Springwell School

Intimate Care, Personal Care and Physical contact Policy

Last review: October 2023

Next review: October 2025

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Principles

The purpose of this policy is to set out a clear framework within which all children and young people within the school receive the intimate and personal care they require in order to participate fully in services and activities. The document also provides guidance for the people who provide intimate and personal care.

A significant number of children across the school require assistance with intimate care tasks, especially toileting. Other children may also experience difficulties with toileting for a variety of reasons. All of the children/young people we work with have the right to be safe, to be treated with courtesy, dignity, and respect.

This intimate care and physical contact policy should be read in conjunction with the following

Springwell School's

- Health and Safety policy and procedures
- Policy for Managing Medical conditions in school
- Moving and handling policy
- Positive behaviour management policy
- Physical intervention policy
- Safe working practice policies, including the prevention and control of contamination incidents, including needle sticks (See appendix 1)
- Safeguarding policy
- Child protection policy
- Statement of procedures for dealing with allegations of abuse against staff

The Governors of Springwell will act in accordance with Section 175 of the Education Act 2002 and Keeping children Safe in Education (September 2023) to safeguard and promote the welfare of pupils at this school. This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

The Governing Body recognises its duties and responsibilities in relation to the following legislation;

Equality Act (2010)

The Children Act (1989)

The Childcare Act (2006)

UN Convention on the Rights of the Child (1989)

Health and Safety at Work etc. Act (1974)

Intimate Care - Definition

Intimate care can be defined as any activity required to meet the personal care need which may involve washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include, care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

It also includes supervision of children involved in intimate self-care.

The Intimate care tasks specifically identified as relevant include:

- Dressing and undressing (underwear);
- Helping someone use the toilet;
- Changing continence pads (faeces/Urine);
- Bathing / showering;
- Washing intimate parts of the body;
- Changing sanitary wear;

In some cases, it may be necessary to administer rectal medication on an emergency basis for example where a child's life is in danger. There should be effective forward planning and communication with the child and their parents or carers to mitigate the risks in this eventuality. The school will teach toilet training and other personal care skills, as an essential PHSE basis in order to be able to access the rest of the curriculum. This will always be documented in a personal care plan.

Personal Care - Definition

Personal Care helps maintain a person's dignity, health and wellbeing by providing assistance with tasks such as bathing and getting dressed, it generally carries more positive perceptions than intimate care. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people.

Those personal care tasks specifically identified as relevant here include:

- Skin care/applying external medication;
- Feeding;
- Administering oral medication;
- Hair care;
- Dressing and undressing (clothing);
- Washing non-intimate body parts;
- Prompting to go to the toilet.

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

Principles of Intimate and Personal Care

Springwell 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. It is acknowledged that these adults are in a position of great trust.

Staff will work in close partnership with parent/carers to share information and provide continuity of care.

The following are the fundamental principles of intimate and personal 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.

Procedures

All children who require intimate and/or personal care are treated respectfully at all times; the child's welfare and dignity is of paramount importance

1. Staff members who provide intimate care at Springwell School are trained to do so: training includes safeguarding and child protection training, health and safety training in moving and handling, and they are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate. Staff are regularly reminded of the need for best practice and are updated as necessary in line with training programmes in school.
2. Best practice advises staff members, who are providing intimate care for pupils who are standing, should position themselves to the side of the pupil.
3. Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation
4. There is careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
5. All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for his/herself as possible.

6. Springwell School ensures that consent is obtained from parents for intimate care to be given or that support may be provided with intimate care. Staff will work in partnership with parents to ensure consistency of approach.
7. Risk assessments will be completed for all children to address the personal safety and health of the child and the carer e.g., moving and handling, infection control etc.
8. Every 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 needs help with intimate care. Adults who assist pupils on a one-to-one basis must be employees of the school and be DBS checked at the appropriate level.
9. 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 needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.
10. Wherever possible the same pupil will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the pupil who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
11. At Springwell all staff, of all genders are able to support personal care of all pupils.
12. The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
13. All staff will be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
14. Soiled nappies and clinical waste will be disposed of appropriately in accordance with SCC council guidelines and Springwell school guidelines.

Equipment provision

The school will provide all equipment needed to ensure the infection control guidelines are followed, to include;

- Gloves
- Aprons
- Correct bins for disposal
- Cleaning equipment

If a child requires ongoing intimate care, there is an expectation that parents should provide all necessary items that their child may need, eg;

- Nappies
- Pads
- Wipes
- Spare clothes
- Cream, if required, a short-term medicines form would need to be completed if this is needed

Safeguarding/Child Protection

1. The Governors and staff at Springwell School recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.
2. The school's safeguarding, child protection policy and Inter – Agency child protection procedures will be accessible to staff and adhered to.
3. Adults who assist pupils on a one-to-one basis must be employees of the school and be DBS checked at the appropriate level. All staff involved in the provision of intimate and/or personal care will have all relevant checks completed before allowing them to be left alone with children and will be subject to robust internal procedures such as reference checking and monitoring and regular updating of DBS checks.
4. Child protection training is carried out for new staff and regularly updated for all staff.
5. From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but, in this school, best practice will be promoted, and all adults will be encouraged to be vigilant at all times.
6. Where appropriate, all pupils will be taught personal safety skills carefully matched to their level of development and understanding.
7. If a member of staff has any concerns about physical changes in a pupil's presentation when carrying out a care procedure, e.g. unexplained marks, bruises, soreness etc, this information should be recorded on CPOMs. Any significant concerns should immediately be reported to the Designated Safeguarding lead (DSL) or their deputy who will then follow safeguarding procedures and protocols.
   Staff should refer to the flow chart at the end of this policy and the child protection/safeguarding policies.
8. If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Co-Headteachers. The matter will be investigated at an appropriate level (usually the Co-Headteachers) 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.
9. If a child makes an allegation against an adult working at the school, this will be investigated by the Co-Headteachers (or by the Chair of Governors if the concern is about the Co-Headteachers) in accordance with the agreed procedures as outlined in Statement of procedures for dealing with allegations of abuse against staff

10. Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Co-Headteachers or to the Chair of Governors if the concern is about the Co-Headteacher.

Guidelines for good practice

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. Staff also need to be aware that in exceptional circumstances some adults may use intimate care as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard children and staff.

1. **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 where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

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

   Staff can administer intimate care alone however Springwell is aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.

3. **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.

4. **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.

5. **If you have any concerns, you must report them.**

   If you observe any unusual markings, discolouration, swelling or bleeding, report it immediately to the designated safeguarding lead (DSL's)

6. **Accidental injuries**

   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 a DSL. 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.

7. **Supporting through communication**

   There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

8. **Support to achieve the highest level of autonomy**

   As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Changing Procedure

- Staff to read and follow manual handling plans of children where appropriate
- Staff to always wear disposable gloves and aprons while dealing with the incident - including disposal of the nappy
- Soiled nappies to be put into identified bins, these bags will then be placed yellow clinical waste bags which are disposed of within Council guidelines
- Changing area to be cleaned after use with antibacterial spray
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Paper towels available for drying hands.

Infection Prevention and Control is concerned with the prevention of avoidable risks of infection and the control and management of all unavoidable risks of infection to those administering and receiving intimate and personal care. School will manage infection risks related to the setting, equipment, staff working practices and clinical practices arising from the intimate and personal care of children.

There is purpose built changing areas in the school, that have rise and fall changing beds, children can be changed standing and this will be specified on their risk assessment/handling plan.

Privacy and dignity should be maintained at all times when changing children or supporting them to use the toilet. Time spent changing a child should be a positive experience for that child.

Forward Planning with Parents/Carers and Children

- Parents have a responsibility to advise staff of the intimate care needs of their chil.
- Staff have a responsibility to work in partnership with children and parents and will establish effective working relationships with parents/carers this is particularly necessary for children/young people with special care needs or disabilities.
- Parents/carers will be encouraged and empowered to work with professionals to ensure their child's needs are properly identified, understood and met.
- Parents/carers will be made welcome, and given every opportunity to explain their child/young person's particular needs, they will not be made to feel responsible for their child/young person's care in each setting, or for making teaching staff disability aware.
- Parents will be involved in the preparation of Health Care Plans, where appropriate. Staff have a duty to remove barriers to learning and participation for pupils and students of all abilities and needs.
- Plans for the provision of Intimate/personal care will be clearly recorded to ensure clarity of expectations, roles and responsibilities. Records will also reflect arrangements for ongoing and emergency communication between home and setting, monitoring and review.
- The procedure for dealing with concerns arising from personal care processes is clearly stated and understood by parents/carers and all those involved.

Physical Contact

Physical contact constitutes a necessary and integral part of the education of pupils at Springwell 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
- Sensory support
- Personal care
- Physical support to access the curriculum
- Physical support to engage appropriately in speech therapy, occupational therapy, swimming, physiotherapy, swimming, and support.

Adults in school may use the following types of acceptable physical contact, this is not an exhaustive list but demonstrates ways in which physical contact may be used:

- Physical prompting.
- Moving and handling
- A small hug for comfort and reassurance when a pupil is distressed
- Oral skills as part of PSHE.
- Removing objects from a pupil's mouth.
- 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 P.E. and on outside equipment
    - Co-active support to access equipment.
    - Holding a pupil on moving and static apparatus.
- Playtimes
    - Supporting
    - Chasing
    - Catching games.
- Personal care
    - Wiping noses
    - Washing faces
    - Applying sun tan lotion.
    - Intimate care
- Supporting children to get in and out of vehicles
- Strapping children into vehicles.
- Administration of drugs.
- Physical restraint – only in line with the behaviour and physical restraint policies.

Physiotherapy

1. At Springwell School, any children who require physiotherapy whilst at school are assessed by a trained physiotherapist who then trains appropriate members of the class team. A written programme and guidance is provided and shared with parents. This is updated regularly.
2. If staff feel at any point that a programme is no longer suitable/or is causing discomfort to the child, they will not carry it out until the physiotherapist has re-assessed that child.
3. If a member of staff has any concerns about physical changes in a child's presentation when carrying out a physiotherapy programme, e.g. unexplained marks, bruises, soreness etc. s/he will immediately report concerns to the DSL who will then follow safeguarding procedures and protocols.

Medical Procedures

1. Sometimes at Springwell, pupils might require assistance with invasive or non-invasive medical procedures such as the administration of emergency or daily medication/ insulin injections and enteral feeding. These procedures are overseen by the Welfare Lead who provides written guidelines and training to appropriate members of staff. Such procedures will only be carried out by those staff trained to do so. If at any point, a member of staff felt concern about carrying out a procedure, they would stop and summon assistance from the Welfare Lead.
2. Any members of staff at Springwell School who administer first aid will be appropriately trained. If an examination of a child is required in an emergency aid situation another adult will be present, with due regard to the child's privacy and dignity.

3. Records are kept of any medical/enteral feeding procedures and first aid interventions**.**

Best practice for physical contact

1. All staff members engaged in the care and education of children need to exercise caution in the use of physical contact. The expectation is that when physical contact is made with pupils, it 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.
2. 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 be prepared to justify actions and accept that physical contact be open to scrutiny. Physical contact which is repeated with and individual pupil may raise questions unless the justification for this is agreed by Springwell and those with parental responsibility.
3. Pupils with special education needs may require more physical contact to assist their learning and development. The general culture of 'limited touch' will be adapted, justified in terms of the pupil's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated.
4. Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff being vulnerable to allegations of abuse. Staff should be aware that such children may seek inappropriate physical contact. In such circumstances, staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.
5. There may be occasions where a distressed pupil needs comfort and reassurance that may include physical touch. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and subject to misinterpretation. Judgement will need to take into account the circumstances of the pupil's distress, their age, development and extent of the distress. Particular care must be taken in instances that involve the same pupil over a period of time. Where a staff member 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.

Massage

1. Massage and applied pressure is sometimes used at Springwell School with some children in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
2. Massage or pressure undertaken by school staff will be confined to parts of the body such as the hands, feet and upper back in order to safeguard the interest of both adults and children

Working with other Agencies

Children and young people with special care needs or disabilities will be known to a range of other agencies. Positive links are made with all those involved in the care or welfare of individual children/young people. This allows school-based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child/young person's well-being and development remains the focus of concern.

Arrangements for ongoing liaison and support to school staff where necessary should also be formally agreed and recorded.

Guidance and training

Training should specify:

- Who will change the nappy/pad/clothes;
- Where nappy/pad/clothing changes will take place;
- What resources will be used (Cleansing agents used or cream to be applied);
- How the nappy/pad will be disposed of;
- What infection control measures are in place;
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries.

Training will also be given around positive handling, Safeguarding and Health and Safety issues around intimate care.

Children Records

Plans will be put in place in discussion with the parents, staff and child, where possible, and these will be monitored and reviewed regularly. These will be filed confidentially under current GDPR guidelines.

Emergency Procedures

- Contact and telephone numbers are detailed in children files;
- Procedures are in place for evacuation during intimate and person care assistance.

Health and Safety at Work Regulations

Springwell school follows recognised regulations for;

- Lifting and handling children and young people;
- Positive handling;
- Safe disposal of waste;
- Safe practices in First Aid.

Dealing with Complaints

People have the right to express their dissatisfaction if they feel that they are not receiving the levels of support they need and deserve. As a service the school will respond positively to feedback and complaints and treat them as an opportunity to improve the services we provide to children and young people.

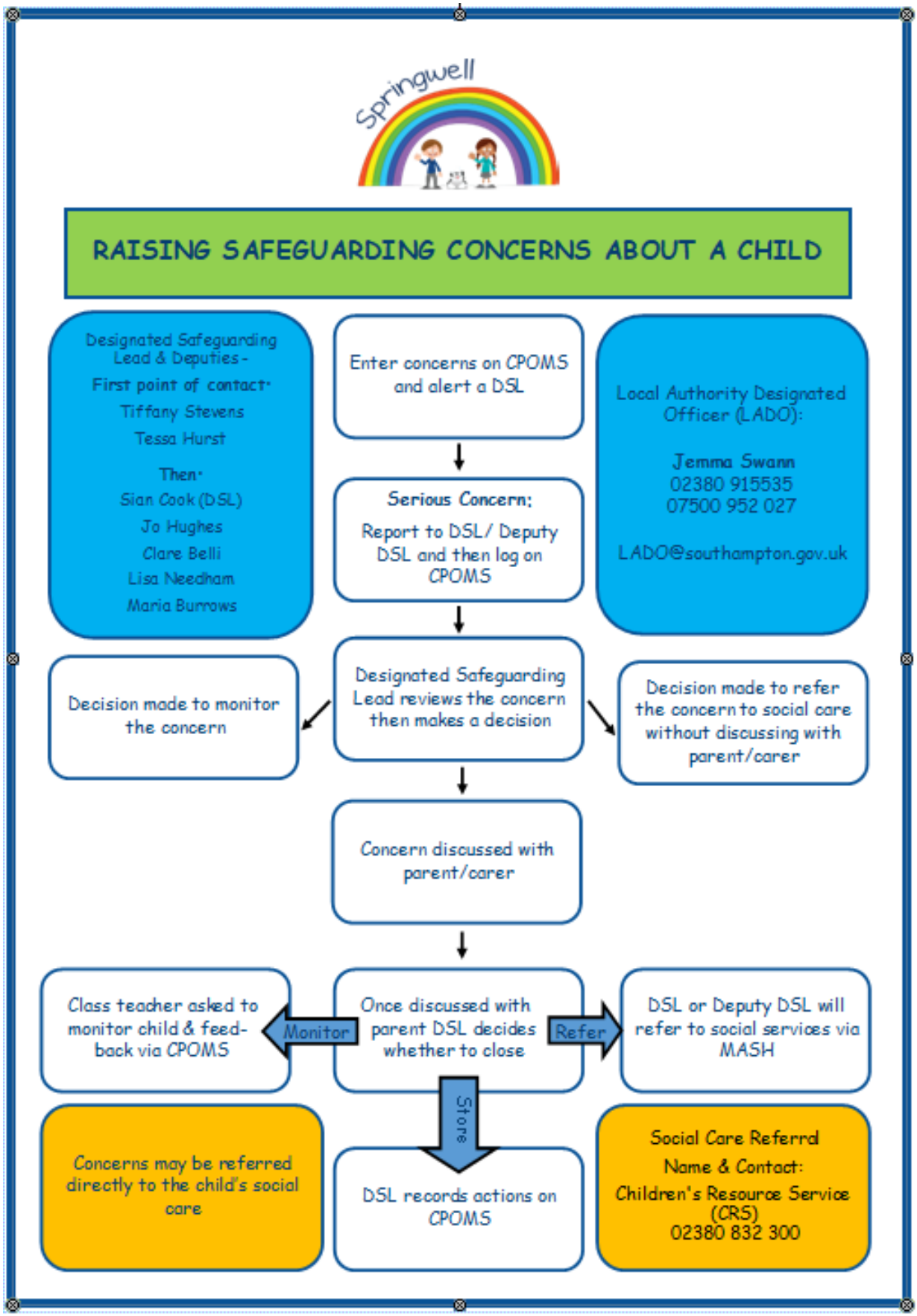
The complaints procedure can be found on the school website;

https://primarysite-prod-sorted.s3.amazonaws.com/springwell-school/UploadedDocument/4ba6df0345e642799e82ced858244f93/complaints-procedure-july-2018.pdf

Monitoring and Evaluation

This policy has been updated in line with Hampshire LSCB Intimate and Personal Care for Children with Disabilities Policy

The intimate care policy is monitored by senior staff and governors within the school it will be reviewed every 2 years, or as required, if guidance or circumstances change.


Springwell
RAISING SAFEGUARDING CONCERNS ABOUT A CHILD
Designated Safeguarding Lead & Deputies -
First point of contact:
Tiffany Stevens
Tessa Hurst
Then:
Sian Cook (DSL)
Jo Hughes
Clare Belli
Lisa Needham
Maria Burrows
Enter concerns on CPOMS and alert a DSL
Serious Concern:
Report to DSL/ Deputy DSL and then log on CPOMS
Local Authority Designated Officer (LADO):
Jemma Swann
02380 915535
07500 952 027
LADO@southampton.gov.uk
Designated Safeguarding Lead reviews the concern then makes a decision
Decision made to monitor the concern
Decision made to refer the concern to social care without discussing with parent/carer
Concern discussed with parent/carer
Class teacher asked to monitor child & feed-back via CPOMS
Monitor
Once discussed with parent DSL decides whether to close
Refer
DSL or Deputy DSL will refer to social services via MASH
Store
Concerns may be referred directly to the child's social care
DSL records actions on CPOMS
Social Care Referral
Name & Contact:
Children's Resource Service (CRS)
02380 832 300