

Policy for the Prevention of or Use of Restrictive Interventions

Introduction

St. Francis Special School promotes a restrictive free environment and in the first instance applies the principles outlined in our Code of Behaviour Policy which provides guidelines to staff on the use of day to day positive behavioural management strategies. These are designed to help all students to modify/manage their own behaviour in the long term. Where these strategies are not working and it is foreseeable that a student may engage in high risk behaviours requiring a physical intervention or restrictive practice, this policy applies.

The Convention on the Rights of the Child committee has recognised “that there are exceptional circumstances in which teachers and others working with children in institutions may be confronted with dangerous behaviour which justifies the use of reasonable restraint to control it”

(Human Rights Committee, General Comment 20, Article 7 (Forty-fourth session, 1992), Compilation of General Comments and General Recommendations Adopt ed by Human Rights Treaty Bodies, UN)

Purpose

The purpose of these guidelines is to identify the roles and responsibilities of staff and to provide guidance in relation to the use and management of restrictive interventions in line with best practice.

The paramount concerns are for the safety and welfare of the pupils in the school as well as for the safety and welfare of the adults who look after them.

For the purpose of this policy a child is defined as any child attending the school regardless of age.

Other associated school policies:

- Health and Safety Statement
- Child Safeguarding Policy
- Anti -Bullying Policy
- Intimate Care Policy

- Code of Behaviour
- Grievance Procedures
- Enrolment Policy

This policy is based on guidance from the following:

- Education and Welfare Act 2000
- Human Rights Working Group on Restraint and Seclusion 2005 (Northern Ireland)
- Health and Safety at Work Act 2007 Safety, Health and Welfare At Work Act, 2005 (as well as other statutes and standards)
- Physical Contact; Care, Comfort and Restraint; Bernard Allen 2011.
- Children First Guidelines 2011.
- Guidelines for Schools on Supporting Students with Behavioural, Emotional and Social Difficulties – An information guide for Primary Schools: DES 2013.
- 'Physical Interventions: A Policy Framework.' British Institute of Learning Disabilities.
- National Standards for Residential Services for Children and Adults with Disabilities, January 2013: Health Information and Quality Authority.
- Fuller Safer Lives: Policy for Restrictive Practices, Brothers of Charity Southern Services, 2012.
- Shining a light on seclusion and restraint in schools in Ireland: A discussion paper September 2018 from Inclusion Ireland

The aims and objectives of these policy guidelines are to:

- a.) Prevent/reduce injuries to pupils, staff and others and prevent significant damage to property that could lead to an unsafe environment for Pupils * Staff
- b.) Provide clear guidelines to staff, pupils and parents regarding the use of restrictive physical interventions.
- c.) Emphasise a culture within the school of prevention and reduction of the use of restrictive physical interventions.
- d.) Promote the development of effective relationships, mood management and interpersonal skills.
- e.) Manage serious incidents when they occur.
- f.) Help and encourage staff to pre-empt the need to use restrictive practices by being observant of pre-cursors that may lead to a challenging situation.

Definitions

Restrictive interventions are defined as deliberate acts on the part of other person(s) that restrict a service user's movement, liberty and/or freedom to act independently, in order to: take immediate control of a dangerous situation where there is a real possibility of harm • to the person or others if no action is undertaken, and end or reduce significantly the danger to the person or others. • (Restrictive Interventions Policy, NHS Foundation Trust)

Any intervention that meets this definition falls within the scope of this policy.

Restraint "Any physical, chemical or environmental intervention used specifically to restrict the freedom of movement – or behaviour perceived by others to be antisocial – of a resident designated as receiving care in an aged care facility.

It does not refer to equipment requested by the individual for their safety, mobility or comfort. Neither does it refer to drugs used – with informed consent – to treat specific, appropriately diagnosed conditions where drug use is clinically indicated to be the most appropriate treatment. (HSE POLICY ON THE USE OF PHYSICAL RESTRAINTS IN DESIGNATED RESIDENTIAL CARE UNITS)

Seclusion: The placement of a person in a room or other place from which voluntary exit is not possible, for a period of time not determined by that person for the sole purpose of behaviour management or control. (Community Based Support South Inc., 2006)

This definition encompasses not only confinement resulting from doors and windows being locked from the outside, but also situations where an individual is unable to open a door from the inside (due to the position of the door handles, or the nature of the person's disability) (Community Based Support South Inc., 2006)

Mechanical Restraint: The application and use of materials or therapeutic aids such as: belts, helmets, clothing, straps, cuffs, splints, specialised equipment designed to significantly restrict the free movement of an individual (Paley, 2008, p.6) This does not include the use of devices for therapeutic purposes relating to postural and orthopaedic needs (Department of Human Services, 2007, p.3)

Physical Restraint: The use of physical force (by one or more persons) for the purpose of preventing the free movement of a pupil. (Mental Health Commission, 2006 b)

Environmental Restraint: Environmental restraint, which is the intentional restriction of a person's normal access to their environment, with the intention of stopping them from leaving. This also includes denying a person their normal means of independent mobility, means of communicating, or the intentional taking away of ability to exercise civil and religious liberties.

(Guidance for Designated Centres: Restraint Procedures Health Information and Quality Authority)

Chemical Restraint: Chemical restraint, which is the use of medication to control or modify a person's behaviour when no medically identified conditions is being treated, or where the treatment is not necessary for the condition or the intended effect of the drug is to sedate the person for convenience or disciplinary purposes.

(Guidance for Designated Centres: Restraint Procedures Health Information and Quality Authority)

The following practices are in operation and approved by the Board of Management of St. Francis Special School:

Environmental

- High handles or 2-way locks on some classroom or other room doors where a pupil is at risk of absconding
- Locks on presses
- Fencing around playground.
- Locking a door in school for health and safety (rare and must be agreed with Principal).

Physical

- Holding a pupil's hand (not wrist) when transitioning is for safety and providing manual assistance to a pupil when walking.
- Holding a pupil's hand(s) during intimate care is allowed to prevent the pupil from inappropriately accessing their private areas.
- Staff are allowed to impede a pupil's free movement by standing in front of a danger or between two pupils to prevent an injury.

Mechanical

- Side rails on plinths when they are used to prevent a pupil accidentally falling out.

- Trays fixed with Velcro can give a useful surface for pupils to eat from or to engage in other educational activities. Trays may feel restrictive for pupils and should not be used for extended periods of time.
- Use of seat belt lock/harness on school transport – see bus transport policy.
- Clothing to restrict socially unacceptable behaviour and to preserve the dignity of the pupil.
- Safety belts on wheelchairs/buggies

Roles and Responsibilities

Principal

It is the responsibility of the Principal to:

1. Promote restrictive free interventions within the school.
2. Ensure this policy is available to all staff.
3. Induct staff about the content and application of the policy.
4. Ensure that all staff are aware of and understand the role of assessment, the method of restrictive intervention and circumstances where it is sanctioned for use. Ensure an audit is carried out annually by each class team
5. Ensure that a comprehensive assessment is completed and that any restrictive intervention which is prescribed (by appropriately qualified staff) is approved by Principal. The only exception to this is when a restrictive intervention is deemed necessary in an emergency situation. All unplanned emergency restrictive interventions must be referred to the Principal.
6. Ensure that all staff attend appropriate and continuing training and education as required. Provide supervision, support and review in respect of the implementation of the policy. Co-ordinate a review in respect of any emergency use of restrictive interventions.
7. Identify problems that may prevent the full implementation of the policy, to bring them to the attention of the Board of Management and agree ways in which to address the problems identified.

Staff Members

It is the responsibility of staff to:

1. Be fully aware of the content of the policy and to adhere to the content.
2. Promote a restrictive free environment at all times
3. Ensure that risk assessments are completed and sanctioned by the Principal prior to the implementation of any restrictive intervention (except in the case of an emergency situation)

4. Familiarise themselves with, understand and act in accordance with the pupil's personal care plan in line with the pupil's best interest.
5. Ensure that they do not resort to using restrictive interventions in order to compensate for any deficiency of service, lack of professional skill or defects in the environment.
6. Have a duty of care to protect pupils from the risk of physical or psychological harm associated with the use of restrictive interventions
7. Attend training when it is required.

Behaviour Plans: These are devised for Pupils as being of greatest risk of needing restrictive interventions.

The Behaviour Support Plan should ideally contain the following:

- A brief history of the pupil
- A brief outline of likes/dislikes and known triggers
- A functional assessment of the behaviour using information from several sources such as the pupil, parents, staff familiar with the pupil, carers.
- A multi element behaviour support plan outlining environmental alterations, direct interventions, skills teaching and reactive strategies.
- De-escalation strategies to employ when behaviours start to occur.
- Recommended interventions/restrictive practices which may be employed when de-escalation strategies are unsuccessful or not possible.
- A plan for maintaining a daily log where a pupil presents with multiple incidents of behaviours that challenge.
- Planned reviews of any recommended restrictive practices.
- A list of persons to whom the plan needs to be communicated.

The plan is signed by all involved in its implementation. The plan is communicated to parents and their agreement to its implementation is obtained in writing. Parents are informed of any major changes to the plan following the initial introduction.

School will refer to KIDS for psychology and other professional support if necessary, to help manage concerning behaviours. School may also refer to Trasna support service and to CAMHS for the support of the Child & Adolescent Psychiatrist. (The Child & Adolescent Psychiatrist visits St. Francis Special School once every 3-4 weeks to review clients).

Positive Behaviour Support Passport: (May be used for some Pupils)

A synopsis of important information should be copied to a 'positive behaviour passport' which should be made available to all staff involved in supervision of the pupil. It is the duty of all staff

to be familiar with and implement the strategies outlined for individual pupils in behaviour plans and passports.

Positive behaviour passports are not only for pupils with behaviour plans but may be drafted for any pupil if this action is deemed useful by staff.

Staff Training:

The school uses the MAPA approach to support pupils having difficulties managing their behaviour. The aim of MAPA is to promote de-escalation strategies; to reduce risk and use of restraint, and to support teaching, learning and caring by increasing staff confidence and compliance, in responding to behaviours that challenge. In the absence of guidelines and funding from the Department of Education and Skills, the Board of Management has funded the training of one staff member as MAPA Tutor to deliver training to staff in this approach. This behaviour support will be applied throughout the school. School provides refresher training as required and training for new staff.

Other training availed of by some staff may include the following:

- Training for teachers provided by SESS
- Training for SNA's by KIDS re: behaviours that challenge.
- Participation by teachers in online and face to face courses during the summer.
- Teachers attend seminars, conferences and workshops.
- SNA availing of training and participating in workshops outside of school
- Staff training during 'Croke Park' hours.

Guidelines on the use of Restrictive Practices

A.) Pupils with Behaviour Plans:

Interventions used are as outlined in the plan. It is the duty of staff working in the class to be familiar with and implement strategies recommended. A positive behaviour passport containing relevant information may be made available to all staff who are supervising pupils with behaviour plans. Should all planned interventions appear to be failing to manage a situation safely, all staff must use their judgement and take appropriate action to safeguard pupils and staff while calling for assistance from other staff. The school will endeavour to ensure that, if possible, staff with knowledge of the pupil are available to offer advice or help manage these pupils.

B.) Unforeseen or Emergency Situations:

E.g. a pupil suddenly tries to climb over a fence or run out on a road, or attempts to hurt another unexpectedly – all staff must use their judgement and take appropriate action to safeguard pupils or staff while calling for assistance from other staff verbally or through the school alarm system. Unplanned interventions must take the following principles into consideration:

- Necessity/Duress of circumstances – where action must be taken but staff members are required to choose a course of action that will result in least harm.
- Reasonable Force – determined by the severity of the behaviour and counterbalanced by gender, size, experience etc.
- The best interests of the pupil.
- The action is proportionate to the dangers involved.
- Acting in Good Faith – encompasses a sincere belief or motive without any malice.
- Duty of Care – acting with watchfulness, attention, caution and prudence. Essentially keeping people safe.

Deciding whether or not to use Restraint

The school requests staff to make a dynamic risk assessment before employing a physical intervention using the following guidelines:

| Action | Consider |
|---|--|
| <ul style="list-style-type: none"> • Selective attention • Adopt a calm, non-threatening stance and posture • Use slow controlled voice • Give clear visual or verbal directions • Pause and allow time for compliance | <ul style="list-style-type: none"> • The likely outcomes if a restrictive practice is used against the likely outcomes if it is not • The short-term risks versus long term risks • Balancing the best interests, health and safety of the pupil with the best interests, health and safety of the other pupils, staff and general public • Alerting staff who are most likely to succeed in diffusing the situation |

Having followed all of the above, should a restrictive practice be necessary the guiding principle of 'The Least Restrictive Alternative in the Least Restrictive Environment' should be applied whilst at all times striving to respect the dignity of the pupil.

Using a Physical Restraint

If restraint is used staff must ask themselves the following questions:

- Am I using the minimum effort for the shortest time?
- Can I reduce the amount of pressure?
- How best can I communicate with the pupil and with other staff?
- Should I ask someone else to take over?

Last Resort / Early Intervention

Restrictive practices should always be used as a last resort. This does not mean that all other possible strategies must be tried and tested beforehand; rather it means that staff must make a considered judgement balancing the risks involved, thus allowing informed decisions to be made. Occasionally using a physical intervention early on may prevent a risk of injury to other pupils and staff thus justifying the use of that intervention in that particular situation.

Some pupils may have stereotypical patterns of behaviour which alert staff to a developing crisis. Such information is ideally disseminated to all staff in the positive behaviour passport.

Using Time-Out/Withdrawal/Comfort/Environmental Restraint

Sometimes a pupil cannot manage in a classroom setting for a variety of reasons, and may need to be withdrawn to allow teaching and learning to continue for the rest of the pupils. This can happen in various ways:

1.) Time Away:

This may be used informally for pupils who need time or space to calm and/or self-regulate. The pupil is encouraged or prompted to move to another table, chair or designated classroom area for a short period of time or be sent 'on a message'. The purpose of this is to divert or distract the pupil.

The goal of time away is to support the pupil to learn self-management techniques when they are upset or experiencing difficulty. Time away involves a choice on part of the pupil. This can be distinguished from environmental restraint when the choice is taken away from the pupil. Time away therefore gives freedom and choice where environmental restraint limits freedom.

2.) Withdrawal/Comfort/Environmental Restraint (accompanied)

This may be used to move a pupil to the 'leisure area' within the classroom or to another place outside of the classroom where he or she is continually supported or

monitored by staff either inside or outside the area the pupil is in. This may involve physically intervening to move the pupil and/or preventing him/her from leaving the area until staff consider that it is safe to do so. Staff must continuously attempt to distract or divert the pupil and return him/her to the main classroom area as soon as it is safe to do so. This may take some time if the pupil demonstrates that he/she requires a break from activities or is still exhibiting behaviours that challenge. Doors are not secured in this instance.

3.) Environmental Restraint (unaccompanied but supervised)

Confining a pupil to an area through use of locks on doors is a major restrictive practice and is only considered in exceptional circumstances in which the pupil is presenting as a real and immediate risk to themselves or others. The use of this intervention must be proportionate to the risk presented by the pupil. It may be used at times of emergency only where the risks of significant injury to pupils or staff are very high. If the pupil cannot be removed to a support- area or if there is a real threat to fellow-pupils and staff, other pupils may go to other classrooms and the pupil presenting the risk may be environmentally restrained in his/her own classroom. In either of the above locations the door may be locked and the pupil will be continuously monitored via glass panels to ensure his/her safety. Environmental restraint is always used in line with the strict criteria and rationale outlined in the Behaviour Plan. The action is documented in an incident report which will be signed by the Principal or Deputy Principal. If the Principal or Deputy Principal is concerned for the welfare of any pupil in these circumstances, parents in exceptional circumstances may be asked to bring the pupil home. The purpose of this is to safeguard pupils and or staff in situations of very high risk to themselves or others.

Post-Incident Support

Following an incident the priority is to look after the pupils and staff involved before reports are filled out and reviews held. Debriefing of staff and pupils is important and is facilitated by allowing for class break up – if deemed necessary, following a serious incident. Classes may call on support from an adjacent class to allow for individual staff members to step out for a short period. Ideally a formal debriefing meeting should be held in the days following a major incident.

Incident reports should be filled out by staff involved when:

- A physical or environmental restraint has been used.
- Other pupils or staff have experienced physical assault.
- There is significant damage to property.

The best time to fill out an incident report is when the situation has settled and the pupil and staff have had time to recover. Group completion of an incident report enables staff to reflect together on possible triggers, appropriateness of interventions and future actions. The report is signed by the Principal or Deputy Principal who will review the interventions used by staff. This will inform any future actions.

Complaints and Allegations

The school seeks to engage positively with parents regarding all aspects of their child's education, care and management. Parents of pupils who engage in high risk behaviours that challenge are prioritised for meetings/phone calls with the Principal or Deputy Principal. The school will endeavour to keep parents informed in a manner that is reasonable and in the best interests of their child. This will take the form of meetings, phone calls, communication books or letters.

Parents or Staff wishing to make a complaint should in the first instance contact the Principal who will discuss the issue with them.

Review Dates – annually or sooner if required.

Date:

Signed:

Finnian Gallagher

Br. Finnian Gallagher
Chairperson

Liam Twomey

Liam Twomey
Principal