



Positive Handling and Contact Policy

Policy Information	
Policy Owner	Headteacher
Issue Version	1.0
Approving Committee	Safeguarding & Well-being Committee
Adopted Date	June 2021
Review Cycle	Annual
Last Review Date	July 2021
Next Review Date	July 2022

Adoption of the Policy

This Policy has been adopted and reviewed by the Trustees of Transforming Futures Trust

A handwritten signature in black ink, appearing to read 'Chris Jones', with a horizontal line underneath.

Signed Date:
(Chair of Trust)

Date: 01.07.21

1. Introduction

- 1.1 This policy complies with relevant legislation, including but not limited to:
 - i. The Education Act 2011.
 - ii. The Children Act 1989The Equality Act 2010.
 - iii. This policy will also have due regard to the following guidance:
 - a. DfE “Use of reasonable force in schools” 2013;
 - b. DfE “Working together to safeguard children” 2020
- 1.2 Courtlands follows the Crisis Prevention Institute guidelines for positive handling techniques under the CPI Safety Intervention certificated training courses. There are CPI Trainers on the staff team at Courtlands who provide annual training for staff to ensure that Courtlands is BILD (British Institute of Learning Disabilities) compliant. The programme is centred round the Care, Welfare, Safety and Security of everyone in a crisis situation. New staff are trained as soon as is reasonably practical and current staff are given annual refresher training. The CPI trainers also receive regular update training to ensure they meet the quality assurance of the CPI organisation which since 1980 has trained more than 5.4 million service professionals worldwide.

2. Pupil Contact

- 2.1 Courtlands works with pupils across all ages and with a wide variety of needs appropriate to our designation as a school for children with moderate learning difficulties and social, emotional and mental health challenges. Courtlands encourages a safe touch approach and staff feel comfortable in undertaking primary care tasks such as changing, toileting, feeding, comforting, encouraging and touch through play. It is obviously essential that such interactions are transparent and planned rather than covert. Predictability and routine are important factors in creating a sense of safety. Pupils require adults who strive to understand their feelings and thoughts rather than just react to their behaviours. Developing a reflective and responsive culture among both staff and pupils is an essential component of attachment-informed care.
- 2.2 We have identified different types of safe touch and physical contact that may be used, these are:
 - 2.2.1 Pastoral and personal care: Where developmentally appropriate staff support pupils with personal care, for example changing, toileting, feeding and medical needs.
 - 2.2.2 Casual/informal/incidental touch: Staff use touch with pupils as part of a normal relationship, for example comforting a pupil, giving

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reassurance and congratulating. The benefit of this action is often proactive and can prevent a situation from escalating.

- 2.2.3 General reparative touch: This is used by staff working with pupils who are having difficulties with their emotions. Healthy emotional development requires safe touch as a means of calming, soothing and containing distress for a frightened, angry or sad pupil. Touch is used to regulate a pupil's emotional triggers, it stimulates the release of the calming chemical oxytocin in the body. Reparative touch may include stroking a back, squeezing an arm, rocking gently, cuddling, tickling or sitting on an adults' lap, hand or foot massage.

3. Searching Pupils For Prohibited Items

- 3.1 Due to risk assessments and Courtlands' duty of care to keep pupils and staff safe it is necessary that staff who have been authorised by the head teacher also have the power to search pupils without consent for prohibited items.

4. Reasonable Force – DFE Guidance

- 4.1 The term 'reasonable force' covers the broad range of actions used by most teachers at some point in their career that involve a degree of physical contact with pupils. Physical Intervention is usually used either to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances such as breaking up a fight or where a Pupil needs to be restrained to prevent violence or injury. 'Reasonable in the circumstances' means using no more intervention than is needed. Intervening means either passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as escorting a pupil in a low-level hold.
- 4.2 Physical intervention means to hold back physically or to keep a pupil or others safe. It is typically used in more extreme circumstances, for example when two pupils are fighting and refuse to separate without physical intervention. School staff should always try to avoid acting in a way that might cause injury, but in extreme cases it may not always be possible to avoid injuring the pupil. Physical intervention is only to be used as a last resort.
- 4.3 All members of school staff have a legal power to use reasonable and appropriate force. This power applies to any member of staff at the school. It can also apply to people whom the head teacher has temporarily put in charge of pupils such as unpaid volunteers or parents accompanying pupils on a school organised visit.
- 4.4 A physical intervention can be used to prevent pupils from hurting themselves or others, from damaging property or from causing disorder. In a school CPI

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Safety Intervention is used to help de-escalate a risk behaviour or progress to a physical intervention with a post crisis follow up.

- 4.5 The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances. The following list is not exhaustive but provides some examples of situations where reasonable force can and cannot be used.

4.5.1 schools can use reasonable force to:

- a) that schools can use "Remove disruptive pupils from the classroom if they are harming themselves or others where they have refused to follow an instruction to do so
- b) Prevent a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others
- c) Prevent a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground
- d) Restrain a pupil at risk of harming themselves through physical outbursts.

While this is the non-statutory guidance, at Courtlands we hold a higher standard of expectation and so safety intervention should only be used to prevent or minimise harm, not as a means to achieve compliance.

4.5.2 Schools cannot: use force as a punishment– **it is always unlawful to use force as a punishment.**

Use Of CPI MAPA PIVOTAL

- 5.1 The CPI Safety Intervention training programme is a gradient based low arousal model of behaviour management that ensures the best possible care, welfare, safety and security for both staff and young people.
- 5.2 The CPI Crisis Development Model defines crisis development in terms of four distinct and identifiable levels. The Crisis Development/Behaviour level is matched with an appropriate corresponding Staff Attitude/Approach.
1. Anxiety > Supportive
 2. Defensive > Directive
 3. Risk Behaviour > possible Physical Intervention
 4. Tension Reduction > Therapeutic Rapport
- 5.3 Restrictive physical intervention (CPI Safety Intervention) should only be used when a young person is at level 3 (Risk Behaviour).
- 5.4 All other reasonable alternatives should have been tried and the risk of a restrictive physical intervention should be judged to be less than the risk of the person's behaviour.

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5.5 The best way to avoid injury and distress is to avoid physical interventions. Use the CPI de-escalation techniques to do so and consider the following:

- a) Personal Spaces.
- b) Body Language.
- c) Verbal Communication using a scripted intervention technique.

5.6 Set simple, clear, reasonable and enforceable limits. Offer choices, allow safe venting and always take threats and intimidation seriously.

5.7 As a last resort to ensure the best possible care, welfare, safety and security of individuals it may be necessary to use:-

5.7.1 CPI Safety Intervention Disengagement techniques proportional to Low, Medium & High risk as appropriate to:

- a) Upper body strike.
- b) Lower body strike.
- c) Hold to the wrist.
- d) Hold to clothing.
- e) Hold to the hair.
- f) Hold to the neck.
- g) Hold to the body.
- h) Bite Release.

5.7.2 Key Principles

Start from the Supportive Stance

- a) Position.
- b) Posture.
- c) Proximity.
- d) Block.
- e) Move to a point of safety.
- f) Hold & Stabilise.
- g) Create movement (pull/push/lever).

5.7.3 CPI Safety Intervention Holding techniques proportional to Low, Medium & High risk as appropriate to:

- a) Seated low-level restriction.
- b) Seated medium-level restriction.
- c) Seated high-level restriction.
- d) Standing low-level restriction.
- e) Standing medium-level restriction.
- f) Standing high-level restriction.

5.7.4 Key Principles

Maintain a Supportive Stance

- a) Position.
- b) Posture.
- c) Proximity.

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- d) Gain Biomechanical Benefit (Outside/Inside, Limit range of motion).
 - e) Restrictive physical intervention (CPI Safety Intervention - Holding) should only be used as a last resort to manage risk behaviour & minimise harm.
- 5.8 A Team Intervention should be used on the grounds of safety, professionalism and litigation.
- 5.9 During an intervention it is essential that the situation is continually assessed using the *Opt-Out Sequence*:
- a) **Why are we holding the person?**
Consider the people, the behaviour & the environment.
 - b) **What are the risks?**
Consider the physical & psychosocial impact.
 - c) **What can be done to reduce the risks?**
Consider reducing the level of restriction &/or changing position.
 - d) **Can we let go?**
Consider how these changes impact on the level of risk.
- 5.10 The CPI Safety Intervention techniques are designed for safety and allow for a Therapeutic Rapport to be re-established. The key elements are:
- a) No element of pain involved.
 - b) Intent is to calm individual.
 - c) Used to protect – not punish.

5. Recording Restrictive Physical Interventions

- 6.1 All incidents requiring Restrictive Physical Interventions should be recorded using the paper based, bound Additional Measures Of Control (AMOC) Incident Log book which is held by the behaviour support team members. Records are necessary to confirm that good practice has been observed and in extreme circumstances to provide legal justification for staff actions.
- 6.2 Incidents must be written up as soon as possible, delay can mean that memories diminish. Incidents need to be reported within 24 hours unless there are extenuating circumstances.
- 6.3 Each log is checked by a member of senior management and is discussed by behaviour support team termly and reported on to the Governing Body.
- 6.4 After a first Physical Intervention, a booklet outlining CPI Safety Intervention and its principles is sent home with a Parental Notification of a Hold. After then, if a Physical Intervention occurs, the Parental Notification goes home and parents are informed by staff by phone so any questions can be answered.

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- 6.5 Facts should be recorded chronologically, who, when, where. Be objective, brief and ensure the information is complete and accurate.
- 6.6 ARBOR is accessed through your personal login and provides a way to monitor incidents of physical intervention.
- 6.7 The records should include details of any injuries to staff or young people, the duration and effectiveness of the intervention and details of other staff and pupils involved. This could be direct involvement or as witnesses.
- 6.8 Records in the AMOC Incident Logbook provide the following information.
 - a) Reason for intervention
 - b) De-escalation techniques used
 - c) CPI safety Intervention (Disengagement/Holding) used
 - d) *Choices are selected from the MAPA techniques listed.*

This is shown in **Appendix A**.

- 6.9 Remember documentation is critical to assess what has taken place and look for ways to prevent or minimise future occurrences. This process can improve the safety of everyone who may be involved in crisis incidents.
- 6.10 Following an incident where physical intervention has been employed, both staff and pupils should be given separate opportunities to talk about what happened in calm and safe environment. When a serious incident or a prolonged physical intervention has resulted in emotional or physical harm staff will be debriefed either by the behaviour support lead, a line manager or a member of the senior management team and this will be done when all those involved have recovered their composure.
- 6.11 Restorative conversations after a physical intervention is an essential process for both staff and pupils. It provides an opportunity to have an honest and open conversation regarding the pupil's behaviour, and how it led to the physical intervention. This process will help the pupil to understand that their behaviour had not been appropriate and enable staff to reflect on their actions providing an opportunity for improving coping strategies to help pupils regulate their own behaviour in the correct manner. For pupils with ASC or emerging communication and interaction, the use of a social story could be a more appropriate method to have the restorative conversation. The debriefing process is in **Appendix B**.

6. Arrangements For Informing Parents

- 7.1 Parents should be informed of any Restrictive Physical Interventions used shortly after the incident including any details on the type of intervention used if necessary.

7. Arrangements For Monitoring And Reviewing Use Of CPI Safety Intervention

- 8.1 All incidents involving Restrictive Physical Interventions are discussed at the weekly Safeguarding team meeting and then reported to SLT. Incidents will be reviewed on a regular basis, through Behaviour Analysis scheduled at SLT meetings. The AMOC books will also be reviewed termly to ensure that they are filled in correctly and incidents have been appropriately handled. If there are any issues identified, then SLT will be informed and further actions identified.

ARBOR is used to record all Physical Interventions. This ensures accurate and up to date recording of any Physical interventions that take place. Behaviour Support staff and SLT are automatically alerted when a Physical Intervention has taken place. All incidents continue to be discussed at the weekly Safeguarding team meeting and reviewed on a regular basis with SLT.

This system of recording is accessible to all staff and supports further identification of triggers. This supports the implementation of support and interventions that may be needed for individual pupils.

8. Things To Remember

Principles Of HoldingSM

The use of restrictive physical interventions as a last resort to manage risk behaviour and minimize harm.

Guiding Supporting Escorting

Maintain a *Supportive Stance*SM

- Position

- Posture

- Proximity

Gain Biomechanical Benefit

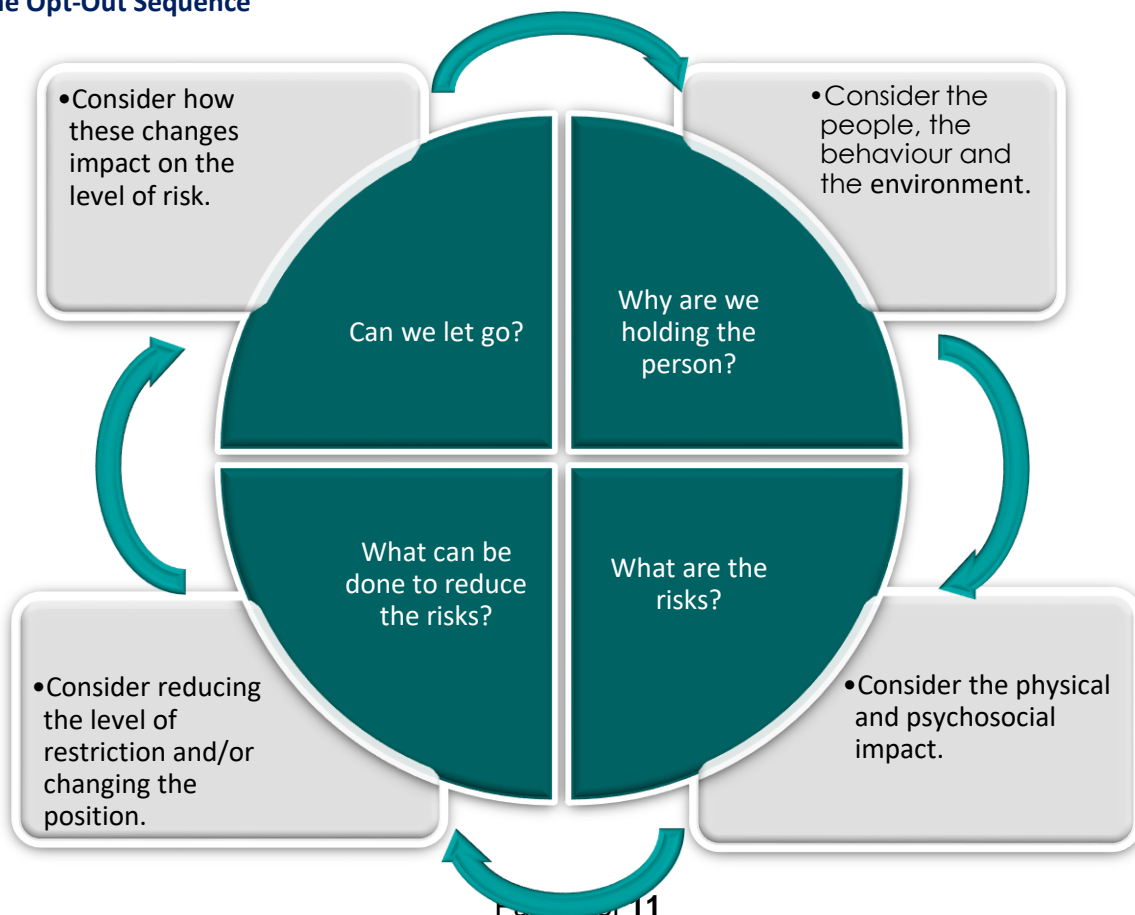
- Outside / Inside

- Limit Range of Motion

Procedural Considerations

The situational application of the key principles can be used in those circumstances where a physical intervention is required to manage risk behaviours as a last resort when all other non-physical interventions have been explored.

The Opt-Out Sequence



Appendix A. CPI Safety Intervention

Pupil Name	Year / Group
Date Of Incident	Time Of Incident
Length Of Intervention	Location

Reason For Intervention *(please tick relevant box)*

Danger To Pupils <input type="checkbox"/>	Danger To Self <input type="checkbox"/>	Absconding <input type="checkbox"/>
Danger To Staff <input type="checkbox"/>	Prevent Criminal Act <input type="checkbox"/>	Prejudicing Good Order <input type="checkbox"/>

De-escalation Techniques *(please tick relevant box)*

Support Choices Offered Staff Change

CPI Safety Intervention *(please tick relevant box)*

Disengagement Technique For Personal Safety Used Hold
Strike

Physical Intervention (Holding) *(please tick relevant box)*

Seated	Low Level Restriction <input type="checkbox"/>	Medium Level Restriction <input type="checkbox"/>	High Level Restriction <input type="checkbox"/>
Standing	Low Level Restriction <input type="checkbox"/>	Medium Level Restriction <input type="checkbox"/>	High Level Restriction <input type="checkbox"/>

Brief Report (Risk Behaviour / Sequence Of Events)

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Home Contacted

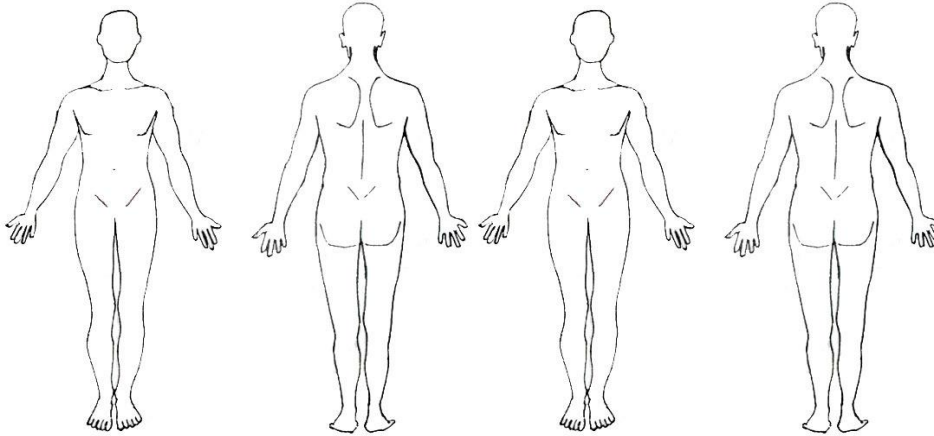
Recorded On SIMS

Injuries

None

Pupil

Staff



Details Of Injury Reported By Pupil *(please use body maps above to illustrate location and record name)*

Details Of Injury Reported By Staff *(please use body maps above to illustrate location and record name)*

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Name And Signature Of Person(s) Completing This Report

Signed	Print Name
	Date
Signed	Print Name
	Date

Name And Signature Of Any Witnesses

Signed	Print Name
	Date
Signed	Print Name
	Date

Appendix B. Post Crisis Intervention

Restorative social story complete

Comment from home

With Who

Time and place (consider best environment factors):

Reflect

What happened? (Their examples and perspectives):

Who was involved?

Thoughts and Feelings

What were you thinking/feeling at the time?

What are you thinking and feeling now?

Who was affected and how?

How do you think this made others feel?

Repair and Problem Solving (both staff and pupil)

What do you think we can do to put things right?

What could we do differently in the future?

Appendix 1 – Version Control Amendments

Version No	Date	Summary of Changes