

Brookfields School Intimate Care Policy

Brookfields School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Brookfields School recognises that there is a need to treat all children with respect when intimate care is given.

All staff at Brookfields School are committed to Safeguarding our pupils and the child's welfare and dignity is of paramount importance.

Intimate Care

Some pupils may require intimate care for their comfort and dignity and at Brookfields School Intimate care is defined as any care which involves washing, touching or carrying out a procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

The issue of intimate care is a sensitive one, and requires staff to be respectful of the child's needs. The child's dignity will always be preserved with a high level of privacy, choice and control. No child will be supported in a way that causes unnecessary distress or pain.

Brookfields School is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. Our policy for intimate care aims to provide guidance and reassurance to staff. It safeguards the rights and wellbeing of pupils, and assures parents/ carers that all staff are knowledgeable about intimate care.

Staff who provide intimate care are taught to be aware of best practice, and the need to comply with school policies including:

- Child Protection
- Health and Safety
- Health care plans, risk assessments and medical details.

Staff will have regard to confidentiality of this information. Sensitive information about a child will only be shared with those who need to know.

Within phases staff have responsibility for effective organization of hygiene resources in bathrooms. Staff must always wear protective gloves and aprons during intimate care routines, and disinfect changing beds after use. Parents/ carers provide a child's intimate care hygienic materials. Apparatus may need to be provided for pupils who need special arrangements following assessment from a physiotherapist/ occupational therapist as required.

Staff will be responsive to any apprehensions, discomfort or disapproval shown by a pupil. Photographs, symbols and words will be used as a communication tool with pupils who require this additional support.

Staff will work in partnership with parents to ensure consistency of approach. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation. Provision may be amended in the light of individual needs, but we promote each person's right to equality of opportunity in all aspects of school life, including the provision of intimate care.

There will be a high awareness of child protection issues where intimate care is provided. Brookfields School follow the procedures set out by Halton's Safeguarding Partnership (HCYPSP), and take account of guidance issued by the DfE in regards to Safeguarding. All staff are trained in Child Protection awareness, and this training is regularly updated. If a member of staff has any concerns about physical changes in a child's presentation, (for example marks, bruises, soreness) she/he will immediately report concerns to one of the designated persons for child protection in line with school, Trust and Local Authority guidelines.

The following considerations are key in regards to facilitating Intimate Care practices:-

- Staff who provide intimate care are trained to do so (Child Protection and Health & Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.
- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.
- Staff will encourage each child to do as much for him/herself as he/she can. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child and these will detail support required by adults.
- Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. It is not usually practicable from the point of view of staffing resources for there to be two members of staff involved with a child for intimate care unless for health and safety reasons e.g. with a child who is ill or difficult to move or handle. The best interests of the child need to be considered in making such decisions on staff. Whilst the presence of two people may be seen as providing protection against a possible allegation of abuse against a member of staff, it further erodes the privacy of the child. Ensuring that the member of staff makes their intentions and purpose known to others before commencing intimate care with a child is a sensible precaution. A risk assessment must be completed. A risk could be e.g. a previous allegation by the child or manual handling concerns. If this is the case the reasons should be clearly documented.
- Where possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care.
- Matters concerning intimate care will not be recorded in the home/ school communication diary as it is not a confidential document. Communication relating to personal care will be made through a sealed letter, personal contact or a telephone call between a staff member and parent/ carer.
- It is important that there is the opportunity for staff to be able to discuss issues with managers and to reach decisions based on skilled professional judgement calling on specialist advice where necessary, good communication with parents and, importantly, the best interests of the child.

Physical Contact

Physical contact constitutes a necessary and integral part of the education of pupils at Brookfields School. It may be used to facilitate growth or to meet needs within the following areas:

- Emotional development
- Educational development
- Physical development
- Personal/social development
- Behavioural development
- Personal care
- Physical support to access the curriculum
- Physical support to engage appropriately in speech therapy, occupational therapy, swimming, physiotherapy, rebound therapy, peer massage and support.

Support may involve gentle physical prompting to ensure curriculum/environmental access. For pupils with behavioural difficulties, touch may be required to prevent personal injury, injury to others, or damage to the environment.

Adults in school use the following types of acceptable physical contact. (This is in no way exhaustive but is designed to provide clear examples of acceptable contact):

- Physical prompting.
- A small hug for comfort and reassurance when a pupil is distressed.
- Co-active feeding.
- Oral skills (for example teeth cleaning) as part of PSHCE.
- Removing objects from a pupil's mouth.
- Choking – removal of an obstruction or putting pupil in head- down position over knee, and slapping them on the back.
- Wiping or cleaning a pupil when they have finished (or during) a meal.
- Swimming
 - Changing pupils.
 - Safety and support in the water – holding/supporting a pupil when entering the pool, and to maintain a safe body position.
 - Teaching techniques in the pool – may involve splashing water at pupils, or holding to support them above the water.
- Holding hands when walking.
- In physical activities and on outside equipment
 - Co-active support to access equipment.

- o Saving pupil from falling.
- o Holding a pupil on moving and static apparatus.
- o To model movement or technique in a lesson.
- o To correctly position the body when coaching new practices.
- Playtimes
 - o Supporting
 - o Chasing
 - o Catching games.
- Personal care
 - o Wiping noses, washing faces
 - o Toileting
 - o Applying sun tan lotion.
- Strapping children into vehicles.
- Administration of drugs.
- Physical restraint – only in line with the behaviour policy and as a last resort to maintain safety of pupils, staff and property.

Review and Monitoring

The monitoring of this policy and its application will be reviewed biannually by:

- Headteacher and Governors
- All staff in their daily practice
- Staff with line management responsibility

Date of review: March 2019.

Headteacher: Sara Ainsworth

Next review: March 2021