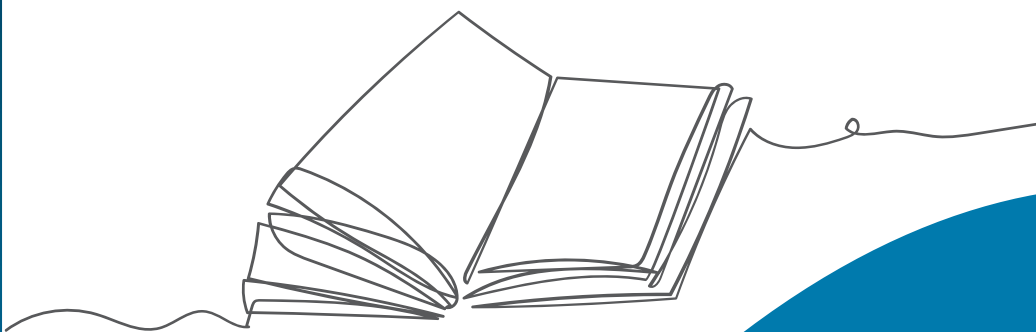


The Ontario Ministry of Education needs a policy to limit and ultimately **end the use of restraint and involuntary seclusion in schools.**

Here's what that policy should contain.



Restraint and Seclusion are Harmful and Ineffective

Many years of research on the effects of involuntary seclusion and restraint of children and youth with disabilities could not be clearer: these practices are harmful to the children and youth who are being secluded and restrained, and they are ineffective as methods of reducing challenging behaviour.

On seclusion, the [Council for Exceptional Children](#) has written that “seclusion poses risks and has resulted in death and physical and psychological injury to students.” Further, “it is frequently overused in an abusive manner in education settings” (as we have seen recently in [Whitehorse](#) and [Akwesasne](#)). In light of these concerns, the Council “recommends the elimination of the use of seclusion in educational settings.”¹

On restraint, the Council has similarly noted that this practice “has caused both deaths and injuries to students. Injuries to adults who initiate physical restraints also appear common.” Additionally, “there are strong beliefs that psychological injury also occurs, particularly for those children who have experienced prior abuse by adults. There also has been attention to the psychological effects on those conducting restraints.”

As with involuntary seclusion, the Council highlights evidence that restraint “is frequently used for various other purposes including to address disruptive (not dangerous) behaviour and to increase student compliance to adult commands.” It is also used disproportionately with students with disabilities, often in the absence of standards. For these and other reasons, the Council recommends the development of guiding principles that “are intended to significantly diminish its use in educational settings,” alongside the implementation of behavioural and mental health interventions “that largely prevent the need for restraint.”²

The Council’s recommendations are supported by longstanding and voluminous research demonstrating the physical, psychological, and social harms of restraint and seclusion.³



Parent feedback from the 2023 [Ontario School Inclusion Study](#) offers direct insight into these issues:

“My son has spent a lot of time in a padded room within his school. I was not aware of this room initially until I picked him up earlier in the year while he was in there. Not a great experience as a parent.”

“At various times in the year, different people have denied aspects of my child’s restraint, seclusion and exclusion. We have never been given written documentation despite asking repeatedly. My child was deeply, deeply traumatized by restraint and seclusion.”

“Our child was so afraid of his teacher that he refused to get off the bus every morning. He was self-harming in his sleep every school night.”

“School staff have no training on how to work with children/youth who have suffered trauma and it shows when they try to impose discipline on a child in the midst of a mental health episode where the child is in fight or flight mode.”

The recent cases in Whitehorse and Akwesasne, where restraint and seclusion were abusively applied against students with disabilities, show that worries about these issues are not theoretical. Our concerns are more than justified by the reality of what is happening in schools.

The Ontario Ministry of Education Has No Policy on Restraint or Seclusion

Ontario is one of just three provinces that do not provide guidance on the use of restraint and involuntary seclusion in educational settings. The policies currently in place across the country, while not perfect, are clear on the dangers of such procedures:

“There is no evidence that using restraint or seclusion is effective in reducing the occurrence of the problematic behaviours that frequently precipitate their use. There is a growing body of knowledge that shows that continued use can cause harm.” ([British Columbia](#), *Physical Restraint and Seclusion in School Settings*)

“In all the documents governing the practice that address the subject, the use of control measures is strongly disadvised. Instead, there is an insistence on their use as a last resort only: a substantial body of proof shows that recourse to control measures is likely to cause physical and psychological harm that could have long-term repercussions.” ([Quebec](#), *Reference Framework for Control Measures in Schools*)

“Seclusion is an intrusive intervention that can have a detrimental impact on the student.” ([Manitoba](#), *Policy Directive Enhancing Proactive Supports to Minimize the Use of Seclusion*)

Most Ontario school boards have one or more policy and/or procedure documents that address what are often called ‘risk of injury behaviours’ (i.e., risk of injury to staff) or ‘control measures’ (i.e., measures to physically control students). As we have noted [elsewhere](#), there are substantial differences across board and school policies, which confuses families and does not allow for consistency in supporting children and youth with challenging behaviours.

It is Community Living Ontario’s position that Ontario needs provincial-level guidance that offers consistency across boards and schools, supports children and youth to

thrive, and protects staff where there is a risk of challenging behaviour from students. It must be evidence-based, trauma-informed, and centred around the rights of children and youth.

Based on our reading of existing provincial and board policies, as well as research on child health and well-being, we believe Ontario guidance must include the following:

1. A focus on rights and centering the child at all times
2. A warning of the physical risk and emotional trauma that is inseparable from the use of seclusion and restraint
3. A requirement that parents, caregivers and other key constituents be included and informed at all times
4. A focus on prevention, the promotion of a positive school culture, and the role of environment
5. A research-based definition of ‘challenging/risk-of-injury behaviour’ that assists staff to understand its causes
6. Insight into the role of trauma in challenging behaviour
7. Clear definitions of ‘restraint,’ ‘seclusion,’ ‘time-out,’ etc.
8. Clear guidance on who can use control measures on students, and when those measures may be used
9. A relational approach to debriefing after control measures have been employed
10. Clarity on the influence of Applied Behaviour Analysis in the development of policy
11. Guidelines on access to needed pre-school, in-school, and out-of-school supports and services
12. A roadmap to ending the use of restraint and involuntary seclusion

Context and Content Are Equally Important

In any provincial guidance on restraint and involuntary seclusion, both context and content are critical. On the *context* side of the equation, the Hastings Prince Edward District School Board policy, [Management Process for Risk-of-Injury Behaviours](#), stands out in a positive way for several reasons:

- a. It draws on a rights-based social model of disability. Objectifying and medicalized terms (e.g., ‘disorder,’ ‘disability’) are avoided completely, and students are not labelled or stereotyped (e.g., “each Safety Plan is unique and is specific to the needs of the individual student”).
- b. It has an evidence-informed perspective on challenging behaviour, which is correctly understood as a means of communication. It prescribes a staff duty to work to understand what is being communicated when students with disabilities act in challenging ways.
- c. ‘Risk-of-injury’ behaviours are seen as predictable and therefore preventable. Student behaviour is viewed as the result of interactions between the student and their environment, including the likelihood that a student’s learning and emotional needs will be met in that environment.
- d. It anticipates the risk of challenging behaviour and emphasizes prevention, while preparing staff for responsive action. For example:
 - The document states that it “supports the use of positive and proactive practices to provide the foundation for an effective continuum of response strategies that address student behaviour. It is recognized that in some circumstances, positive and proactive practices may not be sufficient to address student behaviour that is contrary to the board and school Code of Conduct.”

- Principals are directed to ensure that “Safety Plan interventions focus on non-physical interventions.”
 - It emphasizes environmental triggers and least restrictive approaches: “The stability of the environment, opportunities to participate and succeed, and the relationships between the students and employees are critical in order to provide positive experiences that lead to positive changes. The physical environment can have a profound influence on a student’s behaviour.”
 - It highlights the possibility that staff may inadvertently contribute to student stress, and emphasizes staff-student co-regulation.
- e. It emphasizes long-term, principal-led processes rather than short-term responses.
- f. It stresses connection with affected students, e.g. by including instructions for debriefing and re-establishing rapport with a student after crisis incidents.
- g. It provides for regular and consistent parent/caregiver involvement, and requires that parents be notified when physical interventions are used (“All incidents of the use of physical intervention must be documented and communicated to parents/ guardians/ caregivers”).
- h. It does not allow untrained staff to intervene physically, stating that “physical intervention by trained employees is a last resort to prevent imminent risk of physical injury to the student, self or others following the use of prevention, intervention and de-escalation techniques.”

On the *content* side of the equation, in our opinion the high-level guidance is fairly simple: we need a plan to end involuntary seclusion, and to limit the use of physical restraint (including physical escort/transport) to well-defined emergency situations.

In the United States, a 2012 report from the National Disability Rights Network, [School Is Not Supposed to Hurt](#), inspired the as-yet-unpassed [Keeping All Students Safe Act](#). This imperfect but intensively researched legislation offers informative content guidance for Ontario. For example, the legislation would ban the use of seclusion, mechanical restraint, “physical restraint or physical escort that is life-threatening, that restricts breathing, or that restricts blood flow to the brain, including prone and supine restraint,” and physical restraint contraindicated by a student’s disability, health care needs, or medical or psychiatric condition. It offers a useful endpoint for an Ontario roadmap to ending these practices.

The creation and implementation of provincial guidance on restraint and seclusion is one aspect of a suite of changes that are long overdue in Ontario, including improvements to resourcing, access to needed supports and services, and effective training for school staff. It seems unlikely that significant changes will come without first having a cohesive policy and plan in place.

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NOTES

¹ J. Freeman, et. al (2023). CCBD's position on eliminating the use of seclusion in educational settings. *Behavioral Disorders*, 48(2), 134-144.

² J. Kern (2020). CCBD's position summary on the use of physical restraint procedures in educational settings. https://debh.exceptionalchildren.org/sites/default/files/2023-11/ccbd_position_paper_on_restraint.pdf.

³ See also, e.g.:

J.B. Ryan et. al (2026). [A critical overview of the use of restraints in educational settings](#).

J.F. Connolly et. al (2017). [Seclusion of students with disabilities: An analysis of due process hearings](#).

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Community Living Ontario is a non-profit provincial association that has been advocating with people who have developmental disabilities and their families for more than 70 years. We proudly work alongside people, family networks, and more than 120 local agencies operating in communities across the province, to ensure that people's personal, health, and social support needs are met.

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