TOTAL TRAIN LTD, SPECIALIST TRAINING AND CONSULTANCY PROVISION TO REDUCE THE LIKELIHOOD OF FORESEEABLE RISKS OF HARM OCCURRING THROUGH NEGLIGENCE SAFEGUARDING SERVICE USERS AND STAFF IN THE SECURE CUSTODY, EDUCATION, MENTAL HEALTH, SECURITY OR CARE SECTORS

by Joanne Caffrey
Expert Witness
Mission Statement

Our strategic priority is to safeguard staff and service users in the secure custody, education, mental health, security and care sectors, from physical, psychological, environmental, medical or exploitational harm. To prevent injury or deaths, through acts or omissions, by service providers to the vulnerable, in compliance with their duty of care.

Our critical functions to support the priorities are:

- To educate management and staff to enable them to recognise risk and implement suitable adaptations and control measures;
- To enable managers to implement safer systems of work and quality assurance methodologies;
- To provide a multi discipline service for legal, therapeutic and medical needs;
- To provide additional assessment and therapeutic behaviour and care plans for service users, offering independent Occupational Therapy and Sensory Integration therapy where appropriate;
- To provide law training to managers and staff;
- To provide Expert Witness services where applicable;

Our methods of service delivery include:

- Training: face to face, blended learning and E learning
- Performance and training needs analysis assessments
- Consultancy
- Person centred assessments and behaviour/care planning
- Independent debriefing services for the management of challenging behaviour and use of force
- Expert witness services.
Joanne Caffrey is a national expert regarding the prevention of deaths and injuries in secure custody, education, mental health, security or care settings, through the use of force, self harm, underlying medical conditions or foreseeable risks breaching a duty of care.

She works as an Expert Witness in civil, criminal and coroner cases and delivers specialist training and consultancy to attempt to assist employers avoid deaths, injuries and foreseeable risks negligence cases.

- 2008 & 2009 National Training Award winner for Professionalising Investigation (PIP)
- 2012 British Excellence in Performance Award. (Safer Custody & PIP)
- 2018 Forensic & Expert Witness Award for outstanding legal services for safer custody

Joanne was a police officer for 24 years, specialising in the safer custody of persons arrested and detained. She worked as a custody sergeant for approx. 7 years followed by 10 years custody training, specialist law training, custody assessments and safe systems of work.

Safer custody is a common framework of understanding amongst the criminal justice sector and covers from the point of stop & search, through the arrest process, police custody, court custody, prison custody, transportation between and the use of force in all sectors.

For the last 5 years her main clients have been school staff whom she works with to manage down challenging behaviour through establishing foreseeable risk, staff and child capability assessments, tactical communications & mediation, safer systems of work to avoid interventions, therapeutic handling and physical intervention & restraint.

Total Train Ltd consists of a multi disciplinary team of professionals taking a multi disciplinary approach to managing down challenging behaviour within custody, education, care and security settings. We have worked with providers to assess service users and prepare behaviour & care plans which are person centred and with the participation of the service user, educate staff how to implement the strategies, and include a therapeutic intervention process via Occupational Therapy where appropriate. This has significantly managed down the number of incidents where force has been used.

Over a 30 year career she has trained thousands of employees, from a variety of sectors, regarding safer systems of work for the management of challenging behaviour and complex needs and has achieved national awards for her training design and delivery, including:

Federation of Forensic & Expert witnesses

2018

We are registered with the AoHCT (Association of Healthcare Trainers).

Joanne has published papers and e books and has designed accredited national training courses. Joanne sits as a Director for the company Freedom From Abuse CIC which aims to break the cycle of child abuse.

We work throughout the UK delivering Expert Witness services, face to face training, consultancy and e learning. Our courses can be bespoke to the needs of the client and service users but we also deliver a range of awarding and regulatory body courses accredited by BTEC, OCN Credit 4 Learning, NFPS, CPD, Ofqual, RoSPA, IIRSM etc.

We are also qualified and registered with Local Authorities, The Ministry of Justice, IOPC (Independent Office for Police Conduct), The Federation of Women in Policing.

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Too often, training is a ‘one size fits all’ and service users with educational needs or disabilities are not provided with adapted techniques suitable for their conditions. Organisations are often unaware that there are many different training programmes on the market and they should ensure they conduct their due diligence to ensure the training of their staff is suitable and sufficient for the safety of the staff and the service users. They should also satisfy themselves that any trainers are actually qualified, competent and experienced in the area of work relating to their staff and client demographics.

She also finds that many staff over use force when de escalation or mediation strategies, tactical communication and negotiation methods could have reasonably avoided the use of force all together. What training has your workplace received for de escalation or mediation strategies, tactical communication and negotiation methods? Too often the trainers deliver the techniques as the primary training, with any de escalation or legal training being a minor or non existent part of the training. What ‘law’ often being delivered, we find, is often wrong, as the trainers have no qualifications or experience in teaching of the law and therefore mis interpret Acts of Parliament or the law. Training of staff is generally erratic, often lacking any credible tailoring to ensure it is suitable for the staff to apply to that service user.

Two questions she is often asked to comment upon in legal cases are (1) was there an alternative which could have happened to avoid using force on the person? And/or (2) whether the training of the techniques provided was actually suitable and sufficient for either the staff member to deploy and/or the safety of the service user.

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Joanne was awarded the 2012 British Excellence Award from the British Association of Women in Policing.
These topics include:

- Conflict management, breakaway, self defence, close quarter combat, physical intervention, physical restraint
- Risk assessment, health & safety, manual handling etc concerning challenging behaviour and the use of force
- Use of restraint equipment e.g. handcuffs, soft cuffs, restraint belts
- Searching, screening and confiscation
- Safeguarding & child protection
- Complex medical and behaviour needs and person centred care planning
- BTEC 3 day disengagement and physical intervention training for clinical settings, for use on vulnerable adults and children
- BTEC 3 day disengagement & physical intervention for security
- BTEC level 2 SIA door supervisor physical intervention module
- BTEC Level 2 conflict management
- BTEC level 2 handcuffing & soft restraints
- BTEC level 2 breakaway and self defence
- NFPS level 2 education sector challenging behaviour
- NFPS level 2 elderly services challenging behaviour
- Managing suicide and self harm in custody
- Managing the use of force
- Managing challenging behaviour
- Managing suicide and self harm
- Mental health first aid

Total Train Ltd’s multi disciplinary team delivers training and consultancy on a range of topics concerning the management of challenging behaviour or complex needs.

Our courses are accredited by various awarding bodies with CPD points allocated.

All sectors should be focused upon the minimal use of force/restraint, for the shortest time possible. There should be clear objectives for the use of any force on a person prior to it being used and these objectives should be legally defendable as unavoidable, necessary, reasonable and proportionate. The fact that sectors have a right to use force does not mean it is the right thing to do if safer systems of work were available. Managers should also review staff training to ensure it is tailored to the needs of the staff and service users and is not a ‘one size fits all’ approach. If a trainer is not able to vary from their package to adapt techniques then consideration should be given to finding a suitably qualified person who can provide a needs based, person centred, approach which complies with the law and regulatory standards.

We can assist you to complete a training needs analysis for your work place
We can provide you with unlimited free advice following our training sessions
We can provide you with a multi disciplinary approach to managing down your foreseeable risks concerning behaviours and/or complex needs.
Joanne provides Expert Witness services for cases involving any use of force/restraint in any sector and has numerous cases involving police or prison custody, schools, mental health units, security staff and adult care.

Safer custody covers a wide variety of issues for safeguarding the staff, the service users and others, which are applicable for police and prison custody, court cells and contractor transport companies, such as:

- Custody staffing and training levels
- Custody paperwork
- Risk assessment processes for condition of detainee/prisoner
- High risk issues e.g. head injuries, positional asphyxia, excited delirium
- Building risk assessments e.g. ligature points, alarm systems, fire safety
- Information sources e.g. PNC, PER,
- Health conditions and use of the health care providers
- Control & restraint techniques and use of
- Search techniques and confiscation of items
- Transportation e.g. fleet management issues, PECs (prison escort and custody services),
- Management & supervision e.g. visits and rousing
- Equality & individual needs e.g. females, juveniles, disabilities, foreign nationals
- Healthcare & medication needs
- Cell occupancy
- Out of cells – exercise, showers or interviews
- Hygiene e.g. bedding, toilets, clothing & cleaning
- Food safety – choking assessments, food hygiene
- Dependencies – alcohol, drugs
- Mental ill health – assessments, medical needs, adaptations
- Technology – CCTV, audio recording
- Deaths or injuries in custody procedures

Her custody cases include police, prison and court cells cases. They include death in custody, staff assaults, prisoner injuries, stop & search, asphyxiation, brain injuries, restraint injuries, general safeguarding & duty of care etc.

Her education cases have focused around either staff members being injured by children or children being injured or placed against their wishes in ‘calming rooms’. Staff injuries usually focus upon the fact that the training provided was insufficient and/or the techniques taught were not appropriate for that member of staff to apply on that child.

Her cases within the mental health, clinical, care and security sectors have lead to coroner cases for death during restraint or liability claims for significant injuries due to oxygen deprivation.

 `'Calming rooms' or 'isolation rooms' have appeared to be on the increase within education and adult care sectors, and more issues connected to their use are coming into the public eye. Examples include being held responsible for professional misconduct, false imprisonment accusations, Human Rights Act breaches.

Several factors are applicable to the use of calming / isolation spaces / rooms:

Foreseeable risk: typically, the risk assessment is conducted by a staff member who may have completed a basic risk assessment course. This in no way prepares the person as competent to conduct a risk assessment for the design or use of a room or space for placing a person into who may be in crisis, violent or suffering a mental ill health episode. Ligature points must be removed, and a ligature point is anything which is 2mm proud of flush or anything which you may attach or fit a shoe lace/ wire to. Joanne is experienced at assessing areas for ligature points.

The room itself is only one area of concern, next is the way in which the room/space is used and managed. If a person is taken there against their will and they are held in there against their will then there may be criminal offences committed by the staff or business. It is essential that policies and safe systems of work are clear to staff as to how the room is used and that every use of the room is debriefed and reviewed for legal compliance. There should also be proactive management in assessment and strategies to manage down the use of such spaces.

The core principle should be that the person is able to take themselves to the room/space and leave when they want to. Any deviation from this has to be legally and legitimately evidenced as unavoidable, necessary, reasonable and proportionate.

The best interests of the service user must be a principle concern- not that it is the quickest and easiest method for dealing with a person.

We are able to assist service providers in the establishment of rooms/spaces, policies and safe systems of work concerning the use and training of the staff for safe use of the facility. This includes daily, weekly and monthly checks of the room/ space and associated log sheets.

This is a specialist area of work and experienced consultants and trainers should be utilised. Your due diligence should be asking any consultant and trainer what qualifications, experience and specialist knowledge they have for such functions.

We are able to train your assessors or provide the actual consultation and training function.
We offer tailored training for either the management of challenging behaviour and the use of force and/or the actual use of force – physical interventions to the use of mechanical restraints.

Our basic course module is called The Safer Handling of Children/Adults/Elderly and consists of 3 hours theory for managing challenging behaviour and 3 hours of low level basic physical intervention (non touch to low level touch). This course is recommended for ‘standard’ risk service users with no foreseeable risks or complex needs/dual diagnosis.

We are able to tailor all of our training to the people involved by attending your venue and, subject to agreement, we can work with the service user and staff members to design the performance needs analysis and subsequent training needs analysis, then deliver the training and assist in its implementation.

We are able to combine our multi disciplines of legal, use of force, therapeutic and medical modules to ensure you achieve a tailored and safe approach, which is person centred and in the best interests of the service user.

We can conduct the training at your site to ensure processes are viable to conduct in those areas. We can adapt techniques to take into consideration the demographics of the people involved, to ensure they are safer and that they are taking into consideration medical, educational or other disability needs.

Our 2 days, 15 hours, accredited training is designed for managers and staff to adopt a holistic approach to challenging behaviour, to make the work place activity safer for the staff and service user.

It will focus upon assessing for foreseeable risks, performance needs analysis, training needs analysis, behaviour and care plans, understanding basic conflict management and negotiation skills, conducting basic low level intervention techniques and understanding the need to take into consideration the personal demographics of staff and service users to ensure the techniques, if ever used, are the most suitable methods for all involved.

It is essential that managers and staff understand the legal and regulatory body requirements for the use of force.

Just because staff have a right to use force does not mean it is the right thing to do.

Managers need to understand their role in de-briefing and quality assurance assessments to ensure every single second of every single restraint is legal. Total Train Ltd can provide a de-briefing and assessment service if required, or train your de-briefers.

We have an aging population within many work places and a technique may be suitable for the demographics of a 25 year old staff member but as we age, and particularly female staff, we rapidly decline in bone density and strength making staff more susceptible to fractures as they age. If you do not ensure that your techniques are suitable for your staff being asked to administer them, you could be liable as an employer to negligence claims as you have failed to provide them with suitable and sufficient training and safe systems of work.

I have experience as an Expert Witness on such cases brought by staff who are injured.

Personal Protective Equipment (PPE) should also be considered as one option for control measures.

For example, if you have service users who bite or scratch, staff are not mandated to have to tolerate it. In addition to longer term strategies to try to manage down the risk PPE may be a suitable short term solution in addition to adapted practices, to safeguard the staff.

Items such as bite / slash resistant clothing should be considered and documented along with eye protection from spitting. (See our 8 page booklet on dealing with service users who bite, scratch or spit).

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We provide tailored full day training courses and whole work place awareness training sessions. Simple systems can have significant impact and hopefully reduces the incidents of restraint and use of force.

Understanding how to de escalate and negotiate with a person during crisis is safeguarding all persons concerned. It is not a sign of weakness and can significantly reduce the amount of staff time involved in ‘challenging behaviour’ incidents and the financial cost of such.

This could rapidly escalate the situation to violence as the service user see it as a threat and criticism.

Likewise, the lack of appreciation concerning personal space can also rapidly increase the risk of violence. The more angry, upset or violent the person is, the more space they may need.

Your moving into their space without invite could escalate their fear and behaviour. They attack as a defence tactic.

Every person communicates in different ways, and many service users are influenced by educational needs, disabilities, neurological conditions, mental health episodes etc. Staff need to understand how to communicate with different people and, importantly what to avoid.

Whole staff awareness training is essential to prevent the rapid escalation of a situation. For example, a person may be in crisis and a member of staff asks “What’s the matter with you now?”. This could rapidly escalate the situation to violence as the service user see it as a threat and criticism.

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Total Train Ltd
Managing Ligature Risks
Training & Consultancy

Accredited Training
Level 1 & Level 2

Delivered by
Expert Witness
Joanne Caffrey

Email: totaltrain@sky.com

Delegates attending our 1 day training course will be able to:

Conduct a risk assessment task either from a case study photo
or real room (subject to location of course)

Assess standard clothing and evidence how they can be used
as ligatures e.g. shoe laces, belts, bra

Explain elimination of risk strategies available to them

Using their regulatory body risk assessment process to
establish the level of risk with their service users

Establish the risk based need for ligature removal emergency
equipment

Demonstrate safe use of a ligature cutter device

Understand policy and procedure requirements for their work
place

Explain audit, inspection and maintenance regimes

Know how to respond to finding a service user in a ligature e.g.
hanging

Explain forensic preservation of the ligature and scene

Explain post incident statutory requirements for reporting and
recording

Level 2 Accredited training:

Understanding ligature points
Audits, maintenance & inspection regimes
Risk assessments of people & rooms
Safe systems of work & contingency planning
Initial 1st aid actions
Using anti ligature knives
Legal & regulatory body requirements

Level 1 awareness training also available
Many sectors such as the education, care and security sectors now have organisational policies allowing staff to search and confiscate items. However, staff are unaware of the risk they are placing themselves in and the safeguarding issues for children and adults.

Staff are not being trained how to actually conduct a search, which could leave them open to allegations of sexual offences or gives an abuser the green light to start searching in order to achieve sexual satisfaction. Managers have little or no knowledge on the matter in order to ensure systems are safe and legal.

Staff typically do not understand about safeguards for fabricated illness & induced injury or signs of accidental overdosing. Even with paracetamol based products, such as calpol, it is easy for children to be overdosed as the child is handed over to different parents, carers and relatives during care planning course. This entails 2 hours of pre arrival. The safer systems, preservation of integrity and management quality assurance processes and policies will be highlighted. We are able to work with all sectors pre and post training to design and implement your policies and procedures and review the implementation.

What should staff do with items they confiscate?
How should they store knives or bladed articles?
Do they have secure packaging and storage for items?
What if a staff member gets a needle stick injury?
What if medication or drugs go missing – or the allegation is made against the staff member who seized them?
What if sexual or racial bias is alleged?
How do you audit and account for?
What if an allegation of false imprisonment or physical assault is made against staff?
What if a person to be searched suddenly puts a package of suspected drugs in their mouth and attempts to swallow it?
What do staff do about this?

The police have created safer systems of work over many years for all of these events. Joanne is highly experienced in conducting actual searches and training staff for searching. She has also engaged on Expert Witness cases where people have ‘swallowed’ products and claims are brought against the organisation for their response (act) or lack of response (omissions) to the situation.

Our training can be tailored specifically to you and we have a 1 day accredited stop, search and confiscate course for searching of the person.

• Search techniques
• Extent of the search
• Acts of Parliament & best practice guidance
• Reasons and grounds to search
• Child protection and safeguarding
• Health & safety of all involved, and the preservation of evidence

This is a practical course and delegates must be willing to be searched and conduct searches on other delegates.

The safer systems, preservation of integrity and management quality assurance processes and policies will be highlighted. We are able to work with all sectors pre and post training to design and implement your policies and procedures and review the implementation.

We have specific accredited packages also available for the care sectors.

If a staff member gives (the act) or fails to give (the omission) a medication which causes harm to a child in their care, the individual member of staff and the school/nursery could be legally liable both under criminal and civil law.

The Department for Education, December 2015 guidance “Supporting pupils at school with medical conditions” section 18 states “The school’s policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.”

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions”

“The school’s policy should additionally set out arrangements for whole-school awareness training so that all staff are aware of the school’s policy for supporting pupils with medical conditions and their role in implementing that policy”

If the administration of, handling of, storage of, or disposal of medication is a work place activity then it should be assessed for levels of risk to the staff and the service user to either eliminate all risks or reduce risks to the lowest acceptable level to ensure, so far as is reasonably practicable, that other persons (i.e. children) who may be affected thereby are not thereby exposed to risks to their health or safety.

This means recognition of risk through thorough suitable assessment of risk; establishing suitable and sufficient training, if deemed necessary, based upon the training needs analysis; designing safe systems of work and engaging in quality assurance processes to ensure compliance.

Medications which are foreseeable should be planned for with safe systems of work ready to apply. The right child should get the right medication at the right time, by the right route, in the right strength, with medication not spoiled or tampered with, and in compliance with their health care plan.

Many schools and nurseries do not comply with nationally accepted practices for the adult, elderly and secure sectors. This means that the risk of overdosing a child, missing medications, giving the wrong medication all together, giving medication which has gone off are significantly increased compared to other sectors. Staff medication in handbags / clothing also poses a risk when there is uncontrolled movement and acknowledgement of what staff / visitor medication is coming onto the site or school trip. A dropped medication or opened handbag in a classroom could provide the opportunity for serious consequences.

Security of the child’s medication is also erratic with the opportunity for medications to be tampered with or stolen. Some medicines are control drugs and must be securely stored overnight to certain standards compliant with Acts of Parliament.

Staff typically do not understand about safeguards for fabricated illness & induced injury or signs of accidental overdosing. Even with paracetamol based products, such as calpol, it is easy for children to be overdosed as the child is handed between different parents, carers and relatives over a 24 hour period.

Storage is often not compliant with medication requirements which could compromise the integrity of the medication e.g. refrigerated products being left at room temperature and vice versa, plus the use of staff fridges for medication on a regular basis not only does not comply with best practice but also highlights failures for food safety.

The purpose of the training is to identify nationally accepted practices of unsafe processes and safest systems of work. We will explore unsafe, safe and safest systems of work.

All schools/nurseries should then identify what practices are proportionate, yet safe, for their adoption. All practices should be legally defendable based upon suitable and sufficient assessments of risk.

We can offer an accredited 10 hours level 2 management of medication and person centred care planning course. This entails 2 hours of pre course e learning plus 8 hours classroom based delivery.
Safeguarding

Total Train Ltd also works with Freedom From Abuse, with Joanne Caffrey being one of the directors. Freedom from Abuse is supported by Crime Stoppers.

Total Train Ltd delivers a wide range of safeguarding and child protection training covering topics such as:

- Keeping children safe in education
- Level 1 safeguarding / child protection training
- Designated safeguard lead (DSL / Level 2)
- Case conference attendance (Level 3)
- Reducing the need for restraint and restrictive intervention
- Working with ACEs (Adverse Childhood Experiences)
- County lines
- Child sexual exploitation (CSE)
- The Prevent duty
- Female Genital Mutilation (FGM)
- Peer on peer abuse
- Internet safety / keeping children safe online
- Managing sensory integration
- Investigation of allegations
- Managing safeguarding
- Management of, and administration of, medications
- Personal and intimate care
- Deprivation of liberty
- Managing special educational needs and disabilities
- Managing suicide and self harm
- Mental health first aid
- Managing head & brain injuries
- Managing educational visits
- Safer recruitment
- Statement / report writing for case conferences, tribunals and court cases
- Appropriate adults for criminal investigations
- Person centred care

We can provide the training which is right for your workplace.

Keeping children safe in Education – medication management and administration is a safeguarding issue.
Total Train Ltd offers a large range of training and consultancy services.

For full details of our specialist training please contact our office
Email: totaltrain@sky.com
Tel: 07528 800 720

For discussing expert Witness services please email Joanne at
Email: joannecaffrey@sky.com
Tel: 07528 800 720

E Learning

We currently have approximately 100 e learning courses which can be used as stand alone training or as part of a blended learning approach. Contact us for full details.

Independent Occupational Therapy (OT) Assessments, Consultancy & Expert Witness services

Our OT Angela Brown is an Expert Witness for paediatric occupational therapy cases. She is able to provide OT assessments and reports, Expert Witness reports and staff awareness level training.

OT provides practical support to enable children and adults to facilitate recovery and overcome barriers that prevent them from doing activities (occupations) that matter to them. Angela can evaluate a person’s need for any specialized equipment, such as wheelchairs, splints, bathing equipment, dressing devices, or communication aids.

Occupational therapy also treats injured, ill, or disabled patients through the therapeutic use of everyday activities, helping patients develop, recover, and improve, as well as maintain skills needed for every day living and working.

She is also a Sensory Integration assessor. Sensory Integration is a form of occupational therapy when special exercises are used to strengthen the sense of touch (tactile), the sense of balance (vestibular), and the sense of where the body and its parts are in space (proprioceptive).

Sensory integration therapy aims to help with sensory processing issues (which some people may refer to as “sensory integration disorder”) by exposing patients to sensory stimulation in a structured, repetitive way. Over time, the brain will adapt and allow a patient to process and react to sensations more efficiently.

Some children have trouble handling the information their senses take in, such as sound, touch, sight, and smell and children with sensory processing issues experience too much or too little stimulation through these senses and may have difficulty integrating sensory information—for example things they see and hear simultaneously, like a teacher speaking, might seem as out of sync for them.

These problems can be tough on children and can get in the way of them functioning effectively with learning and making friends.