

De-escalation - a shared approach to reducing restrictive practices in a Special School, in Queensland, Australia.

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Glossary

- Challenging behaviours - persistent and extensive behaviour, irrespective of reason (or no reason) which interrupts individuals to learn and necessitates intensive support and interventions (Australian Capital Territory Government, 2015).
- Behaviour Plans - individualised plans to support positive behaviour, minimise hazardous behaviour and manage it safely.
- Dynamic risk assessment - when people think on their feet, in the heat of the moment, and balance risks as best they can.
- Last Resort - when other less restrictive options were considered and judged to be less likely to succeed.
- Reasonable - proportionate to the circumstances it was intended to prevent.
- Restriction - ranging from minimal temporary restrictions of movement to significant deprivations of liberty under Section 5 of the Human Rights Act.
- Risk - the likelihood of somebody being harmed.
- Risk assessment - making an effort to identify potential hazards and judging the likelihood of somebody being hurt.
- Risk, Restraint and Restriction reduction plans- a balanced approach to reducing risk, restraint and restriction wherever possible.
- Team Teach APAC – the full range of Team Teach strategies used to calm, de-escalate and divert attention in order to prevent unsafe behaviour (sometimes called Positive Behavioural Supports) including physical interventions.

(Team Teach, 2021)

Abstract

This project investigates the impact of a de-escalation training program, Team Teach APAC, on the reduction of restrictive practices, implemented within a special school setting in the North Coast region, Queensland. This holistic approach to prevention looks at how students with disabilities can be supported through an alternative non-physical approach, reducing the number of restrictive practices and risks to individual safety. The focus on duty of care within schools makes behaviour everyone's business and requires a shared approach to behaviour support. The findings discover a positive affirmation for the selected training within the special school setting in reducing restrictive practices, with recommendations for this training to be mandated, enhancing its impact and value for all involved. The research applies a mixed method approach and explores quantitative data focussing on scaled responses to the training, whilst semi-structured interviews enrich this statistical data with descriptive information on the trainings impact and effectiveness. This project takes into account the theoretical and practical elements of the de-escalation training whilst building capability in all staff members who participate in the training. With intensity growing around occupational violence for staff in schools and controversial media and parental concerns surrounding the growing use of restrictive practices on students, in particular students with disabilities; this research is timely, reinforcing the need for alternative strategies to be found and implemented to assist with effectively supporting challenging behaviours.

Outcomes

The proposed outcome of this project is a report, examining the influence and effect de-escalation training has within a special school, on reducing restrictive practices (RP). This report will provide an insight into an evidence-based practice (EBP) designed to prevent escalation and reduce RP within various settings, decreasing the risk of trauma and harm for both students and staff (Team Teach APAC, 2021). The research could provide critical information to Queensland Department of Education (QLD DoE) and all schools within the North Coast Region, around the potential impact this training can deliver and determine if it is worth the financial, time, human resource investment and commitment.

Research Question

The overall purpose of this project is to discover:

Does de-escalation training reduce the use of restrictive practices within a Special School, in Queensland?

The following question will be used as a basis to collect information through a mixed methods approach investigating:

What are the trainers' insights into the effectiveness and impact of the de-escalation training, after implementation, within the special school?

Definitions for the research question

- De-escalation training - de-escalation is a collective term for a range of staff interventions, comprising verbal and non-verbal communication, self-regulation,

assessment, and actions, whilst maintaining the safety of staff and students (World Health Organisation, 2017).

- Team-Teach – established in 1997 in the United Kingdom, accredited training (2006, 2009, 2018) BILD and The Institute of Conflict Management (2018).
- Restrictive Practices – QLD DoE Restrictive Practices procedure (Nunno et al., 2021) defines restrictive practices as the use of interventions and practices that have the effect of restricting the rights or freedom of movement of a person. The use of the term ‘restrictive practice’ in educational settings include physical, environmental, chemical or mechanical strategies (Team Teach APAC, 2021) implemented to decrease the risk connected to a student’s behaviour (BILD, 2020).
- Special School - special school is defined in Schedule 4 of *the Education (General Provisions) Act 2006* (Qld) to mean a state school only providing special education. Special schools support children and young people with intellectual disability, and who may have other disabilities, which have a severe impact on their ability to access and participate in education.

To be eligible for enrolment in a Queensland state special school, the following criteria must be met:

1. The person has a disability as defined by the *Disability Discrimination Act 1992*;
2. The person has a *severe disability* which includes an *intellectual disability*.

(QLD DoE, 2021).

Introduction

Restrictive Practices such as seclusion and restraint use (SRU) have become controversial and highly debated topics within educational settings and in particular for students with disabilities (Children and Young people with Disability Australia 2017; Nunno et al., 2021; Paley et al., 2009; Verret et al., 2019). Recognised concerns around the use of these practices to support the behaviour of any individual include “legal, moral, human rights, ethical, environmental, financial, attitudinal, professional, safety and efficacy issues” (Australian Psychological Society, 2011, p.13). Significant studies found there to be an overuse and misuse of restraint and seclusion when supporting individuals, particularly students with disabilities (SWD), who can present with challenging behaviours that may derive from their disability (Balluch, 2016; Trader et al., 2017). SRU are found to be overused, not only in emergency situations (Mertens, 2010) but for less serious behaviours, such as, preventing a student from leaving the classroom (Hensley, 2014). When schools lack guidelines and information around SRU, seclusion can become the standard practice for managing students with challenging behaviour (USGAO, 2009).

Special education has reformed the way it works over the past three decades, from delivering care practices, to providing academic integrity based on the Australian Curriculum; on the same provisions as age equivalent mainstream peers, accessing age-appropriate material, individualised for every SWD (ACARA, 2022; Bea-Francisco et al. 2020). Educators within special schools are challenged to meet the various needs of SWD who have complex needs whether, intellectual, medical, social, mental, physical, emotional or behavioural; with increased curriculum expectations and reduced time. Significant research has shown SWD undergo the use of RP in higher numbers compared to their non disabled peers, finding teachers lack the skill to support their behaviours (National Disability

Rights Network, 2010; Villani et al, 2011). Grasley-Boy et al. (2020) found SWD are seven times more likely to be restrained and secluded four times more than their non disabled peers, with most students in special education, more likely to be undergo SRU at some point in their education.

Despite a long history of legal and ethical controversy, significant studies found EBP implemented with a vision to reduce challenging behaviours, has been given less attention in the research field (Day et al., 2010; Illback & Pennington , 2007). Blau et al. (2010) found most educators advocated for the shift in philosophy and practice to adopting programs which prevent SRU. Those who studied such possibilities, found SRU reduced when educators were effectively trained in de-escalation training (Ryan et al., 2007; Verret et al., 2019) with limited research implemented into school systems on the impact of this approach. With reform requested around the overuse of RP internationally (WHO, 2019) and nationally (NMHC, 2012) advocating for alternative solutions to reduce and eliminate these adverse practices, are no further forward to mandating EBP that work, to manage and support challenging and unsafe behaviours.

Literature Review

Behavioural crises are becoming a reality in educational settings (Paulauskas, 2011). Students are exposed to adverse practices, in opposition of the expectations from the educational departments of Safe, Supportive and Disciplined School Environment [SSDSE] (QLD DoE, 2021). Staff members are exposed and susceptible to occupational violence, as outlined in Preventing and Responding to Work-Related Violence (Workplace Health & Safety QLD, 2014). Studies show the responsibilities of teachers are considered to be developing beyond their already diverse role description (Skåland, 2016), with many educators believing school-based violence should be identified as a criminal issue and not an educational matter (Centers for Disease and Prevention, 2016).

Crocker et al. (2010) reveals a shortage of training to deescalate or avert challenging behaviours, causing educators to be reactive when these behaviours occur. Other significant research supports the lack of training around behaviour support and claim educators resort to SRU to manage challenging behaviours, due to not knowing how to support the individuals (Espelage et al., 2013; LeBel, 2012). Sailor et al. (2009) found educators utilised RP to resolve, control and reduce challenging behaviours from SWD, with physical restraint or seclusion (Luiselli, 2009). These responses to imminent threats, remain under the spotlight with the media, government and community groups advocating for better supports for these vulnerable individuals (Webber et al., 2010).

De-escalation is highlighted in key QLD DoE documents such as the Prevention and De-escalation of Risk Behaviour (2021) and the Restrictive Practices Procedure (Nunno et al., 2021). Despite the importance placed on this term, de-escalation has been overlooked in the field of research, with limited validation of this effective approach to inform active practice (Ingli & Clifton 2013). Educators confirmed an increase in the level of challenging

student behaviours, which range from low-level noncompliance; to escalated and unsafe behaviours, such as physical aggression and damage to school property (Cuellar, 2018). Goldstein (1995) historically reported early intervention is critical, finding inadequate support for individuals displaying low-level challenging behaviours, can lead to unnecessary high-level outcomes.

Violence in schools

Akiba et al. (2002) found school violence to be an international occurrence affecting one of the fundamental influential organisations in today's society – schools. Internationally, minimal attention has been given towards violence projected at educators, which is recognised as a significant and complex problem (Espelage et al., 2013) such as verbal, physical threats or actual acts of violence (McMahon, et al., 2011). Bass et al. (2016) discuss the dearth of research relating to these actual or perceived impacts on the psychological and physiological wellbeing of educators. Galand & Phillipot (2007) address the adverse impact school-based violence has on teachers, contributing to teachers leaving their roles and professional disengagement. Other studies support these findings and reveal aggressive and violent behaviour from students plays a significant factor in work-related stress, impacting staff within educational settings (Billet et al., 2019; De Cordova et al., 2019).

The Review of Education for Students with a Disability (RESWD, 2017) found many teachers had taken considerable time off work due to injuries or the post traumatic psychological effect endured whilst working. Some teachers reported making multiple worker compensation claims, with Kauffman and Hung (2009) stating occupational violence had occurred for a long period of time with minimal prevention. An American Psychological Association report (2011) reveals over 75% teachers of 5,000 sampled, confirmed being subjected to student violence at their school (McMahon et al., 2011). For these reasons,

schools are advised to employ prevention strategies intended to decrease or diminish the probability of violence in their settings (Lane et al., 2010). Espelage et al. (2013) claims these prevention strategies may not always meet the need for reducing high levels of violence, with The Australian Psychological Society (2009) finding many educators are uncertain how to effectively manage a violent situation despite having prevention programmes in place.

Reducing and Responding to Occupational Violence in Schools- current trends

A national strategy addressing the abuse of educational staff, was set up whilst working collaboratively alongside state-wide, local proposals and interventions (AITSL, 2020). Shaddock et al. (2015) led an independent review into students with challenging behaviour, requesting a significant transformation of the schooling system; increased funding for SWD, professional development for educational staff and more resources for Principals. The focus was to accommodate safety for all involved, whilst navigating training around aggressive and violent students.

Union stance

The Queensland Teachers Unions (QTU) state it is essential teachers go about their daily duties, feeling safe, and are advocating for the progression of an occupational violence policy to be created (2021). The QTU (2020) reported a growth in actively supporting members around increased incidents involving the use of physical violence against teachers. Both the QTU and United Voice (union for teacher aides) articulated their concerns around the increase in workplace occupational violence and are collaborating to ensure a state-wide policy is implemented, following the education departments stance

through the Occupational Violence Prevention procedure (2021), with a zero-tolerance approach towards violence.

Legislation

Duty of Care

According to the Queensland Workplace Health and Safety Act (2011), all employees have duties as workers to ensure “reasonable care” for their own health and safety. The Occupational Violence Prevention procedure (Qld DoE, 2021) stipulates each workplace should provide physical and human resources to “identify, prevent, manage and respond to occupational violence.” Employers have a duty of care to ensure the safety of all in the workplace and to reduce risk, such as violence, through planned, shared processes and practices (RESWD, 2017). Teachers have a duty of care to ensure students remain safe in their care, from harm from themselves, others, or near equipment; taking into account the outcomes of the student’s immaturity or lack of responsibility irresponsibility (QTU, 2021). All state schools in Queensland, including special schools, follow the Restrictive Practices Procedure (2021) which specifies “staff have a non-delegable duty of care to take reasonable action to prevent the risk of foreseeable harm to students, themselves and other persons”.

Reducing Restrictive Practices

Australia has endorsed, and is committed to, reducing and eliminating the use of restrictive practices according to the United Nations Convention on the Rights of Persons with Disabilities (2008), resolving to ensure people with a disability have their human rights protected. Local, national and international legislation are committed to providing better ways to support individuals who are negatively impacted during and after a challenging situation, through restraint, rather than within a therapeutic approach (Beaudoin & Moore,

2018). As a nation and as a field, educators are found to be using restraint and seclusion excessively (Couvillon, et al., 2009; Westling et al., 2010) and often in non-emergency situations (Scheuermann et al., 2016; Simonsen et al., 2014) occasionally in situations not justified as critical or severe.

In 2005, the National Mental Health Commission (NMHC) created an agreement with each Australian Government, to ensure there was a decrease in the number of SRU, or where possible, to eliminate these strategies permanently. In 2012, the NMHC reconvened and promised to find alternative practices to replace SRU within individual settings. Legislation from government departments and disability support groups endorse the need for alternative solutions and are no closer to reducing the number of restraints, with a lack of studies demonstrating alternative strategies to SRU (Andrassy 2016). The National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Sector (2014) was implemented across all states in Australia, to reduce SRU. QLD DoE existing policy around the use of RP is outlined in the SSDSE (2021) which defines best practices for behavioural support within state schools. This policy falls in line with many other Australian states and requires any RP to be well documented with a follow up review and recorded in future plans for the student involved (RESWD, 2017).

The World Health Organisation (2017) appealed for all helping professionals to participate in accredited evidence-based training to decrease SRU. There remains limited data recorded around RP within schools in Australia, with no studies carrying out a thorough analysis of the various governing agendas within Australian (Hayward et al., 2019). Whilst these practices remain in school settings, there is no data to suggest these practices work or even modify student behaviour (Simonsen et al., 2014; Trader et al., 2017). McCarthy (2018) states Australia needs to improve policies and legislation on RP and schools should be given well defined and consistent direction concerning the appropriate use of RP within schools.

Queensland's response

The QLD DoE has undertaken initial steps to decrease or eliminate the use of RP within selected trial, schools through collating data and assessing the impact within the Reducing Restrictive Practices Project (RESO, 2017). This data informed the consultation and creation of the original Procedure: Restrictive Practices (2020) based on evidence also obtained from the United Kingdom and United States (Paley et al.2020). This guides schools and in particular the Principal, who is responsible for the implementation and compliance of RP. QLD DoE reinforce in their Restrictive Practices Procedures (2021) school staff have a “non-delegable duty of care to take reasonable action to prevent the risk of foreseeable harm to students, themselves and other persons.” This procedure considers the human rights of students whilst balancing the occupational workplace health, safety and wellbeing, for educators.

Schools in Queensland, even special schools, adopted the evidence-based approach Positive Behaviour for Learning (PBL), which encourages positive behaviours through a school-based framework (QLD DoE, 2021.) Since the adoption of PBL, there has been a rise in the numbers of positive behaviour data, with a decrease in reactions to challenging behaviour incidents (Fogt et al., 2008). This behaviour support system is a collection of EBP that work together and were developed from research (Sailor et al., 2009) but do not prepare educators to prevent or stop a student from escalating to crisis level.

Responses for and against RP

For

Fogt et al. (2008) and Lamont et al. (2012) revealed confidence increased in educators after receiving relevant physical restraint or crisis intervention training and perceived these

practices worked to protect all parties involved, from injury (Paulauskas, 2011). Walker & Pinkelman (2018) claimed educators supported the implementation of SRU when challenging behaviour becomes unsafe, providing these practices were supported through carefully created plans, to support the students. For those who do not receive relevant training and felt the need to protect others from harm; believed RP in these circumstances are necessary and viewed SRU as justifiable (Davidson et al., 2005). Newton and Sturmeay (2003) found individuals perceive RP as intentionally negative for handling challenging behaviour, in particular in relation to SWD, and yet reveal not every RP is seen to be undesirable. Their research looked at different kinds of societal approved RPs, such as seat belts, mandated in many countries and required to travel safely in a car (mechanical); the use of sedation in a dental practice (chemical) or preventing a child from running onto a busy road (physical). Thus, demonstrating not all restrictive practices are viewed as adverse or controversial.

Against

LeBel et al. (2012, p. 78) found SRU has been labelled "a low frequency but high consequence event" and found educators should consider the risk the intervention applied (restraint) may be less safe than the original presented behaviour. If the situation is mismanaged (USGAO, 2009; Peterson, 2010; LeBel et al, 2011) this can intensify the risk to the student and educator involved (Horner et al., 2010). A review by Couvillon et al. (2010) revealed the most popular RP trainings place emphasis on how to perform physical restraints, leaving very little time for instruction in preventative methods to de-escalate crisis situations.

Negative Impact of RP

According to the US report School is Not supposed to Hurt (NDRN, 2012) SRU are defined as “deadly practices” which are utilised on students, resulting in injuries at school

and even death. The negative outcomes associated during and post restraint, may result in a physical, psychological, and social effects for students (Westling et al., 2010). Raveesh et al. (2019) reveal injuries are recorded on the physical impacts received within schools, such as bruising, but limited information is recorded on the psychological and social impacts on the student. A study by Buckman (2014) looked into the psychological effects of restraint and found students associated fear, pain and anger; and found trauma was reactivated through the use of physical restraint. Azeem et al. (2017) discussed the importance of reducing SRU due to the significant impact of traumatising already vulnerable students, and deepening existing mental health issues (Beaudoin & Moore, 2018; Trader et al., 2017; Westling et al., 2010).

Ferleger (2008) discusses the extreme impact SRU has on students, with restraint leading to fatal consequences and highlights the significant risks of physical harm or death, when students are physically restrained. Nunno et al. (2021), discovered the fatal extent of restraint on students in the United States revealing 44 deaths from restraint during 1993 - 2003; with an additional 26 children from 2004 – 2018. The Child Welfare League of America (2004) found eight to ten deaths occurred annually due to the use of restraint, with one-third of these fatalities occurring due to the incorrect use of restraints (Ryan et al., 2009). SRU in the management of SWD to control behaviour has found to be ineffective due to the lack of training, resources, or the effective prevention strategies are not implemented correctly (Sturmey, 2018). Without effective strategies to support students with challenging behaviours (Montroy et al., 2016) the practice of SRU can become a daily response and is often the reason behind special schools adopting crisis intervention training (Ryan et al., 2007).

Data

Day et al. (2012) claim there is a lack of data and research on the number of occurrences or incidents of SRU in Australian school with The Royal Disability Commission (2020) reinforcing this dearth of data in the public domain. Without this systematic, central source of data to review or understand the number and outcomes of SRU, questions arise on how these situations can be prevented without resorting to SRU (LeBel et al., 2012; Nunno et al., 2021). Statistics from the CYDA (2018) state a fifth of SWD have been exposed to some type of SRU within their school during the past year. The CYDA claim the education system is failing to provide adequate provision for SWD and demand the Australian government develop a nationwide agenda to enhance support for SWD.

The Solution?

Since the 1990's, restraint fading was an approach utilised by behavioural specialists, mainly for people with disabilities (Raveesh et al., 2019). Schools are searching for alternative practices with less restrictions and safer solutions (Simonsen et al., 2010; NHMC, 2015). Snell & Walker (2014) found a growth in the search for EBP that are positive and address the needs of SWD in order to reduce or eliminate the SRU and RP responses. More studies are required to reveal how the implementation of a de-escalation training program can be successful, and works best when developed through a shared approach, utilising all stakeholders within the training, such as students, teachers, aides and parents (Waasdorp et al., 2011).

Why is de-escalation important?

De-escalation can be defined as a “psychosocial intervention” used as an initial intervention to reduce the intensity in a violent situation (National Institute for Clinical Excellence, 2005). In school settings, Brown (2015, p. 10) defines de-escalation as “reducing the level of intensity of a conflict,” not forceful, but preventing escalation and a high level of intensity from being reached. De-escalation, follows a sequence of behaviours which often start at low-level behaviours, such as fidgeting or arguing, and move through to higher levels of behaviours such as, destruction of property and aggressive behaviours. Brown (2015) states the purpose of educators having a repertoire of de-escalation strategies is to intervene early and reduce challenging behaviour within education settings. Some studies corroborated de-escalation training alone produced a reduction in SRU (2012; Verret et al., 2019).

De-escalation training is usually considered a highly valued professional development for educators, who see the importance of these strategies in reducing aggressive situations (Engel et al., 2020). LeBel, et al. (2014) reveal there are many de-escalation training programs to be found and the selection of a suitable program should be customised to enhance the culture and fit alongside existing behaviour practices, working together to maintain a safe setting for all (Horner et al. 2010; Nunno et al., 2021).

Paulauskas (2011) found 80-90% of challenging behaviours can be reduced if an evidence-based de-escalation approach is utilised. Villani et al. (2011) longitudinal study supports these claims and concluded trained staff in de-escalation techniques, alongside intentionally collated data to monitor for patterns and triggers, could reduce challenging behaviours successfully and safely. Brown (2015) emphasises best practice when utilising de-escalation strategies requires lots of time, attention and effort, to ensure they are successful for SWD. Bostic et al. (2021) supports the concept de-escalation takes time and discusses

managing challenging situations properly can absorb many strategies utilised by staff to diffuse the SWD.

Why research?

There has been no irrefutable evidence that RP when managing SWD, decreases the likely occurrence of challenging behaviours (Day & Daffern, 2009). There remains a gap in studies on the use of de-escalation strategies in special schools, where the number of SWD is the highest, and require the use of these early interventions to decrease the number of SRU occurring (Sturmey, 2018), supporting schools to choose their own evidence-based training and improve their own practices in the area of reduction to SRU. The focus of this study acknowledges any student can be restrained or secluded within any school setting, private, state, mainstream. Due to the increase in frequency of SRU for SWD and the limited amount of research within Queensland, this paper will focus on the use of de-escalation to reduce the number of RP on SWD within a special school setting. (e.g., LeBel et al., 2012; USGAO, 2009).

Why Team Teach?

In 2010, special schools within the North Coast region had growing concerns over managing SWD with challenging behaviours, which saw the safety for staff and students under duress. There was a lack of suitable programs and procedures to manage escalated behaviours, to safely support all stakeholders involved. Educators were using limited skills to support and deescalate SWD and were getting hurt. One Deputy Principal searched for a program that focussed on de-escalation and how to manage a student at an unsafe level. This program required proven evidence it was successful in similar settings, whilst supporting and looking at the best interests and safety for both students and staff. This holistic approach, based on theory and practical elements needed to fit with existing QLD DoE policies and blend with existing school-based behaviour frameworks.

Team Teach Asia Pacific (APAC) was identified for the following reasons:

- Well established - originated in the UK in 1997; Asia Pacific since 2004
Utilised across all states within Australia. Also, within UK, New Zealand and Hong Kong.
- Delivers and meets training guidelines for all state requirements for RP
- Research and EBP with over 1000 trainers and 50,00 staff trained
- Supports the United Nations Convention on the Right of the Child
- Evolved and endorsed in a range of educational settings for SWD.
- Associated to The General Services Association, with the courses accredited (2006, 2009, 2012) by BILD and The Institute of Conflict Management (2018)
- Practices been medically reviewed (2006, 2009, 2012 and 2018) by independent medical experts as mandated by the BILD and ICM accreditation systems.

- Trainer courses are quality controlled and assured by external moderators
- Positive reports from inspection bodies and the Health & Safety Executive on the positive impact of Team Teach training
- The Team Teach training model is based on risk reduction.

(Team Teach APAC, 2021)

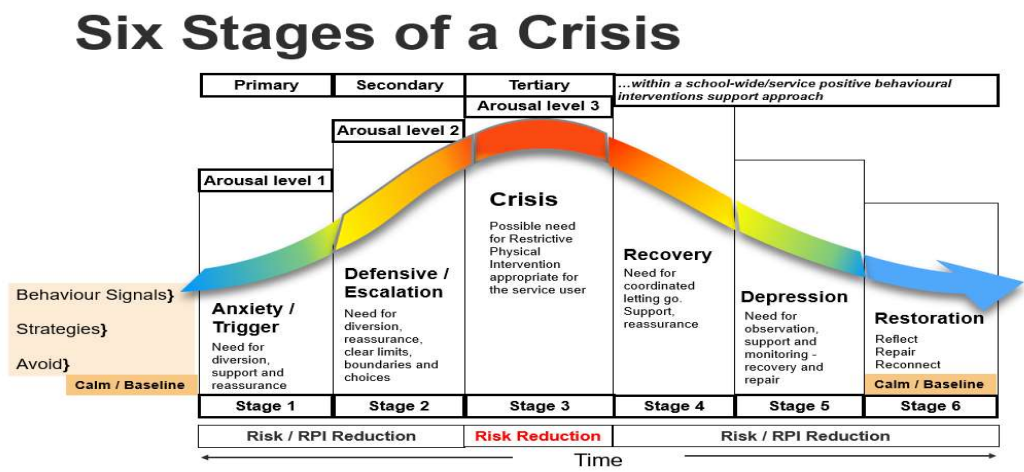
Team Teach stresses the importance of de-escalation and prevention strategies, and ensures those trained understand 95% or more incidents can be managed without resorting to any kind of physical interventions (Team Teach APAC, 2021). Team Teach states “there should be a decrease in the number of serious incidents /restraints taking place.” This corresponds with their Code of Practice and protocols of being committed to reducing risk, restraint and restriction. Extensive time is taken to understand the emotion and actions of aggression; how behaviour can be communication for many individuals, particularly SWD; how feelings can drive behaviours and managing personal safety, emotions and triggers. This understanding contributes to the overall de-escalation of challenging behaviours.

The remaining five per cent of interventions focus on staff being trained to apply safe and medically tested physical techniques, should this be needed. Team Teach will not advance to physical intervention training unless it is planned through a detailed risk assessment, restraint and restriction reduction program. Physical interventions are competency assessed to ensure they are delivered in a safe manner. The training emphasises a graded and gradual approach to de-escalation, moving from low-level strategies to possible higher-level interventions. Restraint is viewed as a last resort, when all other methods have been exhausted or the risk of harm to the individual or others is paramount; delivered with minimal amount of force, for the least amount of time, in the least restrictive environment; whilst maintaining the safety and dignity of the student is paramount (Team Teach, 2022;

Verret et al, 2019). The primary aim of Team Teach is to work in the best interest of the SWD and to diffuse them with minimal force for the least amount of time, in the least restrictive environment.

The introduction of the six-stage crisis cycle becomes a key point of discussion and learning for all trainees. This model (Figure 1) adapted from Kaplan and Whelan (1983), works in conjunction with an individual crisis plan. Team Teach focuses on knowing the SWD, their communication style, their behaviours, triggers, cues and distractors; merging this knowledge with their individual support plans. The staff deescalate the crisis through accessing planned strategies and resources proven to distract or deescalate the student, on previous occasions. Emphasis is placed on ensuring the foreseeable risk does not occur again or the impact is reduced. This planned response applies a shared approach to what interventions work at given stages, preventing the SWD intensifying and progressing through the next arousal stage.

Figure 1
Six Stages of a Crisis



Context

This six-hour training was delivered to all staff – teachers and aides within the special school. The school has approximately 200 SWD from prep to year 12, training approximately 44 teachers and 44 teacher aides. Training was staggered over two days with two other trainers brought in, to assist and comply with trainer to trainee ratios 1:12. This training had been in effect for ten months at the time of research, with the trainers delivering five-minute refreshers in each weekly staff meeting, modelling and encouraging best practice.

Methodology

Research design

Utilising a constructivist paradigm enables the researcher to understand the experiences of five trainers using de-escalation training, through studying the interactions and impact this has on reducing RP within a special school setting (Creswell & Creswell, 2018). This allows the researcher to understand the world through experiences of those who have lived these occurrences (Mertens, 2007). The constructivism paradigm considers the connection between the questioner and the questionee as being shared, with the novice researcher striving to build a relationship with the participants (Mertens, 2010). Special school educators engage in daily collegial tasks within a complex environment, through many interactions and experiences (Dabrowski, 2020). To understand the perceptions of impact and experiences of the de-escalation training within this setting, constructivism was chosen as the most suitable methodology to summarise these findings.

The research provides feedback received around de-escalation training from Team-Teach (APAC) within a special school in Queensland. Analysis of the quantitative data from the surveys was integrated with coded analysis of the transcripts obtained from the qualitative semi-structured interview, and accumulated to provide a detailed discussion and conclusion for this study.

Mixed methods approach

A mixed methods approach to gathering primary source data was deemed the most effective approach, with the study limited to one special school and five trainers, allowing two methods to enhance the intended outcome, rather than one (Palinkas et al., 2011). This approach aligns with the naturalistic methodology of using observed data from lived personal experiences (qualitative) to enrich the closed ended, statistical data (quantitative), providing

detailed information to give depth and effectiveness to the results (Rubin & Rubin, 2005). Mixed methods obtain closed and open-ended data pertaining to the perceptions of the participants since the de-escalation training and the impact on RP within this setting (Brannen & O'Connell, 2015). The strengths and limitations of both methods are integrated and utilised working in the best interest of the study (Creswell & Creswell, 2018).

Surveys

A cross sectional Likert scale survey containing ten questions was produced by the researcher with seven value-based points ranging from 1- least to most impact -7 (Appendix 1). The survey was completed by five participants who were purposely selected according to being trained as a trainer (inclusion) and not those who were trained by the trainer (exclusion) within the special school setting (Setia, 2016). This survey style was chosen for its simplicity in selecting a number against bipolar experiences of the training and provided a quick response and completion at a given point in time, from the participants (Creswell & Creswell, 2018). These responses provided numerical data to analyse, find patterns, relationships and trends from the results and would be presented in visual form, such as graphs, to display the data. Surveys were sent out by the principal to the four trainers, with the fifth being completed by the Principal, who is also a lead trainer.

Semi-structured interviews

Semi structured interviews allow flexibility to add additional content to the 16 pre-prepared questions through a less formal conversation, creating flow and not rigid questioning (Hilton & Hilton, 2020). This allows the researcher to obtain historical information from a primary source (Douglas, 1985), providing an in-depth account of how the lead trainers observed and experienced the implementation, impact and effectiveness of

the training (Creswell & Poth, 2018; Punch & Oancea, 2014). Semi-structured interviews were performed with two identified lead trainers (most experienced), in person and with recorded with online software - Zoom. The semi-structured interviews were based on the two lead trainers' observations and perceptions of data collected within the special school setting.

Interviews began with a warm up question, easing the participant into the interview. talking about a familiar topic and setting a relaxed tone to this approach (Barribeau et al., 2012). Open ended questions followed in regards to the lead trainers experience to date with Team Teach APAC training and the school's decision to undertake the initial training, leading into targeted open-ended questions (Appendix 2). This constructivist, open ended, qualitative approach will provide rich responses (Rovai, 2004) that will enhance the quantitative closed ended survey responses, through data analysis, increasing the efficacy of the overall results (Phillips, 2021; Rubin & Rubin, 2005).

Participants

Purposeful sampling allowed the researcher to select participants on the requisite they were connected to the research (Palinkas et al., 2013), i.e., participated in the four-day Team Teach APAC training and were now accredited – trainers; trained within their school by the trainers– trainees. Lead trainers were two members of staff identified with the most experience over time and were receiving the lead trainer information directly from Team Teach APAC.

The Team-Teach APAC co-director was approached by the researcher via email and followed up with a face-to-face meeting, to acquire permission to complete this research. Access to the participants was achieved by formal introduction through an initial email to the Principal for approval to research within their special school and why they were selected. This was followed up with a phone call to further discuss and to answer any questions from

the Principal. Formal emails were sent to the five trainers by the researcher along with participation information and consent forms for those identified for the semi-structured interviews, emphasising participation was voluntary. These were selected due to being identified as the lead trainers within the school and were recipients of direct information from Team Teach APAC.

Ethical approval for this project was gained from The University of Sothern Queensland Human Research Ethics Expedited Review ID: H21REA287 (Appendix 3.). The ethics application ensured a thorough process was followed to protect the participants involved (Israel & Hay, 2006) and to understand their roles within this research. The study was deemed to be low risk, with the participants informed they could withdraw at any stage, without reason and no consequences. Consent forms were required for interviews, with consent being implied for the five surveys on receipt of their responses. Participants were informed all data collated would remain anonymous and confidential and stored in a secure database. To anticipate risk or harm (Lambert, 2012) due to the controversial nature of RP and de-escalation, the participant's information indicated no specific behavioural incidents would be discussed. Should a participant feel affected or distressed by any questions or answers, a list of helpline numbers and a follow up discussion with the Principal or Guidance Officer was suggested. Participants were informed the survey would take a maximum of 15 minutes with the semi-structured interviews being approximately 30 minutes of their time.

The researcher had previously worked with one of the interviewees in another special school setting. The researcher ensured bias was reduced through adopting open ended questions within the semi-structured interviews, that were not able to be simply agreed with or disagreed with, and ensured a thorough response. The researcher was open around their personal experience within this field (of being a trainer) prior to the interview and

acknowledged how this may shape the participants responses (Willig, 2013) asking the participants to answer honestly, ensuring no leading words were used within the questions.

Context

The special school consists of students aged from 5-18 years, all verified SWD with an Intellectual Disability, some with a secondary diagnosis of Autism Spectrum Disorder, Physical Impairment and other recognised impairments or disabilities. Some students may have additional needs such as Attention Deficit Hyperactive Disorder, Pervasive Developmental Delay or Conduct Disorder, requiring intensive or targeted support to assist with the regulation of their behaviour. The school employs 40 teachers and 40 aides, alongside three deputy principals, Principal and Guidance Officer.

Team Teach was initially implemented for those staff members who taught children identified with significant behavioural difficulties in 2020. This identification was necessary due to the limits on trainer to trainee ration of 1:12 and at this point there were only 2 trainers. The school trained three more staff members in 2020, following the train the trainer method and training all teachers and aides in 2021.

Analysis

Survey analysis

All five surveys were completed with no missing data by the participants (Scahfer & Graham, 2002) with their responses emailed to the researcher. The combined data was compiled on excel spreadsheet (Appendix 4), with visual graphs representing each question and overall responses, whilst descriptive statistics revealed the mean and standard deviation (Bazeley, 2007). This allowed the researcher to interpret the perceptions of the participants on the impact and effectiveness of the training and for each question (Rickards et al., 2012). The surveys were split into four phases; demographic information, prior to training, after training and impact. The researcher defined these areas on an excel spreadsheet under categories and produce visual charts to analyse the data. Comparisons were made between the two initial phases as these were related to pre and post training, indicating whether the training had increased confidence and safety.

Semi-structured interviews analysis

A thematic analysis approach interpreted the qualitative data obtained in the semi-structured interviews, applying a deductive approach, which focussed on existing concepts to investigate the idea de-escalation training can reduce RP (Braun & Clarke, 2006; Phillips, 2021; Rossman & Rallis, 2017). For the novice researcher, this manageable method clearly outlined a process for identifying and analysing patterns that emerged in the transcript (Kiger & Varpio, 2020;). These procedures set out by Braun and Clarke (2006), follow six sequential phases which progress from the previous phase, ensuring familiarity with the data and flexibility between the phases, to create a thorough process to analysing the primary data. This subjectivist method is flexible, enabling the researcher to use personal experiences to understand the data, obtained from the semi-structured interviews (Punch, 2005).

Coded names were given to the lead trainers to organise and quote words or phrases directly from the source for analysis and results - INT1 and INT2. Both semi-structured interviews were recorded on zoom, even the face-to-face conversation, recorded with audio only. This allowed the saved files to be converted to an audio digital format which was transcribed using an online program – Otter ai. During familiarisation the student researcher repeatedly listened to and read the transcripts to acquire a deep awareness of the data (Terry et al., 2017). Once the conversations were replayed and the correct words were inputted, these transcripts were sent to the interviewees, checked for authenticity or amended, ensuring they did not contain misinterpretations from the researcher and reducing bias.

Checking through the approved transcribed conversations, allowed the first phase of thematic analysis to start, as the researcher becomes familiar with the correct data (Braun & Clarke, 2006). Common words and phrases were located and colour coded for recognition ease. These highlights became a focus for the collection of key words and developing codes. It was important key codes and themes were not overlooked if they did not fit or favour the research, in order to obtain rich and detailed data which validates the interpretations of the participant's responses (Hilton & Hilton, 2020; Rossman & Rallis, 2017). Themes emerged through categorising the codes into larger subjects and were reduced and reviewed under main theme headings.

Triangulation of data

Combining separate qualitative and quantitative data sets together at the results stage gives an improved overall picture, blending the strengths of each method together (Punch & Oancea, 2014) to validate the initial claims made for this research. This approach allows the researcher to prevent any bias or errors that may have occurred using a single method, thus increasing the credibility of the outcomes. This allows data to be cross checked and to

discover different perspectives the researcher may not consider, adding depth to the findings (Denzin, 1978). The triangulation method formed within the discussion, allows the formal and the rigid statistical data to be merged with the detailed and flexible responses within a social environment and related to personal experiences (Russell et al., 2005). This method is also beneficial for researching within a short timescale and giving a more comprehensive and effective representation of the data obtained (Jonsen & Jehn, 2009).

Results

A constructivist approach identifies learning as an active process and how individuals make sense of the information received and their experiences. This approach was identified by the researcher, due to learning through a collaborative and shared approach to de-escalation located within an authentic social context – the special school (Vygotsky, 1978). The name, Team Teach, implies a collegial approach to learning and corresponds with the main themes of constructivism; looking at information reflectively, collaboratively and through a shared approach, with the intention of creating a safer environment for all through planning, prevention and processes (Brown, 2019). The constructivist approach fits with the training delivering a holistic approach that is structured, yet flexible to shape and move with current trends and needs, remaining up to date with the fast pace of societal demands. Each learner brings past experiences, knowledge and a perspective to enrich the new information. When the training is implemented well, the learning transfers to the students and they become engaged in this learning process (Piaget, 2013).

Survey

Demographics

The surveys were completed by all five trainers with the following results:

Number	Role	Experience/ trained
Survey 1	Head of Department (HOD)	Over 4 years
Survey 2	Teacher	Over 4 years
Survey 3	Administration	Over 4 years
Survey 4	Teacher	Over 1 year
Survey 5	Administration	Over 4 years

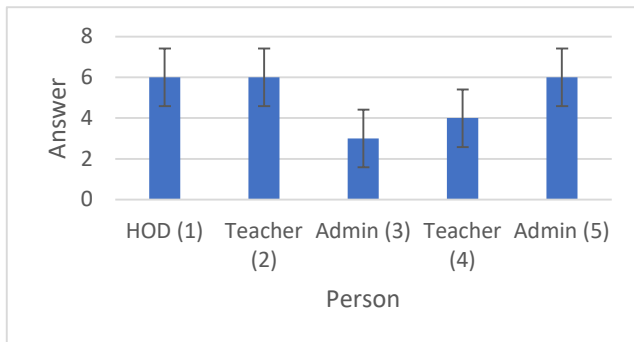
Four out of the five trainers had more than four years' experience with delivering the training at schools and thus had knowledge of how this can work in settings, other than this school.

Comparisons between pre and post training answers

Question 1 and 4

Figure 1

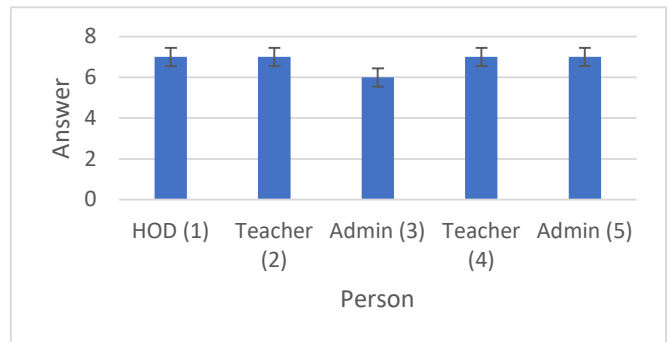
Question 1. How confident were you in safely managing an escalated student in a school setting?



Scale: Not at all – to a high extent

Figure 2

Question 4. How confident would you rate your ability to safely manage escalated students in the special school?



Scale: Not at all – to a high extent

Question 1 (Figure 1) displayed a high standard deviation of 1.41 compared to 0.45 standard deviation of question 4 (Figure 2). This indicates the participants had different levels of confidence in safely managing escalated students, as the results are more dispersed. Admin (3) had the lowest confidence at 3, closer to the not at all range, whilst the highest score of 6 was recorded by the HOD (1), Teacher (2) and Admin (5). The mean score of question 1 was a level 5, revealing participants confidence to manage an escalated student. However, when participants completed their training, 100% of scores revealed an increase and the mean confidence increased by 1.8, to 6.8 of question 4. The low standard deviation of 0.45 indicates all participants had a similar level of confidence in managing escalated students and displays the effect of the Team Teach training. The level of confidence rose by 100% with the lowest score being a 6, recorded by admin (3) whose scores reveal they were not confident in managing an escalated student before receiving the training.

Question 2 and 5

Figure 3

Question 2. How much knowledge did you have around de-escalation techniques?

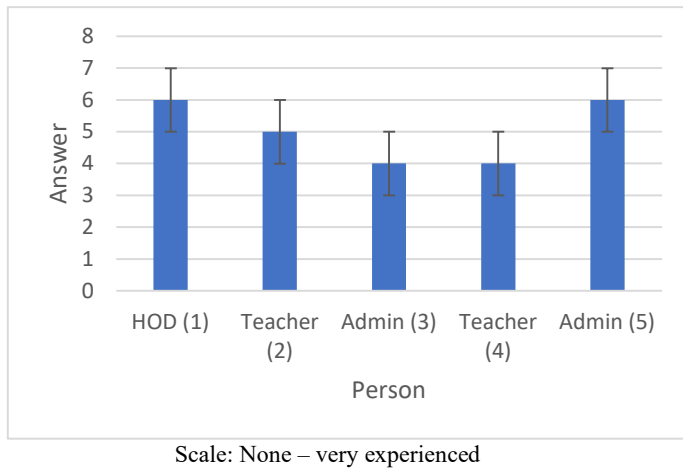
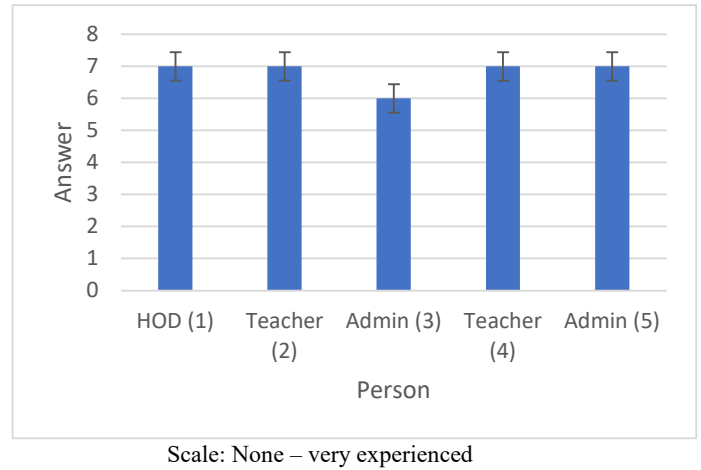


Figure 2

Question 5. How much knowledge did you feel you have now around de-escalation techniques?

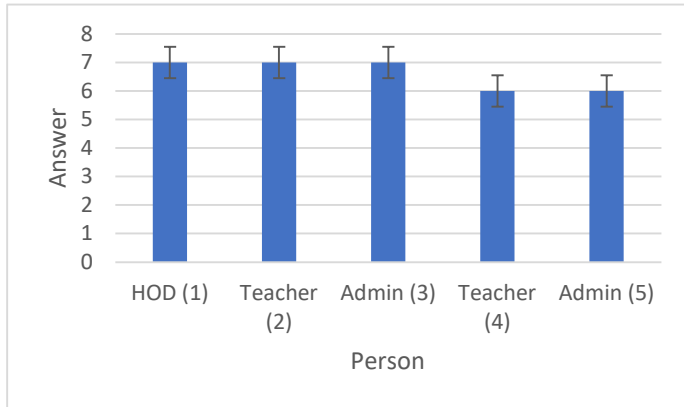


The responses were similar to question 1 and 4, with the standard deviation decreasing, whilst the mean increased. Participants answered with a mean of 5, revealing some knowledge around de-escalation techniques, indicating they felt not fully experienced until after the training. Once trained, 80% felt their knowledge and experience of techniques had increased to very experienced, with a mean of 6.80 for question 5 indicating the majority of participants, except admin (3) felt they very experienced after de-escalation training and had more knowledge of what techniques to use. The standard deviation of 1.00 for question 2 reveals participants all had different levels of experience and knowledge of de-escalation techniques before training. After training, this standard deviation in question 5, decreased to 0.45, showing all participants had a similar and very high level of knowledge around techniques to use with escalated children.

Question 3 and 6

Figure 5

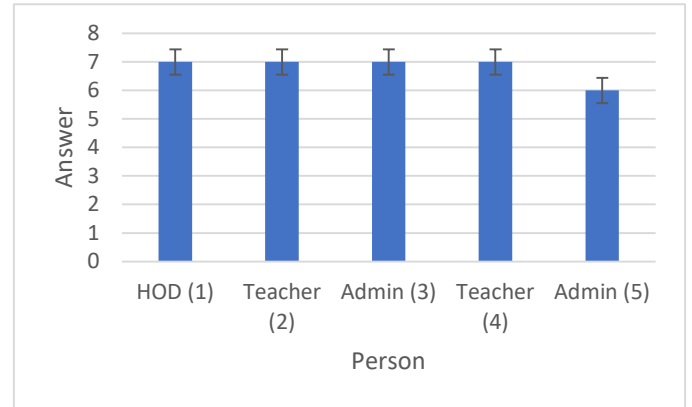
Question 3. How often were you personally managing students who require de-escalation?



Scale: Not at all – all the time

Figure 4

Question 6. How often are you personally managing students who require de-escalation?



Scale: Not at all – all the time

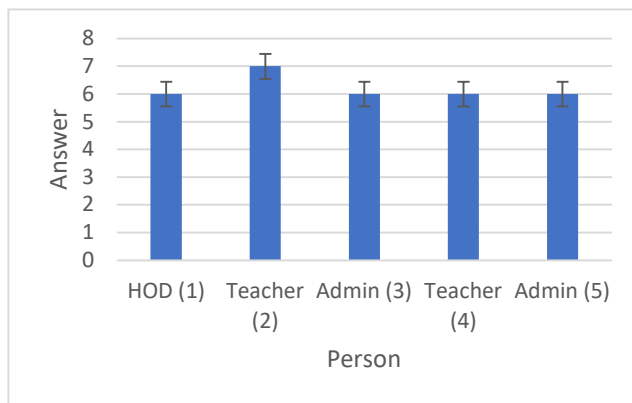
For question 3 (Figure 5), participants recorded a mean of 6.60, showing they personally managed escalated students almost all of the time. 60% of participants answered they were managing escalated students all of the time with Teacher (4) and Admin (5) recording almost all of the time. After training, this response increased with 80% of the participants revealing they still managed escalated students, all of the time. After training, Teacher (4) answered they were now managing escalated students all of the time, whilst admin (5) remained the same. This increased the mean from 6.60 to 6.80, indicating once a person received this training, found they managed escalated students all of the time. The standard deviation decreased from 0.55 in question 3 to 0.45 in question 6. This slight decrease displays the participants again had similar experiences after their training, almost all were personally de-escalating students.

Impact

Question 7 and 8

Figure 6

Question 7. Since the training, have the number of incidences of physical interventions / restrictive practices in your school increased or decreased?

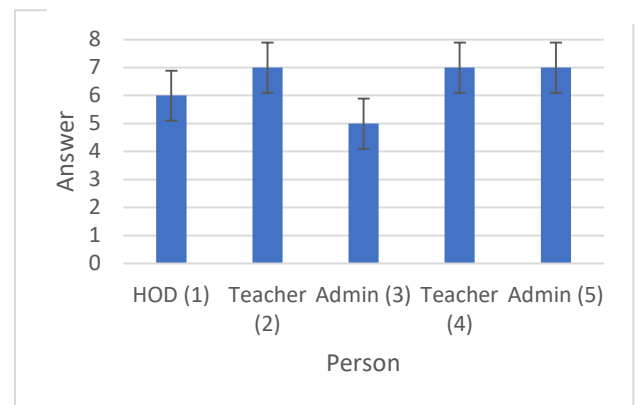


Scale: Significantly Increased – significantly decreased

Figure 5

Question 8. The training assists to support you in understanding and responding to escalated behaviours in order to reduce both risk and restraint.

Can you rate the impact the training has had in your school since completing the training?



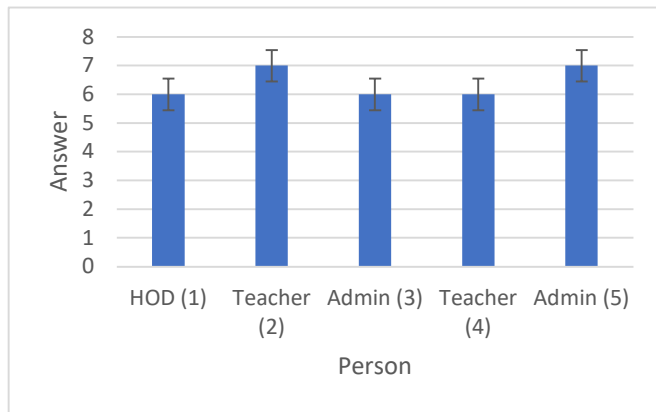
Scale: Significantly Increased – significantly decreased

80% of participants responded positively revealing the number of physical interventions post training had almost significantly decreased, with a mean of 6.20 for question 7 (Figure 7). The standard deviation derived was 0.45, indicating all participants felt similarly and the number of physical interventions had almost significantly decreased since receiving the training. Question 8, (Figure 8), the two Teachers and Admin (5) felt the training had a significant impact on the school, whereas HOD (1) and Admin (3) recorded a 6 (almost significant impact) and 5 (somewhat significant impact) respectively with the standard deviation of question 8 higher, scoring at 0.89. This indicates the participants had a more diverse opinion of their training impact, leading to the theory training should possibly be mandated for it to impact the school.

Question 9 and 10

Figure 8

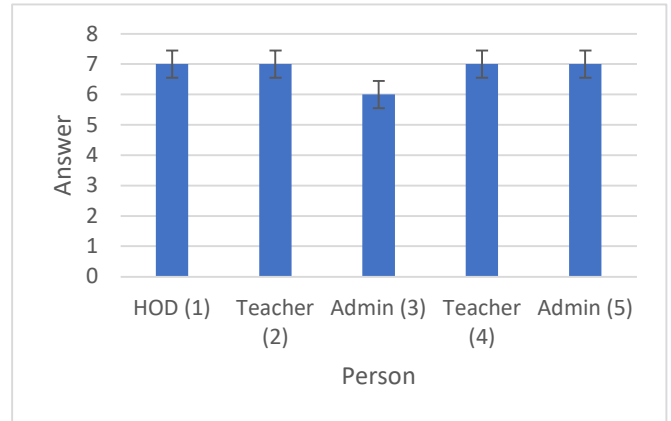
Question 9. Since the training, have the number of incidences of aggression and violence in your school increased or decreased?



Scale: Significant increase – significant decrease

Figure 7

Question 10. How has the training impacted your school's processes to plan and cater for the needs of individual students, to prevent or reduce escalation?



Scale: Significant increase – significant decrease

The mean score of question 9 (Figure 9) was 6.40, with a standard deviation score of 0.55, indicating the majority of participants agreed since being trained, the number of cases of aggression and violence had significantly decreased in their school. Teacher (2) and Admin (5) responses show aggression and violence had significantly decreased since training had been delivered. However, the other three participants recorded a score of 6, stating the number of cases of aggression and violence in their school almost significantly decreased. 80% of participants answered the training significantly impacted the school's processes to plan and cater for the needs of individual students (Figure 10.). The standard deviation of 0.45 also indicates all participants felt similar significant impacts of their school's processes to plan for individual students, with a mean score of 6.80.

Semi-structured interviews

Moving back and forth through the thematic approach, reviewing and finalising the codes and themes, ensured no codes were disregarded from a researcher belief of not being useful or relevant to the research (Braun & Clarke, 2006). Over 155 codes were initially

found with 61 initial generated themes. 127 codes were finalised and reviewed with three main themes found from the two interviews revealing one dominant theme of prevention and three subthemes of de-escalation training, know your student, and a school shared approach all.

Prevention of RP = de-escalation training

The feedback related to de-escalation training was very positive, with both interviewees stating they would recommend the training to other schools. INT2 stated “New staff often ask when the training is coming up as they heard it was so effective.” Both INT1 and INT2 agreed de-escalation training had reduced physical interventions within the special school setting, with a decreased number of aggressive incidents. This was not just an observation or a perception, as both declared regularly collected One School data, reflected this reduction, with major incidents being reduced. Both interviewees agreed occasional incidents still occurred which were challenging, physical and aggressive, however, a reduction had occurred due to the preventative measures encouraged by the training. INT1 recognised, “...we get one or two incidents which you would expect with the complexes and challenges our students face.”

INT1 reinforced all staff felt safer after training and data obtained over two years reinforced this statement. Staff in 2012 indicated 67% felt the school was a safe place to work within, when in 2014 this same indicator rose to 100%. Both agreed Team Teach training had increased capability in their staff to prevent SWD from escalating and could implement interventions in place with confidence. INT1 stated all staff’s awareness and knowledge of behaviour had increased as a team, through a shared approach and made “.... behaviour everyone’s business and we should all be managing it.” With INT2 reinforcing staff capability had increased “...otherwise I don't think the data would support the lower number of majors recorded.” One challenge that arose from INT2 was “.... consistently trying to

build that capability,” with the number of new staff entering the school and the maintenance of timely inductions.

Through workplace acceptance, knowledge and increased confidence in being safe, capability grew in staff whilst working in a planned, proactive manner to deescalate the student’s challenging behaviour, in order to prevent unsafe situations. Building capability in staff members meant the leadership team were no longer “first responders” (INT2) “...and the admin team received less call outs.” INT1 stated they were able to reduce the “...80% time they spent out of their office” managing challenging behaviours, and share this responsibility, with confidence in their staff. INT2 “Now staff realise they can prevent rather than cure.”

Prevention of RP = know your student, to deescalate

The second predominant theme revealed the de-escalation training gave a focus on preventative action for students and the importance of knowing your student to deescalate them. INT2 believes “there's a lot more we can do ...getting to know the students trying to keep them in that green zone as long as they can.” INT1 believed staff needed reminders to “...find out if there is a higher issue, if the students are escalating, it's about what's the best way of getting them back down again, rather than, you know, going straight to physical.”

Both interviewees confirmed knowing how students behave, with increased knowledge and plans, enabled staff members to utilise these strategies to deescalate a student effectively, or prevent this situation from escalating. INT1 “The more you can train your staff to be confident to manage any situation and support, you know what to do if Johnny comes into school anxious.” INT2 recognised not all staff members have achieved this yet. INT2 “If there is no plan in place then staff will always be reactive.” INT1 confirmed these plans led to a “physical reduction in incidents seen in our data as the plans increased the physical

responses decreased.” This suggests the preventative information in the plans around gaining student knowledge led to improved student management and a reduction in restraint.

With these planned responses INT1 believes staff are able to “.... communicate these behaviour plans through a shared approach across all staff so no matter where the student is the staff member should be able to defuse the student.” INT2 states “...how to recognize their triggers and how they're escalating and how to bring them back down before they reach crisis, which is all of your de-escalation training and tools” is important when knowing your students (Brown, 2015). INT2 highlights the importance of “...motivators or the distractors, things that get them in that calm space or to try to and when the student escalates and to use those to bring them down.” INT1 believes if you increase skills in one area – de-escalation, others will decrease, such as the physical interventions.”

Prevention of RP = school, shared approach to de-escalation

The third theme was de-escalation training performs best when it is pitched correctly to the staff and is visibly endorsed and shared by leadership. INT1 “You have to support it and over time you can reduce the support and people can manage it for themselves.” INT1 believes in the importance of human and physical resources “...make sure you have systems in place to provide support as and when you can,” acknowledging leadership’s contribution to the cause of de-escalation being a priority. Both interviewees recognised policies and procedures need to be aligned and enhance other low-level behaviour programs such as PBL, and to “... start focusing on those de-escalation and positive strategies, as opposed to the physical intervention,and combining it with those essential skills” and behaviour tools within the school.

The use of a shared common language through a whole school, was viewed as significantly useful by INT1, utilising the Team Teach terminology of “gradual, graded,

minimal force, least restrictive, de-escalation, planned, preventative, interventions...” so all staff were using a consistent language with the same understandings. This “... professionalises your conversations around that common language” and “some of that common language from Team Teach was useful we do not talk about poor behaviour; we talk about unsafe behaviour.... we don’t talk about being bad we talk about what is best behaviour.”

Both interviewees claim a whole school shared approach to collecting and monitoring data was effective when reflecting on the behaviours presented by individual students and also on major behaviour incidents, requiring physical interventions. INT1 “...looking deeper at behaviour and trying to analyse, to solve, and not just being called naughty.” INT1 stated time was spent on “...data recorded in the right way and used in student meetings to support students in a wraparound process.” These processes allowed leadership to “.... inform where we needed to target or intensify our support for prevention.” These claims were backed up by INT2 who stated there was “...a big focus on inputting all data from all staff consistently, and putting all behaviour data into One School.”

Preventative paperwork through policies, procedures and plans, available to all stakeholders was important as important with INT1 saying “...open and transparent with everything and over communicated it to all,” seen as essential to the acceptance process from staff, students and parents of the school. INT2 reinforces the need for parents to understand the Team Teach intentions and “...philosophy of (Team Teach), it’s a last resort, hands off, least restrictive and gradual and graded with a view of deescalating their child.” INT2 inform both parents and staff “...we reinforce the push on 95% of it (de-escalation) is verbal, it's hands off, it's gradual.” Both interviewees value the importance of de-escalation and the use of physical interventions as a last resort, for managing unsafe behaviours only.

Discussion

Schools have a duty of care to provide systems for staff to support themselves and also ensure the safety of their students (SSDSE, 2022). The aims of this project were firstly, to find out if de-escalation training, Team Teach, reduces RP within a special school. Secondly, to discover the trainers' perceptions on the impact and effect of the training, within their setting over ten months.

In relation to the first aim, both the interview and survey results show an overall positive impact and effectiveness of the de-escalation training. The pre training questions provided a baseline as to where the trainers felt their skillset for de-escalation was at prior to the training. Comparison with the post training responses positively affirms the training had overall increased the trainer's knowledge, confidence and safety to manage escalated students in their setting. Surprisingly, the number of times spent managing escalated students had not decreased for the staff post training, rather, they had increased. Assumptions here would be Trainers are called as first responders to incidents, as the trainees believe they still do not have the skills or simply rely on what worked previously. INT2 reminds the staff, "How do we recognise those cues, triggers and what can we do, and it was like, oh yes. I remember I can defuse them.....I remind them they did that (defused a student) with their de-escalation skills and being, positive, proactive and preventative."

INT2 reinforces this assumption when discussing building capability in others to deescalate students and ensuring the skills were passed from trainers to the trainees, to decrease the RP within the school. Teacher (4) results show they managed less escalated incidents before training, indicating the training had equipped them to be called to these situations, or now choose to respond due to an increase in skillset. Assumption 2 would be the three leadership positions are called as "first responder" due to being off class. Post

training, responder protocols may have been implemented increasing call outs, until staff capability had increased. Assumption 3 is the decrease noted for the physical interventions and the aggressive situations is caused by renaming these as de-escalation incidents; and the early interventions are effectively working to reduce and decrease challenging behaviours. Both methods results positively affirm the training reduces restrictive practices and has reduced the number of aggressive and violent situations, as confirmed by Hayden and Pike (2005) in their study of UK Team Teach processes.

For the second aim of this study, the post training and impact phase results supported or significantly supported the training in decreasing RP, reducing violent and aggressive incidents, and the impact the training had on school and processes. One aspect to note, was the varied responses to question 8, in particular the response of HOD (1) and Admin (3) around the impact of the training in the school, which was not rated as high as the others. This indicates the participants had a more diverse opinion of the training impact, leading to the assumption training should be mandated for it to impact the school, through all staff members. This may reveal the training is not always seen as important to all staff, such as those who do not have challenging SWD and therefore do not view the training as critical as those who have challenging SWD. This mandated approach, at the start of the year for all staff, new and experienced, would ensure a whole school approach to de-escalation, prevention and early intervention. This vision is reinforced by INT1 who sees behaviour as “...everyone’s business and everyone should be managing it!”

One of the highest affirmations was the response to question 10 around school processes and planning for SWD to reduce or prevent escalation. It can be assumed more processes were completed in order to align practices for staff to plan accordingly for the challenging SWD, who require de-escalation. With the leadership team actively involved in change and invested in the training, key documents will have been embedded to prevent

physical interventions and reduce aggressive incidents from occurring (Nelson, 2017). This planned approach, with guidance and support is necessary if change in culture and mindset is required to adopt new processes around behaviour supports and emergency practices (Colton, 2008).

Both interviewees confirmed data on One School and the School Opinion annual surveys provided evidence of a reduction in RP and made the special school a safer place to work. Data being consistently monitored to provide critical proactive information to deescalate behaviours and frequency, strategies and plans, was viewed as imperative in continuing the journey of deescalating SWD (Poed et al., 2020). The positive support from both interviewees strongly advocated the recommendation of Team Teach training to other special and mainstream schools, to reduce RP within their settings.

Limitations

This research is limited to a small sample size of one special school, with two interviewees and five surveys completed of staff members, trained in Team Teach. The study would benefit from another special school as a control sample, that does not use Team Teach, to compare data across settings, and to discover if the independent variable, Team Teach, has made a difference in reducing RP. The alternative approach would be to collect evidence from more than one special school undertaking Team Teach training, comparing the impact of the training and understanding the variables that contributed to why there was or was not a reduction in RP.

Data obtained was solely from Team Teach advocates and would need to be explored on the perceptions and data of those who are not trainers within this area. Data collection could involve all staff (trainees), increasing the number of responses and validating the findings (Price & Murnan, 2004). The participants had no prior knowledge when implementing Team Teach, they would be required to participate in a survey or interviews for research ten months later. A longitudinal study may prove more robust, starting with baseline data and monitoring this throughout the year, with different variables of the escalation training in mind; with the end results revealing more relevant and concise data. The survey would provide the initial baseline of results and be retested at the end, with the assumptions that different data should be found to the original findings. With this prior notice, the school could initiate specific methods to collect data, such as observations within classrooms, profiling for behavior support techniques and frequency of strategies used. The current results rely on perceptions, recall of situations, incidents and data was collected on a school-based system, One School, for the purposes of recording behavioral incidents.

Time constraints also impacted the research, completing the surveys and interviews during school holidays and not term time as planned. This could have caused some staff

members not to respond due to not reading their emails. Semester three is a shorter semester and timescales were short to obtain ethics clearance and adhere to initial timescales prior to school finishing, implemented by a novice researcher. There are six current special schools in Queensland within the North Coast Region that could be consulted to increase the generalizability of the data.

Conclusion

The use and reporting of restrictive practices such as SRU within educational and other settings remain a concern (Poed et al., 2020). The implementation of SRU carry moral and legal issues to all involved (Muir-Cochrane et al., 2014) and are summarised in General Comment 4 on Article 24 of the Convention (UN, 2016), having no possible reason for accepting restrictive practices for individuals. In some crisis situations, the use of these interventions is unavoidable (De Hert et al., 2011) and are viewed as part of an on-the-spot risk assessment to reduce risk and increase safety (Team Teach, 2021).

Alternative strategies have been viewed as the way forward (NMHC, 2012) and yet there has been minimal advice, consistent guidelines or mandated procedures to explicitly define the ‘what’ to progress forward. When staff are correctly trained through an evidence based, accredited and quality-controlled training program, with data monitored and analysed; challenging behaviours can be safely supported within any school setting (Bowers, 2009; Villani et al., 2011). This approach is effective when correctly applied by those intent on reducing physical interventions and restrictive practices in their settings; for not only SWD but any individual with complex and challenging behaviours. Through a whole school approach with Team Teach enhancing other school-based behaviour processes, an established, successful culture of behaviour support can be developed and work together to reduce SRU (Andrassy, 2016).

In summary, educational stakeholders should adopt a shared approach, to create and maintain a supportive framework for reducing RP through a commitment to learning and supporting their students (Le Bel et al. 2012; Simonsen et al. 2014; Trader et al. 2017). Preventative measures through de-escalation training, knowing your student and policies and paperwork is critical for successful implementation. Goldstein’s “Catch it low, to prevent it

high” may need to become a catchphrase known to all in education, to promote this early intervention philosophy, preventing escalation whilst at a low level and working to reduce risk, restraint and restriction, in the best interest for all (Team Teach APAC, 2021).

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Appendix 1

Trainers Survey – Deescalation Training

Demographic Information

Which of the following job titles best describes your role? Please circle.

Administration / Head of Department / Teacher / Teacher Aide /

Other e.g. Chaplain

When did you complete your initial de-escalation training course?

Over 4 Years Over 3 Years Over 2 Years Over 1 Year In last 12months

Prior to training

1. How confident were you in safely managing an escalated student in a school setting?

Not at all 1 2 3 4 5 6 7 To a high extent

2. How much knowledge did you have around de-escalation techniques?

None 1 2 3 4 5 6 7 Very experienced

3. How often were you personally managing students who require de-escalation

Not at all 1 2 3 4 5 6 7 All the time

After de-escalation training

4. How confident would you rate your ability to safely manage escalated students in the special school?

Not at all 1 2 3 4 5 6 7 To a high extent`1

5. How much knowledge did you feel you have now around de-escalation techniques?

None 1 2 3 4 5 6 7 Very experienced

6. How often are you personally managing students who require de-escalation?

Not at all 1 2 3 4 5 6 7 All the time

Impact

7. Since the training, have the number of incidences of physical interventions / restrictive practices in your school increased or decreased?

Significantly increased 1 2 3 4 5 6 7 Significantly decreased

8. The training assists to support you in understanding and responding to escalated behaviours in order to reduce both risk and restraint.

Can you rate the impact the training has had in your school since completing the training?

Little Impact 1 2 3 4 5 6 7 Great Impact

9. Since the training, have the number of incidences of aggression and violence in your school increased or decreased?

Significant increase 1 2 3 4 5 6 7 Significant decrease

10. How has the training impacted your school's processes to plan and cater for the needs of individual students, to prevent or reduce escalation?

Little Impact 1 2 3 4 5 6 7 Great Impact

Thank you for taking the time to answer these questions.

Appendix 2

Lead Trainer Questions

Semi Structured Interview questions

- 1) Can you tell me about your school
- 2) Tell me about your involvement with de-escalation training to date
- 3) How did the school arrive at the decision to implement the de-escalation training?
- 4) Where is the school currently at on its de-escalation training journey?
- 5) How did the staff react to the initial training?

Since training the staff at the school

- 6) What has the school, staff, students gained since the implementation of the de-escalation training?
- 7) What are the challenges that may have arisen since you have implemented de-escalation training? What barriers have you faced?
- 8) What are some of the indicators that prove the de-escalation training is working? Note question: Do you have a formalised way of collecting data to demonstrate the impact on student behaviour?
- 9) What are some of the differences you have noticed about the staff /the students, since implementing the training?
- 10) What impact has the training had on policies and procedures within the school?
- 11) Since the training, have the number of incidences of aggression and violence in your school increased or decreased? How do you know this?
- 12) Since the training, have the number of incidences of physical interventions / restrictive practices in your school increased or decreased? How do you know this?
- 13) What impact has the training had on being preventative rather than reactive?
- 14) How has the training impacted your school's processes to plan and cater for the needs of individual students, to prevent or reduce escalation?
- 15) Would you recommend this training to another special school? Mainstream school? If so, why?
- 16) How do you ensure this training stays current, used and consistent in practise?

Anything else to add?

Appendix 3



Human Ethics Application

Application ID :	H21REA287
Application Title :	Deescalation - a shared approach to reducing restrictive practices in Special Schools , in Queensland.
Date of Submission :	30/11/2021
Primary Investigator :	Mrs Heidi Phillips; Principal Investigator
Other Personnel :	Dr Cheryl Bauman; Principal Supervisor

Appendix 4

