

St. Joseph's Specialist School & College
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Inclusion Support Policy

(Behaviour Management)



Christ in our Lives
'No limits ... just possibilities'

Reviewed: November 2016
Care, Health & Safety Committee
3 yearly

STATUTORY POLICY
WEBSITE POLICY

St Joseph's Specialist School & College

Inclusion Support Policy (Behaviour Management)

Introduction

Within the school's mission statement it states *"The school aims to provide pastoral support for learners and families to enable them to meet their difficulties together."* This policy puts this aim into practice and was drawn up after consultation between School Leadership Team (SLT), Team Teach Trainers, the governing body and families.

What Legislation Does This Guidance Relate To?

The policy takes full account of the legal entitlements as laid down in:

- DFES document circular 10/98 (section 550a of the Education Act 1996)
- DFES 'Guidance on the Use of Restrictive Physical Interventions for staff' and updated guidance issued by DCSF.
- The Department for Education guidance document 2011 'Use of Reasonable Force'. BILD Code of Practice for Trainers in the use of Physical Interventions – BILD 2006
- Dept. of Education & Dept of Health guidance for Restrictive Physical Interventions - DOH 2002
- Risks of Restraint – Understanding Restraint related Positional Asphyxia – CPI (Crisis Prevention Institute) - 2002
- Use of Mechanical devices – Restrictive Physical Interventions BILD – 2008
- Mansell Report – Services for People with Learning Disabilities & Challenging Behaviour & Mental Health – 2007
- CSCI (Commission for Social Care Inspection) – Guidance for Inspectors 'How to move towards Restraint Free Care' – 2007
- This advice will be reviewed in autumn 2011 after the Education Bill, currently before Parliament, receives Royal Assent.
- Education and Inspections Act 2006.

Philosophy

This policy contributes to enabling a happy school environment that fosters good relationships and encourages effective learning. St Joseph's believes that we should treat one another with consideration, courtesy and respect. We believe that all learners and adults at St Joseph's Specialist School & College should be valued equally.

Positive reinforcement of appropriate behaviour

Within individual abilities, we should encourage those at St. Joseph's to take as much responsibility as possible for their own behaviour, as well as helping them to understand the consequences of their actions.

The school supports a regime of positive re-enforcement of positive activities, behaviour and relationships throughout the Waking Day.

The quality of relationships between staff and learners is the major determinant of good behaviour and a positive ethos, this is established by boundaries of behaviour being clearly defined and understood by staff and learners alike.

Encouragement is vital to success and achievement in learner's lives. St Joseph's aims to promote and encourage good behaviour, effort and development of a healthy lifestyle, and to marginalise inappropriate behaviour.

Good behaviour is learned through positive reinforcement and it is therefore essential that good behaviour is praised and seen to be rewarded. This is done in a variety of ways including:

- Adoption of the suggested Inclusion Support strategies and approaches.
- Praise in written/symbolled or verbal/Makaton signed form and specific to the particular behaviour and individual learner.
- Friendly gestures of acknowledgement: handshake, encouraging smile, round of applause and good signing (thumb up) and high fives (as appropriate for the individual learners).
- Record of Achievement Comment Slips (group, home and school), reward charts, happy faces, stickers.
- Certificates for Good Work/behaviours and other achievements e.g. swimming 25 metres and public acknowledgement in Learner/Staff Meeting (KS4/5) and Special Mentions (KS2/3) and Presentation Assemblies and events e.g. SEAL half termly, Work Experience Presentation and Leavers Presentation.
- Promoting a strong link between home and school.
- Using symbols, photos, Makaton signing through the TEACCH approach.

The use of age appropriate rewards and incentives that are negotiated with the learner are important.

Learners at St Joseph's have the following individual responsibilities that are fully supported through this policy.

- Listen to other people's opinions
- Show respect for each other as individuals
- Be friends to those who look lonely or sad
- Respect other people's property
- Learn to live with those people we do not find it easy to tolerate
- To enjoy and celebrate the success of others
- Be considerate of others
- Learn to do the right thing
- Stand up for anyone who is being treated badly

We must not BULLY and by that we mean:

- Make hurtful comments, call others names, use abusive language, hit, pinch, bite or threaten others in any way.

- Influence others to do something which they feel is wrong.

Learners at St Joseph's have the following individual rights that are fully supported through this policy:

- To be valued as an individual.
- To be treated with dignity and respect.
- To be in a safe, caring environment in which I can develop as an individual.
- To learn how to care for myself and others.
- To know my feelings and my views and those of my family are important.
- To education and of access to a curriculum appropriate to my needs.
- To be supported in my contact with my home and community.
- To have equality of opportunity.
- To receive medical attention in the event of illness or accident.
- To play and to have access to recreation and other social activities.
- To have the right of appeal in the event of deprivation or harm.
- To have access to and training in the use of a phone.
- To have access to a learner friendly complaints policy.

Discipline Procedures

In line with St Joseph's vision and mission statement - that we intend to be a caring Community in which each member, adult and learner shows regard for the needs and feelings of others; the staff should be fully aware that learners are expected, as far as they are able, to conform to expectations that maintain respect for others and their property.

In line with St Joseph's vision and mission statement it is considered unethical to exact a punitive measure against an individual who has in effect tried to communicate a message or tried to access legitimate reinforcers (e.g. to escape a situation or have attention).

It is essential that staff implement strategies to help the learner control or change their behaviour through the staff gaining understanding of the function of behaviour (however severe the problem) these non-aversive strategies include, amongst others: positive reinforcing, development of communication systems, adapting the environment (including type of activity) in order to create better harmony between the individual and their environment.

Any form of bullying will be treated very seriously. The needs of the victim will be paramount. Adequate support will be given so that they can overcome any trauma. Families will be informed in each case of bullying.

It has to be acknowledged that from time to time our learners are unable to control their behaviour. In those situations the following sanctions and forms of control are permitted.

Once calm (when the learner is no longer in crisis), a discussion with the learner should take place where they are enabled to understand the rights of others and the consequences of their behaviour. This is followed by a discussion on the sanction they would deem

appropriate to makes things as right as possible. Sanctions must be in line with restorative justice and unless impossible must relate as closely as possible to making good a situation. The sanctions must be fully understood and agreed with the learner and must not be able to be classed as overly harsh or simply for the sake of it. The sanction must 'make sense' to the learner.

Sanctions cannot be imposed without prior warning and agreement with the learner. For example, the removal of a privilege in response to a behaviour 'now you will not be allowed to go to the talent show this afternoon because I can't trust you' would be an unacceptable style of sanction.

Sanctions put in place as a reactive measure without consent or dialogue with the learner prior to their implementation serve only to increase anxiety levels. Even our most educationally challenged learners understand that they will make mistakes. To be in a constant state of knowing that any privilege can be removed by the adults in response to any misdemeanour at an apparent whim and with no warning is an unacceptable and intolerable amount of stress to place on our learners.

It is vital that boundaries on behaviour have been set and have been understood by the learner. Staff must know the learner well because:-

All sanctions used must be:

- Relevant to that learner
- Understood by that learner
- For that learner only

It is not acceptable for sanctions to be applied to the whole class/group for certain individual wrongs.

In negotiation with the learner (where possible) permitted sanctions may be:

- To have separate breaks from other learners
- A community task such as tidying a shelf or cupboard, extra help with making the meal
- Taking time out to calm
- Removal from group to work individually
- Restriction of use of PlayStation or computer for leisure activity
- Restriction of use of CD player or music deck if not used as a reward for learning programmes
- It is not permitted to exclude a learner from a planned activity (across the waking day) unless this learner poses a health and safety risk to either themselves or others. Where this occurs this is not a sanction but usually associated with an incident and will be linked to an incident form
- Withdrawal, which involves removing the learner from a situation which causes anxiety or distress to a location where they can be continuously observed and supported until they are ready to resume their usual activities. NB If 'time out' card is being used by a learner and is written within their Inclusion Support Plan. This is not deemed to be a sanction
- Requirement to do additional task with support and distraction

Whenever a sanction is applied the appropriate sanction form MUST be completed on the school incident database (Sleuth) these will be reviewed and monitored by the registered Children's Home Manager.

Prohibited Sanctions

At St Joseph's it is fundamental that in line with our beliefs and those of the Children Act the following sanctions are prohibited:

- Corporal Punishment: this means the intentional application of force as a punishment such as slapping, punching, pushing, prodding, throwing missiles and any rough handling or made to spend time alone in an area they cannot remove themselves from.
- Verbal Abuse: The use of inappropriate language when talking to a Learner. This includes shouting at a learner and the use of an aggressive style or tone.
- Deprivation of food and drink. (Please note: This includes not allowing a learner a pudding if he/she hasn't eaten his/her first course).
- The use or withholding of medication, medical or dental treatment.
- The intentional deprivation of sleep.
- The restriction or refusal of visits/communications from families or close family friends.
- The use of "locked" rooms as a punishment rather than for health and safety reasons (see guidance referring specifically to staff withdrawal).
- Imposition of Fines.
- Unless exceptional circumstances are in place a sanction cannot be carried forward into the following day or into the Care setting for residential learners. If this course of action is considered to be necessary authorisation should be sought from senior leaders.

GUIDELINES FOR PHYSICAL INTERVENTION AND PREVENTION

Where physical intervention is necessary the following guidelines should be observed:

These guidelines provide a framework for the use of physical intervention within St Joseph's School and take into account information provided in "Working with Children who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Conditions".

Physical intervention to restrain learners may at times be necessary. It is the aim of these guidelines to emphasise the importance of preventive approaches so that all members of staff operate within a clear Inclusion Support policy and have a range of strategies to promote appropriate behaviour. Staff also need to know how to avoid and de-escalate potentially dangerous situations.

Physical contact and intervention are seen as support for learners. Staff need to develop the knowledge and expertise to make balanced professional judgments. They need to develop skills and confidence to act effectively and safely, in the best interests of learners and with full regard to their duty of care.

St Joseph's has trained tutors in the Team Teach method; aims and guidelines central to this approach are incorporated within the policy.

Central to this policy is the understanding that any physical intervention used by staff must be in accord with the idea of 'reasonable force' and used only as a last resort once all other strategies have been exhausted.

There is no legal definition of 'reasonable force' (Appendix B). The use of force can only be regarded as reasonable if the circumstances of the particular incident warrant it and the degree of force employed is proportionate to the level of challenging behaviour presented or the consequences it is intended to prevent.

It is essential that any discussion of physical intervention be set in the wider context of education and inclusion support; it should not be seen as an isolated technique. 95% of the time there will be no need for physical intervention and other approaches will be used.

The Legal Context

The document that concerns us most is Section 550A of the Education Act 1996. This led to Circular 10/98, which sets out guidelines for the use of 'reasonable force'.

A calm considered approach to the situation is needed. When circumstances justify, staff can:

- Physically put themselves between learners.
- Use Holding.
- Lead a learner by the arm
- Shepherd a learner away by placing a hand in the centre of the back.
- (In extreme circumstances) use more restrictive holds.
- Any necessary action consistent with concept of 'reasonable force'.

Types of incident where the use of reasonable force may be necessary fall into three broad categories:

- Action due to imminent risk of injury to self/others.
- A learner attacks a member of staff or another learner.
- A learner is running up and down a corridor in a way that could cause injury to self/others.
- A learner is absconding (NB. this only applies if the child is at risk if they leave the room/ building/grounds).
- Action due to developing risk of injury or significant damage to property.
- A learner is engaged in or on the verge of starting to significantly damage property.
- A learner is behaving in a way that is seriously disrupting a lesson or group activity.

Accepted Physical Interventions used:

Listed below are the accepted Team Teach strategies that have been taught to staff.

A range of personal safety responses to deal with:

- Wrist and hair grabs.
- Punches and kicks
- Neck holds.

- Bear hugs and bites.

A range of guides, escorts and restraints ranging from least restrictive to more restrictive holds within the Team Teach framework no holds are completely restrictive.

These provide a graded and gradual response aimed at intervening with the appropriate amount of reasonable force.

- Where possible, there should be a minimum of two staff when restraining a person.
- Staff should not act alone where they have time to get assistance.
- Staff have a duty of care to themselves, as well as to the learners. (Duty of care Appendix A).
- Restraints where two people are used will be deemed as a more restrictive hold.
- As the amount of restriction/number of people increases so does the risk.
- Staff need to make a risk assessment based on the situation as to the level at which they are going to intervene.

A decision may need to be taken in situations of extreme danger to move to the highest level of restrictive physical hold.

Ground Recovery holds

These are the most restrictive and carry exceptional risk (Physical Asphyxia Appendix C)

Generally staff are not taught floor holds and are encouraged to avoid going to ground wherever possible. Exceptions may be if the learner is already on the floor when a Physical Intervention has begun, or circumstances are of such high risk that the ground recovery strategy is perceived and documented as being the appropriate strategy to employ.

It is vital when an individual goes to ground or is taken to ground by staff that airway, breathing and circulation are constantly monitored and the goal should be to recover into a seated/standing position at the earliest safe opportunity.

Staff are required to read and understand the advice sheet attached to this policy and, if under any doubt about its contents, seek advice from a trained Advanced Team-Teach tutor.

Training on Physical Intervention given to staff will include sections on the background, theory and rationale behind the Team Teach approach as well as an understanding of personal space and body language before any physical techniques are taught.

Use of the Team Teach help scripts to be used consistently around school.

Any Physical Interventions used will need to take account of age, cultural background, gender, stature and medical history of the student involved.

Placing Physical Intervention in Context

Physical intervention is never seen in isolation at St. Joseph's School. It is but one strategy available to staff and should always be seen as a last resort when all other strategies have failed.

Physical interventions can be placed in two broad categories:

a) Emergency Interventions

Emergency interventions will involve staff employing, where necessary, one or a combination of the strategies mentioned in the previous section in response to an incident. This will occur when all other strategies have been exhausted or the incident requires a rapid physical response (for example a child running on to a road).

b) Planned Interventions

Planned interventions involve staff employing, where necessary, one or a combination of the strategies mentioned in the previous section as an agreed response to an identified behaviour. This will be documented in a Positive Handling Plan and will be reviewed half termly.

Permission of families will be sought before initiating this as an accepted response.

The Positive Handling Plan will list the accepted strategies to be used as well as strategies that may be used beforehand. A risk assessment will also be completed identifying the risks involved in the procedure as well as the risks involved if a planned Physical Intervention is not used.

Physical Intervention should be seen in an environmental context. If an appropriate curriculum is in place and there is an emphasis on a total communication environment then the necessity for physical interventions will be reduced.

Preventative Strategies need to be:

- Clear and understood by all those who come into contact with the individual.
- Based on thoughts/discussion about possible reasons for challenging behaviour.

Where possible, the functional opposite of the behaviour we are trying to stop e.g. if a learner is constantly hitting someone else then we need to aim for them to be sat in their seat because if they are seated this could reduce the risk of them hitting someone.

Reactive Strategies need to be:

- Clear and understood by all those who come into contact with the learner.
- Manageable.
- Focused on the behaviour not the learner.
- Flexible aimed at de-escalation.

c) Medical Intervention

The use of medication as a method of managing extreme behaviour is deemed inappropriate within St. Joseph's Specialist School & College. However, if through psychiatric assessment it was felt that medication should be used with a learner as a form of intervention, then a risk assessment would be necessary to establish whether the placement at St. Joseph's is appropriate.

Medical intervention if appropriate would only be administered under strict medical advice and after appropriate staff training.

Physical intervention used should be designed to minimise risk of injury to all involved.

Risk Assessment

In the case of emergency interventions staff will make a risk assessment at the time comparing the risks associated with intervention against the risks of not intervening.

In the case of planned interventions staff involved with the learners will meet with the members of staff involved i.e. teaching/care staff and families who will need to give permission. A Risk Assessment form will be filled out prior to a Positive Handling Plan.

Reporting and Monitoring of Incidents

Reporting and monitoring is of paramount importance for a number of reasons:

- Protection for staff and learners.
- Keep a record of number of incidents so times/areas that most incidents occur can be tracked.

Recording and reporting at St. Joseph's Specialist School & College can be split into three categories using Sleuth database.

- Pre Incident.
- Incident.
- Post Incident.

The table overleaf details the systems for Recording/Reporting within the school and their purpose.

Training and Authorisation of Staff

All staff that have satisfactorily completed Team Teach training are authorised to use Physical Intervention but only as a last resort when all other strategies have been exhausted. A list of staff that have completed this training is held. Once staff have received their full training, refresher training will take place annually. In addition twilight sessions can be arranged within this period.

Staff present at the weekly Education Meetings will also receive short refresher sessions focusing on particular highlighted areas. These sessions will include input from the 95% de-escalation guidance as well as the physical interventions and personal safety responses. Staff attending these micro sessions must make a personal health and safety assessment in line with the health questionnaire checklist issued to them at their initial Team Teach training in order to decide if they are fit and able to take part in any micro session on a week by week basis. Participation will be considered as agreement of suitability and or if staff wish to be shown a physical hold during the waking day when time permits when learners have gone home extra revision can take place within class teams but the above health and safety checks will apply.

Team Teach workbook/website (Appendix D)

- It is all staff members duty of care to ensure learners, staff, members of the public and valuable property are kept safe whether training has taken place or not.
- It is therefore acknowledged that untrained staff may on occasions need to physically restrain a learner.
- St Joseph's will support the untrained staff who are required to take this action. However they must familiarise themselves with the guidelines in this policy prior to commencing work with learners.

PRE INCIDENT/ EVENT

| Document | Purpose |
|---|---|
| Risk Assessments and Behaviour Strategies | <p>A risk assessment will be written to identify the need for a strategy to manage the risks presented.</p> <p>A list of suggested strategies that will work with a particular learner. Drawn up in an Inclusion Support Plan.</p> |
| Behaviour Support Plans | <p>Aimed at providing specific strategies for a specific behaviour.</p> <p>A review date is set and behaviour is monitored and recorded.</p> <p>Initial concerns brought up at the meeting, referred to Head of Inclusion) this has now been combined into one plan titled Behaviour Support Plans.</p> |
| Positive Handling Plan | <p>Details of planned physical interventions to be used in specific situations. Will also list other strategies to be used to try to de-escalate situations. A risk assessment form will have previously been completed. (this has now been combined into one plan titled Behaviour support plan.</p> |
| Contact with Parents | <p>In the event of a Positive Handling Plan being filled out a letter will be sent to families to explain rationale/invite to a meeting or request families permission.</p> |

Post Physical Intervention Procedures

As soon as is reasonably possible, after an incident, staff should complete an Incident Form (Physical Intervention or significant to that learner). These forms are completed electronically and inform their line manager about the incident.

Staff/learner de-brief

After any incident where physical intervention was necessary staff should be provided with support. They may need time to reflect upon their involvement in the incident, and calm themselves before continuing with their duties. In line with our policy to preserve the welfare of our staff, any staff involved in an intervention should proactively request 'time out' directly after an incident has been resolved if needed, to compose themselves or to talk briefly and informally to other colleagues. As a supportive community we expect staff will need this facility in response to any challenging physical intervention and staff should not feel that they are unable to make this request. Whilst some staff may feel that they do not need or welcome this approach, fellow colleagues should be mindful of the possible emotional upset that can occur after an incident and should observe colleagues and suggest that they may wish to take time out if it has not been requested.

Reflective debriefs should happen naturally with line managers as soon as is practical after an incident has occurred. The end of the school day during planning and preparation is a natural time for such sessions but can happen at any convenient juncture. The emphasis is to reflect with the line manager how the situation could be dealt with differently in future to

ensure a calmer outcome. In some cases a line manager may suggest a further debrief with a different staff member.

Similarly learners involved in an incident will need time to calm down and reflect upon their part in it. It is only when learners are provided with the opportunity to consider alternatives to the behaviour that caused the incident, that any learning and adaptation of behaviours will take place.

It is important to acknowledge that staff can sometimes misjudge certain situations and act wrongly. Thorough, honest and supportive debriefing following an incident can result in important learning experiences and positive outcomes for all concerned.

Completed incident forms are processed in the Sleuth Database.

Good practice in the use of physical interventions described in this guidance will be monitored/updated as part of the implementation of the Care Standards Act.

RECORDING

Paragraphs 28-30 of circular 10/98 offer guidance on recording incidents involving the use of physical force. It is important that staff working with children/adults whose behaviour is described as challenging within a special educational needs setting follow procedures outlined carefully.

The use of a restrictive physical intervention, whether planned or unplanned (emergency) should always be recorded as soon as is practical. An incident is defined as socially inappropriate behaviour of significant intensity likely to generate actual harm to people, such as bruising or breaking skin. An incident is also recorded if there is property damage, if restrictive physical intervention is required or if new behaviour is seen a physical intervention isn't always necessary but it may still constitute an incident report form. PRN (pro re nata, English translation - used when necessary) is a chemical restrictive intervention and would constitute an incident report, all emergency PRN medication is given in accordance with guidelines outlined from the GP (General Practitioner) for that learner. The written record must include:

- The names of the staff and learners involved in the intervention
- Any staff who witnessed physical intervention should have their views recorded
- The reason for using a physical intervention (rather than another strategy)
- The type of physical intervention employed
- The date and duration of the physical intervention
- Offered registered doctor or nurse
- Debrief to staff and learner
- Parent contact
- All actions must be explained in comments box provided in Sleuth database
- Whether the learner or anyone else experienced injury or distress and if they did, what action was taken i.e. first aid/visit school nurse?
- These records should be reviewed half-termly

All incident forms must be initiated within 12hrs of the incident and must be fully completed on the database system within 24 hours, parent contact must happen on the day and best efforts will be made to speak to parents/guardians before learner arrives home.

Post Incident / Event

- All incidents will be checked by Inclusion Support Mentors and monitored by Head Of Inclusion for correct input to make sure all incident reports are in line with Children's Home's Regulations.
- Unless families have requested otherwise, a phone call and a report will be sent home to the families in the event of a physical Intervention/serious incident.

Appendix A - Reasonable Force - When is force appropriate?

Appendix B - Legal Considerations - The Children's Act 1989 (Vol 4) - Duty of care expectations

Appendix C - Advice Sheet - Physical Interventions – Positional Asphyxia

Appendix D - Team Teach work book and CD Rom - Team Teach website (www.team-teach.co.uk)

Appendix A - REASONABLE FORCE

There is no legal definition of reasonable force, however, consideration of what constitutes reasonable force will always depend on all circumstances in the case. In determining what constitutes reasonable force the following factors need to be taken into account:

- The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. The use of any degree is unlawful if this is not the case. Therefore, the use of force to prevent a learner from committing a trivial misdemeanour or where resolution of the issue could be achieved without the use of force cannot be justified.
- The degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequence it is intended to prevent. Any use of force must always be the minimum required for the desired result.
- Where force is applied it should be done in a manner that attempts to reduce rather than provoke a further aggressive reaction.
- The number of staff involved should be the minimum necessary to control/restrain the learner, whilst minimising the risk of injury to all parties.
- Where the use of force is self-defence if a person had done only what he or she honestly and instinctively thought was necessary that would be the most potent evidence that only reasonable force was used.

WHEN IS FORCE APPROPRIATE?

There are a wide variety of situations. For example, where:

- A learner attacks a member of staff, or another learner.
- Learners are fighting.
- A learner is vandalising property.
- A learner is causing, or at risk of causing, injury or damage, by rough play, or by misuse of dangerous materials or objects.
- A learner absconds from a class, or tries to leave school. This will only apply if the learner could be at risk if not kept in the classroom or at school.

Placing Physical Intervention in context

Before learners can access the community, staff must ensure that all procedures are put in place:

- Assess how a learner is before taking them out
- Make sure that risk assessments are filled out and have been signed by the key stage leader
- Remember to sign out in the book at the front of the school before leaving. Please name all learners and staff so that the school knows who has gone out, not just the name of the class i.e. St John. There may be learners absent that other members of staff do not know about
- Ensure you take a school mobile phone with you. If there is not one available you may use your own but make sure that you write the phone number down in the book, it has enough charge and that you keep the phone on at all times.

Procedures in the event of an incident in the community

- If an incident occurs in the community, staff must ensure that public safety is paramount

In the event of a member of the public being injured by one of our learners, we need to follow the guidelines that are listed below:

- Assess the situation
- Make safe where possible, giving the public and learner their dignity
- Call for assistance i.e. phoning the school to seek advice
- A member of staff must ensure that they talk to the member of the public involved in the situation making sure that they give them the St Joseph's card that explains about the school and gives all details
- Return all learners to the bus and return to school as soon as possible unless requested otherwise by Inclusion Support

In the event of a member of the public making a complaint, a formal investigation will take place with all parties concerned.

Appendix B - LEGAL CONSIDERATIONS

THE CHILDREN'S ACT 1989 (vol 4)

1. The guiding principles of the 'welfare' of the child being paramount, supports the taking of any reasonable action to prevent injury or serious damage to property (*Annex A, Section 8*).
2. All staff working with children have a duty of care towards them. Failure to take reasonable steps to protect children from harm could open individuals to charges of negligence.

DUTY OF CARE EXPECTATIONS

1. All Staff working with children must do something if they can reasonably foresee loss or injury to a child. The standard of care is that of a reasonable prudent parent.
2. Duty of care is owed to the individual child rather than the fictional 'ordinary' child.

Appendix C - Advice Sheet

Physical Interventions – Positional Asphyxia

Background

A number of adverse effects (including some deaths) have been reported following the application of restraints. These deaths have been attributed to positional asphyxia (asphyxiation resulting from an individual's body position). Adverse effects of restraint include being unable to breathe, feeling sick or vomiting, developing swelling to the face and neck and development of petechiae (small blood-spots associated with asphyxiation) to the head, neck and chest. This advice sheet serves to remind staff of the dangers of restraint and signs of impending asphyxiation.

Mechanics of Breathing

In order to breathe effectively, an individual must not only have a clear airway but they must also be able to expand their chest, since it is this that draws air into the lungs. At rest, only minimal chest wall movement is required and this is largely achieved by the diaphragm and the intercostal muscles between the ribs. Following exertion, or when an individual is upset or anxious, the oxygen demands of the body increase greatly. The rate and depth of breathing are increased to supply these additional oxygen demands. Additional muscles in the shoulders, neck, chest wall and abdomen are essential in increasing lung inflation. Failure to supply the body with the additional oxygen demand (particularly during or following a physical struggle) is dangerous and may lead to death within a few minutes, even if the individual is conscious and talking.

Positional Asphyxia

Any position that compromises the airway or expansion of the lungs may seriously impair a subject's ability to breathe and lead to asphyxiation. This includes pressure to the neck region, restriction of the chest wall and impairment of the diaphragm (which may be caused by the abdomen being compressed in a seated, kneeling or prone position). Some individuals who are struggling to breathe will 'brace themselves' with their arms: this allows them to recruit additional muscles to increase the depth of breathing. Any restriction of this bracing may also disable effective breathing in an aroused physiological state.

There is a common misconception that, if an individual can talk, they are able to breathe. This is not the case. Only a small amount of air is required to generate a sound in the voice box, a much larger volume is required to maintain adequate oxygen levels around the body, particularly over the course of several minutes during a restraint. A person dying of positional asphyxia may well be able to speak prior to collapse.

When the head is forced below the level of the heart, drainage of blood from the head is reduced. Swelling and blood spots to the head and neck are signs of increased pressure in the head and neck which is often seen in asphyxiation.

A degree of positional asphyxia can result from any restraint position in which there is restriction of the neck, chest wall or diaphragm, particularly in those where the head is forced downwards towards the knees. Restraints where the subject is seated require particular caution, since the angle between the chest wall and the lower limbs is already partially decreased. Compression of the torso against or towards the thighs restricts the diaphragm and further compromises lung inflation. This also applies to prone restraints, where the body

weight of the individual acts to restrict the chest wall and the abdomen, restricting diaphragm movement.

RISK FACTORS FOR POSITIONAL ASPHYXIA

Any factors that increase the body's oxygen requirements, (for example, physical struggle, anxiety and emotion), will increase the risk of positional asphyxia. A number of specific risk factors are listed below:

- Restriction of or pressure to the neck, chest and abdomen
- Prolonged restraint after physical struggle causing fatigue
- Restraint of an individual of small stature
- Any underlying respiratory disease (e.g. asthma)
- Obesity
- Alcohol or drug intoxication (alcohol and several other drugs can affect the brain's control of breathing and an intoxicated individual is less likely to reposition themselves to allow effective breathing)
- Unrecognised organic disease
- Recent head injury
- Presence of an 'excited delirium state', a state of extreme arousal often secondary to mania, schizophrenia or use of drugs such as cocaine, characterised by constant, purposeless activity, often accompanied by increased body temperature. Individuals may die of acute exhaustive mania and this may be precipitated by restraint asphyxia.

A COMBINATION OF CHEST WALL AND ABDOMINAL RESTRICTION IN A SEATED, KNEELING OR LEANING FORWARDS POSITION IS PARTICULARLY DANGEROUS.

ANY SEATED HOLDS THAT CAUSE SUCH RESTRICTIONS TO OCCUR SHOULD NOT BE USED IN ANY CIRCUMSTANCES.

IN CONTROLLING AN INDIVIDUAL IN A SEATED POSITION, PARTICULAR CARE MUST BE GIVEN TO KEEPING THE SEATED ANGLE AS ERECT AS POSSIBLE.

SUBJECTS MUST BE METICULOUSLY OBSERVED AND MONITORED ACCORDING TO THE ADVICE ON THIS SHEET.

IMPORTANT WARNING SIGNS

- ✚ An individual struggling to breathe
- ✚ Complaining of being unable to breathe
- ✚ Evidence or report of individual feeling sick/vomiting
- ✚ Swelling, redness or blood spots to face or neck
- ✚ Marked expansion of the veins in the

ACTIONS

- ✚ Immediately release or modify the restraint as far as possible to effect the immediate reduction in body wall restriction
- ✚ Immediately summon medical attention and provide appropriate first aid in line with unit policy
- ✚ **Not breathing? Administer**

neck

- ✚ Subject becoming limp or unresponsive
- ✚ Change in behaviour (BOTH ESCALATIVE AND DE-ESCALATIVE)
- ✚ Loss of or reduced levels of consciousness
- ✚ Respiratory or cardiac arrest

*Some subjects may complain of being unable to breathe to get staff to release the restraint. Staff should never presume that this is the case and should release or modify the restraint to reduce the amount of body wall restriction.

rescue breaths

- ✚ **No pulse? Start CPR**
- ✚ Complete report
- ✚ Attend post incident de-briefing

NB: Subjects may complain of being unable to breathe to get staff to release a restraint. Staff should never presume this to be the case and should release/modify the restraint to reduce body wall restriction.

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Appendix D – Team Teach

All staff that have completed the two day Intermediate Team Teach training receive a workbook and CD Rom from Team Teach. They will also have access to the Team Teach Website. This can be found at: www.team-teach.co.uk. On here you will find useful and up to date information which provides a holistic approach to implementing Team Teach within the school.

Bibliography

Resources to implement and re-enforce positive behaviour.

- | | |
|--|--|
| Managing Children Managing Themselves | by Teresa Bliss |
| Teach and Manage Children with ADHD | by Finton O'Regan |
| Classroom Behaviour | by Bill Rogers |
| Fireworks Managing Anger in Young People | by Dr Hannah Mortimer |
| Education Review Pupil Behaviour and Special Education Contemporary Perspectives | by Lynn Plimley & Maggie Bowen |
| Answers to Questions Teachers ask about Sensory Integration | by Jane Kovmar Carol Kranowitz Stacey Szklut |
| We Don't Have Bullies Here! | By Dr Valerie E Besage |

CD Roms / DVD by the Challenging Behaviour Foundation

Self Injurious Behaviour

An Introduction to Challenging Behaviour

A New Pathway for Young People with Severe Learning Difficulties and Challenging Behaviour

All resources to be located in the staff and parent resource library.

Date Policy Reviewed

| Updated | Changes | By | Version |
|----------------|--|--------------|----------------|
| December 2003 | Unknown | | v1 |
| July 2005 | Unknown | | v1.1 |
| March 2008 | Unknown | | v1.2 |
| February 2009 | Unknown | | v1.3 |
| February 2012 | Updated legal guidance documents Addition to end of discipline procedures Additions to sanctions and prohibited sanctions Additions to training and authorisation of staff Additions to staff de-brief | Annie Sutton | v1.4 |
| September 2012 | Staff withdrawal under prohibited sanctions Definition of staff withdrawal | Annie Sutton | V1.5 |
| February 2016 | Minor updates | Nick Durling | V1.6 |