



ST JOSEPH'S CATHOLIC PRIMARY SCHOOL

Care and Control Policy

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Ratified by:	Local Governing Body
Date ratified:	10.10.2023
Date issued:	October 2023
Policy Review Date:	September 2025
Post Holder Responsible for Review:	Principal



Commitment to Equality:

We are committed to providing a positive working environment which is free from prejudice and unlawful discrimination and any form of harassment, bullying or victimisation. We have developed a number of key policies to ensure that the principles of Catholic Social Teaching in relation to human dignity and dignity in work become embedded into every aspect of school life and these policies are reviewed regularly in this regard.

This Care and Control policy has been approved and adopted by St Joseph's Catholic Primary School on 10.10.2023 and will be reviewed in September 2025.

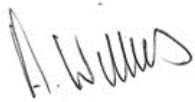
Signed by the Chair of the Local Governing Body for St Joseph's Catholic Primary School:

John Coyne



Signed by the Principal for St Joseph's Catholic Primary School:

Anthony Wilkes



CARE AND CONTROL POLICY

(Incorporating Physical Intervention, Positive Touch, Physical Contact and Restraint)

School Mission Statement

In following the Gospel values of Jesus, we are called to love, to learn and to respect one another.

Introduction

The policy fulfils relevant legislation, regulations and guidance including the most recent examples from the Department for Education, Department of Health and the Health and Safety Executive.

The policy has been prepared to support all staff who will come into contact with children and for volunteers/work place students working within the school to explain the school's arrangements for care and control. The purpose is to give staff the confidence to act in the best interests of the child. This policy should be made available to parents and pupils upon request.

Duty of Care

All staff have a duty of care towards the children and young people they look after, their colleagues and others, under Health and Safety Legislation. They have a responsibility to familiarise themselves with policies and risk assessments, and participate in necessary training. They should look out for obvious hazards and reduce foreseeable risks wherever possible.

The Children Act 1989 makes clear that in any decision involving a child, the paramount consideration must be the child's welfare. Paramount means it should be the first thing people think about and it should take precedence over all other considerations. For that reason, staff need to carefully consider what is in the best interest of the child, both in the short term and the longer term.

In exceptional circumstances, staff may need to take action in the best interest of the child and the use of reasonable force may be required to achieve this. At St. Joseph's we acknowledge that physical interventions, which use varying degrees of reasonable force, are only a small part of a whole setting approach to behaviour management.

Every effort will be made to ensure that all staff at St. Joseph's:

- (i) Understand their responsibilities in the context of their duty of care
- (ii) Understand that the paramount consideration is the welfare of the individual child

- (iii) Understand that 'reasonable' force means that it is necessary and proportionate
- (iv) Are provided with appropriate training to manage risk and this training is maintained at an appropriate level.

Legal Justification

The Education and Inspections Act 2006 gives examples of the types of circumstances in which use of reasonable force may be legally defensible.

- Self-injuring
- Causing injury to other children, staff, parents and visitors.
- Causing significant damage to property.

The paramount consideration is for staff to work in the best interests of the child. Reasonable force will only be used when no other effective alternatives are available.

Identifying Hazards and Making Risk Assessments

It is essential to make risk assessments when considering the use of reasonable force. Staff should balance the risk of taking-action against the risk of not taking action. The Health and Safety Executive (HSE) has developed a 5-step approach to risk assessment. This can easily be applied to situations where staff need to make a decision whether to use de-escalation or physical contact.

1. Look for hazards.
2. Decide who might be harmed and how
3. Evaluate the risk and decide on the necessary and proportionate action.
4. Record your findings.
5. Review and revise if necessary.

It is not always possible to predict all risks relating to a specific behaviour of a child. When an unforeseeable risk presents itself a "dynamic risk assessment" can be undertaken. This means that staff do a mental risk assessment and then act in the best interests of the child. Once a risk has been identified, or if the risk is already known, then a planned risk assessment needs to be put in writing. If physical touch or restraint is required, a Positive Handling Plan or Restraint Reduction Plan can be recorded by staff who work closely with the child, using their knowledge of the child's behaviour and the environment they are working in.

The Health and Safety Executive (HSE) is keen to stress that risk assessment is a simple process. They should focus on the most likely and serious risks. Formal risk assessments should be clear and concise so that staff can recall useful information. Information should be explicit and honest. Parents need to be informed and involved with this process as they

need to be notified of why and how reasonable force is being used in the best interests of their child. Where possible the child's views should be sought and included in the risk assessment.

Assistance can be sought from other members of staff to help reduce the risk. Physical intervention is seen as a proactive response to meet individual pupil needs and any such measures will be most effective in the context of the overall ethos of the school, the way that staff work together as a team, share their responsibilities and the holistic behaviour management strategies that are used.

Physical Contact

There are a range of circumstances in which positive physical contact occurs between staff and pupils in order to support equal opportunities to access to a broad and balanced curriculum such as using PE equipment. Examples of physical contact covers a wide range of positive physical interactions ranging from light touch to firm pressure. Physical contact is necessary to provide provision of care, give comfort, and convey communication, reassurance and safety. Physical contact should be considered "positive and part of the adult role-modelling what good touch or contact is. The purpose of any physical contact should be to meet the needs of the child. Where children have special needs, their individual requirements should be detailed in an individual behaviour management plan.

Physical Intervention

There needs to be a gradual and graded approach from staff when considering the use of reasonable force. Examples of low risk physical interventions could be guiding or escorting a child to a safer place. Medium to high risk physical intervention could be separating a fight or using a standing or seated restraint.

Restraint

Restraint involves the restriction of freedom and movement in circumstances in which the child is resisting. It is reasonable to use proportionate force when there is a significant risk to children, staff or property. It should be used as a last resort when no effective alternatives are available. **All incidents involving restraint must be recorded and reported.** The level of force and/or positive handling techniques used towards the child determines whether or not it is classified as restraint.

Positive Handling

- Positive handling uses the minimum degree of force for the shortest period of time necessary to achieve the desired result.
- The scale and nature of any physical intervention must be **proportionate** to both the behaviour of the individual and the nature of the harm they might cause.

- Positive handling techniques are intended to ensure the safety and wellbeing of the child, maintain dignity for both adult and child and allow for communication.

Consideration must be made to clarify the distinction between:

- **Seclusion:** the term used where a child is forced to spend time alone against their will in a locked room or restricted space which they cannot leave. Staff are advised to follow guidance on the use of seclusion. Seclusion of a child should only be considered as an emergency response and where it is in the best interests of the child. Staff working with young people aged 16 years and older should consider an application to the Court of Protection under the Mental Capacity Act if they believe that planned use of seclusion may be required in the future.
- **Time out:** this term is used informally to mean a cooling off period, giving space to calm down and reflect.
- **Withdrawal:** this term is used when removing the person from a situation which causes anxiety or distress to a location where they can be continuously observed and supported until they are ready to resume their usual activities

Staff Training and Authorised Staff

The provisions of the Education and Inspection Act 2006 apply by default to all school staff who are authorised to have care and control of children. The Principal is responsible for making clear to whom such authorisation has been given. The Principal must consider the training needs for all staff and then retain a list of all staff that have been trained and when the training needs to be refreshed. This list is reviewed within a regular time-frame and consideration given to new members of staff and to volunteers/students/supply staff.

Training for all staff will be made available and will be the responsibility of the Principal. Training needs should be assessed in relation to foreseeable risks. Training that contains physical interventions should have the British Institute of Learning Disabilities (BILD) accreditation. Dudley Local Authority's preferred model of training is MAPA (Management of Actual or Potential Aggression).

Reporting and Recording

Whenever a physical intervention has been used a record of the incident needs to be kept. If the physical intervention does not involve restraint it needs only to be recorded on the child's risk assessment e.g. guiding. If a restraint has been administered then the incident needs to be recorded. This can be in the form of a hard-backed book, with numbered pages, retained by the Vice Principal BECO).

It should be considered reasonable and good practice for staff to collaborate when recording an incident in order to ensure the most accurate and complete record possible. If staff do not

agree on details of an incident, they should write separate reports. The aim is to promote clear, accurate and useful records.

Records should normally be completed within 24 hours, but the welfare of those involved takes precedence over paperwork. If this is not possible the Principal needs to be informed as soon as possible with the reason for the delay. Records should be kept for at least 7 years. After the review of the incident, a copy of the details will be placed on the pupil's file. Parents/carers of the child need to be informed following the use of reasonable force. A record of this communication should be kept.

A Health and Safety Accident/Incident Form will be completed and returned to the Authority in situations where injury has occurred to either members of staff or pupils. Where staff have been involved in an incident they should be given time to recover and have access to support such as counselling and debriefing.

Support for staff and children after an incident

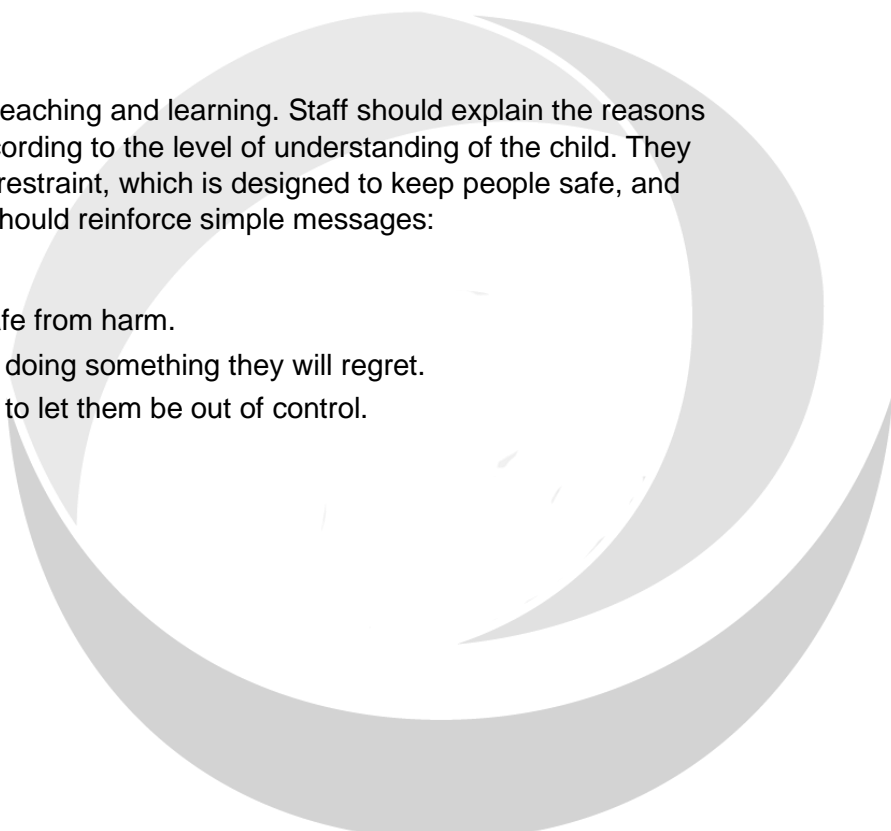
The Principal will ensure that each incident is reviewed and take-action as necessary, such as:

- Reviewing the child's risk assessment.
- Reviewing curriculum access.
- Reviewing staffing levels.
- Considering the Involvement of outside agencies
- Reviewing provision.

Remember, the priority after a significant incident is to look after the people involved.

Listening and Learning

Incidents provide opportunities for teaching and learning. Staff should explain the reasons for any use of reasonable force according to the level of understanding of the child. They should clearly distinguish between restraint, which is designed to keep people safe, and sanctions or consequences. Staff should reinforce simple messages:

- We hold children to keep them safe from harm.
 - We hold children to prevent them doing something they will regret.
 - We care about children too much to let them be out of control.
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Complaints

The availability of an accessible policy about reasonable force and early involvement of parents should reduce the likelihood of complaints but may not eliminate them.

All allegations will be investigated thoroughly, however, it is the responsibility of the person making the allegation/complaint to prove any inappropriate actions by the staff member.

Glossary:

Child: In this policy the legal definition of “child” to mean a person up to and including the age of 18 years. However, staff should be aware that the provisions of the Mental Capacity Act come into effect from the age of 16 years.

Risk assessment: Risk assessments consist of a simple process rather than elaborate paperwork. It is a process to determine a level of risk. Once a risk has been observed, staff need to make a formal plan to reduce it. Dynamic risk assessments allow staff to consider the risk in real time that requires an urgent response in the best interests of the child.

Guides or prompts: The use of assertive touch to move or direct a child usually in a low risk situation.

