



Birmingham
Independent College



BIRMINGHAM INDEPENDENT COLLEGE

Positive Handling Policy

Next reviewed in September 2025

Introduction

Positive Handling refers to the range of positive behaviour support strategies employed by staff at Birmingham Independent College (BIC) which emphasise de-escalation, risk and restraint reduction.

We acknowledge that at times some of our students display behaviours that could put themselves or others at risk and that we need to intervene to reduce this risk.

Training

At BIC we have invested in training all BIC contracted staff using Team Teach, as soon as possible when they start work with us. Having experienced Team Teach staff ensures the highest level of proactive and reactive support for all students and staff. Having our own dedicated staff allows us to offer training, refreshers and workshops at regular intervals throughout the year. The training is updated every two years.

The aim of the Team Teach training is to support adults' understanding and management of challenging behaviour, teaching physical techniques within a holistic de-escalation approach, in order to encourage the promotion of socially acceptable behaviours for all concerned. Team Teach focusses on 95% de-escalation and 5% risk reduction/physical intervention. The Team Teach ethos of holistic behaviour support runs through BIC.

All staff on site have a duty of care to support and act appropriately to keep all children safe. Where physical intervention is required, a BIC contracted Team Teach trained member of staff should be the member of staff who supports the pupil in question/crisis. We realise that at some points, students may be being supported by temporary staff and/or supply staff. Where a student is unsafe, all staff act within their duty of care. If a contracted BIC Team Teach trained member of staff is not in the immediate vicinity, all members of staff should act under their duty of care, which may result in them having to support a student through physical intervention. Where this happens, a call for a BIC contracted Team Teach trained member of staff should be sent out immediately, with the member of staff taking over as soon as possible.

Principles

At BIC we believe that the use of positive touch is a vital aspect of our nurturing role and that adult physical contact is not only inevitable but desirable. Some pupils will require positive touch as part of their everyday routines, such as holding hands, linking arms or being guided in the correct direction.

We understand that at times Physical Intervention is required as the last resort. This will usually be when other de-escalation attempts have been unsuccessful and physical intervention is required to keep people or property safe. All restrictive physical intervention is used as an absolute last resort.

Physical Intervention and restraint is an emotive topic and the experience of physical intervention can be stressful for all concerned. For this reason, key principles of any use of physical intervention should be that it is:

- Reasonable, Proportionate and Necessary.

Staff need to be clear why physical intervention and the type of intervention used were reasonable (ie: best interests of the child), proportionate (ie: was used as a last resort and not as a first point of call), and necessary (ie: to prevent people or property from coming to harm.)

Planning

Any child requiring positive handling should have a Positive Behaviour Plan (PBP) in the agreed school format of their Overview sheet. This should include information on:

- Background of the child – what information do we have about the child that could colour their feelings and emotions upon arriving in school and affect their ability to be a successful learner
- Warning Signals/Trigger behaviours – what behaviour or characteristics does the child display when they are unsettled or anxious – the early stages of a crisis
- Our responses – how do we respond to the child when they are displaying these initial behaviours? What de-escalation techniques do we try to attempt to calm the situation?
- Appropriate holds – what holds have proved effective in the past? Are there any holds inappropriate to use with this particular child for medical or other reasons?

All behaviour plans are regularly reviewed by Core Team members and is a 'working document'. In addition to this:

- Core team members and other relevant staff will have read this document.
- These plans are reviewed by V. Lambert (Designated Safeguarding Lead), as well as other relevant members of SLT.
- After any 'crisis' incident or use of any physical intervention, plans are reviewed immediately, including any updates.
- These plans highlight how positive behaviour support is implemented and how a 'crisis'/physical intervention should be supported and avoided.
- If appropriate to the individual, these plans state how any physical or restrictive intervention is an absolute last resort and how supports should be followed to prevent this from being needed.
- Staff are trained to follow Team Teach principles and protocols, with a focus on de-escalation.
- The 'Regulate, Relate, Reason' approach is followed by all staff.
- Incidents are recorded in our Bound and Numbered Book and monitored and analysed V Lambert, Designated Safeguarding Lead), as well as other relevant members of SLT.
- Incidents are discussed with parents/carers, including any physical or restrictive intervention.

We also need to consider what happens after physical intervention. We need to:

- Outline strategies to help the child recover
- Record what we should do if the child is depressed or worried following an incident –
- how can we support them through this stage?
- Rebuild the relationship – relationships can be improved, damaged or stay the same
- after physical intervention. We want to improve the relationship so it is vital that we take the time to explain why physical intervention was necessary and help the child to find more appropriate ways of expressing their feelings in future.

Recording

All incidents where Restrictive Physical Intervention (RPI) has been used must be recorded in the colleges

Bound and Numbered book. This should detail exactly why and how positive handling techniques were applied with specific reference to the holds used. Staff involved should be sent a copy of the form and the form is to be kept indefinitely in school records.

Communication with parents

We believe our communication and transparency with parents/carers is outstanding. After all positive handling / restrictive physical intervention (RPI) incidents, parents will be informed by a member of the SLT either; in person, via telephone or through the pupil's home school log/diary. These actions will be documented in our Bound and Numbered Book.

Reporting of Injuries following dysregulation / physically challenging behaviour

It is good practice for a member of staff to check the staff in question for any injuries, marks or scratches after dysregulation, physically challenging behaviour incident or PH incident. Any marks, scratches or injuries sustained during the course of a Positive Handling incident or physically challenging behaviour/dysregulation incident, should be recorded and the injured party should be seen by a first aider once calm. At BIC the care and safety of students is our paramount concern however we recognise the working realities when individuals are involved in incidents involving the use of force. "Team-Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent "side-effect" of ensuring that the service user remains safe." (George Matthews, Team Teach Chairman).

Monitoring

Once an incident has been recorded in the Bound and Numbered book the Senior Leaders will then monitor Bound and numbered book and instigate further action as required. All Bound and Numbered book entries will be signed off by the DSL or Headteacher.

Responding to Unforeseen Emergencies

The school recognises that there are unforeseen or emergency situations which may cause the need for a physical intervention. The key principles are that any physical intervention should follow a dynamic risk assessment and be:

- in the best interest of the child;
- reasonable and proportionate;
- intended to reduce risk;
- the least intrusive and restrictive of those options available which are likely to be effective.

Following any emergency responses, a record in the Bound and Numbered Book must be completed in the usual way. Following this, the positive behaviour plan should be created or adapted to respond to the new intervention, and a review meeting may be called to review health and safety.

During the review process, thoughts should return to our key planning principles:

- Background of the child – what information do we have about the child that could colour their feelings and emotions upon arriving in school and affect their ability to be a successful learner – is there anything specific to be aware of in the current climate?
- Warning Signals/Trigger behaviours – what behaviour or characteristics does the child display when they are unsettled or anxious – the early stages of a crisis
- Our responses – how do we respond to the child when they are displaying these initial behaviours? What de-escalation techniques do we try to attempt to calm the situation?
- Are there other options? Eg. evacuating rooms, making use of outdoor areas to let off steam without the need for physical support)
- Appropriate holds – what holds have proved effective in the past? Are there any holds inappropriate to use with this particular child for medical or other reasons? Would particular holds be more appropriate to protect the health and safety of all concerned – considered on an individual basis?

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- Rebuild the relationship – relationships can be improved, damaged or stay the same after physical intervention. We want to improve the relationship so it is vital that we take the time to explain why physical intervention was necessary and help the child to find more appropriate ways of expressing their feelings in future.