St. Joseph's Specialist Trust
Amlets Lane, Cranleigh
Surrey GU6 7DH

Website: www.st-josephscranleigh.surrey.sch.uk

Inclusion Support Procedure
(Behaviour Management)

Christ in our Lives
'No limits … just possibilities'

Last Reviewed: Summer 2023
Cycle: Annual

WEBSITE PROCEDURE

St Joseph's Specialist Trust

Inclusion Support Procedure (Behaviour Management)

Introduction

Within the school's mission statement, it states *"The school aims to provide pastoral support for young people and families to enable them to meet their difficulties together."* These procedures put these aims 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?

These procedures take 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.
- Positive environments where children can flourish March 2018
- Restraint Reduction Network January 2020 (BILD)
- Children Homes (England) Regulations 2015

Philosophy

These procedures contribute 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 students and adults at St Joseph's Specialist Trust 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 young people 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 young people alike.

Encouragement is vital to success and achievement in young people'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 young people.
- Friendly gestures of acknowledgement: handshake, encouraging smile, round of applause and good signing (thumb up) and high fives (as appropriate for the individual young person).
- Record of Achievement Comment Slips (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 student/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 young people are important.

Young people at St Joseph's have the following individual responsibilities that are fully supported through these procedures.

- 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 <u>BULLY</u> and by that we mean:

- Make hurtful comments, call others names, use abusive language, cause physical harm to others or threaten others in any way.
- Influence others to do something which they feel is wrong.

Young People at St Joseph's have the following individual rights that are fully supported through these procedures:

- 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 young people 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 young people show regard for the needs and feelings of others; the staff should be fully aware that young people 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 young people control or change their behaviour through the staff gaining understanding of the function of behaviour (however severe the problem) these <u>non-aversive</u> 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 young people are unable to control their behaviour. In those situations, the following sanctions and forms of control are permitted.

Once calm (when the young person is no longer in crisis), a discussion with the young person 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 young people 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 young people.

Sanctions cannot be imposed without prior warning and agreement with the young people. 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 young people prior to their implementation serve only to increase anxiety levels. Even our most educationally challenged young people 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 young people.

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

All sanctions used must be:

- Relevant to that young person
- Understood by that young person
- For that young person only

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

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

- To have separate breaks from other young people
- 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 young person from a planned activity (across the waking day) unless this young person 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 report.
- Withdrawal, which involves removing the young person 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 young person and is written within their Behaviour 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 report MUST be completed on the school incident database (Sleuth) these will be reviewed and monitored by the registered Children's Home Manager, Head Teacher, Head of Inclusion and Head of Safeguarding.

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 young person. This includes shouting at a young person and the use of an aggressive style or tone.
- Deprivation of food and drink. (Please note: This includes not allowing a young person 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 students. 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 Specialist Trust 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 young people 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 procedure 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 young people. 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 young people 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 procedures.

Central to these procedures 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. St Joseph's works on the principles that any physical intervention is a last resort and the focus needs to be on the de-escalation of any incident but it is understood that at times as a last resort a physical intervention might be needed to support young people who are putting themselves and others in danger.

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:

- Guide young people away using Team Teach technique (guiding above the elbows using caring C's)
- Use a physical intervention in line with Team Teach syllabus
- (In extreme circumstances) use more restrictive holds in line with Team Teach syllabus.
- Any necessary action consistent with concept of 'reasonable force' To keep the young person and others safe.

Types of incidents 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 young person is trying to physically harm a member of staff or another young person.
- A young person is running up and down a corridor in a way that could cause injury to self/others.
- A young person 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 young person is engaged in or on the verge of starting to significantly damage property.
- A young person 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 young people. (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 (Positional Asphyxia Appendix C)

Generally, staff are not taught floor holds and are encouraged to avoid going to ground wherever possible. If Front Ground Recovery, Supine and or other ground holds are used then staff will have been trained in the use of this advanced technique this will also be reflected in the young person(s) Behaviour Support Plan.

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 these procedures 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.

‘I’m here to help’ (Do you need any help as I’m available to support if needed)

More help is available (I'm going to take over from you as I can see you need a rest or I know more about what has caused the incident and can assist with de-escalation)

Any Physical Interventions used will need to take account of age, cultural background, gender, stature and medical history of the young person 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 Behaviour Support Plan and will be reviewed half termly.

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

The Behaviour Support 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 young person 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 young person.
- Manageable.
- Flexible aimed at de–escalation.

c) Chemical Restraint

The use of medication as a method of managing extreme behaviour is deemed inappropriate within St. Joseph's Specialist Trust. However, if through psychiatric assessment it was felt that medication should be used with a young person as a form of intervention PRN (Pro Re Nata)

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 conduct a dynamic 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 young person 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 Behaviour Support Plan.

Reporting and Monitoring of Incidents

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

- Protection for staff and young people.
- 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 Trust 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.

Any updates to Team Teach/behaviour management will be delivered in weekly education and care meetings when needed.

Team Teach workbook/website (Appendix D)

- It is <u>all</u> staff members' duty of care to ensure young people, 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 young people.
- St Joseph's will support the untrained staff who are required to take this action. However, they must familiarise themselves with the guidelines (Risk Assessments and Behaviour Support Plans) in these procedures prior to commencing work with young people.

PRE INCIDENT/ EVENT

Document	Purpose
Risk Assessments and Behaviour Strategies	A risk assessment will be written to identify the need for a strategy to manage the risks presented. A list of suggested strategies that will work with a particular young person will be written into the young persons risk assessment and behaviour support plan.
Behaviour Support Plans	Aimed at providing specific strategies for a specific behaviour and what physical interventions can and cannot be used with young people. Behaviour Support Plans/ Risk Assessments are working documents and can be updated at any time in the year to which parents would be informed.
Contact with Parents	All children and young people have individual Risk Assessment and Behaviour Support Plans which are agreed at annual review meetings and by those in attendance.

Post Physical Intervention Procedures

As soon as is reasonably possible, after an incident, staff should complete an Incident report in Sleuth (behaviour reporting software) (Physical Intervention or significant to that young person). In line with the Children Homes (England) Regulations 2015 under regulations 19 and 35. These reports are completed electronically and the Safeguarding Team are emailed automatically when a physical intervention has been selected in the report when incident has been completed.

Staff/young people 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 procedure 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 senior member of staff

Similarly young people involved in an incident will need time to calm down and reflect upon their part in it. It is only when young people 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. There are incidents that occur throughout the day/evening that are not described as significant but can be described as low to moderate behaviours (low intensity, short duration) but should be captured as this is evidence that can be monitored so an early intervention can be put into place to prevent a significant incident occurring these reports are called ABC reports. 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 young person. The written record must include:

- The names of the staff and young people 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 Surgery/First Aid
- Debrief to staff and Young Person
- Accident Book Completed (Staff or Young Person)
- Medical Treatment Other Young People
- Public Witness
- Public Witness Debrief
- Medical Treatment Public Witness

- Staff Witness Debrief
- Staff Debrief
- Young Person Debrief
- SLT Notified/Attended
- Parent contact
- All actions must be explained in comments box provided in Sleuth database
- Whether the young people 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 a young person arrives home.

Racial incident reports and bullying reports are to be completed in Sleuth.

Post Incident / Event

- All incidents are quality checked by Head Teacher, Director of Care, Director of Therapies and Head of Inclusion during weekly Sleuth intervention meeting and signed off and follow up emails sent by Inclusion for those incidents that have not been fully completed. 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 young person 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 student, 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 young person try's to physically harm a member of staff, or another young person.
- Young People are fighting.
- A young person s vandalising property.
- A young person is causing, or at risk of causing, injury or damage, by rough play, or by misuse of dangerous materials or objects.
- A young person absconds from a class, or tries to leave school. This will only apply if the young people could be at risk if not kept in the classroom or at school.

Placing Physical Intervention in context

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

- Assess how a young person is before taking them out.
- Make sure that risk assessments are filled out and have been signed by senior member of staff or a member of the Safeguarding Team.
- Remember to sign out in the book at the front of the school before leaving. Please name all young people 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 young people 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 young people, we need to follow the guidelines that are listed below:

- Assess the situation
- Make safe where possible, giving the public and young people their dignity
- Call for assistance i.e. phoning the school to seek advice from emergency on call.
- 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 young people to the bus and or car 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 and 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 neck
- Subject becoming limp or unresponsive

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 procedure
- **Not breathing? Administer rescue breaths**
- **No pulse? Start CPR**

- 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.

- 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.

With thanks and acknowledgement to © Bleetman & Boatman September 2004

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 Procedures 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
January 2019	Minor change to Trust	Alan Day	V1.7
February 2020	Interim review to reclassify from Policy to Procedure, learner to young people/person and cycle changed to annual	Admin	N/A
October 2020	No Changes	Annie Sutton	V1.8
Summer 2021	Minor changes	Nick Durling	V1.9
Sumer 2022	Minor changes	Nick Durling	V1.10
Summer 2023	No Changes	Nick Durling	V1.11