their child was a concern, it was considered an issue related to poor practice rather than abuse, and investigations did not proceed.

“ School dismissed the complaint. Police couldn't meet the evidence threshold for prosecution because of a lack of any CCTV inside the school. LADO dismissed the case. CIN did acknowledge the case and get school to agree to stop restraining, but school went back on their word as soon as CIN was closed. Only the Tribunal Judge, when faced with all the same evidence everyone else had seen, could see the truth and called it as it was. unnecessary abuse of a disabled child.

”

Hywel Thomas, a senior associate solicitor, wrote in his article "[What is Institutional abuse?](#)":

"Institutional abuse, also known as organisational abuse, is when an individual or group of individuals are neglected or suffer because of poor care practices within an organisation or care setting. It can be a one-off incident or happen regularly over a long period of time" (2021).

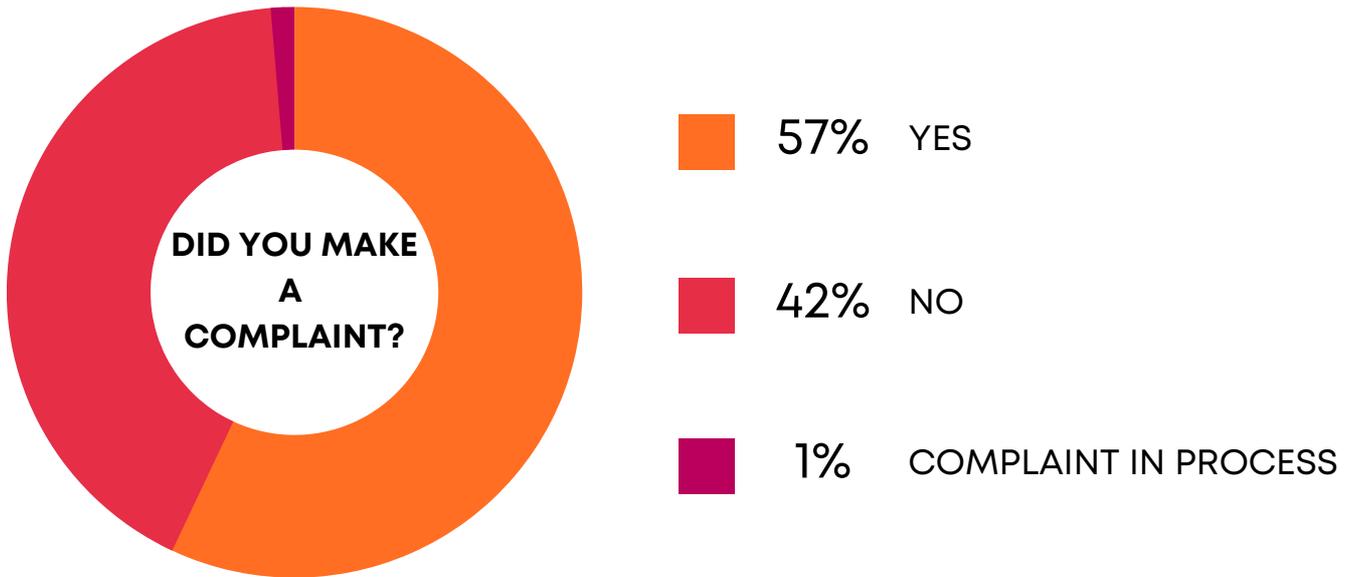
Thomas makes it clear that such abuse can happen in schools. Any reasonable trier of fact, having studied the 560 lived experience case studies collected by ICARS, would find that the use of restraint and seclusion for anything other than true "Last Resort" in school settings more often than not fits the definition of institutional or organisational abuse. Nevertheless, too few schools come under sufficient scrutiny, so abusive restraint and seclusion practices are allowed to permeate through practice, thus becoming culturally acceptable within school climates. The abuse that was exposed at the residential schools from the Hesley Group in Doncaster, involving restraint and seclusion amongst other violations, took many parents, carers, and whistleblower's complaints to be raised over several years before any investigation was launched. The ICARS Survey England provides unimpeachable evidence that disabled children are being exposed to similar harms across English educational settings.

Further Reading:

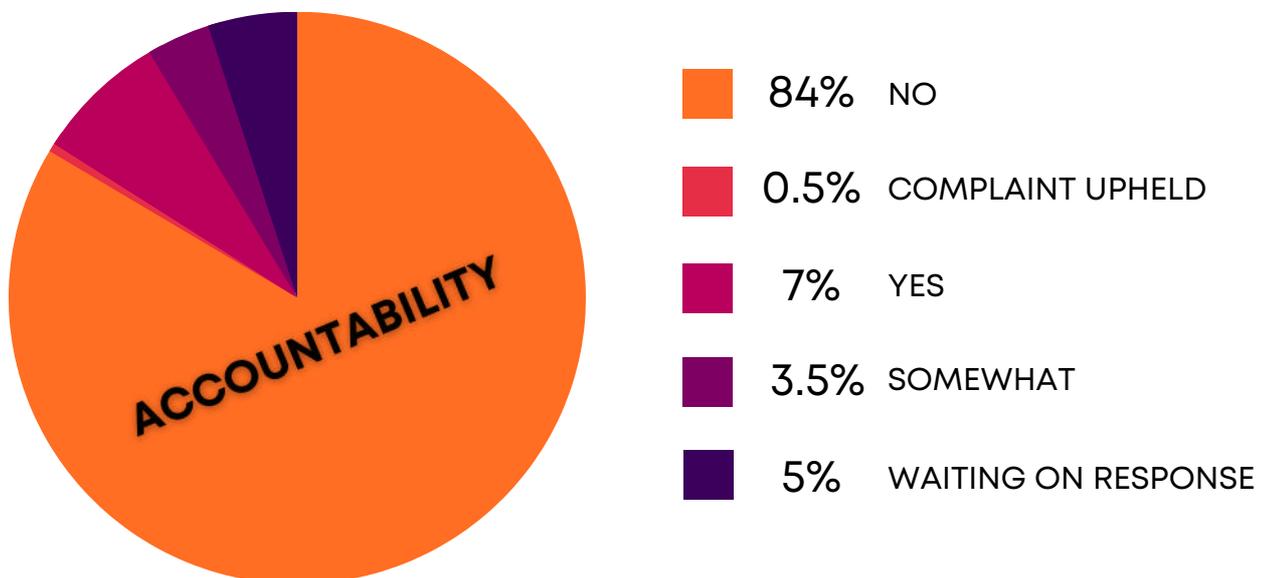
[Culture of abuse found at three Doncaster special schools - review - BBC News](#)
[Children punched and hit over the head in care homes rated 'good' - BBC News](#)



DID YOU MAKE A COMPLAINT REGARDING YOUR CHILD BEING SUBJECTED TO RESTRAINT AND / OR SECLUSION?



WAS THERE ANY ACCOUNTABILITY FOLLOWING YOUR COMPLAINT PROCESS?



COMPLAINTS AND ACCOUNTABILITY

Of those 43% of respondents who did not make formal complaints, it is essential to note that many of them provided ICARS with additional information explaining why they had not made a formal complaint. This information exposed common themes such as:

- Not knowing that they had the option to file a complaint
- Fear of not being believed
- Giving precedence to removing their child from the situation
- Prioritising their child's or their own mental health over entering complicated and time-consuming complaints procedures

And even worse than parents feeling powerless to prevent the abuse of their children, many **parents reported being threatened and targeted when they tried to seek answers:**

“ No. The headteacher threatened us with social services. He said: who will believe you over me? ”

“ I tried, but child protection was used against me to make me shut up, I was even threatened with a munchausens label if I didn't drop it ”

“ Absolutely nothing. Didn't even get a response. Complaint was made on [date] 2021 follow up on [date] 2021 and absolutely nothing at all from the school or either local authority. Instead they reported us to the police, social services and child welfare services. ”

“ When parents complain about their child's mistreatment Social Services are used to bully them into submission. There is a pattern to the abusive behaviour that many families of SEND children experience because my son was not the first and far from the last. ”

England's complaint processes need to be reevaluated and overhauled. ICARS believe that parents filing legitimate complaints need protection in what seems to have too often become nothing more than a rodeo of brinkmanship and gaslighting.

Equally, to enable complaints procedures to be meaningful and fair, educational staff need relevant, intelligible, and mandatory legislation that precisely informs them of their responsibilities and liabilities. Without this, teaching staff are failed by a system that does little to protect them or the children affected from a dangerous culture where restraint has been normalised and has become a systemic issue with little consideration of the consequential damage and human rights violations that are being perpetuated.

Human Rights abuses that are increasingly being challenged through the courts in cases such as in the case of Jacob and Samuel Montague, autistic twins who were routinely restrained in their Kent primary schools. The school was found to be in violation of the twins' human rights under the Human Rights Act ([Leigh Day, 2022](#)).

COMPLAINTS AND ACCOUNTABILITY

Respondents reported lodging complaints through the following routes: Many respondents approaching multiple agencies to try and get their complaints heard.



Many respondents informed ICARS of the names of public officials, local authorities, health care departments, SENDiASS, SENCO's, schools, academies and trusts to which complaints were made. In order to protect respondents and ensure anonymity, we have not listed them in the report.



COMPLAINTS AND ACCOUNTABILITY

Complaints and accountability are a critical issue. Yet the reported experience of over 89% of survey respondents who made complaints to different, often multiple entities such as schools themselves, Ofsted, safeguarding teams, and the Department for Education is that no one adequately investigates their complaints or their safeguarding concerns. It is abundantly clear that there is no established process or route through complaints or safeguarding, that parents and carers can utilise to ensure accountability or to protect the safety of their child or other children being subjected to restraint and seclusion in educational settings where these restrictive practices are not being used as a last resort. As a consequence some respondents resorted to submitting complaints to the Local Government Ombudsman (LGO). We note that complaints to the LGO can only be submitted after all other avenues for complaints have been exhausted without a resolution being reached.

Below, we provide some examples of complaint outcomes and reports from the Local Government Ombudsman which illustrate that the LGO receive and review complaints regarding the use of restrictive practices in schools, yet they lack the authority to investigate these complaints. These are complaints that nobody has or is investigating.

In contrast, we note the LGO case below from Torbay. In this case, foster parents restrained a foster child in their care. The foster carers were trained in restraint practices and restrained the child for 8-15 minutes. The council investigated and this investigation involved the child, the foster carers, the police and social workers. Following the outcome of the investigation a council review panel decided unanimously to deregister the foster carers because of their use of restraint. The foster carers were then able to appeal through the Independent Review Mechanism (IRM) for foster carers. Whilst this independent panel criticised the council for its lack of clarity on safe practices regarding safe and non-safe holds it did uphold the council's decision to deregister the foster carers as a consequence of their restraint use. The foster carers disagreed with the decision of the council panel and the IRM and so went to the LGO stating that they were trained in restraint and had done nothing wrong. The LGO made the decision not to investigate, in this instance, unlike in instances where the complaint involved restraint in a school setting, because the case had already been thoroughly investigated.

The Torbay case demonstrates that councils can and are investigating foster carers, as they should, if an allegation or a safeguarding concern is identified and holding them to account for their actions. The ICARS data indicates that the same practices used by foster carers, when applied in educational settings, need to be investigated; however, they are not and are allowed to continue. This example provides direct evidence of a two-tier system where education providers can use methods not allowed in other settings. The ICARS data indicate that foster children are being restrained in England's schools, and their carers are unable to stop these practices

[Torbay Council \(17 001 936\)](#)

Deregistered as foster carers by local authority after using restraint in the home.





COMPLAINTS AND ACCOUNTABILITY

Other examples of LGO complaints:

[Hampshire County Council \(16 008 761\)](#)

Summary: The Ombudsman will not investigate this complaint alleging excessive use of physical restraint on Miss X's son. This is because the law prevents her from considering complaints about what happens in schools.

[Norfolk County Council \(13 017 234\)](#)

I have not investigated Mr X's concerns about the restraint and actions of the school.

[Wakefield County Council \(19 010 047\)](#)

The Ombudsman will not and cannot investigate this complaint. This is because we cannot look at School Y or Ofsted's actions and it is unlikely our investigation would lead to a significantly different outcome.

[Plymouth City Council \(15 005 921\)](#)

I upheld this complaint as I found the Council acted with fault causing injustice to the complainant. (about council failings)





COMPLAINTS AND ACCOUNTABILITY

This letter highlights the problematic and convoluted policies and procedures that parents must navigate to voice their complaints and concerns about the use of restraint and seclusion against their children. Parents are sent round and round in circles to different agencies, with no one claiming the authority or capability to act against a practice damaging the life and health of pupils within our school systems. The most vulnerable members of our society, including children and families, are let down by a bureaucratic system that, respondent after respondent agrees, is simply inadequate.

Safeguarding concerns

To: Lado.Referrals@[REDACTED]gcsx.gov.uk, Registration.ENQUIRIES@education.gov.uk, cie@ofsted.gov.uk, [REDACTED]

Cc: [REDACTED]@[REDACTED]

01 Nov 2018 at 10:26

Re: [REDACTED]

Ofsted reference: CAS-4[REDACTED]

Department of Education reference: CRM:0[REDACTED]

Dear [REDACTED] ([REDACTED]), [REDACTED] HMI (Ofsted), The Independent Education and Boarding Team (Dept for Education), [REDACTED] ([REDACTED] LEA), and [REDACTED] ([REDACTED] Disability Children's Team)

As you will be aware we have corresponded with all of you with regards the concerns we have around the way that our daughter has been educated and cared for at [REDACTED] School [REDACTED]

We believe we have very legitimate, evidence based concerns of what at best amounts to extremely poor practice which needs challenging and at worst amounts to organisational abuse.

Yet nobody will investigate, and you are all referring us to each other putting the responsibility at each others doors.

[REDACTED] (LADO) you inform us that "As [REDACTED] School is not a local authority school, Ofsted have responsibility for investigating concerns such as those you have raised." and inform us it is only your responsibility if we are naming an individual member of staff.

Ofsted you have made it very clear that you can not investigate. "Ofsted does not have any powers to investigate safeguarding concerns relating to schools, so when we do receive this type of information, we always refer it to the appropriate authority." and you informed us that you referred our concerns to the Department of Education and Children's services in [REDACTED] with whom [REDACTED] works.

The Department for Education have said, "Although the Department, on behalf of the Secretary of State, has no powers to investigate individual complaints, following your information regarding the quality of education provided by [REDACTED] School, this will be made available to inspectors for the next scheduled inspection." Obviously we do not know when the next scheduled inspection is and anyway the Department have stated that they are unable to investigate the specifics around what has happened to our daughter.

[REDACTED] and his team ([REDACTED] LEA) have carried out some level of investigation which we have yet to see and [REDACTED] ([REDACTED] Disability Children's Team) has been supporting us as best as she is able but is hitting the same blocks we have.

The internal investigation by the [REDACTED] group has been weak, the figures they have used to "prove" things have been questionably applied to our complaints/concerns. We also have evidence of them providing us with much very inaccurate/wrong information which has the effect of reducing our level of trust in their ability to provide an honest evaluation of what has been happening.

And so we are asking, who do we go to, who will investigate what has happened for [REDACTED] at school outwith the [REDACTED] Group?

We are talking about a child who has FASD, a permanent brain injury, with learning, cognitive and communication difficulties. A child who exhibits many of the common FASD traits, not understanding fully cause and effect, memory problems, easily overwhelmed by situations she doesn't understand and impulsivity. Yet a child who is never restrained in any environment other than school. She doesn't need to be if provided with the right environment and supports. A child who is involved successfully in her community, swimming, disability football, riding for the disabled, church, [REDACTED].

We are talking about a school that is part of the [REDACTED] Group that purports to be an industry leader in the provision of top quality SEMH education, a circa £80 000 a year placement. A school that has very recently been rated 'good' across the board by Ofsted despite them being aware of our concerns. A school that the day after the Ofsted team left excluded our daughter and decided that they couldn't meet need because our daughter was taking up too many of school and [REDACTED] resources and according to them the relationship between us and them was damaged irreparable (we thought we were still working through the issues with them despite wanting answers around the level and intensity of restraint that our daughter has experienced at the school).

According to [REDACTED] figures they have recorded 113 incidents with [REDACTED] just in the last academic year, 81 of which included restraint. The others were recorded as non RPI's including guides. 81 of the holds they used (sometimes they used multiple holds in 1 incident) were to ground, either fully to ground or sitting on the ground. In some of the incident reports we have been able to read their to ground - sitting reads more like it was fully to ground. According to their figures they used a full ground shield 9 times in the year. I have to point out that from our analysis they have not recorded all holds accurately from incident report to data and so this is likely to be an underrepresentation of what has actually happened.

Often time they have recorded antecedent behaviour as aggression from [REDACTED] yet when you read the reports (and we have only as yet had access to a few of them) she has not been aggressive until they have tried to restrain her.

Please can I draw your attention to the fact that in all the school PBS plans from May 5th 2017 up to and including July 4th 2018 it states in the PBS plans and I quote, "Use RPI as soon as [REDACTED] makes a threat or shows aggressive behaviour, this is the most effective de escalation technique to help". We were only able to access these plans with a lot of difficulty. And the statement is intrinsically untrue and in our opinion extremely poor practice.

We give you these facts as a small snapshot of why we are concerned and why we think for [REDACTED] and indeed other children's sakes our concerns need investigating by someone more fully.

We hope that someone will be able to respond with a more satisfactory way forward than the responses we have received thus far which simply suggest it is not the responsibility of any of you to investigate.

Thank you,
[REDACTED]



DID YOU MAKE A FORMAL COMPLAINT? IF SO, TO WHICH AUTHORITIES?

WHAT RESPONDENTS WHO DID NOT LODGE COMPLAINTS TOLD US

“ I should, but I don't have the energy as trying to care for my broken little boy at home. ”

“ No, been told to shut up. ”

“ We were terrified for his mental health and felt we wouldn't be believed as there wasn't any written evidence. ”

“ I did not have the energy to complain, I needed to fight for an EHCP then a specialist setting. I think about complaining now but I am still rather traumatised and do not want to relive it. ”

“ No. The headteacher threatened us with social services. He said: who will believe you over me? ”

“ Approached an educational solicitor. Found out chair of governors was father of headmistress. Eventually decided to move on as personal abuse directed at me was having an impact on my own mental health. ”

“ No, both my son and I have been left traumatised, we'd never win, the school makes sure records would side with them. There are so few places for our children that the lea don't want to rock the boat. ”

“ No, I had to put all my energy into helping my child recover. Complaining to my la is pointless. ”

“ No because when you are dealing with schools they close ranks & you get nowhere they lie through their teeth. ”

“ I didn't need to, the local authority were in for a meeting over his EHCP and witnessed it for themselves. ”

“ No, the school were not prepared to listen as they were convinced my child was just naughty not autistic. ”

“ No, we are taking him out of school. I wish I had the time to make a formal complaint but the distress caused around all this has been huge and impacted on my ability to work and provide. ”

DID YOU MAKE A FORMAL COMPLAINT? IF SO, TO WHICH AUTHORITIES?

WHO RESPONDENTS THAT MADE COMPLAINTS CONTACTED

Yes to governor's, LA and LADO, SENDIST (disability discrimination) and teacher regulations agency.

Yes to LA and MP.

We wanted local authorities involved as we got to the point where we felt we weren't been listened to by the school, evidently this took too long and we eventually gave up and pulled her out of school.

Yes. I complained to School, head + governors, Council, Lado, Send, EWO, Social workers. CaMhs, Police (said it was a school matter). Ofsted. DfE, Children's Commissioner, Teaching Regulation Agency, MPs (local and national). I went everywhere I could think of and to this day, not 1 person has asked my child about his experience, no one was held accountable, no one took us seriously.

Yes to school and governors. I asked school to forward copies to local authority and Ofsted if they did I don't know as I had no communication.

I made a complaint to his disability social worker. Not happy with the outcome so taking it above her head.

Yes. To governors, local authority and ofsted. The local authority has don't their utmost to protect their outstanding schools and cover for them, when I contacted ofsted it was passed to the local authority who buried it again.

Yes to governor's, LA and LADO, SENDIST (disability discrimination) and teacher regulations agency.

Safeguarding refused to look into it until ofsted asked them too, again school fudged records and claimed they had done lots when they had simply punished and used inappropriate assessments in order to continue.

We complained to the school, which went to the Chair of Governors as the complaint involved the Head. When we were not satisfied with his response, we went to a panel of three independent governors. Although one was an ex-Head of that school.

Education Authority, Police.

To governors, local authority and Ofsted. The local authority has don't their utmost to protect their outstanding schools and cover for them, when I contacted Ofsted it was passed to the local authority who buried it again.

DID YOU MAKE A FORMAL COMPLAINT? IF SO, TO WHICH AUTHORITIES?

WHO RESPONDENTS THAT MADE COMPLAINTS CONTACTED

“
I've complained to [local authority] and Ofsted nothing was done.
”

“
Yes to the HT, the Governors, the LA, Head of Education.
”

“
We were instructed by the school that we would be in breach of safeguarding legislation as we had to protect the teachers involved! But have told numerous people from Camhs to Early help and still no one is listening.
”

“
Complaint to school and LA. I contacted LADO and OFSTED who did not want to get involved. Complaint through School was a farce and LA 'lost' paperwork and withheld info from me.
”

“
Yes the county council/ SEND officer who did not respond.
”

“
Disability discrimination case ongoing.
”

“
The chair of governors, the [police], the LA, local MP, and OFSTED.
”

“
SEND team and safeguarding team in local authority.
”

“
[Local authority] education, ofsted, safeguarding and department of education. Safeguarding refused to look into it until ofsted asked them too, again school fudged records and claimed they had done lots when they had simply punished and used inappropriate assessments in order to continue.
”

“
I complained to the headteacher and had an 'informal' discussion with one of the school governors. However they had fixed ideas about how it was my child who was the cause of the problem. I did not pursue it any further because I simply could not put myself and my son through the confrontation any longer.
”

“
Yes through social services.
”

“
I did. To the education department at the LA. I removed my child from the school.
”

COMPLAINT OUTCOMES



ACCOUNTABILITY/ COMPLAINT /OUTCOME DID YOU FEEL LISTENED TO?

WHAT RESPONDENTS WHO DID LODGE COMPLAINTS TOLD US

“Cover up, senco is very good at talking so parent not listened too!”

“No wasn't listened to they closed ranks and have been bullying me ever since I made the complaint.”

“They blamed his challenges on my parenting. They gaslit and minimised the extreme anxiety he developed about school.”

“School denied harming my son at all as “it was necessary and legal” for 5 teachers sitting and kneeling on him school governors ignored complaints and sided with school.”

“School investigated the wrong restraint. DfE only look at if they followed procedures and SENDIST wouldn't allow my late evidence unearthed through SAR to council.”

“Absolutely not as the independent governor found in favour of the school, despite them submitting evidence that was wholly untrue.”

“I raised the issue with executive director of [local authority department] she was really shocked to hear of my son's experience. And did ask a member of her staff to look into what had happened to my son at school.”

“I spoke to the school but nothing was done.”

“To governors, local authority and Ofsted. The local authority has don't their utmost to protect their outstanding schools and cover for them, when I contacted Ofsted it was passed to the local authority who buried it again.”

“It was an absolute cover up. Eventually we were told that they were an ofsted outstanding school and how dare we. I should have taken the complaint further but I still feel overwhelmingly ill every time I think of it and haven't been able to face revisiting it. What happened to our son will always haunt us.”

“The complaint we submitted was extensive and comprised numerous things. The Chair of Governors' investigation was very unsatisfactory and his response was largely a repeat of what the Head told him, with little evidence of objective consideration. The Chair did not speak to us personally but only used our written submission.”

“The reason I didn't feel listened to is because schools are so inherently discriminative towards neurodivergent kids. The adults just do not get it. So they might listen, but they are so ignorant that they cannot understand what they are doing.”

ACCOUNTABILITY/ COMPLAINT /OUTCOME DID YOU FEEL LISTENED TO?

WHAT RESPONDENTS WHO DID LODGE COMPLAINTS TOLD US

“
No the school care more about their policies and power than the needs and health of the children in their care.”

“
Massive training need, focus on adult neurodivergent voices, and shift in stereotyping and wrong assumptions is hugely needed.”

“
They did not take any evidence off any of our witnesses , nor off our son , nor seek advice off experts . They refused to fulfil the EHCP .They just went up the school and the school said they act appropriately . So now our child is not in school .”

“
We made a formal complaint following the schools complaints procedure, but the school governors involved in a hearing found for the school and did not believe that there had been any wrongdoings.”

“
Nobody cares.”

“
Eventually. The teacher who issued the sanction would not listen to the psychological impact on my son. The Head of Behaviour (it was escalated to SLT), eventually listened, spoke to the other parent and reversed the decision but it took [numerous] days.”

“
They agreed to let my son go so that was my victory.”

“
Senco changed the moving and handling plan so she doesn't get moved unless I'm there.”

“
They ignored that my complaint about bullying was never addressed. They ignored that my son wasn't being supported by the school despite being on roll and received no education for a significant time period. Nothing was upheld - zero accountability.”

“
Absolutely nothing. Didn't even get a response. Complaint was made on [date] follow up on [date] and absolutely nothing at all from the school or either local authority. Instead they reported us to the police, social services and child welfare services.”

“
The Head never responded even when I kept reminding him to. In the end he refused to speak to me. I had to call an emergency EHCP review to get his attention. He admitted in the meeting he couldn't meet my son's needs.”

“
Nope they passed the school every time.”



LAST RESORT

LAST RESORT

'LAST RESORT' means there must be a REAL possibility of death or serious physical harm to the child or another party after all other de-escalation techniques have failed.

Restraint used as a 'last resort' should be accompanied by documented evidence within 24 hours to parents / caregivers that less restrictive, nonphysical strategies were attempted without success, and that restraint was used to prevent death or SERIOUS physical injury.





Last Resort

KEY POINTS:

- Many government documents reference “last resort” without defining it
- Without a clear definition for “last resort,” professionals are given too much room to interpret this phrase
- Government guidance allows for “reasonable force,” another phrase with no legal definition, to be used to “prevent disorder.”
- Other institutions charged with the care of individuals have more robust guidance and protections in place to protect consumers
- ICARS, in collaboration with other organisations, proposes a definition for true “last resort”

LAST RESORT

In many settings across England, the use of restraint is claimed to be a measure of "last resort." "Last resort" is a phrase used widely in government guidance and guidance written by service provision stakeholders. Examples include [Minimising and Managing Physical Restraint \(2012\)](#), written for the Youth Justice system, [Positive and Proactive Care: reducing the need for restrictive interventions\(2014\)](#), written for adult health and social care settings, and [A Protocol For Local Children's Services Authorities on Restrictive Physical Interventions in Schools, Residential and other Care Settings for Children and Young People \(2009\)](#) written by the Association of Directors of Children's Services Health, Care, and Additional Needs Policy Committee Task Group.

While "last resort" is commonly referenced, it is not legally defined.



WHAT IS "LAST RESORT"?

"Last Resort" lacks a clear legal definition and so interpreting the phrase is presently left to the judgement of individual professionals and practitioners. What may be deemed as "last resort" by one person may not be by another. Decision-making relies on experience, training, personality, institutional culture, mood, etc. The reality is evident that in absence of an operational definition, "last resort" does not effectively protect individuals at the highest risk of experiencing restraint.

Additionally, those in educational settings in England have even less protection than that provided by the "last resort" standard. Government guidance for education allows the implementation of restraint and seclusion under the provision of "reasonable force." This lack of protection is concerning, as many individuals require more significant safeguards to prevent restraint and seclusion from being used against them. The non-statutory guidance [Use of reasonable force in schools \(2013\)](#) allows that "reasonable force" (another term with no legal definition) can currently be utilised to prevent pupils from hurting themselves or others, from damaging property, or from "causing disorder." Given the harms that restraint and seclusion have caused children, ICARS believes that this guidance needs careful examination and review. Unfortunately, this is another area in which England and the UK fall behind internationally by neglecting to engage legislation that ensures restraint and seclusion are only used as a true "last resort" after all other de-escalation techniques have failed within all settings, including educational settings.



Unnecessary Risk



Within England itself, whilst safeguards against the use of restraint are inadequate across the board (which can be observed in glaring clarity in the Panorama [Undercover Hospital: Patients at Risk](#) and Disclosure [Hospital Undercover: Are They Safe?](#) exposés), the safeguards surrounding the use of restraint in education are far less robust than those in any other institutional setting charged with the care of children or vulnerable populations where there is a significant potential for restraint implementation. For example, in health, there is a raft of guidance underpinned by "last resort" which, whilst the phrase is not legally defined, is defined and supported within documents such as in the Royal College of Nursing's [Restrictive Physical Interventions and the Clinical Holding of Children and Young People](#) (2019), and NHS England's [The importance of checking vital signs during and after restrictive interventions/manual restraint](#) (2015).

[National Institute for Health Care and Excellence \(2015\):](#)

1.1.3 Use of restrictive interventions must be undertaken in a manner that complies with the Human Rights Act 1998 and the relevant rights in the European Convention on Human Rights. 1.1.4 Unless a service user is detained under the Mental Health Act 1983 or subject to a deprivation of liberty authorisation or order under the Mental Capacity Act 2005, health and social care provider organisations must ensure that the use of restrictive interventions does not impose restrictions that amount to a deprivation of liberty.

[European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment \(2017\):](#)

General Principles 1.4: Patients should only be restrained as a measure of last resort (ultimo ratio) to prevent imminent harm to themselves or others and restraints should always be used for the shortest possible time. When the emergency situation resulting in the application of restraint ceases to exist, the patient should be released immediately.

It should be noted that such protections are not mandated or clearly defined in educational settings.

In the absence of a globally-accepted definition of "last resort," in May of 2022, ICARS teamed up with NeuroClastic, an autistic-led disability rights nonprofit, and with Unsilenced, a non-profit organisation of survivors and allies dedicated to stopping institutional child abuse, to release a definition we are hopeful will become widely-accepted worldwide.



"LAST RESORT" means there must be a REAL possibility of death or serious physical harm to the child or another party after all other de-escalation techniques have failed.

Restraint used as a 'last resort' should be accompanied by documented evidence within 24 hours to parents/caregivers that less restrictive, nonphysical strategies were attempted without success, and that restraint was used to prevent death or SERIOUS physical injury.



BEHAVIOURISM AND SCHOOLWIDE PBS





KEY POINTS

- Positive Behaviour Support (PBS) has been introduced in education by the Department for Education as a methodology intended to reduce restraint and seclusion use.
- There is insufficient evidence that suggests that PBS in schools reduces the use of restraint and seclusion.
- It is not clear how 'School-wide PBS' fits into the PBS industry's own definitions of PBS.
- PBS has been widely implemented in health and social care settings in England but has not reduced the use of restrictive practices.
- The autistic community's experience of PBS needs to be heard. Systems to eliminate restraint and seclusion need to be informed and endorsed by neurodivergent and otherwise disabled people.
- The Joint Committee on Disability Matters Ireland (Feb. 2023) concluded ABA and PBS does not align with UNCRPD and Human Rights.

PBS IN ENGLAND

In 2019, the UK government issued guidance titled [Reducing the Need for Restraint and Restrictive Intervention](#), which applies to children and young people with learning disabilities, autistic spectrum conditions, and mental health diagnoses in healthcare, social care, and special school settings across England. As a result of this guidance, the Department for Education in England has introduced Positive Behaviour Support (PBS) into education, embracing it as a methodology to reduce the incidence of restraint and restrictive practices in various settings.

In recent years, advocates of Positive Behaviour Support (PBS) in the UK, including those who profit from its use, have introduced 'School-wide PBS' into the education arena. However, it is unclear what this practice of school-wide PBS is intended to entail. [PBS State of the Nation Report](#) (2022), a document written to provide clarity on the practice of PBS in the UK, acknowledges that PBS is not intended for individuals who identify as neurodivergent but do not have a learning disability. This statement by prominent PBS advocates raises questions about why a "schoolwide" implementation is appropriate for an approach that is only intended for individuals with learning disabilities. These concerns have gone unacknowledged while the PBS industry continues to advocate for its implementation across various settings, including healthcare, the justice system, social care, and education.





BEHAVIOURISM AND SCHOOLWIDE PBS

Experts and human rights advocates from within the autistic community are not surprised to see PBS failing to reduce the use of restraint and seclusion in practice. For years, they have reported that the PBS approach is discriminatory and experienced by many autistic people as abusive and traumatic.

Over the past decade, there has been a growing movement within the autistic and broader disability community advocating for representation in decision-making processes that affect them. This movement seeks to involve trusted advocates and activists from within their communities. While there are valid objections surrounding the philosophical foundations of PBS, there is also concern about its encroachment in all systems that involve marginalised populations. The [PBS State of the Nation Report \(2022\)](#) presents PBS as a champion or saviour of sorts, where the authors define PBS as:

PBS has been described here and elsewhere as a multiple partnership (or stakeholder) model, involving persons with a learning disability and the key people, organisations and systems that support them[...]. This means that a range of individuals is often involved in deciding on a person-by-person basis what is worth changing and for whom, and how those goals should be pursued. Multiple partner involvement requires careful consideration of how benefits and costs of intervention are distributed between participants and how competing aspirations and interests are resolved where there are imbalances of power.

By their own definition, PBS is a network of stakeholders with decision-making power over the lives and treatment of disabled people. Disability advocates and scholars are concerned that the network under the umbrella of PBS disproportionately favours and caters to those who are financially benefiting from systems of permissive harm and "discretionary application" of what often results in situational abuse. From the description cited above, it appears that this [State of the Nation](#) report confirms the validity of this concern.

Networks of this nature have long been identified by legal and disability experts as the "Autism Industrial Complex" (AIC). Disability scholars Alicia Broderick and Robin Roscigno (2021) write:

Comprised of ideological/rhetorical as well as material/economic infrastructure, [...] the [Autism Industrial Complex] is not the myriad businesses and industries that capitalize and profit from it; rather, these constitute its epiphenomenal features. In the production of autism as commodity, the aic also simultaneously produces that commodity's market, its consumers, and its own monopoly control of that market through production for consumption of need for, consent to, and legitimacy of interventionist logics. Within this apparatus, almost anyone can capitalize on and profit from autism. And within the aic, autistic people—their very bodies—function as the raw materials from which this industrial complex is built, even as autistic people—their very identities and selves—also become unwitting, and often unwilling, products of the AIC.

PBS, which is operating across the UK within systems wherein individuals do not have the capacity, legally, to offer protest and for whom decisions are made by third parties "in their best interest." The autistic and broader disability community are concerned that this network of stakeholders surrounding PBS, both private business and public charities, are forming a monopoly on decision-making that both financially and politically advantages those within this network through socio-economic market manipulation, with undue and self-perpetuating elements of policy influence which displace and erase the representative voices-- and protest-- of those who are most impacted.





BEHAVIOURISM AND SCHOOLWIDE PBS

The conflicts of interest that position those benefiting from restraint and seclusion raise serious ethical concerns, especially given the testimony gathered in this report that validates the work of the autistic and otherwise disabled advocates who have warned against the dangers of a monopoly that benefits from preserving societal ignorance about what it means to be autistic and from the unexamined faith the general public places in the authority of their network.

A network that profits financially and politically from the "challenging" behaviours of disabled students in schools would lose its authority and capital if the children were accommodated and thriving. Thus, this "network" and those within its capacity to accredit and endorse as providers of training, intervention, and service provision benefits from a narrative that implies that disabled people are inherently challenging. This is more concerning when the same network has already established this level of influence in prisons, mental health institutions, and other service provision. Traumatized children are far more likely to be the future adult residents of prisons and mental health institutions than children who have been equipped with the accommodations and supports they need in their formative years.

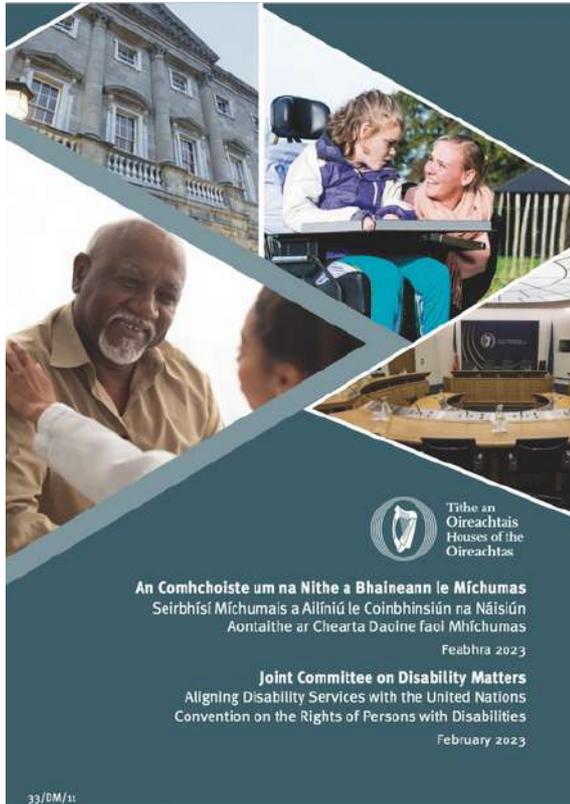
Effective approaches to meeting the needs of autistic and otherwise disabled students are informed by an understanding of how neurodivergent brains impact student needs and best practices for each individual. A behaviourist approach to "intervention" for disabled persons is based only on observable behaviour and requires no nuanced understanding of disability. This is equivalent to using behavioural interventions to treat blindness and deafness without any acknowledgement that blindness and deafness exist.

There is an increasing body of research, information, training, and parent collaboration that promotes alternative, less discriminatory, person-centred, relational approaches. The links below provide more understanding about the positions of the autistic community and renowned experts embraced by leaders in disability advocacy:

- [Moving Beyond Behaviorism and into the Twenty-First Century to Meet the Needs of Today's Students - NJ Autism Center of Excellence](#)
- [Reservations about Positive Behavior Support, or PBS » NeuroClastic](#)
- [On 'Positive Behaviour Support' – AMASE](#)
- [First-Hand Perspectives on Behavioral Interventions for Autistic People and People with other Developmental Disabilities - Office of Developmental Primary Care University of California ASAN](#)
- [The Effects of Behavior-Based Models on Neurodevelopment and Learning with Alfie Kohn & Prof. Torres - YouTube](#)
- [The Autism Industrial Complex: How Branding, Marketing, and Capital Investment Turned Autism into Big Business](#)



BEHAVIOURISM AND SCHOOLWIDE PBS



In February 2023, The Joint Committee on Disability Matters (Ireland) released [Aligning Disability Services with the United Nations Convention on the Rights of Persons with Disabilities](#).

As can be seen in points 58–60 (quoted below), the Committee concluded that ABA and PBS practices are behavioural intervention therapies ultimately grounded in modifying the behaviour of disabled people to meet goals decided by others, often to conform more closely with neurotypical communication, behaviour, and/or social norms; therefore, the Committee believes these interventions cannot uphold the UNCRPD principles of autonomy, dignity, right to identity, and freedom from non-consensual or degrading treatment.

58. Current research highlights significant controversy in the field of Applied Behavioural Analysis (ABA) between the application of humanistic and behaviouristic tenets and evidence about the effectiveness of these interventions remains unclear. The Committee heard that autistic people consider ABA and behavioural interventionist therapies to be medicalised and significantly impact their rights.

59. The Committee are aware that positive behavioural support (PBS) which is reported as being consistent with human rights as documented in the UNCRPD and places a person's behaviour within an ecological context is considered by people with disabilities, activists, and advocates, to be founded on the same underlying approach as ABA. In this regard, there is evidence to suggest that PBS risks the same harms as ABA and there is significant opposition to the use of any of these related behaviourism-based therapies by the autistic community and their representative DPOs.

60. The Committee are aware that in consideration of this issue, the Committee did not hear evidence from ABA/PBS practitioners. However, the lived experience of people with disabilities is a priority of the Committee to build awareness of the issues that people with disabilities face in their daily lives. In response to this lived experience the Committee are aware how behavioural interventionist therapies such as PBS, ABA are medicalised and differ crucially from the principles underlying Speech and Language Therapy (SLT), and Occupational Therapy (OT). Behavioural interventionist therapies are ultimately founded on modifying disabled people's behaviour to meet goals decided by others; often to conform more closely with neurotypical communication, behaviour and/or norms and therefore the Committee believe cannot uphold the UNCRPD principles of autonomy, dignity, right to identity and freedom from non-consensual or degrading treatment.



BEHAVIOURISM AND SCHOOLWIDE PBS

Positive Behaviour Intervention (PBS) is increasing in prevalence in England with marketing from charities and private investors suggesting that behaviourist approaches can reduce restrictive practices; however, data does not support this claim. In fact, we believe the contrary is true. PBS (referenced as Positive Behavioural Interventions and Supports [PBIS] in the USA) has been implemented in school settings within the United States for over 20 years, and federal data does not suggest that PBIS is effective in restraint and seclusion reduction.



DEPARTMENT OF EDUCATION OFFICE FOR CIVIL RIGHTS



2015–16 Civil Rights Data collection School climate and safety reported:

- 71% of children restrained and 66% of children secluded in schools were children with disabilities

In 2016, PBIS had been implemented in over 25,000 schools across the USA. Given the reported roll out of PBIS in schools over this time period it would be expected that if PBIS were effective in reducing restraint a decrease in its use against disabled children would be seen. Alas the opposite is true.



DEPARTMENT OF EDUCATION OFFICE FOR CIVIL RIGHTS



2017-18 Civil Rights and Data Collection The Use of Restraint and Seclusion on children with disabilities in k-12 schools reported an **increase** of restraint use against disabled children:

- 78% of children restrained and 77% of children secluded being children with disabilities



MEDIA



[National Center for Special Education Harsh Disciplinary Practices For Students With Disabilities Rises Once Again.](#)

PBS has been widely implemented in [health](#) and [social care](#) settings across England, but the evidence of its efficacy is dubious. The lack of demonstrable evidence of success and the growing body of evidence suggesting its implementation increases risk should be of significant concern, especially amongst concerns raised by practitioners and researchers from the academic community and the media.

The Evidence:

Professor John Taylor's Tizard seminar, (2022): [Transforming Care, Mental Health Act reform and Positive Behaviour Support.](#)

Channel 4 Dispatches' (2022): [Hospital Undercover: Are They Safe?](#)

BBC Panorama's (2022): [Undercover Hospital: Patients at Risk](#)

The Rochford Hospital featured in Channel 4 Dispatches is part of Essex Partnership University NHS Foundation Trust. The foundation's CQC inspection report can be viewed [here](#) showing the Trust implemented Positive Behavioural Supports. The Edenfield Centre featured in BBC Panorama is part of Greater Manchester Mental Health NHS Foundation. The foundation's CQC report of 2019 can be viewed [here](#) showing the Trust implemented Positive Behavioural Supports.



MEDIA



- [Shocking scenes uncovered inside Britain's mental health service crisis](#)
- [I went undercover to expose abuse at a mental health hospital](#)



BEHAVIOURISM AND SCHOOLWIDE PBS

Often, behaviour plans written in settings using PBS direct practitioners towards the use of restrictive practices, making such practices more likely to occur. Many parents and carers responding to the ICARS survey wrote about the use of restrictive practice utilised under of pretext of PBS. For example respondents reported:

“ Push chair up tight to desk with him in it and putting their feet on the legs so he can't get out. Putting their bodies behind him, hands around him and holding his hands making [name redacted] do what they want with him not being able to choose to leave and or stop. Strapping him in a push-chair and pushing up to the table then saying he asked for it. Sitting in their lap and holding him there for circle time.....he cannot cope with more than a few people in the room..... In a PBS report they wanted to punish him by making him sit in a chair facing away from the group...”

At the end of the survey when responding to the prompt, “Anything thing else you would like to add?”, the respondent remarked:

“ They take photos of all the class ..then post it on an internet site...that anyone can see... You can see the practice. I saw them too re the chair and blocking him. They did tell me how they wanted to use further restraint...i.e. PBS punishment...nothing positive about it.”

Another respondent:

“ Some holds were listed in PBP but I do not believe they were the only ones being used and it never listed Seclusion although I know they did this.”

UNITED NATIONS SPECIAL RAPORTEURS ON THE RIGHTS OF PERSONS WITH DISABILITIES

DISCRIMINATION AGAINST AUTISTIC PERSONS, THE RULE RATHER THAN THE EXCEPTION

Autistic children and adults face the proliferation of medicalized approaches relying on the over-prescription of psychotropic medications, their placement in psychiatric hospitals and long-term care institutions, the use of physical or chemical restraint, electro-impulsive therapy, etc. This may be particularly harmful and lead to the deterioration of their condition. All too often, such practices amount to ill-treatment or torture. [...] More investment is needed in services and research into removing societal barriers and misconceptions about autism. Autistics persons should be recognized as the main experts on autism and on their own needs, and funding should be allocated to peer-support projects run by and for autistic persons. It is about providing individuals and families with the necessary skills and support to have choice and control over their lives. It is also about equal opportunities, access to inclusive education and mainstream employment to achieve equality and rights enjoyment by autistic persons. It is about promoting their independence and respecting their dignity. Autistic persons should be respected, accepted and valued in our societies, and this can only be achieved by respecting, protecting and fulfilling their basic rights and freedoms.

Aguilar & Pūras (2015). [Discrimination against autistic persons, the rule rather than the exception](#). United Nations.

*UN Special Rapporteurs on the Rights
of Persons with Disabilities*





Autistic Self-Determination

The UN special Rapporteurs on the Right of Persons with Disabilities statement pertaining to the treatment that autistic people are subjected to cuts across all sectors and remains as relevant and important today as it was when it was written in 2015.

Our data demonstrates that this statement applies to autistic children within education. The UN Rapporteurs provide cautionary guidance that the struggles of autistic persons are exacerbated by restrictive practices, yet restraint is so common for autistic children in England that many parents characterize the frequency of incidents as "too many to count."

The government and the education sector must prioritise the preponderance of well-developed, well-informed, and well-researched evidence put forward by those with lived experience and researchers who documented their experiences, removing their unsuspecting endorsement of "school-wide PBS" from educational practice. Rather, they should be looking to the UN Rapporteurs on the Rights of Persons with Disabilities (2015) and The Joint Committee on Disability Matters Ireland (2023) regarding ABA and PBS and move to systems that are recommended and endorsed by the autistic and broader disability communities.

As it stands, a focus on behaviour puts the full weight of structural inequity on the chests and shoulders of autistic and otherwise disabled children, and they are telling us, "I can't breathe."





PRESENT GOVERNMENT LAW AND POLICY





PRESENT GOVERNMENT POLICY

RELEVANT DOCUMENTS



legislation.gov.uk

[Human Rights Act 1998 \(legislation.gov.uk\)](#)

[Education and Inspections Act 2006 \(legislation.gov.uk\)](#)

[Equality Act 2010 \(legislation.gov.uk\)](#)

STATUTORY GUIDANCE



Department
for Education

[Keeping children safe in education - GOV.UK \(www.gov.uk\)](#)

[SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](#)

[Supporting pupils at school with medical conditions - GOV.UK \(www.gov.uk\)](#)

NON-STATUTORY GUIDANCE



Department
for Education

[Use of reasonable force in schools - GOV.UK \(www.gov.uk\)](#)

[Reducing the need for restraint and restrictive intervention - GOV.UK \(www.gov.uk\)](#)

[Positive environments where children can flourish - GOV.UK \(www.gov.uk\)](#)

[Behaviour in schools - GOV.UK \(www.gov.uk\)](#)

[Searching, screening and confiscation \(publishing.service.gov.uk\)](#)

[Residential special schools: national minimum standards - GOV.UK \(www.gov.uk\)](#)

[Boarding schools: national minimum standards - GOV.UK \(www.gov.uk\)](#)

[Equality Act 2010: advice for schools - GOV.UK \(www.gov.uk\)](#)



United
Nations

[United Nations Convention on the Rights of the Child \(UNCRC\)](#)

[United Nations Convention on the Rights of Persons with Disabilities \(UNCRPD\)](#)

[United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment \(UNCAT\)](#)



[European Convention on Human Rights \(ECHR\)](#)





Present Law & Government Policy

Restraint & Seclusion

ICARS urgently calls on the government to introduce legislation that would prohibit the use of restraints in education that carry with them the risk of death, limit a child's ability to breathe, or limit blood flow to a child's brain; however, banning life-threatening restraint is an emergency provision and only a starting point on the way to creating safe environments for England's students. The words of personal testimony from respondents to the ICARS survey expose the physical and psychological harms that parents and carers witness their children experiencing as a consequence of restraint. They also speak of the powerlessness, fear, betrayal, and trauma that parents and carers report at learning this is the reality for their children. These interventions, parents and carers report, are not needed **when their children are understood and their needs are met.**

Despite the consequences and risks, present government law and policy around restraint and seclusion in educational settings does not protect the child's rights nor safety. Current guidance merely implies restraint and seclusion are dangerous but fail to provide direction to staff, leaving everything around the use of these practices to educators' "professional judgement" [as seen on page 4 of [Use of Reasonable Force: Advice for headteachers, staff and governing bodies](#) (2013)]. The current guidance does not inform educators of their responsibilities under the [Equality Act 2010](#), exposing teachers and students to risks that could lead to loss of life.

The data collected by ICARS provides unimpeachable evidence that the current guidance is negligently inadequate to protect educators and students. Our data suggests that instead, in too many educational settings, harsh cultures of institutional abuse have been allowed to evolve with restraint and seclusion being normalised, not as a means of last resort but as a routine measure to control the behaviour of disabled students whose accommodation needs are not being adequately supported. The culture of institutional abuse is compounded by the lack of accountability afforded by the absence of reporting requirements to Local Authorities, Ofsted, the government, or even to parents and guardians.

It wasn't until I moved schools that I realised that things could be done differently. Both schools were good schools and staff were caring in both schools, they wanted the best for the children. But in my new school things were different because they didn't use restraint.

-England SEND teacher



PRESENT GOVERNMENT POLICY

In the Equality and Human Rights Commission (EHRC) document, [Human Rights Framework for Restraint](#) (2019), the harms that restraint and seclusion can lead to and the responsibilities of practitioners engaging in restraint and seclusion are clearly laid out:

For example, a pertinent warning on page 6 warns, “Restraint is more likely to amount to inhuman and degrading treatment when it is used on groups who are at particular risk of harm or abuse, such as detainees, children and disabled people.” Lawful responsibilities on pages 8-10 quoted below:



Children:

When a decision is being made on whether and how to restrain a child:

1. Their best interests must be a primary consideration. This does not mean that the child’s best interests automatically take precedence over competing considerations, such as other people’s rights, but they must be given due weight in the decision to restrain.
2. Children are developing physically and psychologically which makes them particularly vulnerable to harm. The potentially serious impact of restraint on them will require weighty justification.
3. Techniques intended to inflict pain as a means of control must not be used.

A person entrusted with the care of a young child may be required to restrict the child’s action to ensure their welfare and safety. If the restraint is consistent with ordinary acceptable parental restrictions upon the movements of a child of that age and understanding this will generally be lawful.

Example: A teaching assistant takes hold of a five-year-old pupil’s hand to restrain the child when they are walking near a busy road. This is lawful.”

Discrimination:

1. The disproportionate use of restraint on an identifiable section of the population without justification is evidence that unnecessary and discriminatory restraint may be occurring.

Example: A prison segregates black prisoners twice as often as white prisoners. This indicates that the segregation of a black prisoner may be due to discrimination rather than necessity, in which case it would be unlawful.

2. To know whether discrimination is occurring, public bodies should collect and analyse data on their use of restraint, to identify if restraint is being used disproportionately against people with particular protected characteristics under the Equality Act 2010, or who share other identifiable group characteristics, for example, women, ethnic minorities, or people with particular impairments such as learning disabilities.

Example: A review of monitoring data at a mental health unit shows that ethnic minority women are more likely to be restrained than white women or men. The hospital is concerned that this might be a result of discriminatory attitudes and decides to investigate the cause of this disparity”





PRESENT GOVERNMENT POLICY



**Equality and
Human Rights
Commission**

Procedural Safeguards:

“Where restraint is used, protective steps must be taken to ensure legality and prevent harm. The level of detail and scrutiny required by these procedural safeguards will increase in line with the gravity of the interference with the individual’s rights and the risk of harm occurring.

The following are key procedural safeguards:

1. All persons using restraint must be adequately trained.
2. Any anticipated use of restraint must be planned and regularly reviewed. This must include active consideration of:
reasonable adjustments, or other measures that could be taken, to avoid or minimise the use of restraint and the risk of harm resulting for the individual or others in their situation, and
the risks to the person’s physical and mental well-being, taking into account matters such as disability and age.
3. To the extent that urgency permits, a person must be consulted and involved in a decision to restrain them, or to continue restraint for a prolonged period.
4. Use of restraint should be recorded in proportionate detail to enable the lawfulness of the restraint to be assessed.

Example: A student in a residential special school with autism and learning disabilities is repeatedly physically restrained due to challenging behaviours. An expert assessment of their sensory needs is required so that their environment can be adjusted to avoid distress that may lead to the use of restraint, and to ensure that it is strictly necessary.

In addition, if restraint results in death, life threatening injury, or may arguably amount to torture, inhuman or degrading treatment, an effective, independent investigation is required that complies with the legal principles outlined in our human rights framework for adult deaths in detention.”

**This information is quoted directly from the EHRC.*





PRESENT GOVERNMENT POLICY

ICARS is concerned that relevant frameworks such as this, produced from a Human Rights perspective, are simply not given sufficient consideration in present government policy. The EHRC picked this up in their research and subsequent report, [Inquiry: how schools are monitoring the use of restraint \(2021\)](#). In this report, the EHRC provided recommendations for the government around implementing mandatory recording and national guidance, policies, and implementation, analysing and using information on restraint, training, and national data collection and oversight.

Many of the families that ICARS represent, some of whom responded to this survey, are concerned about the lack of detailed law and guidance abolishing the use of restraint and seclusion in education. These concerns are not unfounded. The UN Special Rapporteur on Torture has held that both seclusion and restraint can amount to torture or cruel, inhuman, or degrading treatment when used against people with disabilities in certain circumstances.



United Nations

United Nations Convention on the Rights of the Child (UNCRC)

In 2016, The UN Committee on the Rights of the Child recommended in [Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland \(2016\)](#) that the UK government should:

Child rights impact assessment

10. The Committee recommends that the State party:

“(a) Introduce a statutory obligation at the national and devolved levels to systematically conduct a child rights impact assessment when developing laws and policies affecting children, including in international development cooperation;

(b) Publish the results of such assessments and demonstrate how they have been taken into consideration in the proposed laws and policies.”

The UK Government has not engaged in this recommendation in regards to introducing child rights impact assessments, nor have they engaged with children in regards to policy changes and the enactment of section 93a of the *Inspection Act* regarding the use of restrictive practices in schools.



PRESENT GOVERNMENT POLICY



Non-discrimination

22. The Committee recommends that the State party:

“ (c) Strengthen its awareness-raising and other preventive activities against discrimination and stigmatization and, if necessary, take temporary special measures for the benefit of children in vulnerable situations. ”

-UN Committee on the Rights of the Child recommended to the UK government (2016)

E.VIOLENCE AGAINST CHILDREN (ARTS. 19, 24 (3), 28 (2), 34, 37 (A) AND 39) TORTURE AND OTHER CRUEL OR DEGRADING TREATMENT OR PUNISHMENT

39.The Committee is concerned about:

“ (d)The use of restraint and seclusion on children with psychosocial disabilities, including children with autism, in schools. ”

-UN Committee on the Rights of the Child recommended to the UK government (2016)

40. With reference to the Committee’s general comment No. 13 (2011) on the right of the child to freedom from all forms of violence, and to target 16.2 of the Sustainable Development Goals, the Committee urges the State party to:

“ (b) Abolish all methods of restraint against children for disciplinary purposes in all institutional settings, both residential and non-residential, and ban the use of any technique designed to inflict pain on children; ”

-UN Committee on the Rights of the Child recommended to the UK government (2016)

PRESENT GOVERNMENT POLICY

40. With reference to the Committee's general comment No. 13 (2011) on the right of the child to freedom from all forms of violence, and to target 16.2 of the Sustainable Development Goals, the Committee urges the State party to:

“ (c) ensure that restraint is used against children exclusively to prevent harm to the child or others and only as a last resort. ”

-UN Committee on the Rights of the Child recommended to the UK government (2016)

“ (d) systematically and regularly collect and publish disaggregated data on the use of restraint and other restrictive interventions on children in order to monitor the appropriateness of discipline and behaviour management for children in all settings. ”

-UN Committee on the Rights of the Child recommended to the UK government (2016)





PRESENT GOVERNMENT POLICY

In light of the fact that restraints fall within the purview of the UK's obligations to prevent torture and other forms of ill-treatment under UN standards and under Article 3 of the European Convention on Human Rights, in our opinion, present UK legislation is failing to safeguard the safety of the nation's children and their access to human rights. We are not alone.



United Nations

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

In 2017, Stig Langvad, Special Rapporteur for the UK Committee on the Rights of Persons with Disabilities (CRPD) raised concerns over the UK Government's failure to implement the rights of disabled people. He highlighted the "lack of recognition of the findings and recommendations of the (2016) Inquiry" which found 'grave and systematic violations of disabled people's human rights'. Of note In the CRPD Committee's [Concluding observations on the initial report of the United Kingdom of Great Britain and Northern Ireland' \(2017\)](#) it states;

FREEDOM FROM TORTURE AND CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT (ART. 15)

“

36. The Committee is concerned about the continued use of physical, mechanical and chemical restraint, including the use of Taser guns and similar weapons, on persons with disabilities, which affects persons with psychosocial disabilities in prisons, the youth justice system, health-care and education settings, as well as practices of segregation and seclusion. The Committee is deeply concerned that these measures disproportionately affect black and other persons with disabilities belonging to ethnic minorities. It is also concerned about the absence of a unified strategy in the State party to review these practices. The Committee is further concerned at the occurrence of non-consensual electroconvulsive therapy across the devolved governments and particularly in Northern Ireland, and about excessive antipsychotic medication in England and Wales.

”





PRESENT GOVERNMENT POLICY

37. The Committee recommends that the State party:

“ (a) Adopt appropriate measures to eradicate the use of restraint for reasons related to disability within all settings and prevent the use of Taser guns against persons with disabilities, as well as practices of segregation and isolation that may amount to torture or inhuman or degrading treatment; ”

“ (b) Set up strategies, in collaboration with monitoring authorities and national human rights institutions, in order to identify and prevent the use of restraint for children and young persons with disabilities; ”

“ (c) Implement the outstanding recommendations contained in the February 2015 report of the inquiry by the Equality and Human Rights Commission entitled “ Preventing Deaths in Detention of Adults with Mental Health Conditions ” ; ”

“ (a) Adopt appropriate measures to eradicate the use of restraint for reasons related to disability within all settings and prevent the use of Taser guns against persons with disabilities, as well as practices of segregation and isolation that may amount to torture or inhuman or degrading treatment; ”





PRESENT GOVERNMENT POLICY

39. The Committee recommends that the State party, **in close collaboration with organisations of persons with disabilities, and in line with target 16.3 of the Sustainable Development Goals:**

“ (a) Establish measures to ensure equal access to justice and to safeguard persons with disabilities, particularly women, children, intersex persons and elderly persons with disabilities from abuse, ill-treatment, sexual violence and exploitation; ”

“ (c) Ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities, in accordance with article 16 (3) of the Convention. ”





PRESENT GOVERNMENT POLICY

The UK is due to submit its reports in response to the CRPD by 8 July, 2023, including in them information on the implementation of the recommendations, such as those above, made in the concluding observations from 2017.

We do welcome recent announcements from the Department for Education England suggesting that they plan to implement a policy of recording and reporting restraint. However, there has been no indication with regards how or even whether the data collected would be used to monitor and implement changes to practice. There has also been no indication whether records would be made publicly available as they are in other international jurisdictions. Put simply, implementing a policy of recording and reporting alone is insufficient action to stop the harm currently being caused.

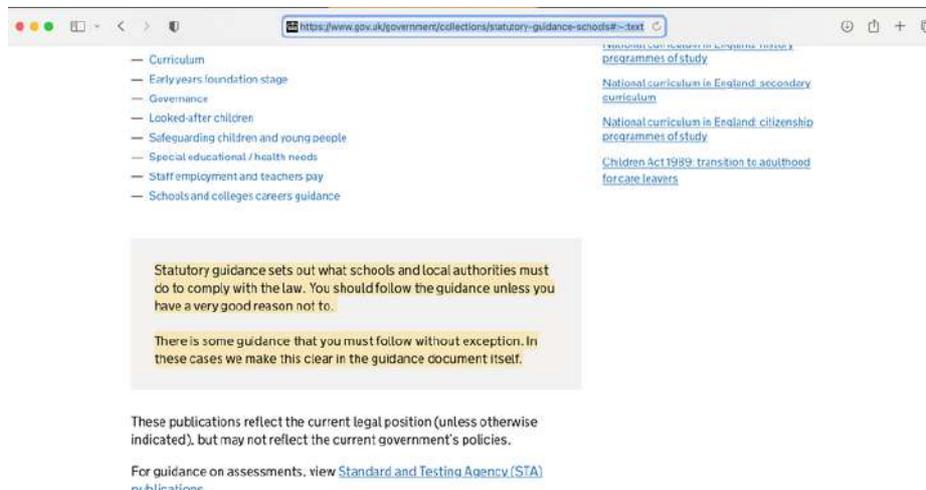
Developing legislation for use across school settings in all these areas would support schools and staff to embrace best practices and provide human rights-based guidance to inform the promotion of methods that improve both the lives of children and young people as well as those staff working with them. We refer you to our "Legislative Recommendations" chapter.

In conclusion, England can not claim to be a country that embraces equality when it refuses to provide all its children with equal access to meaningful education, equal opportunities, equal rights, and equal protections.

The Department for Education is failing disabled children by not updating and strengthening present government policy. Non-statutory guidance is insufficient to safeguard children against harm from restraint and seclusion use in schools. Even the implementation of statutory guidance fails to ensure definitive protections against the use of restrictive practices.

Given the communication privilege educators have in comparison to disabled children, especially those without reliable communication, statutory guidance can be circumnavigated by exploiting government-sanctioned loopholes that offer an allowance to forego statutory guidance "unless they have very good reason not to." (Image below taken from the Gov.UK website, The Department for Education's statutory guidance publications for schools and local authorities.)

[Schools: statutory guidance](#)



Such allowances are too vague when life-threatening and traumatic restraints, as can be demonstrated by the ICARS data, are weaponised against children for non-dangerous behaviour management.





CONCLUSIONS AND FINDINGS



SUMMARY CONCLUSIONS

01

The use of restrictive practices against disabled children in our society has been normalised. Schools are the beginning of a continuum which sees autistic and otherwise disabled people being exposed to abuses seen in assessment and treatment units (ATUs) and health care in later years. Legislation is needed to drive that change.

02

Children across schools in England are regularly being subjected to restraint and seclusion as a disciplinary practice which is unlawful in other international jurisdictions where it is only to be used as an emergency practice of true last resort to protect a child or others from serious injury.

03

Westminster has no legislative protections to prevent children from being routinely subjected to dehumanising, harmful, and potentially life-threatening restrictive practices in educational settings.

04

Life-threatening restraints are being used as behaviour management for minor and non-dangerous reasons, often for demonstrations of emotional distress. Children reported that they "could not breathe."

05

While eliminating seclusion is necessary, it must be done alongside careful mechanisms which define "last resort" and prohibit life-threatening restraint.

06

Autistic children, by a large margin, are the population most frequently subjected to restrictive practices. These practices are almost exclusively used on children with disabilities.

SUMMARY CONCLUSIONS

07

The use of restrictive practices not only causes harm but creates a barrier to education for children and diminishes their potential to thrive and participate actively in society.

08

Staff in educational settings are not documenting the use of restrictive practices, and parents have no access to reliable information about what practices were used, for what reasons, or for how long.

09

There are no adequate complaint mechanisms for parents to report abusive practices. Traditional avenues for protecting children and disabled people, from local authorities to the ombudsman, do not have the authority to intervene in school settings.

10

Disability rights proponents, scholars, and legal experts have thoroughly documented what is referenced as "The Autism Industrial Complex," or networks of professionals that leverage autism as a commodity and monopolise the narrative around autism.

11

Teachers require support in terms of funding and training so that they are provided the resources they need to implement systemic cultural changes that will result in the elimination of harmful restrictive practices for anything other an emergency procedure of true last resort in educational settings.

12

Existing guidance and policy does not specify the measures that should be in place to protect children from abusive practices.



CONCLUSIONS AND FINDINGS

It is unacceptable to harm any child and is especially egregious to harm vulnerable children with disabilities who depend on others for care and protection. When children have barriers to communication and struggle with notifying others about when they are in pain or injured, we must put in place increased protections to mitigate the risk of harm.

Autistic children already face stigma and are too frequently misunderstood and bullied by peers. Restraint and seclusion set an example for non-disabled children that disabled people deserve to have their rights and autonomy stripped and to face degrading, painful, and isolating treatment.

Schools, teachers, and educational staff must create safe and inclusive learning environments for every child. Many resources are available to help ensure that all students are treated with respect, dignity, and understanding. Respondents' lived experience testimonies which form the ICARS Report England provide evidence of practices that demonstrate a callous disregard for these core values and make evident that it is critical for Westminster to legislate protections for these children.

There can be no doubt that the ICARS Report highlights grave failures in safeguarding, child protection, teaching practice, training standards, oversight, and accountability, along with failure to uphold laws such as Articles 2 and 3 of the Human Rights Act 1998 and international human rights treaties to which England is a signatory, along with failures to adhere to or comply with statutory and non-statutory guidance.

We believe that harmful behaviourist approaches to control children without providing them necessary accommodations has normalised rampant disability discrimination which would see class action suits and federal investigations in countries where legal frameworks protecting those with disabilities ensure their civil rights are upheld. Private and charitable interests which financially and politically benefit from destabilising children cannot be given decision-making power that supersedes the voices of the disability community and experts who have developed approaches that are broadly recommended and endorsed by respected leaders in the autistic and otherwise neurodivergent community.

The providers and manufacturers of programs, trainings, and restraint technologies in England's schools offer no insight into sensory processing and motor planning disabilities that underlie the behaviours often met with restrictive practices. When entire treatment methods and approaches are formed with no understanding of disinhibition, agnosias, ataxias, and apraxias, then we neglect the source of dysregulation and frustration for our children, especially those without reliable means of communicating their frustrations.

Further, we must ensure children are legally protected against those teachers and administrators who have willfully and knowingly engaged in abusive practices, such as the headteacher kicking a child in the stomach while he was lying on the floor. There need to be clear pathways for parents, carers, and whistleblowers in schools to safely report abuse and jurisdiction for police and social services to have the authority to investigate within the schools. There has to be protection from retaliation for those who file reports. In the wake of the recent Hesley reports of abuses against children, which took authorities two years before taking complaints seriously, this report that those incidents were not isolated and that legislative intervention is urgently necessary.





CONCLUSIONS AND FINDINGS

The ICARS Report England provides evidence of the excessive use of restraint and restrictive practices in England's schools that could constitute possible breaches of present governmental mandates and guidance (statutory and non-) relating to, amongst other things, safeguarding, equality, governing bodies, SEND practice, and teaching standards. It also provides evidence that statutory regulation and oversight of practices which lead to physical and psychological injuries within school settings are being omitted from legislation safeguarding children. ICARS have identified many areas that require overarching legal mandates to protect students from protected classes who are disproportionately subjected to restraint practices. A small snap shot of these requirements can be seen in the following legislative recommendation section.

ICARS believe the testimonies and data within this report show systemic failure across educational settings to adhere to the following UK laws and guidance:



The Children's Act (1985)- Section 3

Places duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.



Department
for Education

Keeping Children Safe In Education: Statutory guidance for schools (2022).

A child-centred and coordinated approach to safeguarding (quoted from KCSIE page 6):

1. Schools and colleges and their staff are an important part of the wider safeguarding system for children. This system is described in the statutory guidance Working Together to Safeguard Children.
2. Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.
3. No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
4. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:
 - protecting children from maltreatment
 - preventing the impairment of children's mental and physical health or development
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and
 - taking action to enable all children to have the best outcomes.
5. Children includes everyone under the age of 18.

The role of school and college staff (quoted from KCSIE page 6):

7. All staff have responsibility to provide a safe environment in which children can learn. [...]
12. The Teachers' Standards 2012 state that teachers (which includes headteachers) should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.



CONCLUSIONS AND FINDINGS

Lived experience testimonies demonstrate the use of restraint and seclusion in England's schools is contrary to the Department for Education Supporting pupils at school with medical conditions, Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (2015).



Department
for Education

Supporting pupils at school with medical conditions:
Statutory guidance for governing bodies of maintained
schools and proprietors of academies
in England 2015. (quoted below)

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- Section 3 of the Children Act 1989 confers a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.
- Governing Bodies' duties towards disabled children and adults are included in the Equality Act 2010, and the key elements are as follows:
 - They must not discriminate against, harass or victimise disabled children and young people.
 - They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage.
- The governing bodies must ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child.
- Schools, local authorities, health professionals, commissioners and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.
- In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk...



CONCLUSIONS AND FINDINGS

Testimonies and data within this report illustrate systemic failures of school leaders, staff, and governing bodies to adhere to Teachers' Standards: Guidance for school leaders, school staff and governing bodies (2022).



Department
for Education

Teachers' Standards: Guidance for school leaders, school staff and governing bodies (2022), quoted below

Part One: Teaching

A teacher must:

1. Set high expectations which inspire, motivate and challenge pupils (page 10)

- Set high expectations which inspire, motivate and challenge pupils · establish a safe and stimulating environment for pupils, rooted in mutual respect.

5. Adapt teaching to respond to the strengths and needs of all pupils (page 11)

- Know when and how to differentiate appropriately, using approaches which enable pupils to be taught effectively.
- Have a secure understanding of how a range of factors can inhibit pupils' ability to learn, and how best to overcome these.
- Demonstrate an awareness of the physical, social and intellectual development of children, and know how to adapt teaching to support pupils' education at different stages of development.
- Have a clear understanding of the needs of all pupils, including those with special educational needs; those of high ability; those with English as an additional language; those with disabilities; and be able to use and evaluate distinctive teaching approaches to engage and support them.
- Manage classes effectively, using approaches which are appropriate to pupils' needs in order to involve and motivate them.

7. Manage behaviour effectively to ensure a good and safe learning environment (page 12)

- Maintain good relationships with pupils, exercise appropriate authority, and act decisively when necessary.

8. Fulfil wider professional responsibilities (Page 13)

- Communicate effectively with parents with regard to pupils' achievements and well-being.

Part Two: Personal and professional conduct (page 14)

A teacher is expected to demonstrate consistently high standards of personal and professional conduct. The following statements define the behaviour and attitudes which set the required standard for conduct throughout a teacher's career.

- Teachers uphold public trust in the profession and maintain high standards of ethics and behaviour, within and outside school, by:
- Treating pupils with dignity, building relationships rooted in mutual respect, and at all times observing proper boundaries appropriate to a teacher's professional position
- Having regard for the need to safeguard pupils' well-being, in accordance with statutory provisions
- Showing tolerance of and respect for the rights of others
- Teachers must have an understanding of, and always act within, the statutory frameworks which set out their professional duties and responsibilities.





CONCLUSIONS AND FINDINGS

A LACK OF STANDARDISED TERMINOLOGY TO DEFINE RESTRICTIVE PRACTICES

The importance of standardised language to define violations of student rights, access, safety, and autonomy cannot be overstated in order to protect against abuses. It provides victims and their advocates with the necessary language specificity to define what they experienced and why it was a harmful overreach of authority. However, there is currently no consensus or clear definition for critical language that should be used to define rights and safeguarding procedures for students.

A brief overview of policy documents and reports from stakeholders and authorities within England highlight that there is not even a consensus in language use at government level about the way restraint and relative terminology are used and defined. Many words and phrases, like “last resort,” “de-escalation,” and “segregation” are used colloquially and have no standardised definition, opening the door for opportunistic interpretation of these terms that undermines the students’ access to protection as is shown through this language being presented to parents and carers in their testimonies.

Other terms are used interchangeably, yet should be defined so that they are specific to the circumstances wherein they are used. Examples include *restrictive physical intervention*, *physical intervention*, *restraint*, *seclusion*, *segregation*, *isolation*, *quiet rooms*, *removal rooms*, and even euphemistically-defined restraints like *sensory rooms* and *calm-down booths*.

Commercially-defined “buzzwords” and phrases used widely from the private sector find their way into official channels and across policy documentation and guidance such as *for the shortest time necessary* and *in the safest, least restrictive manner* are phrases used to promote more equitable and humane interventions. However, they provide no material protection nor utility in pragmatic implementation because there is no specificity in their meaning.

International experience has taught us that true systematic cultural change in education which ensures children are adequately protected is not possible by a few schools self-electing to engage in systemic cultural change and removing restrictive practice as a behavioural approach unless it is required as a practice of true last resort. While change can start from the bottom up, the comprehensive protection and reforms desired by children and families can only be achieved through the establishment of detailed legislation, policies, procedures, and protocols that are fully implemented and legally enforceable. The current bad practice and abuses happening through the use of restrictive practice requires more than recording and reporting of instances. Rather, it requires the elimination of restraint in all instances other than those that are “true” last resort and the removal of practices which are the pipeline to children being subjected to restraint and seclusion.

In order to ensure the rights and safety of students, it is important that the language used to define restraint, seclusion, and other restrictive interventions is universally defined and interpreted through an international perspective. England is tragically trailing other countries who have implemented more equitable policies that promote true inclusion and prioritise the emotional and developmental safety of learners. England's children need Westminster to implement the best practices of those nations which have implemented legislative protections, whilst learning from the mistakes of those who have led the way so as to avoid the trial-and-error of those who have already made these systemic changes to their educational systems.





REPORT FINDINGS

It is imperative Westminster begin a statutory inquiry under the 2005 Act based on the findings contained herein. That the experiences of children, families, survivors, neurodivergent experts, disability led charities and organisations, groups and those who are directly impacted by the disproportionate implementation of restrictive / aversive practices, restraint and seclusion are heard. These parties' voices have been omitted from conversation which should have been held alongside the opinion and narrative of schools and educators which has formed the practices of today, and that legislative action is taken to protect all children in educational settings from death, physical harm and lifelong psychological injury and harm.





LEGISLATIVE RECOMMENDATIONS



LEGISLATIVE RECOMMENDATIONS

The ICARS Report England shows irrefutable flaws in the use of restrictive practices in educational settings as behavioural interventions under the pretext of "reasonable force" in England's schools. It can no longer be deemed as acceptable to expose approximately 1.6 million children with a disability diagnosis, 16.6% of England's total school population to the extant, disproportionate use of life-threatening practices which have resulted in the deaths of hundreds of children internationally. Further, survival should not be the acceptable baseline for "good enough" when children who survive are suffering serious physical injuries and long-term psychological, social, and emotional injury.

International jurisdictions have legislated against the use of restrictive practice, yet England remains decades behind in tackling the legislative frameworks needed to ensure the right to life, safeguarding, and compliance with The Human Rights Act and international treaties they are duty-bound to uphold to ensure they are not participating in discrimination against individuals with disabilities.

Below is a snapshot of the legislative protections that ICARS believes need to be implemented immediately.



LEGISLATIVE MEASURES TO PREVENT DEATH, PHYSICAL INJURY, AND PSYCHOLOGICAL HARM TO CHILDREN



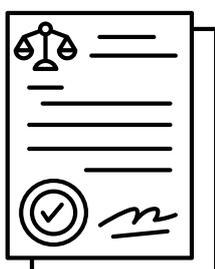
RECORDING REPORTING AND MONITORING OF RESTRAINT AND SECLUSION DATA



LEGISLATIVE OVERSIGHT OF RESTRAINT TRAINING AS AN EMERGENCY PRACTICE OF LAST RESORT AND TRAINING / ACCREDITATION BODIES LEGAL RESPONSIBILITIES AND ACCOUNTABILITY



PARENTAL / NOTIFICATION FOLLOWING RESTRICTIVE PRACTICE USE.



Full legislative outline and suggested text can be sought by relevant stakeholders by emailing us at: mail@againstrestraint.com



Media Coverage

Children subjected to restraint and seclusion across England

Support staff get restraint power	BBC	2005
Teachers get discipline rights	BBC	2005
Criticism over youth jail death	BBC	2007
Schools are for learning, not imprisonment	The Guardian	2008
Restraint guidance 'draconian'	TES	2010
Gareth Myatt died 10 years ago, but prison restraint on children continues	The Guardian	2014
Autistic boys 'shut in tiny room' at Stoke-on-Trent school	BBC	2014
Restraint injuries persist at youth jail where boy died 12 years ago	The Guardian	2016
Approved restraint techniques can kill children, MoJ found	The Guardian	2016
Restrained, isolated and soiled with excrement... Inside the home where children with learning difficulties are locked up for years	The Sun	2017
'Hundreds of pupils spend week in school isolation booths'	BBC	2018
'I was put in a school isolation booth more than 240 times'	BBC	2019
DfE may call for less pupil restraint in all schools	TES	2019
SEN children physically restrained at school, say parents	Channel 4	2019
Mother sues over daughter's suicide attempt in school isolation booth	The Guardian	2019
Teaching union calls zero-tolerance school policies 'inhumane'	The Guardian	2019
Pupils 'hurt every day' by school restraint methods	TES	2019
Parents lobbying for new law on pupil restraint consider judicial review	Schools Week	2019
Disabled children 'constantly' physically restrained and left with bruises and trauma, parents say	The Independent	2019
Pupil isolation 'can harm mental health'	TES	2019
Too little data on restraint puts children at risk	Schools Week	2020
Inquiry into schools' use of restraint on pupils	TES	2020
'Vicious circle of trauma' created by restrictive interventions in schools, says Centre for Mental Health evidence review	Mental Health Today	2020
SCHOOL PUNISHMENTS 'WORSEN VULNERABLE CHILDREN'S MENTAL HEALTH'	Children & Young People Now	2020





Media Coverage

Children subjected to restraint and seclusion across England



<u>Teacher restrained pupil, dared them to stab her and held door shut with them inside</u>	Surrey Live	2021
<u>TREATED LIKE A CRIMINAL Furious mum blasts school chiefs after her autistic son was handcuffed by police on first day of term</u>	The Sun	2021
<u>Angry Yorkshire dad pulls son out of school after claiming he came home with 'cuts and bruises'</u>	Hull Live	2021
<u>Pupil abuse in special school secure rooms filmed on CCTV</u>	BBC	2021
<u>Police probe 'child cruelty' in Walthamstow special school seclusion rooms</u>	Evening Standard	2021
<u>Trust may lose special school where staff 'held pupils to the floor'</u>	Schools Week	2021
<u>Behaviour guidance 'could lead to schools breaking law'</u>	TES	2022
<u>Ofsted raises concerns over use of restraints on pupils in special needs school</u>	The Guardian	2022
<u>Bedford independent school rated inadequate as Ofsted says 'pupils do not feel safe'</u>	Bedfordshire Live	2022





REPORT TERMINOLOGY





REPORT TERMINOLOGY

AVERSIVE PRACTICES

Shall mean practice that uses unpleasant physical or sensory stimuli in an attempt to reduce undesired behaviour. An aversive intervention is usually one which cannot be avoided or escaped by the person it is being inflicted upon and/or is pain inducing.

BASKET HOLD

Shall mean a physical restraint in which a pupil is held from behind, grasps the child wrists, and crosses the child's arms across his or her chest. The child is then brought into a seated position which can be achieved by stepping back and riding the child down along the thigh, chair or other object.

BEHAVIOURISM

Shall mean a school of psychology that takes the objective evidence of behaviour (such as measured responses to stimuli) as the only concern of its research and the only basis of its theory without reference to conscious experience.

EHCP

Shall mean Education, Health and Care Plan.

EDUCATIONAL SETTING

Shall mean:

Maintained and non-maintained special schools

Special academies and Special free schools

Special post-16 institutions

Independent educational institutions (which have applied to the Secretary of State for Education for approval under section 41 of the Children and Families Act 2014)

Independent educational institutions which are not section 41 schools

Mainstream schools (including Academies and Free Schools),

Special Education Units and Special Educational Needs resourced provisions

General further education colleges;

Independent mainstream schools and colleges;

Alternative provision (AP)

Pupil Referral Units (PRUs)

AP Academies and AP Free Schools;

Early Years providers (maintained or independent)

Residential schools

EARLY YEARS (KEY STAGE)

Shall mean children attending educational settings aged between 3-4 or 4-5 in reception class.

EDUCATIONAL STAFF

Shall mean school leaders, administrators, teachers, teaching assistants, specialised support personnel, paraprofessionals, any and all other staff who may be in contact with a child during their school day.

FOIA

Shall mean freedom of information act.





REPORT TERMINOLOGY

GUIDELINES

Shall mean defined principle and criterion which direct action. Guidelines should use evidence from existing literature as well as expert opinion.

KEY STAGE 1 (KS1)

Shall mean children attending school year 1 and year 2 and are 5-7 years old.

KEY STAGE 2 (KS2)

Shall mean children attending school year 3-6 and are 7-11 years old.

KEY STAGE 3 (KS3)

Shall mean children attending school year 7-9 and are 11-14 years old.

KEY STAGE 4 (KS4)

Shall mean children attending school year 10-11 and are 14-16

LIFE-THREATENING PHYSICAL RESTRAINT

Shall mean any physical restraint, escort or hold of person that:

Restricts airflow to a person's lungs or brain by chest compression or any other means, restricts blood flow to a person's heart, lungs or brain. Immobilizes and prohibits the free movement of a person's arms, legs, head or torso while in but limited to: prone, supine, neck, head or basket hold positions.

MECHANICAL RESTRAINT

Shall mean the use of any physical device or equipment used to restrict a student's movement. This can include but is not limited to: chairs, high chairs, feeding chairs, removable trays and tables which can be inserted or attached to body stabilizing equipment straps, belts, velcro, cuffs, wraps, zip ties, cords, backpacks which can not be removed by the student or the student is not allowed to remove. *Mechanical restraint does not pertain to devices used by students that have been prescribed by an appropriate medical professional and are used for the approved specific positioning or protective purpose which they were designed for, devices such as maintaining proper body position and alignment, balance allowing for greater mobility freedom which the student would be able to maintain without them. Restraints which have been medically prescribed for medical immobilization, orthopedic devices which allow a student to participate in activities without the risk of harm. Seat belts or harnesses which have been medically approved/ prescribed for the student when being transported in vehicles which have documented consent for use and implementation.*

NECK RESTRAINT

Shall mean the use of any body part or object to attempt to control or disable a pupil by applying pressure against the neck, including but not limited to the trachea or carotid artery, with the purpose, intent, or effect of controlling or restricting the person's movement, including chokeholds, carotid restraints, and lateral vascular neck restraints.

PHYSICAL ESCORT

Shall mean temporary holding or touching without the use of force, of hand, arm, wrist, shoulder or back to direct a pupil who is upset to walk to a seclusion area, safe de-escalating, sensory or calming area.





REPORT TERMINOLOGY

PHYSICAL RESTRAINT

Shall mean direct physical contact which in any way restricts a students freedom of movement in any educational setting and grounds or if the child is off of school property during a school activity, educational visit, school trip or educational evaluation.

PRONE RESTRAINT

Shall mean a physical restraint where the pupil is placed face down on the floor or against another surface, and physical pressure is applied to the students body to keep them in a face down position.

POLICY

Shall mean Westminster their Department for Education's written operation statement of intent and stand on the issue of restraint and seclusion use in educational settings.

PDA

Shall mean Pathological Demand Avoidance

PPPG's

Shall mean Policies, Procedures, Protocols and Guidance.

RESPONDENT / PARENT / CARER

Shall mean a child's mother, father or legal guardian, person or agency legally authorized to act on behalf of student or in partnership with mother, father or legal guardian.

RESTRICTIVE PRACTICES

Shall mean the use of interventions or strategies that have the effect of restricting the rights or freedom of movement of a student.

SAR

Shall mean a subject access request

SECLUSION

Shall mean any room or area which a child is either physically or psychologically prevented from leaving. These rooms may also be referred to as but not limited to: Calm down rooms, blue rooms, sensory rooms, de-escalation rooms, safe spaces, the den, nurture hubs, serenity space, quiet zone, suite, regulation spaces, regulation area, managed away, etc.

SEGREGATION

Shall mean when a child or young person is not allowed to mix freely with others on a long-term basis.

SEMH

Shall mean Social Emotional Mental Health Needs

SEN/SEND

Shall mean Special Educational Needs/ Special Educational Needs and Disabilities.





REPORT TERMINOLOGY

SCHOOL DAY

Shall mean day or partial day that student is in attendance at or under the supervision of educational setting for academic or instructional purposes.

SpLD

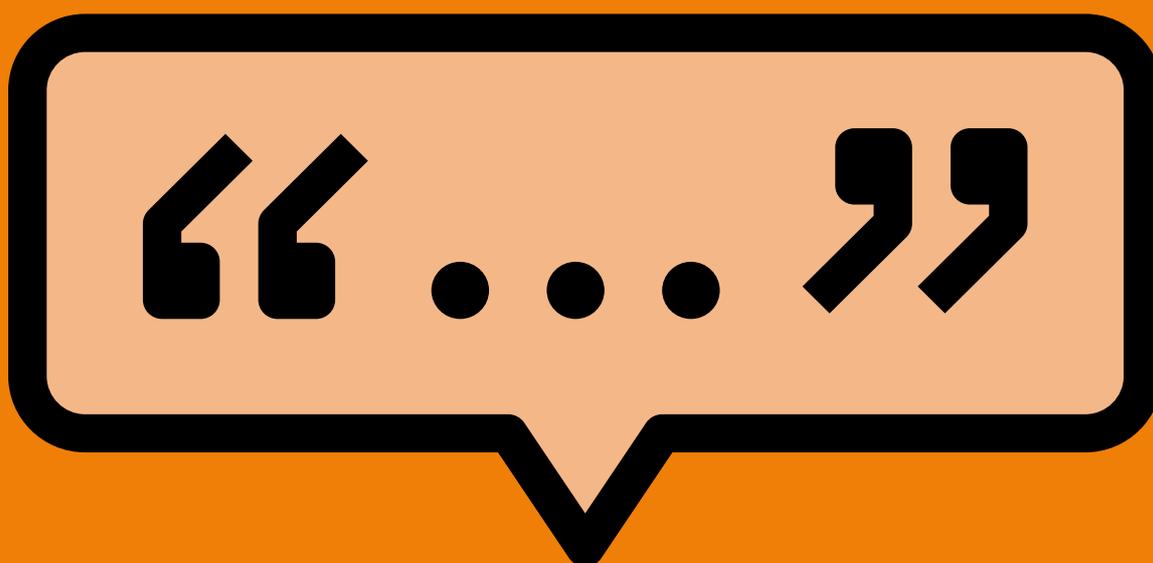
Shall mean specific learning difficulty: Attention Deficit Disorder/ Attention Deficit (Hyperactivity) Disorder, Dyslexia, Dyspraxia, Dyscalculia and Dysgraphia.

SUPINE RESTRAINT

Shall mean the restraint of a student in a face-up position on the student's back on the floor or another pressure applied to the body of the student to keep the student in the supine position.



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METHODOLOGY

The data from the ICARS Report: England has been collated from 560 survey responses collected between December 2020 and December 2021. Parents and carers whose children have lived experience of restrictive practices being used against them in educational settings were invited to complete a survey which sought to gather that experience. The survey was shared widely on social media. Respondents were invited to complete the following survey questions in as much or as little detail as they felt able.

1. Country
2. Educational Authority (place your child was schooled)
3. Current age of child
4. Sex of child
5. Child's race or ethnicity
6. Child's diagnosis (if any)
7. Has your child experienced the use of restraint and or seclusion at school? "Restraint" is classified as an act carried out with the purpose of restricting an individual's movement, liberty, and/or freedom to act independently. It can therefore include incidents where a child is restrained or placed in seclusion. Restraint can also be chemical (the use of drugs to control behaviour) and mechanical (such as chairs, velcro, reins, wrist straps, body wraps, leg/ankle straps).
8. In what education settings have restraint and seclusion been used on your child? Please give as much detail as possible for example: Mainstream, SEN, SEMH, Academy, Controlled, Maintained, Residential, Section 41, etc.
9. Were you informed by your school that restraint and seclusion could be used on your child prior to your child starting at school?
10. Did you give permission for restraint and seclusion to be used?
11. Age of child when restraint and/or seclusion started?
12. Is restraint and/or seclusion still being used on your child?
13. Did your school notify you that restraint and/or seclusion were used?
14. If you were not informed by the school, how did you find out restraint and/or seclusion were being used?
15. Do you feel restraint and/or seclusion were necessary
16. Number of times your child has been subject to restraint and/or seclusion that you are aware of?
17. Do you feel there may be instances where restraint and or seclusion has been used, that you were not informed of
18. Were reasons given for restraint and/or seclusion being used.
19. Were records provided by the school when restraint and/or seclusion were used?
20. If you obtained restraint and or seclusion records from a source other than the school, such as FOI, SAR, or other please list them below.
21. Were you advised of the type of restraint and/or seclusion that was being used? For example the type of holds staff used.
22. Was your child injured from restraint and/or seclusion?
23. Were your child's restraint and/or seclusion injuries recorded in school records?
24. If school records of restraint and/or seclusion were kept, were you aware of this data being used to monitor and analyze the approach taken by the school? If so, did this lead to any change or positive outcomes?
25. Do you think it would have helped if records were kept, communicated to you, and analysed to see what, if any, changes could be made to reduce the number of incidents?
26. Did you make a formal complaint? If so, to which authorities?
27. Accountability/ Complaint /Outcome did you feel listened to
28. Do you feel your child's needs were met at school?
29. Were the people who restrained or secluded your child trained and certified by the system your child's school uses?
30. Other information you would like to submit





METHODOLOGY

The ICARS survey privacy notice, which respondents were directed to read prior to completing the survey, can be found on page 150 of the report.

An example of a complete survey response can be seen on pages 148-153.

The privacy notice shows that those participating in the survey agreed to all the data they shared in the survey being used for the purpose of the ICARS Report. However, as an extra courtesy, because we recognised that we had been entrusted with highly personal and shocking testimony, we emailed those respondents who had given permission for us to contact them in question 31 of the survey and requested further signed electronic agreement from the owners of any case studies selected to be included in full in the report. Unfortunately, due to the size of the report, we have only been able to present one full case study.

All the data presented in the report was obtained through Survey Monkey, directly from the respondents in writing in their own words. Data is held in full compliance of GDPR.

Quotes used within the report were chosen to demonstrate the trends that we discovered in the data. Frequently we found that on analysis we had multiple responses which were very alike. Where quotes have contained identifying information we have redacted this information before using the direct quotes in the report. For example, we have redacted names of children, schools, hospitals, local authorities and officials. We have redacted dates of incidents and any information within a quote that might make the respondent identifiable. We have done this in order to protect respondents and their families.

Many respondents gave long and detailed answers to the survey questions. We recognised that the detail provided meant that such quotes could potentially be used to identify a particular child or family. As a consequence we have not included quotes that carry this risk in the report. We took this decision because the survey responses made it clear that many families face retaliation from local government departments and schools for speaking out about the abuses their children endure. This can be seen demonstrated in the quotes on page 87 of the report.

NOTICES AND DISCLAIMERS

We are pleased to announce that NeuroClastic has collaborated with ICARS to help make this report possible. NeuroClastic is an autistic-led disability rights nonprofit that has worked on campaigns with ICARS since our founding year. While ICARS is solely responsible for the collection, storage, anonymising, and aggregation of survey responses, NeuroClastic team members actively collaborated and consulted on all other aspects of this report.

The collaboration between NeuroClastic and ICARS was instrumental in ensuring that the report was informed by the experience and intersectional representation of a trusted organization within the Autistic community.

The authors of this report were volunteers who donated their time and expertise to compose this report. They did not receive any compensation, financial or otherwise, for their contributions, and have no financial or personal conflicts of interest that may have influenced their work.

The authors reserve the right to edit this report to correct for errors. This document was revised and republished 4 April, 2023.





ICARS Case Study UK

Survey and privacy notice

In the UK there is no legal requirement for schools to tell you if they have restrained or secluded your child whilst at school. Children with SEND are disproportionately affected by the use of restraint and seclusion in school, as a response to distressed or "challenging" behaviour.

This survey may be used as evidence of human rights violations and highlight the lived experience of children and young people in schools.

Please take a few minutes to complete the attached survey. Any answers you provide will be completely anonymised. Please also share it with any others you know whose children may have been affected. The more evidence we can collect, the more likely we are to create change.

Please find the case study information below. You can only complete the survey once. When you have submitted your survey at the end you can not edit your answers.

This privacy notice sets out how we use and protect the information that you give us. We are committed to ensuring that your privacy is protected.

What we collect:

The only information we hold and collect is the information you have provided. We do not ask for any identifying details, address, telephone number or contact details, unless you wish to provide them.

If there is any information you do not wish to share, you are under no obligation to do so. The form is to be completed at your own discretion and you are in control of the information you provide.

If you do not wish to name your local authority, then please simply state "Anon" on the survey.

THE SURVEY IS COMPLETELY ANONYMOUS.

By completing this case study survey, you agree to us using this data for the project. The purpose of this project is to inform and produce a report or paper with anonymised statistical data and lived experience. This report or paper can then be shared to inform the lived experience of children and young people around the use of restraint & seclusion.

You can contact us at: mail@againstrestraint.com

Device View

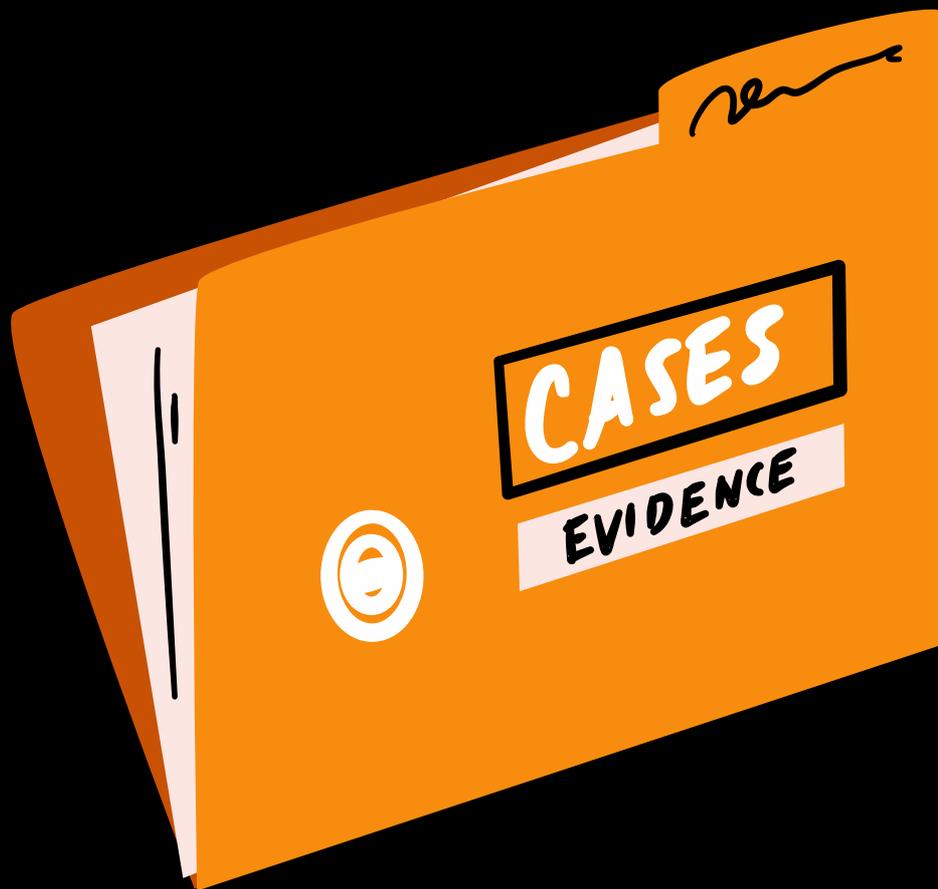


Survey Format





CASE STUDY EXAMPLE





CASE STUDY 1

ICARS Case Study UK

[Redacted]

Page 1: Survey and privacy notice

Q1 England

Country

Q2

Educational Authority (place your child was schooled)

[Redacted]

Q3

Current age of child

[Redacted]

Q4

Sex of child

male Male

Q5

Child's race or ethnicity

[Redacted]

Q6

Child diagnosis (if any)

[Redacted]



CASE STUDY 1

ICARS Case Study UK

Q7

Has your child experienced the use of restraint and or seclusion at school? "Restraint" is classified as an act carried out with the purpose of restricting an individual's movement, liberty, and/or freedom to act independently. It can therefore include incidents where a child is restrained or placed in seclusion. Restraint can also be chemical (the use of drugs to control behaviour) and mechanical (such as chairs, velcro, reins, wrist straps, body wraps, leg/ankle straps).

Yes restraint and seclusion,

Please include additional information you would like to add to your response.:

Restraint was being used daily and the last occasion caused injuries also seclusion daily

Q8

In what education settings have restraint and seclusion been used on your child? Please give as much detail as possible for example: Mainstream, SEN, SEMH, Academy, Controlled, Maintained, Residential, Section 41, etc.

SEMH

Q9

Were you informed by your school that restraint and seclusion could be used on your child prior to your child starting at school?

No,

Please include additional information you would like to add to your response.:

Seclusion yes, they had a room with individual booths

Q10

Did you give permission for restraint and seclusion to be used?

I did not give permission

Q11

Age of child when restraint and/or seclusion started

8-9

Q12

Is restraint and/or seclusion still being used on your child?

No,

Please include additional information you would like to add to your response.:

Not at his new school but they asked I for me to sign a consent form



CASE STUDY 1

ICARS Case Study UK

Q13

Did your school notify you that restraint and/or seclusion were used?

Sometimes,

Please include additional information you would like to add to your response.:

Words like 'gently guided' were used it wasn't until I made a point of emailing my concerns regarding restraint that they told me

Q14

If you were not informed by the school, how did you find out restraint and/or seclusion were being used?

Child came home with injuries ,

Child informed

Q15

Do you feel restraint and/or seclusion were necessary

No,

Please include additional information you would like to add to your response.:

It was used just to keep him in the class at first but as the restraint escalated so did his response causing more restraints

Q16

Number of times your child has been subject to restraint and/or seclusion that you are aware of?

100's

Q17

Do you feel there may be instances where restraint and or seclusion has been used, that you were not informed of

Yes,

Please include additional information you would like to add to your response.:

Daily, even a basket hold was used but they school tried to tell me it was the T wrap when I complained

Q18

Were reasons given for restraint and/or seclusion being used.

Yes,

Please list the reasons given.:

Every excuse was my sons fault, there was never any information of what de escalation techniques that were used to difuse the situation and there were

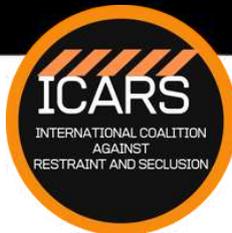
Q19

Were records provided by the school when restraint and/or seclusion were used?

Sometimes,

Please include additional information you would like to add to your response.:

Only when I emailed (not phoned or asked verbally) and asked for them



CASE STUDY 1

ICARS Case Study UK

Q20

If you obtained restraint and or seclusion records from a source other than the school, such as FOI, SAR, or other please list them below.

None

Q21

Were you advised of the type of restraint and/or seclusion that was being used? For example the type of holds staff used.

Yes,

Please include additional information you would like to add to your response.:

Only in the last year of him attending the school

Q22

Was your child injured from restraint and/or seclusion?

Yes psychologically and physically,

Please list injuries and/or psychological effects caused by restraint and/or seclusion.:

[Redacted]

Red markings in the wrists/Arms, bruising, a hole on the inside of his cheek and he collapsed complaining he couldn't breathe and felt dizzy and sick, no medical attention was given. My son became very angry and aggressive hitting people and smashing things including smashing holes in his bedroom walls.

Q23

Where your child's restraint and/or seclusion injuries recorded in school records

Unsure,

Please include additional information you would like to add to your response.:

I don't believe the full extent was recorded as my son is known to lie so they used that to their advantage

Q24

If school records of restraint and/or seclusion were kept, were you aware of this data being used to monitor and analyze the approach taken by the school? If so, did this lead to any change or positive outcomes?

It just got worse never better





CASE STUDY 1

ICARS Case Study UK

Q25

Do you think it would have helped if records were kept, communicated to you, and analysed to see what, if any, changes could be made to reduce the number of incidents?

No,

Please include additional information you would like to add to your response.:

It would only of made me take him out of the school earlier than I did as they always made me feel like I was wrong for questioning them over my son

Q26

Did you make a formal complaint? If so, to which authorities?

The chair of governors, the [redacted] police, the LA, our local MP, and OFSTED

Q27

Accountability/ Complaint /Outcome did you feel listened to

No,

Please include additional information you would like to add to your response.:

No one wanted to know.

Q28

Do you feel your child's needs were met at school?

No,

Please include additional information you would like to add to your response.:

Definitely not, we lost his grandmother and the school said I was using that as an excuse for his 'behaviour' so I can only imagine what other needs they were neglecting

Q29

Do you know the name of the training provider used by the school to teach the staff physical intervention?

Team teach

Q30

Were the people who restrained or secluded your child trained and certified by the system your child's school uses?

Unsure,

Please include additional information you would like to add to your response.:

They never allowed me to meet with one particular member of staff who restrained my son only the staff member that was actually trained

[redacted]

[redacted]

[redacted]

[redacted] [redacted] [redacted]



THANK YOU

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The ICARS Team

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