



Call for Evidence on Review of Behaviour Policy and Practice in Schools

Mental Health Champion

Response to the Behaviour in Schools Review Call for Evidence

This response is grounded in psychologically informed practice, drawing on evidence from child and adolescent development, mental health, trauma, neurodevelopment, inclusion and educational wellbeing. Given the high rates of poor mental health among children and young people in Northern Ireland, alongside the impact of intergenerational trauma, a psychologically informed approach is critical. This approach recognises that behaviour, wellbeing, learning and belonging are deeply interconnected and must be understood within the wider developmental, relational and environmental context of children and young people. Behaviour must therefore be understood within the context of children's developmental stage, individual needs and the environments in which they live and learn. This includes an acknowledgement that differences in executive functioning can affect children's capacity to regulate attention, emotions, impulses and behaviour. The school environment itself has a strong impact on children and young people's mental health. Psychologically informed practice therefore extends beyond how staff respond to individual children, to include the wellbeing and mental health of staff, the quality of relationships, school culture, and the role of leadership in creating safe, inclusive and emotionally healthy environments in which children can learn and thrive.

The starting point for behaviour policy must be a vision for educational settings that promote safety, wellbeing and growth. Children and young people's rights must always be upheld, and pupils should never be subjected to consequences or sanctions that cause harm or humiliation. Consequences should never be invoked for behaviours arising from their developmental or neurodevelopmental differences.

Theme 1: Nature and Scale of Behaviour Issues

The behaviour of children and young people in schools needs to be understood within the broader context of children's development, wellbeing, mental health and social circumstances. Evidence suggests that emotional dysregulation, disengagement, school avoidance and difficulties in peer relationships, these behaviours are often manifestations of underlying needs, or a response to the

classroom environment, including the behaviour of others, particularly the adults and leaders, rather than simply deliberate non-compliance.

Recent evidence highlights increasing levels of emotional and psychological distress among children and young people. The prevalence of poor mental health and mental health disorders among children has increased significantly over recent years (O'Neill, S., Bond, N. 2026). Poor mental health includes difficulties with emotional regulation, social functioning, concentration and engagement with learning. Children experiencing anxiety, depression, trauma, family adversity or unmet support needs may express these difficulties through withdrawal, aggression, emotional outbursts, poor attendance or disruption (NHS Digital, 2023; World Health Organization, 2022). Children and young people with special educational needs and disabilities (SEND), neurodevelopmental differences and mental health difficulties are disproportionately vulnerable to behavioural and emotional challenges, particularly where they are forced to endure inappropriate social environments and where support is delayed or unavailable (Department for Education & Department of Health, 2015; Antalek et al., 2026).

In Northern Ireland, understanding behaviour also requires recognition of the wider societal and historical context. Many children and families continue to experience the effects of socioeconomic disadvantage, community adversity and intergenerational trauma. The rates of mental illness in parents and grandparents is particularly high and many of these conditions result from trauma and are associated with hypervigilance and avoidance. The more complex mental health profile of the population in this region affects parents, teachers and invariably children themselves through disrupted early attachments (Walsh et al., 2025). The relationship between adverse childhood experiences (ACEs), reduced wellbeing and behavioural difficulties is well established within the evidence base (Bunting et al., 2020; Hughes et al., 2017).

Behaviour should therefore be viewed not solely as a disciplinary issue, but as an important reflection of children's broader developmental, emotional and social experiences and the mental health of the adults around them.

Theme 2: Impact on Teaching and Learning

The behaviour of the individuals in the classroom has significant implications for staff and pupil wellbeing and invariably educational outcomes as a consequence. The Education Endowment Foundation highlights that poor behaviour reduces learning opportunities through lost instructional time, reduced engagement and disruption to classroom routines (EEF, 2021). The impact extends beyond individual pupils and affects the wellbeing, learning and progress of entire classes. Behavioural difficulties also place increasing demands on teachers and school leaders. Managing incidents, recording concerns, liaising with families and

coordinating support services contribute significantly to workload pressures. Research from the Organisation for Economic Co-operation and Development (OECD) demonstrates that orderly, supportive classroom environments are associated with improved educational outcomes and teacher effectiveness (OECD, 2023).

For children and young people, behavioural difficulties can contribute to lower attainment, weakened peer relationships, school disengagement and increased risks of suspension or exclusion. Exclusionary responses reinforce educational disadvantage and reduce pupils' sense of belonging and connection to school, creating a spiral of decline in mental health. Teachers who are dysregulated are unable to respond appropriately to the behaviour of the children and young people in the room. The challenge for policy is therefore not simply to reduce disruption, but to support schools and teachers in creating environments that promote learning, wellbeing, inclusion and positive behaviour simultaneously.

Theme 3: Underlying Causes and Influences

The evidence demonstrates that behaviour is influenced by a complex interaction of individual, family, staff, school and societal factors.

Mental Health and Emotional Wellbeing

Mental health and behaviour are closely interconnected. Emotional wellbeing influences a child's ability to regulate emotions, manage stress, build relationships and engage successfully in learning. Difficulties such as anxiety, depression and emotional distress may present through withdrawal, poor attendance, emotional dysregulation, irritability or behavioural difficulties, meaning that behaviour cannot be considered independently of psychological wellbeing (World Health Organization, 2022; NHS Digital, 2023). Evidence suggests that mental health difficulties among children and young people have increased in recent years, with significant implications for educational engagement and behaviour. The Youth Wellbeing Survey in Northern Ireland identified substantial levels of emotional distress among children and young people, with poorer mental health associated with social, educational and behavioural challenges (Bunting et al., 2020).

Importantly, mental health difficulties and dysregulation are biological in basis, and may also manifest through aggression, angry outbursts, risk-taking behaviour or apparent non-compliance. Behaviour that appears challenging is an indicator of underlying emotional state and established patterns of responding, rather than a rational, logical planned response. Teachers and all staff in educational settings need to be trained in the biological stress response and supported to respond in ways that are appropriate and effective. This invariably includes co-regulation, particularly for younger, autistic or neurodivergent young people and clear consistent expectations and boundaries. Staff too need to understand how their own behaviour

patterns, arousal and regulation impact on the whole classroom environment and the behaviour of pupils. They need to be equipped with the skills to recognise and manage their emotional regulation and create a classroom environment which is conducive to learning.

Protective factors such as positive relationships, school belonging and access to trusted adults are associated with better mental health and behavioural outcomes (Allen et al., 2018). Promoting wellbeing should therefore be viewed as a core component of behaviour policy, with an emphasis on early identification, timely support, leadership, staff training, and whole-school approaches that strengthen resilience, belonging and emotional development (Department of Education, 2021; Independent Review of Education, 2023).

Adverse Childhood Experiences and Trauma

There is a substantial body of evidence linking adverse childhood experiences to behavioural difficulties, educational disengagement, poorer mental health and adverse long-term outcomes (Felitti et al., 1998; Hughes et al., 2017).

Northern Ireland's unique social and historical context further reinforces the importance of understanding behaviour through a mental health and psychological lens. Experiences of adversity may affect children's capacity for emotional regulation, their relationships with adults and peers, and their behaviour in school.

Behaviour policy should therefore recognise that challenging behaviour may, in some circumstances, represent distress, dysregulation, unmet need or difficulties with relationships rather than solely deliberate misconduct. This understanding does not negate the need for consequences, accountability or high expectations. Rather, it supports responses that seek to understand what is driving behaviour while maintaining clear and consistent boundaries.

Behaviour policy should also recognise that adult responses to behaviour can influence children's subsequent wellbeing, engagement and behaviour. Responses that utilise exclusion, shame or coercion can exacerbate distress and disengagement, particularly among vulnerable pupils. Approaches that prioritise relationships, emotional safety, co-regulation and prevention support positive long-term outcomes. The importance of psychologically informed and rights-based approaches has also been highlighted within the published response to the Department of Education's consultation on restrictive interventions in educational settings.

The development of executive functioning and Neurodevelopmental Factors

As Smith and Holden highlight in their recent evidence to DE in England Smith, H. and Holden, N. (2025), research shows that young people vary considerably in relation to the development of executive functioning, and the pre-frontal cortex, the part of the brain responsible for executive functioning is one of the last parts of the brain to develop. Normal developmental differences mean that many children,

through no fault of their own, vary in relation to their capacity to organise their school work and regulate their emotional responses to stress and pressure.

Neurodevelopmental differences are an important consideration within behaviour policy. Many behaviours perceived as disruptive or non-compliant may be associated with underlying neurodevelopmental needs, including autism, ADHD, developmental language disorder, sensory processing differences and difficulties with executive functioning. These conditions can affect communication, emotional regulation, impulse control, social understanding and the ability to respond to environmental demands (American Psychiatric Association, 2022; Thapar et al., 2017).

As a result, behaviours such as disorganisation, emotional outbursts, inattentiveness, avoidance, withdrawal or apparent defiance may reflect anxiety, sensory overload, communication difficulties or challenges with self-regulation rather than deliberate misconduct. Research shows that children and young people with neurodevelopmental conditions are at increased risk of exclusion, disengagement and poorer educational outcomes when their needs are not appropriately recognised and supported (Children's Commissioner for England, 2019; House of Commons Education Committee, 2019).

This is particularly relevant in Northern Ireland, where concerns regarding SEND provision, access to specialist support and increasing complexity of need have been highlighted in both the *Independent Review of Education* (2023) and *A Fair Start* (Department of Education, 2021). Behaviour policies should therefore distinguish between behaviour arising from disability or unmet need and intentional misconduct, while promoting reasonable adjustments, inclusive practice and evidence-informed approaches to emotional regulation and participation.

Behaviour guidance should be explicitly informed by current evidence on neurodevelopment and aligned with wider SEND and inclusion policy. An inclusive behaviour framework should combine high expectations with appropriate understanding and support, enabling all children and young people to engage in learning, develop self-regulation skills and experience a sense of belonging within their school community.

Poverty and Family Stress

Poverty and family stress are important influences on children's wellbeing, behaviour and educational engagement. Children experiencing socioeconomic disadvantage are more likely to face challenges such as financial insecurity, housing difficulties, reduced access to services and exposure to adverse childhood experiences, all of which can affect emotional regulation, mental health and participation in learning (Department of Education, 2021; Hughes et al., 2017).

Family factors, including parental mental health difficulties, family conflict, caring

responsibilities and chronic stress, can also affect children's sense of security, relationships and capacity to engage successfully in school. These pressures may present as anxiety, withdrawal, poor attendance, reduced concentration or behavioural difficulties. Evidence from the Northern Ireland Youth Wellbeing Survey identified clear associations between adversity, poorer mental health and behavioural challenges among children and young people (Bunting et al., 2020). Poverty is an independent stressor and is also associated with a range of other stressors that affect wellbeing and learning. Behaviour policy should therefore recognise the impact of disadvantage, promote early intervention and family support, and avoid responses that inadvertently increase exclusion or disengagement among vulnerable pupils (Department of Education, 2021).

Digital Influences

Schools increasingly report challenges associated with social media use, cyberbullying, online conflict and sleep disruption linked to digital technology. These factors can affect emotional wellbeing, attention, peer relationships and behaviour in school. Research suggests that problematic social media use is associated with poorer mental health outcomes, lower wellbeing and increased emotional difficulties, although the size and nature of these effects vary considerably between individuals (Odgers & Jensen, 2020; Keles et al., 2020).

However, the relationship between social media and mental health is complex. While some online experiences can contribute to distress, social media can provide opportunities for social connection, identity development, access to information and peer support, particularly for young people who may experience social isolation offline (Galea and Buckley, 2024). As health, education and social support services increasingly move online, digital exclusion has emerged as a social determinant of health. Individuals who lack access to digital devices, connectivity or digital skills are at greater risk of social isolation, reduced service access and poorer mental wellbeing, with these impacts concentrated among disadvantaged communities and those with existing physical or mental health conditions (NHS England, 2024; Spanakis et al., 2025).

It is important to avoid simplistic explanations that attribute poor mental health primarily to social media use, or worse, screen use generally. Wider factors such as poverty, social exclusion, educational pressures and family stress are strong predictors of poor wellbeing themselves, and also associated with increased and problematic use of social media and screens more generally. Evidence increasingly suggests that the quality of young people's online experiences may be more important than the amount of time spent online. Risks are associated with cyberbullying, exposure to harmful content, disrupted sleep and problematic online interactions, while positive online engagement can strengthen social connection and access to support (Orben & Przybylski, 2019; Valkenburg et al., 2022).

Behaviour policy should therefore promote digital literacy, online safety, critical thinking and responsible technology use. Educational approaches that help children and young people develop the skills to navigate online environments safely and confidently will be more effective than approaches based on simply restricting access to particular types of devices. Online experiences are part of the young person's world and life at home and school. Peer conflict, cyberbullying and social pressures should therefore be considered as part of a broader whole-school approach to wellbeing, behaviour and inclusion.

School Belonging

School belonging is a fundamental aspect of children's social and emotional development and an important foundation for wellbeing, engagement and positive behaviour. Pupils who feel accepted, respected, included and supported are more likely to experience positive mental health, engage in learning, attend school regularly and experience fewer behavioural difficulties (Allen et al., 2018; Korpershoek et al., 2020).

A strong sense of belonging is consistently associated with better academic outcomes and fewer emotional and behavioural difficulties, while a lack of belonging is associated with disengagement, absenteeism and psychological distress (Allen et al., 2018; OECD, 2023). This is particularly important for pupils who may be at greater risk of marginalisation, including children with SEND, neurodevelopmental differences, mental health difficulties, experiences of adversity and socioeconomic disadvantage (Korpershoek et al., 2020; Department of Education, 2021).

Promoting belonging is closely aligned with approaches to behaviour that are grounded in children's social and emotional development and informed by psychological evidence. Children's behaviour develops within the context of their relationships, emotional experiences, developmental stage and wider environment. Psychologically informed approaches therefore recognise the importance of secure relationships, trust, emotional regulation, inclusion, connection and a sense of being valued.

School belonging should therefore be understood as a core component of effective behaviour practice, rather than simply a wellbeing initiative. Behaviour policies and classroom practice should create environments in which children experience positive relationships, inclusion, participation and genuine connection to their school community. In doing so, schools can support children's social and emotional development while also promoting engagement, attendance, positive behaviour and educational outcomes (Allen et al., 2018; OECD, 2023).

Theme 4: Current Approaches and What Works

The strongest evidence supports whole-school approaches that combine excellent

leadership, teacher and staff training, high expectations, consistency and accountability with strong relationships, inclusion and proactive support. It's important at the outset to state clearly that these include but are not limited to: "red card" or "traffic light" systems, behaviour charts, isolation rooms, zero tolerance policies, behaviour "points", and any rewards and consequence linked to attendance. In short, any practice which humiliates pupils are, by definition, harmful and need to be avoided. They are also counterproductive, leading that young person to either withdraw, or engage in behaviour to regain their dignity, which may be a source of further disruption.

Trauma-Informed responses

Trauma-informed approaches provide a framework for understanding how experiences of adversity and trauma may influence children's behaviour, and for developing supportive, relational approaches to classroom management. Trauma and psychologically informed practice recognises that experiences of adversity may affect emotional regulation, stress responses, relationships and engagement with learning (Hughes et al., 2017). Such approaches recognise the difference between stress distress and trauma, and do not remove the need for boundaries or consequences. Rather, they seek to understand behaviour within the context of children's experiences and the importance of maintaining clear, consistent and predictable expectations.

In practice, trauma-informed approaches focus on creating emotionally safe learning environments, promoting positive relationships, using de-escalation strategies and providing opportunities for repair and reconnection following behavioural incidents. Northern Ireland already has experience of trauma-informed and relationship-based approaches through nurture provision, which emphasises belonging, emotional development and supportive relationships as foundations for learning. A trauma-informed perspective also requires recognition that restrictive interventions, including restraint and seclusion, can themselves cause distress and should only be used as measures of last resort. Consistent with our recommendations on the use of force against children and restrictive practices (O'Neill, 2026), behaviour policy should prioritise prevention, de-escalation and psychologically safe educational environments that minimise reliance on restrictive practices.

Leadership and the cultivation of a Positive School Climate

A positive school climate is one of the strongest predictors of behaviour, wellbeing and educational outcomes. Schools characterised by fairness, consistency, mutual respect and positive relationships experience fewer behavioural difficulties and higher levels of pupil engagement (Wang & Degol, 2016). Evidence from international studies suggests that pupils are more likely to engage positively with learning and behavioural expectations when they experience school as a safe, supportive and inclusive environment (OECD, 2023). Consequently, effective behaviour policy should extend beyond individual responses to behavioural incidents

and focus on creating whole-school cultures in which expectations are clear, relationships are positive and all members of the school community feel valued and respected. Strong leaders prioritise emotional and physical safety by establishing predictable routines that calm the nervous system. By fostering trustworthiness, transparency, and collaboration, leaders empower both staff and students with a voice in decision-making. This approach emphasises relational connection over punitive discipline, recognising that challenging behaviours are often stress responses rather than intentional defiance. Crucially, it sustains educators by actively supporting staff wellbeing, reducing burnout, and building a resilient, empathetic school community equipped to help everyone thrive.

Social and Emotional Learning

There is strong evidence that social and emotional learning (SEL) contributes to improvements in behaviour, wellbeing and academic attainment. SEL supports the development of emotional regulation, empathy, communication, problem-solving and relationship skills, all of which are associated with positive behaviour in school. A major meta-analysis involving more than 270,000 pupils found that participation in SEL programmes resulted in significant improvements in social competence, behaviour and academic outcomes (Durlak et al., 2011). This evidence suggests that behaviour improvement is most effective when schools explicitly teach and reinforce the social and emotional skills that underpin successful learning, relationships and self-regulation. The current proposals for the school curriculum are therefore relevant, and the recommended modifications set out in our response.

Positive Relationships

Positive relationships between staff and pupils are among the strongest protective factors for behaviour, engagement and educational success. Children are more likely to respond positively to boundaries and expectations when they experience adults as consistent, respectful and supportive (Roorda et al., 2011). Strong relationships are particularly important for children who have experienced adversity, disrupted attachments or emotional difficulties, as trusted relationships can provide a source of stability, safety and support. Relationship-based approaches therefore play an important role in promoting both positive behaviour and wellbeing, while also helping schools maintain high expectations and accountability. A relational response to classroom behaviour, shifts the focus from punishment to connection. A teacher first stabilizes a dysregulated student through co-regulation and modelling regulation (staying calm, lowering their voice, and avoiding public escalation). Once calm, the teacher prioritises connection over correction, using validating language and offering choices to restore a sense of control. Accountability and consequences are handled through private, restorative conversations rather than isolation. This approach preserves the student's dignity, repairs the relational bond and builds a safe environment where long-term emotional growth can happen.

Co-Regulation and Emotional Development

Teachers play a central role in supporting children's emotional development. Children learn to regulate emotions through repeated experiences of co-regulation with calm, responsive adults, making teachers an important influence on the development of self-regulation, resilience and social competence. Effective behaviour support therefore involves more than managing incidents; it also includes helping pupils recognise emotions, develop coping strategies and learn constructive ways of responding to challenge. Approaches such as emotion coaching, supportive communication, predictable routines and guided reflection following incidents can help children develop the skills required for successful participation in school and wider life.

Psychological Safety and Children's Rights

Psychological safety is increasingly recognised as an important foundation for both wellbeing and behaviour. Children are more likely to engage positively with learning when they feel respected, included and emotionally safe (Allen et al., 2018; OECD, 2023). Behaviour systems should therefore be designed in ways that promote dignity, trust and belonging while avoiding unnecessary shame, stigma or humiliation.

This is consistent with a children's rights-based approach which requires that the impact of school policies and practices on the child's wellbeing, participation and engagement with education needs to be considered.

Restorative Practice and Early Intervention

The evidence suggests that restorative approaches can play an important role in improving relationships, strengthening school connectedness and reducing repeated behavioural incidents. Restorative practice seeks to balance accountability with relationship repair by helping pupils understand the impact of their behaviour, take responsibility for their actions and rebuild trust following conflict. Rather than focusing solely on punishment, restorative approaches emphasise dialogue, reflection, problem-solving and the restoration of relationships.

A systematic review by Fronius et al. (2019) found that restorative practices in schools were associated with improvements in school climate, reductions in exclusionary discipline and positive effects on relationships and student behaviour. Similarly, the Education Endowment Foundation notes that approaches focused on improving social relationships and behaviour can have positive impacts on both behaviour and academic outcomes when implemented consistently as part of a whole-school strategy (EEF, 2021).

Restorative approaches may be particularly beneficial when used alongside trauma-informed and relationship-based practice, as they provide opportunities for repair and reconnection while maintaining accountability. However, evidence suggests they are most effective when embedded within a wider school culture characterised by

positive relationships, consistent expectations and staff training, rather than being implemented as a standalone intervention (Fronius et al., 2019).

Alongside restorative practice, early intervention remains one of the most effective strategies for improving behaviour and preventing escalation. Identifying emerging emotional, behavioural, developmental or mental health needs and providing timely support can prevent difficulties from becoming entrenched. This aligns with recommendations from both *A Fair Start* (Department of Education, 2021) and the *Independent Review of Education* (2023), which emphasise the importance of prevention, inclusion and early support in meeting the increasingly complex needs of children and young people.

Theme 5: Challenges and Gaps

Behavioural complexities in NI's schools are deeply tied to systemic inequalities. Severe poverty and inadequate housing place families under continuous economic stress, directly compromising children's mental health. In Northern Ireland, this material deprivation frequently compounds intergenerational trauma rooted in our historical conflict (O'Neill & Bond, 2026). Despite considerable commitment from schools, several systemic barriers limit their ability to effectively support children and young people.

Access to Mental Health and Specialist Support

One of the most significant challenges facing schools is access to timely mental health and specialist support services. Schools are increasingly supporting children and young people experiencing emotional distress, anxiety, self-harm, neurodevelopmental difficulties and behavioural challenges, yet often face lengthy delays in accessing assessment, intervention and specialist advice. As a result, schools frequently become the primary source of support despite not always having access to the resources or specialist expertise required to meet increasingly complex needs.

The relationship between mental health and behaviour is well established, with emotional distress often presenting through disengagement, emotional dysregulation, aggression, avoidance or school refusal (World Health Organization, 2022; NHS Digital, 2023). When specialist support is unavailable or significantly delayed, difficulties may escalate, affecting wellbeing, attendance, behaviour and educational outcomes. The *Independent Review of Education* (2023) highlighted concerns regarding fragmented systems of support and emphasised the need for greater integration between education, health and wider children's services. However, support for schools should not focus solely on referral pathways and specialist intervention. Greater emphasis needs to be placed on how the pressure that children and young people experience at school contributes to poor mental health.

Recognising that existing inequalities that contribute to poor wellbeing in children and young people are not being addressed, it would be helpful to maximise the use of existing preventative and early intervention resources, including the Northern Ireland *Emotional Health and Wellbeing Framework*. The Framework provides schools with an established evidence-informed guidance on promoting emotional wellbeing across the whole school, building resilience, strengthening protective factors and developing whole-school approaches to mental health. It offers a practical structure through which schools can support wellbeing, identify emerging concerns and implement preventative interventions before difficulties become more entrenched. Greater emphasis should be placed on supporting schools to fully implement the framework and utilise its associated resources as part of a graduated approach to behaviour support.

Effective implementation of the framework has the potential to strengthen schools' capacity to respond to emotional and behavioural needs through a graduated approach that combines universal, targeted and specialist support. This includes promoting positive relationships, emotional literacy, school belonging, pupil voice, staff wellbeing and links with families and community services. Ensuring that schools are supported to fully utilise the framework and its associated resources could help reduce the escalation of behavioural difficulties while improving both wellbeing and educational engagement.

Improving access to educational psychology, CAMHS, early intervention services and community-based supports remain essential. However, these services should operate alongside a strong whole-school approach to emotional health and wellbeing, effective early intervention services, and curriculum reform that promotes young people to demonstrate their learning in a variety of ways and thrive.

SEND Provision

Challenges within SEND provision continue to have significant implications for behaviour, inclusion and educational outcomes. Delays in identification, assessment and access to appropriate support can leave children without the interventions or adjustments they require, increasing the likelihood of frustration, disengagement and behavioural difficulties. Research consistently demonstrates that pupils with SEND are at greater risk of exclusion, poorer educational outcomes and reduced school engagement when their needs are not recognised and supported effectively (Children's Commissioner for England, 2019).

It is important to acknowledge that the Department of Education is currently undertaking significant reform of the SEND system in response to longstanding concerns regarding capacity, delays and consistency of provision. The success of these reforms will be critical to improving outcomes for children and young people and reducing the escalation of behavioural difficulties associated with unmet need. However, reform should extend beyond changes to processes and structures. It

must ensure that the voices of children and young people, parents and carers, and schools are placed at the center of decision-making. Those with lived experience of the SEND system are often best placed to identify existing barriers and inform more responsive and effective approaches to support.

The principles underpinning SEND reform should therefore align closely with behaviour policy. Effective behaviour support depends on understanding the reasons underlying behaviour, recognising the role of unmet need and ensuring that reasonable adjustments, specialist interventions and appropriate supports are available at the earliest opportunity. Strong partnership working between schools, families and services is essential to achieving this.

As highlighted in both *A Fair Start* (Department of Education, 2021) and the *Independent Review of Education* (2023), children and young people are presenting with increasingly complex needs and schools require greater capacity and support to respond effectively. Behaviour policies must therefore be closely aligned with SEND and inclusion policies to ensure that children whose behaviour is linked to disability, neurodevelopmental differences or additional needs are supported appropriately rather than inadvertently disadvantaged by behavioural responses. An effective and inclusive behaviour framework should be viewed as part of a wider system of support that places the child at its centre, values the expertise of families and schools, and prioritises early identification and intervention.

Professional Learning Needs

Teachers and school leaders are increasingly required to support children and young people with complex and diverse needs, including mental health difficulties, trauma, neurodevelopmental conditions, emotional dysregulation and the impact of social adversity. Effective behaviour support therefore requires that teachers and all staff have a strong understanding of child development, attachment, emotional regulation, neurodiversity, including the biological basis of behaviour. They need to be equipped with the skills to manage their own emotional regulation and how to create a positive classroom environment, including trauma-informed practice, de-escalation, restorative approaches and supporting children with neurodiversity and neurodevelopmental differences (EEF, 2021).

It is important to acknowledge the significant investment already being made through TransformED NI, including increased professional learning opportunities, additional teacher development days, conferences and a strengthened focus on workforce development. These initiatives provide valuable opportunities to enhance professional knowledge and build the capacity of the education workforce.

As these opportunities continue to develop, professional learning must include a strong focus on understanding the biological basis of behaviour, the development of executive functioning, the biological sequence of stress and trauma; behaviour as a

form of communication and how to co-regulate dysregulated children and young people. Research in child development, attachment and trauma highlights that behaviour is never a rational, logical decision, it is a response that represents an underlying need, emotion or experience. This is particularly the case for young people from adverse environments with maladaptive family and community behaviour modelling. These children and young people often lack the skills, confidence or language to respond to distress in adaptive ways, and can become trapped in cycles of deteriorating mental health and exclusion (Bomber, 2020; Szalavitz & Perry, 2010). Behaviour may communicate anxiety, fear, sensory overload, unmet learning needs, social difficulties, emotional dysregulation or adverse experiences rather than deliberate non-compliance. This perspective is also reflected in attachment-informed and psychologically informed models which emphasise the importance of understanding the source of the behaviour and using that as a basis for the response (Geddes, 2006; Bowlby, 1988).

Developing staff confidence in understanding the function and meaning of behaviour can help move responses beyond ineffective and harmful compliance-focused approaches, towards approaches that are preventative, relational and responsive to need. This does not remove the importance of clear expectations and boundaries; rather, it enables staff to respond in ways that address the underlying causes of behaviour while maintaining accountability and supporting skill development. Staff wellbeing should also be recognised as an important component of behaviour support. Teachers are more able to provide effective co-regulation, relationship-based support and emotionally responsive practice when they themselves feel supported and have access to appropriate professional and pastoral supports. Professional learning should therefore equip staff not only with practical behaviour management strategies, but also with the knowledge and skills required to understand the factors that influence behaviour, identify emerging concerns and respond in ways that support both learning and wellbeing. Strengthening workforce understanding in these areas will be essential if schools are to successfully meet the increasingly complex needs of children and young people and implement the kind of evidence-informed behaviour framework envisaged by this review.

Need for Psychological Expertise

Behaviour policy should be informed by expertise from psychology, psychiatry, educational psychology and other relevant health professions. Behaviour is influenced by a wide range of developmental, emotional, relational and environmental factors, and policies that focus solely on compliance or discipline risk overlooking these complexities.

Psychological expertise can help ensure that guidance reflects current evidence regarding child development, attachment, trauma, emotional regulation and neurodevelopment. It can also support the identification of unintended consequences associated with particular approaches, including the potential for some behaviour

management strategies to increase shame, distress, disengagement or exclusion among vulnerable pupils. Educational Psychologists have a particularly important role in bridging education, child development and mental health perspectives, and should be involved in both policy development and implementation support. Given the increasing prevalence of mental health difficulties and complex needs within schools, behaviour guidance should be developed through genuine collaboration between education and health professionals, alongside children, young people and families.

Avoiding Exclusion

Schools must retain the ability to maintain safe and orderly environments. However, evidence suggests that exclusionary practices can have significant negative consequences for educational engagement, wellbeing and long-term outcomes, particularly when used repeatedly or in response to behaviours associated with additional needs, trauma or mental health difficulties.

Research indicates that exclusion leads to poorer educational attainment, increased disengagement and a heightened risk of adverse social outcomes (Children's Commissioner for England, 2019). While exclusion may sometimes be necessary to manage immediate risks, it should not become the default response to behavioural difficulties.

A preventative approach should prioritise understanding the factors contributing to behaviour, providing appropriate support and creating opportunities for restoration, repair and reintegration. This is particularly important in promoting belonging and ensuring that vulnerable children remain connected to education.

Preventing harmful, restrictive and coercive responses

Behaviour policy should have the goal of avoiding restrictive, exclusionary or coercive responses. Restrictive interventions, including physical restraint and seclusion, result in physical and psychological harm for all staff and all pupils, and should never be viewed as a behaviour management strategy.

I have previously highlighted concerns that restrictive practices may undermine children's wellbeing, dignity and psychological safety, particularly where preventative and relational alternatives have not been fully explored. The response emphasised that educational settings should prioritise psychologically informed, relationship-based approaches and regard restrictive interventions as measures of last resort. Reducing reliance on restrictive interventions requires investment in staff training, de-escalation strategies, co-regulation, emotional development, specialist support and whole-school approaches that promote safety, belonging and positive relationships. Behaviour policy should explicitly support schools to develop these preventative approaches and should align closely with emerging guidance on restrictive interventions.

Pupil Voice

Children and young people should be actively involved in the development, implementation and evaluation of behaviour policies. Participation is a fundamental principle of children's rights and is reflected in Article 12 of the United Nations Convention on the Rights of the Child, which affirms children's right to express their views on matters affecting them and to have those views given due weight. Research indicates that pupils are more likely to engage with school expectations when they feel heard, respected and involved in decision-making. Meaningful participation can strengthen pupils' sense of belonging, agency and connection to school, all of which are associated with improved wellbeing, engagement and behaviour (Mitra, 2004; Allen et al., 2018). Conversely, where pupils feel excluded from decisions that affect them, there may be reduced trust, weaker school connectedness and lower engagement with school systems and expectations. Evidence suggests that pupil voice is central to effective school policies by providing insights into the factors that influence behaviour, relationships, safety and wellbeing within the school environment (Mitra, 2008). Participation can also support school improvement by helping schools identify barriers to engagement and ensuring that policies reflect the lived experiences of children and young people rather than solely adult perspectives.

Pupil participation is particularly relevant within behaviour policy. Children and young people are well placed to identify factors that contribute to conflict, exclusion, bullying, school disengagement or feelings of belonging. Engaging pupils in discussions about behaviour expectations, relationships, school culture and wellbeing can help foster a shared sense of responsibility and ownership. Such approaches are consistent with evidence demonstrating that belonging, positive relationships and participation are important protective factors for both behaviour and mental health (Allen et al., 2018; Korpershoek et al., 2020).

Behaviour policy should therefore be developed not only for children and young people but with them. Schools should be supported to create meaningful opportunities for participation through consultation processes, school councils, focus groups, co-production activities and ongoing feedback mechanisms. This is likely to improve both the quality of behaviour policies and pupils' engagement with them.

Theme 6: Solutions and Future Priorities

Future behaviour policy should adopt a preventative, evidence-informed and whole-child framework that recognises the interconnected nature of behaviour, wellbeing, inclusion and learning.

The Department should:

1. **Create a vision for the education system that embed wellbeing, belonging and relationships, which will drive behaviour policy,**

recognising these as fundamental protective factors for learning and behaviour.

2. **Invest in early intervention, prevention and mental health support**, addressing difficulties before they become entrenched.
3. **Ensure behaviour policies are inclusive of neurodiversity and SEND**, recognising diverse developmental profiles and promoting reasonable adjustment.
4. **Support implementation of evidence-based social and emotional learning programmes**, given their demonstrated impact on behaviour, wellbeing and attainment (Durlak et al., 2011).
5. **Ground behaviour policy in child development, attachment, trauma and emotional regulation**, supporting psychologically informed, trauma-informed and relationship-based practice across educational settings.
6. **Strengthen teacher education and professional development**, equipping staff with an understanding of the biological basis of stress and behaviour, practical skills in co-regulation, emotion coaching, psychologically-informed practice (behaviour is shaped by **relationships, development and the social and physical environment**, not simply by what's happening inside the child), restorative approaches and de-escalation.
7. **Improve access to specialist services**, including educational psychology, mental health and wider health supports.
8. **Promote psychologically safe learning environments**, where trust, dignity, belonging and participation are recognised as foundations for behaviour and learning.
9. **Reduce reliance on restrictive interventions**, supporting schools to implement preventative and relational approaches that minimise the need for restraint, seclusion and other restrictive practices. Any use of restrictive interventions should be lawful, proportionate, trauma-informed, child-centred, recorded appropriately, with consideration given to the child or young person's perspective, and subject to robust monitoring and review.
10. **Embed children's rights within behaviour policy**, ensuring that behavioural responses do not inadvertently increase distress, shame, exclusion or disengagement.
11. **Measure success through broader outcomes**, including wellbeing, belonging, attendance, engagement, emotional regulation and participation, alongside traditional behavioural indicators.
12. **Support implementation through clear guidance and evaluation**. Future behaviour policy should be accompanied by practical implementation

guidance, professional learning resources and mechanisms to evaluate impact on wellbeing, belonging, inclusion and educational outcomes.

Conclusion

The purpose of behaviour policy should not simply be to reduce disruption or increase compliance, but to create classrooms in which children feel safe, valued, respected and able to learn. Teachers also need an understanding of how children and young people

While high expectations, consistency and accountability remain essential, the strongest evidence supports approaches that combine these with positive relationships, inclusion, school belonging, emotional development and early intervention. A trauma-informed framework offers an opportunity to maintain high standards while recognising the biological basis of behaviour and the influence of adversity, developmental needs and mental health of all staff and pupils.

Staff training, behaviour policy, wellbeing policy and guidance relating to restrictive interventions should be viewed as interconnected components of a single framework with a vision to create, inclusive, rights-based, trauma-informed and psychologically safe educational environments for all staff, children and young people. By combining high standards with compassion, accountability with understanding, and evidence-informed behaviour support with meaningful investment in wellbeing and inclusion, Northern Ireland has an opportunity to develop a behaviour framework that enables all children and young people to learn, belong, participate and thrive.

Yours sincerely

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References

- Allen, K. A., Kern, M. L., Vella-Brodrick, D., Hattie, J., & Waters, L. (2018). What schools need to know about fostering school belonging: A meta-analysis. *Educational Psychology Review*, 30(1), 1-34.
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). American Psychiatric Association Publishing.
- Antalek, C., Taha, J., Peter, S., Pervez, A., Jangbarwala, F. Y., Loyd, D., Roberts, A., Somerville, M. P., & Romualdez, A. M. (2026). *Behavioural and social communication interventions for children and young people with SEMH and autism: A rapid evidence review*. Department for Education. [\[assets.pub...ice.gov.uk\]](#)
- Bomber, L. M. (2020). *Know me to teach me: Differentiated discipline for those recovering from adverse childhood experiences*. Worth Publishing.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.
- Bunting, L., Davidson, G., McCartan, C., Hanratty, J., Bywaters, P., Mason, W., Steils, N., & Featherstone, B. (2020). *The association between adverse childhood experiences and mental health in Northern Ireland*. Queen's University Belfast.
- Children's Commissioner for England. (2019). *Skippping school: Invisible children*. Children's Commissioner for England.
- Department for Education, & Department of Health. (2015). *Special educational needs and disability code of practice: 0 to 25 years*. HM Government.
- Department of Education. (2021). *A fair start: Final report and action plan*. Department of Education.
- Department of Education. (2023). *Independent review of education: Report and recommendations*. Department of Education.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432. <https://doi.org/10.1111/j.1467-8624.2010.01564.x>
- Education Endowment Foundation. (2021). *Improving behaviour in schools: Guidance report*. Education Endowment Foundation.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V. J., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

Fronius, T., Darling-Hammond, S., Persson, H., Guckenburg, S., Hurley, N., & Petrosino, A. (2019). *Restorative justice in U.S. schools: An updated research review*. WestEd.

Galea, S., & Buckley, G. J. (2024). Social media and adolescent mental health: A consensus report of the National Academies of Sciences, Engineering, and Medicine. *PNAS Nexus*, 3(2), pgae037. <https://doi.org/10.1093/pnasnexus/pgae037> [academic.oup.com]

Geddes, H. (2006). *Attachment in the classroom: The links between children's early experience, emotional well-being and performance in school*. Worth Publishing.

House of Commons Education Committee. (2019). *Special educational needs and disabilities: First report of session 2019*. House of Commons.

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356-e366. [https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)

Keles, B., McCrae, N., & Grealish, A. (2020). A systematic review: The influence of social media on depression, anxiety and psychological distress in adolescents. *International Journal of Adolescence and Youth*, 25(1), 79-93. <https://doi.org/10.1080/02673843.2019.1590851>

Korpershoek, H., Harms, T., de Boer, H., van Kuijk, M., & Doolaard, S. (2020). A meta-analysis of the effects of classroom management strategies and classroom management programs on students' academic, behavioural, emotional, and motivational outcomes. *Review of Educational Research*, 90(3), 363-412. <https://doi.org/10.3102/0034654320902489>

Mitra, D. L. (2004). The significance of students: Can increasing student voice in schools lead to gains in youth development? *Teachers College Record*, 106(4), 651-688.

Mitra, D. L. (2008). *Student voice in school reform: Building youth-adult partnerships that strengthen schools and empower youth*. SUNY Press.

NHS Digital. (2023). *Digital inclusion and health inequalities*. NHS Digital.

NHS England. (2024). *Inclusive digital healthcare: A framework for NHS action on digital inclusion*. <https://www.england.nhs.uk/long-read/inclusive-digital-healthcare-a-framework-for-nhs-action-on-digital-inclusion/> [england.nhs.uk]

Organisation for Economic Co-operation and Development. (2023). *PISA 2022 results*. OECD Publishing.

O'Neill, S. (2026). *Response to the Department of Education consultation on the use of restrictive interventions in educational settings*. Office of the Mental Health Champion Northern Ireland.

O'Neill, S., & Bond, N. (2026). *Mental health in Northern Ireland: Current services and strategic priorities*. Office of the Mental Health Champion Northern Ireland. <https://www.mentalhealthchampion-ni.org.uk/files/mentalhealthchampionni/2026-05/Mental%20Health%20in%20Northern%20Ireland%202026%20Final%20.pdf>

Odgers, C. L., & Jensen, M. R. (2020). Annual research review: Adolescent mental health in the digital age. *Journal of Child Psychology and Psychiatry*, 61(3), 336-348. <https://doi.org/10.1111/jcpp.13190>

Orben, A., & Przybylski, A. K. (2019). The association between adolescent well-being and digital technology use. *Nature Human Behaviour*, 3(2), 173-182. <https://doi.org/10.1038/s41562-018-0506-1>

Roorda, D. L., Koomen, H. M. Y., Spilt, J. L., & Oort, F. J. (2011). The influence of affective teacher-student relationships on students' school engagement and achievement: A meta-analytic approach. *Review of Educational Research*, 81(4), 493-529. <https://doi.org/10.3102/0034654311421793>

Smith, H., & Holden, N. (n.d.). *Open letter to the Secretary of State for Education regarding children's mental health and education reform*. The Clin Psych Group. <https://sites.google.com/theclinpsychgroup.com/education-letter/home>

Spanakis, P., Mathers, A., Walker, L., Huxley, P., & Peckham, E. (2025). The digital divide in people with severe mental illness: Lessons learned and challenges lying ahead. *The British Journal of Psychiatry*, 227(6), 827-829. <https://doi.org/10.1192/bjp.2025.47> [cambridge.org]

Szalavitz, M., & Perry, B. D. (2010). *Born for love: Why empathy is essential and endangered*. William Morrow.

Thapar, A., Eyre, O., Patel, V., & Brent, D. (2017). Depression in young people. *The Lancet*, 389(10087), 1056-1067. [https://doi.org/10.1016/S0140-6736\(17\)30871-9](https://doi.org/10.1016/S0140-6736(17)30871-9)

Valkenburg, P. M., Meier, A., & Beyens, I. (2022). Social media use and its impact on adolescent mental health: An umbrella review of the evidence. *Current Opinion in Psychology*, 44, 58-68. <https://doi.org/10.1016/j.copsyc.2021.08.017>

Walsh, C., Bunting, L., Davidson, G., Doherty, N., McCartan, C., Mulholland, C., & Shevlin, M. (2025). *The prevalence and impact of adverse childhood experiences in Northern Ireland*. The Executive Programme on Paramilitarism and Organised Crime. <https://www.drugsandalcohol.ie/42643/> [pure.qub.ac.uk], [impactrese...ntre.co.uk]

Wang, M. T., & Degol, J. L. (2016). School climate: A review of the construct, measurement, and impact on student outcomes. *Educational Psychology Review*, 28(2), 315-352. <https://doi.org/10.1007/s10648-015-9319-1>

World Health Organization. (2022). *World mental health report: Transforming mental health for all*. World Health Organization.