Restraint and Seclusion in Irish and UK Schools

A Solution-Focused Approach

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Introduction

The use of restraint and seclusion in school settings is an international problem. It has been the impression of the authors that there has been an alarming increase in the acceptance of these practices in school environments, particularly in the last five to ten years. Changing the practices used in relation to restraint and seclusion can be a challenge, but this challenge is amplified in environments that are poorly staffed and resourced. The Studio 3 organisation promotes a solution-focused approach to this problem with culture change in schools at its heart. In this article, we will outline some of the key issues, and use our knowledge of behaviour management to recommend solutions.

When vulnerable children in schools become highly distressed, restrictive crisis management interventions such as restraint and seclusion are often used. Using these restrictive crisis management techniques can prolong the distress individuals experience as they are not able to effectively regulate. Restraint involves physically holding an individual to contain them, and seclusion refers to the isolation of an individual to an area they are prevented from leaving to manage their behaviour (McDonnell, 2022). At Studio 3, our goal is not to criticise or chastise the staff engaged in these practices, as they are likely scared and under overwhelming stress. However, we think it is important to understand and recognise the potentially long-term physical and emotional impacts these practices can have on both staff and students. These can include physical injuries and an increase in challenging behaviours (McMurray, 2020). In addition, restrictive practices often have long-lasting psychological impacts, such as trauma or vicarious trauma, experienced by the staff involved.

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Without being adequately trained with the necessary tools to de-escalate a crisis situation, restraint often becomes the first resort (Deveau & McDonnell, 2009). This is a significant problem seen across the UK and Ireland, as schools are over-relying on using restrictive practices to manage challenging behaviour. There is also a lack of policy to guide the use of restrictive practices in schools, and as a result these practices often go largely unmonitored (McMurray, 2020).

By adopting a solution-focused approach to restraint elimination, which is the cornerstone of the Studio 3 approach, staff can be equipped with alternative tools to manage a crisis situation. These de-escalation tools focus on reducing arousal, looking beyond the behaviour to the child's unmet needs, and increasing staff's feelings of competency. Before considering the solutions needed to eliminate restrictive practices in schools, it is important to have a deeper understanding of the use of restraint and seclusion across schools in the UK and Ireland.

The situation across the UK and Ireland

A number of recent articles have shone a light on the use of restrictive practices in schools. These articles prove for some difficult reading, as not only do they highlight the overuse of restraint and seclusion for individuals with additional needs, but they also provide an insight into the damaging effects of these interventions.

A report published in 2019 by the Challenging Behaviour Foundation (CBF) and Positive and Active Behaviour Support Scotland (PABSS) highlighted the significant

overuse of restraint across schools in the UK and Ireland, as well as the damage these restrictive practices can have. 720 families whose children had complex developmental, educational and mental health needs were interviewed. Over half of the children were autistic. It was found that 88% of children had experienced restraint, 61% had experienced seclusion and 87% had been physically hurt during a restrictive intervention. These injuries included bruises, scratches, broken bones and head injuries. Certain statements made by parents were particularly concerning regarding how these injuries were sustained. These included, 'Teacher slapped X's face,' 'Teacher bent [child's thumb] back to punish' and, 'Abrasions from being dragged.' While most schools identified restraint as an intervention that should be used in extreme circumstances, this was not what was happening in practice. As well as this, parents were often unaware of occasions when restrictive practices were being used on their children. The majority of the time (76%), parents reported that there were no known records of these instances of restraint, with unclear rationale being given as to why their child was restrained in the first place. One parent recalled:

'The school would report that she had a wobbly day or had been held, we had no idea at the time what this meant in practice. When we got the incident reports, we realised she had often been held on the floor by 4/5/6 members of staff.'

This problem is a significant one across the island of Ireland. In 2018, Inclusion Ireland published a paper looking at the experience of restraint in Irish schools. After interviewing families of children with disabilities, they expressed their deep concern about the physical and psychological harm restrictive practices were having in Irish schools. For example, one parent recalled that their child was left 'black and blue' after

being restrained and suffered from panic attacks, depression, suicidal thoughts and 'lost trust in all adults.' Inclusion Ireland expressed their concern that the use of restrictive practices in schools was breaching basic human rights, as there was no official regulation on its use in schools. One case study included in the Inclusion Ireland report described William's story:

William was restrained while on the school bus, with his head held down physically by staff for the full 20-minute journey. William described how painful this experience was and said it was hard to breathe while he was restrained. On other occasions, his hands were held down 'just in case.' Between the ages of 5-8, he was also secluded in school, locked in a dark empty room with no handles and the supervision screen covered. On some occasions, William was put in seclusion for convenience as the special needs assistant was not available or because he seemed hyper. William was suspended when the family complained to Tusla (the Child and Family Agency in Ireland) and the school were contacted regarding the matter. Unfortunately, this story is not unique. Another family included in this report described how their child was left unattended in a seclusion room for up to five hours at a time for reasons such as talking in class or not completing work quickly.

In Northern Ireland, Deirdre Shakespeare was one of 22 parents who reported that their children had experienced physical and psychological harm due to restraint (Beattie, 2021). These children had diagnoses including intellectual disabilities, cerebral palsy, and autism. Deirdre reported that her 5-year-old autistic son was mechanically restrained in a chair at his waist and ankles. As a result, his psychological

well-being drastically deteriorated, as he regularly experienced night terrors and was often very fearful.

Solutions to the problem

We propose several solutions to confront the current problem regarding the use of restraint in Irish and UK schools. These are listed below and form a roadmap to how restraint can not only be reduced, but eliminated, in educational settings.

1. *Specialist training for staff*

It is the opinion of the authors that currently, staff either receive inadequate training in crisis management and/or high levels of physical restraint training which they are likely to forget. It is imperative that frontline staff receive adequate crisis management training, but we do recommend that schools limit training in physical interventions to avoid a 'whole school' approach to managing crises physically. In this process, it is important to determine which staff need specialist training in physical interventions. Schools currently overemphasise physical intervention training to deal with crises, rather than advanced de-escalation techniques, which form the basis of the Low Arousal Approach. While a formal causal link may not exist between the physical intervention training that many schools receive and the misuse of restraint, there is evidence to suggest that when individuals are trained in safe methods (e.g., de-escalation techniques) the use of restrictive practices reduces (Putkonen et al., 2013; Larsen et al., 2019). Additionally, the recent reports conducted across the UK and

Ireland suggest that often pupils are injured as well as staff. It is our view that in many of these circumstances, staff were often not properly trained to manage crisis situations. At Studio 3, we see this as an easily avoidable outcome through the implementation of specialist training for staff. We are minimalists which means that we train fewer staff to a higher standard. The training we provide places a strong emphasis on understanding stress and de-escalation skills, as we believe that 'less is more' where physical interventions are concerned. We teach as few physical skills as possible, with the intention that any simple movements that are taught to keep people safe will be phased out over time. This training is provided on a case-by-case basis and is subject to a Training Needs Analysis which has identified the need for any physical skills training. At Studio 3, trainers do not teach hold-down methods of any kind. Conversely, any movements that are taught focus on moving away from the distressed individual. Since the first physical interventions training course 30 years ago, Studio 3 has always been committed to developing and improving these programmes, with the goal that physical interventions training will be redundant in the future.

Studio 3 also offers training in the LASER programme, which is a school-specific Low Arousal course. This programme can be tailored to the needs of the individual school or educational setting to establish a whole-school Low Arousal Approach, or can be tailored to the needs of an individual being supported. Gareth Morewood, Studio 3's Educational Advisor, talks about the importance of working together as part of solution-focused practice to ensure that individuals within a system are given the support they need. One such way of doing this is by adopting an integrative approach, such as the Saturation Model, which is incorporated into the

LASER programme. The tenet of this model is that young people, their families and teachers need to start working collaboratively within the system, to understand their own stress and focus on co-producing outcomes. School systems are often complex, with lots of moving parts. The LASER programme provides training on how to identify stress points within this system, allowing individuals to understand their own stress better, and make adaptations within a system that can help pupils to thrive. The main focus of the course is on using de-escalation techniques and focusing on stress and well-being of pupils, teachers and family members to create calm Low Arousal environments for optimum learning. In the words of Gareth Morewood, these environments should be 'calm, caring and purposeful' in what they are trying to achieve. The LASER programme also focuses on the reduction of restrictive practices within an inclusive whole-school framework, as well as the prevention of behaviours of concern within school environments. This training highlights the importance of moving away from reactionary responses to crisis situations towards more proactive and inclusive practices.

2. *Planned escape*

Planned escape is when individuals allow a person to go to a safe zone or area (often this is an outside space, not a locked seclusion room), as people can feel claustrophobic in confined rooms or areas. The use of planned escape can be used as a primary intervention strategy for pupils who are struggling. Planned escape refers to the idea that it is unhelpful to try and maintain a distressed child in the classroom, where there may be a lot of environmental stressors and people that can exacerbate the child's stress. They may become very overwhelmed, overstimulated, and

experience sensory overload in this setting, where they will be unable to effectively self-regulate. Instead, pupils should be encouraged to move to an open space where they can regulate under supervision. This is a simple and non-aversive way to help vulnerable children who are highly stressed. Planned escape often challenges teaching staff as they sometimes report that they are 'giving in' by allowing an individual to leave their lesson. This is not the case. Planned escape is often a less intrusive strategy than using restraint or seclusion to contain that person, and gives young people the opportunity to regulate their own arousal state before a situation escalates into a crisis. It also stops young children witnessing the trauma and distress of another child. It is also possible to give pupils planned escape symbols which they can show to staff to indicate that they are stressed and want to go to their safe space.

3. Strategic capitulation

If a young person does not want to leave the immediate environment, the other non-invasive strategy that can be used involves what positive behaviour support practitioner Gary LaVigna and colleagues (2022) describe as 'strategic capitulation.' This means purposely giving in to the request from a distressed pupil, because when they are melting down, there is not much learning going on. It is often good to remember that an angry child is often also in a state of chaos and equally frightened and scared. The Low Arousal Approach (McDonnell, 2019) supports this temporary cessation of demands. It is often helpful to adopt as a temporary crisis management strategy with conditions such as pathological demand avoidance syndrome (PDA).

As with planned escape, strategic capitulation often creates cognitive dissonance. Cognitive dissonance refers to the mental discomfort that individuals can

feel when there is inconsistency between their beliefs and their actions. Strategic capitulation can therefore create conflict in an individual and can challenge their beliefs about behaviour as individuals may see it as a form of 'backing down' or 'giving in'. In classroom environments, we often find ourselves in situations where we feel that we need to teach children how to behave, but at the same time we forget that children in a state of hyperarousal are struggling to process verbal communication and expectations. The reality is that when a child is experiencing heightened physiological arousal or 'melting down' it is not the best time to try and teach them new rules about how to behave. In simple terms, you can't teach a person to swim who is drowning. To resolve this issue, we must become more accepting of the situation and focus on changing our own behaviour and not the child's. Strategic capitulation, in our opinion, is a massively underused strategy with people who become deregulated and/or distressed.

4. *Tactical withdrawal*

The concept of tactical withdrawal is described in greater detail in *'The Reflective Journey: A Practitioner's Guide to the Low Arousal Approach'* (McDonnell, 2019). Sometimes we need to remove the audience to keep people safe and reduce arousal, which in schools can mean evacuating the rest of the class rather than restraining the distressed pupil. The counter-argument in classroom environments to this strategy is 'Do we allow one pupil to disrupt an entire lesson?' It has been our experience at Studio 3 that distressed behaviour leads to a cessation of teaching in that environment regardless of how it is managed. It is important to note that withdrawal from the environment still requires a key supporter to remain present with the distressed

individual. This is a strategy that could be used more widely in school environments, but which again requires us to rethink our behaviour management strategies and attitudes towards behaviour in general.

5. *Focus on arousal regulation and co-regulation*

Emotions are contagious. Our stress and the stress of the people we support is transactional. Inadvertently, staff's stress and fear can be picked up on and contribute to the stress and fear that pupils experience (Elvén, 2010). Therefore, when staff tune in to their own levels of arousal, they can start to help distressed pupils become more regulated through the process of co-regulation. A helpful framework to assist with this process are the 'Zones of Regulation,' which can help us tune into our own arousal when working with an individual. It is important to not only identify which of the four zones (blue, red, amber, green) a person appears to be experiencing, but also to identify teachers' and family members' zones to see if they match. In the Low Arousal Approach, it is often important for staff to stay in the blue zone and appear calm and regulated in these circumstances. This is a framework that the authors have personally found to be an easy but effective strategy to help tune into our own arousal levels when working with individuals who are experiencing a crisis. When talking about regulation and co-regulation, it also helps to change the conversation from a focus on the child to focusing on their supporters, and achieve what Elly Chapple describes as 'flipping the narrative.' Similarly, Dr Mona Delahooke, in her book *'Beyond Behaviour: Using Brain Science and Compassion to Understand and Solve Children's Behavioral Challenges'* (2019), identifies the teaching of self-regulation skills as a major therapeutic goal.

6. *Closer co-operation between parents and schools*

Supporting individuals who display behaviours of concern is challenging enough. We have to avoid a 'them versus us' culture and encourage parents, families, schools, and school staff to start openly communicating about behaviour management issues. Many of the people we work with on the autism spectrum have context-driven behaviours (Vermeulen, 2012). This means that children often behave differently in different environments and contexts. As a result, parents and schools can have different experiences of witnessing behaviours of concern. Whole-school approaches to behaviour management also require good communication with parents and siblings (Morewood, 2019). It is not unusual for relationships to become fraught. This can be quite common when schools threaten exclusion for pupils. In the Studio 3 approach, we prefer inclusion as the primary goal. We find that families can often feel disempowered in these circumstances. Creating a sense of shared understanding and collaboration is not easy, but it does represent the way forward in most of these difficult situations. There is little doubt that for systemic change to happen in a meaningful way, there needs to be greater co-operation between parents and schools. Gareth Morewood talks about the idea of 'co-production', whereby meaningful partnerships are developed between professionals and families to allow for all parties to work together towards a joint goal. These partnerships should be based upon trust and respect, and any power imbalances should be addressed and removed. The case studies included by the studies above further highlight the significant lack of communication and collaboration that often exists between parents and staff. While in most cases, both parties have the child's best interests at heart, systemic change will not be possible without closer co-operation.

7. <u>Eradication of certain methods</u>

We do not get anywhere by setting a low bar for what we are able to achieve in terms of behaviour management. When we accept practices such as restraint and seclusion as an 'unfortunate side effect' of day-to-day school life, we justify these methods. In our view, schools need to raise the bar by committing to end certain practices, for example by making a conscious decision to eradicate seclusion rooms. The unfortunate fact is that sometimes we need to get people to think outside of the box to create change. At Studio 3, we strongly advocate for the eradication of restrictive practices. We need to raise the bar on crisis management within schools; this is an important step to move us towards this goal. In order for this to become a reality, staff need to receive specialist crisis management training. However, training alone cannot lead to an organisational shift. Training should be followed up by on-the-ground coaching and should be embedded within an organisational culture that promotes honesty and safety for pupils and staff alike.

Conclusion

While this short article has only scraped the surface, hopefully it has provided an overview of the current issues and some practical solutions to reduce and ultimately eliminate the use of restraint and seclusion within Irish and UK schools. This solution-focused approach requires greater collaboration within school systems, which is not a simple task as it requires us to rethink and reframe our approaches to crisis management. However, as we have seen in our clinical practice, with the appropriate

training and support, the use of restrictive practices to support distressed individuals can be reduced and eliminated. These topics have been discussed in greater detail in Andy McDonnell's new book, *'Freedom from Restraint and Seclusion: The Studio 3 Approach'* (2022) and as mentioned previously, are addressed in the Studio 3 LASER programme. At Studio 3, we hope to work with schools to create 'Low Arousal schools' where all neurodiverse pupils can thrive, and both staff and pupils feel safe.

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