



Te Rūnanga/NZNO Responses on the Ministry of Education – Te Tāhuhu o te Maturanga Consultation Survey on the **draft Rules and Guidelines on the use of physical restraint at registered schools and kura in Zealand.**

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Read a summary of the proposed changes compared to the 2017 rules [here](#). Download the draft rules developed by the Physical Restraint Advisory Group [here](#).

Section One: Draft Rules on the use of Physical Restraint The rules prescribe the practice and procedures to be followed by employers, principals, teachers, and authorised staff members in relation to the use of physical restraint in schools.
1. Do you agree with the requirement to develop support plans for students who need one? Yes As our workforce works closely to support the upstream of better pathways of public health care, we would caution against completely opting to introduce physical restraints and instead recommend that investment in workforce development particularly in the training and recruitment of speciality roles tagged in all schools and kura to best support children who may require more intense support, should be a priority. We also wonder whether there has been any consideration of the Rights of Child under the United Nations Convention on the Rights of the Child (UNCROC/CRC) and recommendations provided following the consultation on the Mental Health Act, compulsory orders, and restraint sections.
2. Do you agree with the requirements to notify and debrief parents and caregivers? Yes It is important that the consents process is established and that a whanau-centric approach is adopted to ensure all considerations are discussed. It also provides specialised staff who can feedback to the parents/guardian(s).
3. Do you agree with the reporting requirements, including the information that is required in the reporting form? Yes It is important that those who may be impacted directly will require immediate training and it should be ongoing like CPR First Aid certification. We would also expect that there would be a suite of skills and certification required, which may mean the role of standard teaching will change, similarly, for nurses and associated health professionals during the pandemic were forced into extreme health settings that required a first response approach that the sector was not prepared for or have the ability to fully service, due to lack of investment in the

nursing workforce to meet the capacity and capability national public health demand. We trust the increased pressures are similarly experienced in education, with the changes to learning, now shifting for most schools and Kura to hybrid learning. Leaving parents and/or guardian(s) to provide additional teaching support, how will this new constraint changes support parent(s) who may already rely on the school for the ongoing support of their child who may have multiple neurodiversity needs. Is the new Akonga Maori feeding into this consult?
<p>4. Do you agree with the training requirements for teachers and authorised staff members? Yes</p> <p>Ongoing training should be mandatory for teachers and associated teaching support staff, particularly those working with children with many forms of neurodiversity disabilities. I would also think that for teachers, there is training that considers social behaviours induced by those living in poverty who may experience ongoing generational material hardship, system racism, violence, and are living with whānau members with comorbidities. There are many examples of health facilities such as District Health Boards, private health providers/clinics requiring all staff inclusive of cleaning staff to understand or have some of level of competency regarding health communication and health and safety standards of care and protection. The principle of competency regardless of role should apply to all working in any education facility. For example, child protection training should be mandatory for all staff including those with indirect interaction with children, i.e. caretaker, cleaners, administrators.</p>
<p>5. Any other comments on the rules</p> <p>As primary care nurses who support schools and kura, we would like to be included in meetings that allow feedback to support these new changes' implementation</p>
Section Two: Draft Guidelines on use of physical restraint
<p>1. Are the draft guidelines helpful for understanding how to prevent and respond safely to student distress and behaviour that is challenging? Yes</p> <p>We would like to see a children's perspective on the guidelines, particularly as Rightsholders under the Convention CRC. There has been a more of a consciousness shift in Aotearoa, New Zealand, in recognition of embedding a rights-based approach in the care of children (Department of Prime Minister and Cabinet, 2019). New Zealand is a signatory to the Convention on the Child's Rights (1989) (UNCROC). Decision-makers, governors and practitioners at every level of the system providing health care for children are obliged to consider the impacts of decision making on children's rights to be safe, healthy lives where they are respected and protected. In Aotearoa, the findings of the Waitangi Tribunal (Waitangi Tribunal Te Rōpū Whakamana I te Tiriti o Waitangi, 2020) have accelerated action to undo the long-standing and unfair effects of colonisation and institutional racism on health outcomes for Māori. Te Tiriti o Waitangi affirm the need for equitable health outcomes for tamariki Māori; and culturally safe practices to improve health outcomes for other priority populations (Curtis, Jones, Tipene-Leach, & al., 2019; Ministry of Health, 2020).</p>
<p>2. Do the draft guidelines provide clarity about what acceptable physical contact is? Yes</p> <p>However, the guidelines need to be culturally sensitive and would benefit from ensuring that decisions on consent are well informed and accepted by all.</p>
<p>3. Do the draft guidelines provide clarity about when and how physical restraint can be used, including the threshold for significant emotional distress? Yes</p> <p>It is crucial that for all educators to be provided with practical examples and outcomes of scenario via flow chart.</p>
4. Are the scenarios on pages 44-49 of the guidelines helpful?

Yes
<p>5. What types of scenarios are missing?</p> <p>Practical examples are always good. However, I wonder if there could be more examples for teachers' ongoing training and social understanding of the children they will support. In addition, there will be scenarios regarding mental health caused by unstable and safe environments and experiencing discrimination.</p>
<p>6. How do you want the guidelines presented so that they are most accessible to you?</p> <p>We recommend digital and hard copies be made available. With opportunities to access presentations that may support teachers and whanau. Describe how you would like the guidelines presented</p>
<p>Section Three: Training outcomes - We are proposing to support the implementation of the rules and guidelines through:</p> <ul style="list-style-type: none"> • online modules and webinars on the content of the rules and guidelines, including practical strategies for use at a school and individual student level • refreshing our existing Understanding Behaviour, Responding Safely (UBRS) training for school staff so that it can be flexibly delivered to meet school needs and align to the updated rules and guidelines and existing services and supports, • continuation of safe holds training by accredited practitioners when a support plan indicates physical restraint may be used as a last resort.
<p>1. Will the training proposed meet the needs of teachers and other school staff and support their understanding of how to minimise physical restraint?</p> <p>Yes and No</p>
<p>2. If not, what other supports are needed?</p> <p>However, changes to the Education and Training Act 2020 need to reflect the new speciality roles available in teaching. We encourage the sector to continue to be vocal on workforce development, credibility and having access to multitudes of training programmes to advance skills and therefore be able to offer a breadth of service and support. Similarly, for the nursing workforce, investing in training while assessing the speciality need is crucial if we are to meet the demand and supply of the public health care system.</p>