

# Scoil Oilibhéir Naofa Junior School

Bettystown, Co Meath, A92 H762

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Principal – Maria White

Deputy Principal – Amy Boylan



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## CODE OF CONDUCT POLICY

### AUTISM CLASSES

(POSITIVE BEHAVIOUR POLICY)

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This policy was formulated by our Special Class Teachers to detail the steps taken in managing potentially challenging behaviours.

This policy will form part of our overall school plan

## **Aims**

In Scoil Oilibhéir Naofa we aim to:

- Create a positive learning environment
- Promote self-esteem
- Facilitate the education of each and every child
- Enable teachers teach with the least possible disruption
- Ensure the safety and wellbeing of the school community
- Assist parents to understand the systems and procedures that we use
- Allow the school to function in an ordered and structured manner
- Foster a caring attitude amongst the school community

## **Roles**

For a policy to be successful all members of the school community need to be familiar with their roles and responsibilities.

### **Role of the BOM**

- To review, amend if necessary and ratify this policy.
- To support the staff in their implementation of the policy
- To support and guide staff if an issue were to arise
- To provide training to the staff

### **Role of Staff**

- To follow policy
- To liaise with parents (Teacher's Role)
- To exhaust all pre-emptive and non threatening strategies when the occasion warrants it
- To record incidences of Category 5+ responses.
- To inform parents of challenging behaviours and responses.

### **Role of Parents**

- To be familiar with policy
- To co-operate with school
- To communicate with school in relation to any problem their child may have at any given time.
- To be available to meet with staff to discuss their child's progress
- To attend IEP (Individual Education Plan) meetings

## **Strategies used in school to reinforce positive behaviours**

A summary of some of the strategies used by teachers and SNAs to reinforce positive behaviours are listed below.

- Working for a reward “First, Then”/ “I am working for\_\_\_\_\_”
- Having Movement Breaks
- Use of Sensory and Soft-Play Room, Individual Sensory Programme
- Clear Daily Schedules
- Children knowing what’s happening and what’s coming up
- Clear Rules
- Stated Positively- “Kind hands, kind words, good listening etc.”
- Clear consequences
- Clear Communication between home and school. We work towards the same outcomes

## **Pre-emptive Actions**

In so far as is possible the school staff use de-escalation strategies and alter the environment to minimise challenging behaviours.

De-escalation Strategies could include Sensory Breaks, Movement Breaks, use of swing, calm stance being adopted by staff, facial expression, careful use of tone of voice, change of staff, offering choices, visual schedules, praise, use of rewards.

Environmental alterations could include comfort areas, sensory room, hall, high handles and locks, reduced access to certain areas, designated play areas, suitable pupil staff ratio, access to skilled staff, access to help and assistance from other Agencies namely HSE and NEPS.

## **Other Responses**

Pre-emptive Actions which include de-escalation strategies and environmental alterations while very useful also need to be backed up with other strategies. Actions by children in our Special Classes are not always predictable and while we endeavour to recognise and eliminate triggers this is not always possible, therefore we need to have an array of responses that we can call upon to use at any given time. As a staff we have met and discussed all the actions that we are familiar with and we discussed the responses to these actions by staff members. We have a gradient of responses and we deal with matters at different points on this gradient.

## **Categories of Caring Responses**

### A Graded Approach in Responding to Actions by Children

Step 1. Ignore

Step 2. Distracting and/or Verbal/ Visual Redirecting

Step 3. Supportive Reassurance

Step 4. Physical Care Intervention

Step 5. Shadowing

Step 6. Restrictive/ Containment

Step 7. Physical Intervention

Step 8. Post Crises Intervention (Calming Time)- Record and Inform

#### Step 1

Actions that require the response of Step 1 are ones that are often attention seeking this may include children shouting, screeching, slapping, lying on ground, hitting themselves, running around classroom, throwing objects etc.

We usually try to respond at Step 1 but sometimes our response will need to be at a higher level. Our responses are based on some and/or all of the following, knowing the child, the situation, the trigger (if any), the time of day, the frequency of the action. A combination of responses may be called for where Supportive reassurance and Verbal/Visual Redirecting is needed. A follow on from this may be the use of shadowing.

#### Step 2

Some of the actions that may require the staff to distract and/or redirect child would include the actions already mentioned above and anxiety issues. Examples of Step 2 strategies include staff distracting and redirecting the child, giving a visual/ verbal prompt of what you want the child to do "Quiet feet" "Quiet Voice". (Some children respond to "No Screaming" while for others "No" can be a trigger). We can use facial gestures to show approval or disapproval. Physical prompts to distract "Let's go for a run". Sometimes a "First...., then ...." approach is used as a means of redirecting.

#### Step 3

At times children need Step 3 Supportive Reassurance where they will need either or both verbal/visual and physical reassurance. Often a child with Special Needs will seek some physical reassurance e.g. hold a staff member's hand, hug a staff member's leg, sit on a lap. Staff do have some reservations about this but having consulted with TUSLA on this matter we believe that this reassurance is totally normal and acceptable provided that it is open and transparent. The key here

is having open lines of communication between home and school. Some children need this reassurance if another child is having a meltdown in class or when a child's routine has been disturbed.

#### Step 4

Step 4 refers to a Physical Care Intervention and this would be where an intervention is made for the child's safety e.g. a child is lifted from a desk when he/she has climbed up on it, this action may be first ignored but perhaps it needs a physical care intervention coupled with redirecting. Other physical care interventions would include feeding, changing and toileting, brushing teeth, washing hands, brushing hair.

#### Step 5

Shadowing is another means of response. Shadowing is sometimes used as a pre-emptive strategy but can also be used when children are agitated e.g. pinching others, scratching, biting, climbing, kicking, slapping others, tend to run off, pica. If a member of staff is shadowing a child these actions can sometimes be avoided or nipped in the bud. However, as shadowing is very labour intensive and needs 1:1 attention therefore it is not always possible to provide same.

#### Steps 6 and 7

Steps 6 & 7 requires restriction or containment of the situation and/or Physical Intervention. In its simplest form a child may need to be contained in the classroom or Sensory room or De-escalation Room. (By containment here we mean left alone in the space under the observation of staff but without staff intervening) It is sometimes easier to remove other children from a potentially unsafe situation rather than interfere which may escalate the challenging behaviours on display.

A child slapping, kicking, pinching or using any type of physical behaviour that could be a risk to themselves or others may need to be contained and restricted. The staff of Scoil Oilibhéir Naofa have received training in Management of Actual or Potential Aggression (MAPA) from Crises Prevention Interventions (CPI) Details of this training involved is available to all parents from the school. This training did include Crises Development Model, Non-verbal Behaviour, Paraverbal Communication, Verbal Intervention, Precipitating Factors, Decision Making, Physical Interventions of Disengagement and Holding and Post Crises Approaches.

#### Step 8

Step 8 is probably the most important step especially if a physical intervention has taken place. This is the calming time and the first priority is to look after the pupil and staff involved before reports are filled out and reviews held. This is the appropriate time to explain to the child what will happen

next. They should be given a range of safe choices of what they could do as they regain self-control, staff will also give re-assurance and support to the child. Incidents of this level will be recorded. Parents will always be informed when such incidents occur.

### **Behavioural Support Plans**

For children who present with ongoing behavioural issues a Behaviour Support Plan will be devised. Input for this plan will come from teachers, SNAs, parents and other outside professionals (when available). The plan will be agreed with parents and signed by same. The plan will follow the steps of our caring responses and also need to include various forms of token economies. This is why co-operation and transparency with parents is of the utmost importance. The Behaviour Support Plan will be devised following a risk assessment process. Please refer to Risk Assessment Procedures.

### **Opt-out**

Parents who do not wish to have their child included in this policy will be informed immediately if an incident takes place and they will be expected to come to the school to collect their child within an hour of being informed of incident.

If you have any queries or concerns about the policy please communicate them in writing and direct to the principal.

### **Ratification of Policy**

Signed:

----- Parent(s)/ Guardian(s)

----- School Principal

----- Chairman, Board of Management

----/----/-----Date