



Intimate Care and Positive Handling Policy

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Reviewed: February 2020

Intimate Care Policy

Introduction

It is our intention to develop independence in each child, however there will be occasions when help is required. Our intimate care policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our pastoral care policy. The principles and procedures apply to everyone involved in the intimate care of children. Children are generally more vulnerable than adults and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves. Some pupils are unable to do because of their young age, physical difficulties or other needs. Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. It is the responsibility of the parents to advise the school of any known intimate care needs relating to their child. Examples of intimate care can include:

- Feeding
- Oral care
- Washing
- Changing clothes
- Toileting
- First aid and medical assistance
- Supervision of a child involved in intimate self-care.

Aims and Principles

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- Every child has the right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect

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- All children have the right to be involved and consulted in their own intimate care to the best of their abilities
- All children have the right to express their views on their own intimate care and to have such views taken into account
- Every child has the right to have levels of intimate care that are appropriate and consistent.

School Responsibilities

The management of all children/young people with intimate care needs will be carefully planned and should be a positive experience for all involved. The child/young person who requires intimate care is treated with respect at all times and the child's welfare and dignity is of paramount importance. Staff who provide this care are trained to do so (including Safeguarding and Child Protection) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children/young people who need special arrangements following assessment from a physiotherapist/ occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children/young people taking into account developmental changes such as puberty e.g. menstruation. Whenever possible, staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationships education to the children/young people in their care as an additional safeguard to both staff and children involved. If staff members are involved, care should be taken to ensure that resource materials cannot be misinterpreted and clearly relate to the learning outcomes identified by the lesson plan. This plan should highlight particular areas of risk and sensitivity.

Children/young people will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will ensure each child/young person does as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up as appropriate and shared and agreed by the child/young person and their parents/carers.

Each child/young person's right to privacy will be respected. Careful consideration will be given to each situation to determine how many carers need to be present when the child/young person is being cared for. Where possible, one child will be catered for by one adult unless there is a sound reason for having more adults present. In this case, the reasons should be clearly documented and reassessed regularly.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan. The needs and wishes of children/young people and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

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Guidelines for Good Practice

Involve the child in the intimate care

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent talk about what is going to be done and give choices. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

Care should not be carried out by a member of staff working alone with a child.

Make sure practice in intimate care is consistent.

As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.

Be aware of your own limitations

Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

Promote positive self-esteem and body image.

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse.

- The approach you take to intimate care can convey lots of messages to a child about their body worth.
- Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

If you have any concerns you must report them.

If you observe any unusual markings, discolouration or swelling, report it immediately to the designated teacher for child protection.

- If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher.
- Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

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Working with children of the opposite sex

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman. The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place;
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
- Report any concerns to the designated teacher for child protection and make a written record
- Parents must be informed about any concerns.

Communication with Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- Make eye contact at the child's level
- Use simple language and repeat if necessary
- Wait for response
- Continue to explain to the child what is happening even if there is no response
- Treat the child as an individual with dignity and respect.

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny. Physical contact which is repeated with an individual child or young person is likely to raise questions unless

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the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Physical Intervention

Within a school setting all staff have a duty of care for the pupils. In order to keep them safe, action may be taken to physically intervene if it is in the child's best interest. It is always imperative that these actions, if taken, are reasonable, proportionate and necessary.

Such occasions may include: When pupils are putting the safety of themselves or others at risk, when a pupil is threatening or attempting to leave the site and if he/she did so, would place themselves at risk, if a younger or vulnerable pupil who has left the site has been stopped but refuses requests to return to school, and to prevent serious damage to property.

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 individual circumstances, our understanding of the children in our care and an awareness of their specific needs.

The emphasis should always firstly be on preventative measures such as environmental management, diffusion and de-escalation strategies before using physical intervention; unless imminent risk necessitates a swift reaction to avoid harm. The skills of guiding, safe touch and holding are acts of care which, combine with calming diffusing and problem solving to keep the pupils in our care safe. In all circumstances the safety of both children and staff are equal and safety is paramount for both.

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Reasonable Force

The term 'reasonable force' covers the broad range of actions used by most teachers/school staff at some point in their career that involve a degree of physical contact with pupils. Force 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 student needs to be restrained to prevent violence or injury.

Reasonable in the circumstances means using no more force than is needed.

Control means either passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as gently leading a pupil by the arm out of a classroom.

Restraint means to hold back physically or to bring a pupil under control. It is typically used in more extreme circumstances, for example when two pupils are fighting, if a child is attempting to leave the site and putting themselves at risk or causing harm to themselves or to prevent serious damage to property.

Physical intervention uses the minimum degree of force necessary for the shortest period of time to prevent a pupil harming himself, herself, others or property.

The scale and nature of any physical intervention must be proportionate to both the behaviour of the individual to be controlled, and the nature of the harm they might cause.

All the techniques used should take account of a young person's: age, gender, level of physical, emotional and intellectual development, special needs and social context. 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.

Minimising Risk

Buckfastleigh School strives to create an environment that minimises the risk of incidents arising that may require the use of physical intervention. The site has regular risk assessments to ensure the safety of the pupils. Through the PSHE curriculum pupils learn about feelings and managing conflict, appropriate to their level of development. The ethos further promotes independence, choice and inclusion; pupils are given maximum opportunity for personal growth and emotional wellbeing.

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For pupils who have needs which may increase the likelihood of challenging behaviour, or children who have previously displayed behaviour that has necessitated physical intervention, an individualised positive handling plan will be developed by teaching staff and SENDCo alongside parents to outline risks, triggers, calming strategies and appropriate actions. This form of personal risk assessment provides a planned approach and system of response.

Procedures

Physical intervention will only be applied in extreme circumstances as outlined above and in a majority of cases the child will either be allowed to move to a 'safe place' for timeout to cool off or calm down. They may need time away from staff and pupils either on their own or in another class/group in order to break the cycle of their behaviour or to reduce their level of anxiety/distress. The arrangement of "quiet time" can be negotiated between the child and staff involved. Alternatively to make the space safe it may be necessary to temporarily remove the other pupils until the child is calm and able to move safely to an alternative quiet space. For some children with a positive handling plan, planned physical intervention strategies will be carried out in accordance with the plan.

In an emergency physical intervention situation the staff members best judgement must guide their actions in accordance with the detail above and in accordance with any staff training. Wherever possible assistance will be sought from another member of staff.

Recovery

It is recognised that after experiencing physical intervention the child will require recovery time in a calm space away from any potential triggers to calm thoroughly before talking through the event with a member of staff to debrief the incident. It is recognised that the amount of time required will depend on the individual and circumstance. It is hoped that in a majority of cases the child will resume their normal daily routine or previous activity as soon as possible.

Recording

Where physical control or restraint has been used, a record of the incident will be kept. This record should be kept in the Safeguarding file located in the Head Teacher's office.

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Recording documentation will be completed as soon as possible after the incident, prior to staff going off duty and be signed by all staff involved and the Headteacher.

The parents/carers should be contacted either by telephone or at the end of the school day to inform them of events and procedures followed.

Complaints

The availability of a clear policy about reasonable force and early involvement of parents should reduce the likelihood of complaints but may not eliminate them. Where the nature of any complaint made by a pupil, parent or other person in relation to the use of physical intervention within the school indicates that an allegation of mishandling by a member staff is warranted, the school's complaints policy will be followed.

Pupils in Distress

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation. Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative or school's counsellor. Particular care must be taken in instances which involve the same pupil over a period of time. Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their line manager or other appropriate person.

Physical Education and Skills Coaching

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment. Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation. Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

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Showers/Changing Clothes

Young people are entitled to respect and privacy when changing clothes or taking a shower. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur. This means that adults should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour. Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore. Staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children.

Out of School Trips/Clubs

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Staff involved in such activities should also be familiar with their school's policy and guidance regarding out of school activities. To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

Photographs and Videos

Staff should be aware of the potential for such mediums of teaching to be used for the wrong purposes. Additionally, children who have been previously abused in this way may feel threatened by the legitimate use of photography, filming etc. The potential for founded and unfounded allegations of abuse requires that careful consideration be given to the organisation of these activities. Schools should have clear policies and protocols for the taking and use of images and of photographic equipment (see school handbook).

Child Protection

Child Protection Procedures and Multi-Agency Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of ability, development and understanding. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises,

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soreness etc. s/he will immediately report concerns to the designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Child Protection Procedures for details). All staff will be required to confirm that they have read the Devon County Council document 'Guidance for Staff who Provide Intimate Care for Children and Young People 2006'.

Children without an intimate care plan

Although this policy is written primarily about children with Special Educational Needs, medical or developmental needs, there will be occasions when other children require intimate care and the school staff have agreed the following policy, adopting best practice as detailed above:

- If a child wets themselves they will be taken to a suitable area away from other children and given clean clothes to put on. Help will be given as appropriate to their age. Adults will not clean children, but may give wipes or tissues for the child to do this. Wet clothes will be put in a carrier bag, the class teacher will be privately informed and the parent notified away from other parents at the end of the day.
- If a child is to soil themselves, in the first instance the parent will be contacted and asked to come to school to clean their child. If a parent cannot be contacted or is unable to attend promptly and an adult in school is willing to help, the child will be cleaned and changed. Again, the emphasis will be on encouraging the child to wipe themselves, with assistance as needed. A parent would be expected to make arrangements to come to school to collect the child as soon as possible as the soiling may indicate a health issue.

Overview

1. All staff working with children are DBS vetted. This includes students on work placement and volunteers. Vetting includes criminal record checks and two references.

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2. Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are involved in the intimate care of children.
3. Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child. Consent forms are signed by the parent and stored in the child's file. Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.
4. Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties should be sought and considered to inform future arrangements.
5. If a staff member has concerns about a colleague's intimate care practice he or she must report this to the designated teacher for child protection.

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APPENDIX 1

RECORD OF AGENCIES INVOLVED for Child requiring Intimate Care

Child's Name..... DOB.....

Name/Role	Address/phone/email
Parent/Carer	
School Nurse/Health visitor	
Continence Advisor	
Physiotherapist	
Occupational Therapist	
Hospital Consultant	
Hospital School Service	
Physical/Sensory Service	
GP	
EP	
Social Worker	

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APPENDIX 2

RECORD OF INTIMATE CARE INTERVENTION

Child's Name..... DOB.....

Name of Support Staff Involved.....

Date	Time	Procedure	Staff Signature	Second signature

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APPENDIX 3

TOILET MANAGEMENT PLAN

Child's Name..... DOB.....

Name of Support Staff Involved.....

Area of need

Equipment required:

Location of suitable toilet facilities:	
Support required	Frequency of support

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Working towards Independence

Child will try to	Teaching Assistant will	Target Achieved
Review Date:		

Parents/Carer.....

Child (if appropriate).....

Teaching Assistant.....

SENCo.....

Date.....

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APPENDIX 4

AGREEMENT BETWEEN CHILD AND TEACHING ASSISTANT

Child's Name..... DOB.....

Teaching Assistant's
Name.....

Teaching Assistant

As the Personal Assistant helping you in the toilet you can expect me to do the following:

When I am the identified person I will stop what I am doing to help you in the toilet, as soon as you ask me. I will avoid all unnecessary delays.

When you use our agreed emergency signal, I will stop what I am doing and come and help.

I will treat you with respect and ensure privacy and dignity at all times.

I will ask permission before touching you or your clothing

I will check that you are as comfortable as possible, both physically and emotionally

If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.

I will look and listen carefully if there is something you would like to change about your Toilet Management Plan.

Child

As the child who requires help in the toilet you can expect me to do the following:

I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me.

I will try to use the toilet at break time or at the agreed times.

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I will only use the agreed emergency signal for real emergencies.

I will tell you if I want you to stay in the room or stay with me in the toilet.

I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.

I may talk to other trusted people about how you help me. They too will let you know what I would like to change.

We will review this agreement on.....

Child (if appropriate).....

Personal Assistant.....

Date.....

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APPENDIX 5

PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

Child's Last name	
Child's First name	
Male/Female	
Date of birth	
Parent/carers name	
Address	

I understand that;

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the Head teacher of any medical complaint my child may have which affects issues of intimate care or any medical advice received.

Name.....

Signature.....

Relationship to child.....

Date.....

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Appendix 6

INCIDENT REPORT (involving physical restraint)

Date:		Reported by:	
Name of young person:		Location:	
D.o.B.:			
Other yp involved:		Staff involved:	
Time incident began:		Time incident finished:	

Describe briefly what led up to the incident:

What steps did you take to de-escalate:

Warning	Reassurance	Distract	Divert
Instruction	Choice	Humour	Asked to stop

Describe the incident itself (keep your description factual but use additional sheet if necessary):

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Reasons for intervention:			
Actual injury to self	Actual damage to property	Potential injury to student(s)	
Actual injury to staff	Potential injury to self	Potential damage to property	
Actual injury to student(s)	Potential injury to staff	Potential risk due to leaving site	

Positive handling strategies used:					
Mild	Arm	Sitting	Wrap	Length of restraint:	
Firm	Single elbow	Kneeling			
	Double elbow	Standing			

Adults involved:

What happened after the incident (what debriefing took place)? To include agreed outcomes of debriefing

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Appendix 7

Buckfastleigh Primary School Positive Handling Plan						
Childs Name:		D.O.B			Date put in place:	
					Date to review:	
When might handling be needed and why? The circumstances and behaviours that concern us are:						
What could we try first? (if possible)						
Give Time		Distraction		State alternative/consequences		Repeat request
Give Space		Reassure/Remind		Other staff intervention		Remove stimulus
Talk Calmly		Give a count		Praise of the partial compliance		Clear oral warning
						Other
If we have to hold the child how will it be done?						
Lap over		Safe wrist hold				
Safe wrist hand hold		Safe double wrist hold				
Other						
Talking about what happened:						
Record:						
Signatures:				Teacher		
Parent/Carer				TA		
Headteacher						

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Appendix 8

<i>'s Observation Record</i>				
Date & person reporting	Setting – Where did this occur?	Trigger – What happened immediately before the event?	Action – What actually happened. What did the child do?	Result – What happened as a consequence or to move the child on?

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