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**The Grove**

**Intimate Care and Physical Contact Policy**

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| Circulated for Consultation |  |  |
| Policy Written on:  **September 2017**  **Updated March 2020** | Approved and Signed by  Chief Executive Officer | Approved and Signed by  Patrick Donovan Chair of Governors |
| To be reviewed:  **September 2019**  **March 2022** |  |  |

**Introduction**

All pupils have the right to be safe and treated with dignity and respect. Their welfare and dignity are of paramount importance. This policy is designed to safeguard both pupils and staff, and applies to all those involved with intimate care and physical contact.

Pupils at The Grove all have a primary diagnosis of autism, some have complex needs and require support with intimate care or physical touch. This policy aims to outline all the procedures in place to enable intimate care and physical touch to be implemented in a safe and caring nature so contributing to the positive experiences of school for our Pupils.

**Section 1.**

**Intimate care**

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or toileting of pupils who require assistance.

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. The Grove 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 aim is to provide guidance and reassurance to staff. It safeguards the rights and well being of pupils, and assures parents/ carers that all staff are knowledgeable about intimate care. Staff who provide intimate care are made aware of best practice, and the need to comply with school policies including:

* Safeguarding and 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 key stages, staff have responsibility for effective organisation of hygiene resources in toilets and hygiene rooms. Staff always wear protective gloves during intimate care routines, and disinfect or clean hygiene areas after use. Pupils provide their own intimate care hygienic materials. Apparatus may need to be provided for a small number of pupils who need special arrangements following an assessment from a physiotherapist/ occupational therapist as required.

**Respectful practice**

Every pupil is supported to develop a positive self-image and is treated with dignity and respect with privacy guaranteed.

Careful consideration is given to each pupil’s situation to determine how many staff might need to be present when a pupil needs help with intimate care. Wherever possible one pupil will be cared for by one member of staff unless there is a specific reason for having other staff present and/or assisting.

Wherever possible pupils’’ intimate care is not provided by the same staff on a regular basis to ensure over-familiar relationships are discouraged from developing. Staff should be sensitive to pupils’’ needs for privacy, dignity and gentle handling. Staff should never talk across a student nor talk about them, especially in a derogatory fashion. Staff should never walk through an occupied toilet or changing area without checking first that an interruption may be acceptable.

Staff will be supported and encouraged 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. The child will be supported to achieve the highest level of autonomy possible, given their age and abilities.

**Encouraging Independence**

As far as possible pupils are engaged in their intimate care with the aim that they will be able to take responsibility for this independently.

Physical contact/handling should be kept to the minimum necessary to complete the task. Staff will avoid undertaking tasks for a pupil that he or she can do independently. Pupils should be supported in doing all they can for themselves and if a student is able to help, staff will ensure they are given the chance to do so.

Staff will be responsive to any apprehensions, discomfort or disapproval shown by a pupil. Where pupils require communication support, such as visuals or schedules, staff will ensure the appropriate communication aids are available to them at all times.

**Consistency**

Teachers are responsible for ensuring that support staff have a consistent approach. This does not mean all support staff have to adopt identical approaches, but it is important that approaches are not markedly different between different staff (eg is caring for menstruation consistent across different staff?) Any regular intimate care procedures should be identified on the pupil’s’ personal care plan..

If a pupil is on a programme e.g. toilet-training or working towards independence, the supervision should be appropriate to the programme agreed.

**Safeguarding**

There will be a high awareness of child protection issues where intimate care is provided. If, during an intimate care scenario, staff notice anything unusual such as;

* Marks or bruises
* The student seems unusually sore in the genital area
* The student appears to be sexually aroused by your actions
* The student has an emotional reaction without apparent cause
* The student displays any other cause for concern

the staff member should report this immediately through the school’s MyConcern safeguarding software marking this as urgent. Reporting of concerns must follow the advice, guidance and instructions laid out in the school’s Safeguarding and Child Protection Policy. Visiting pupils and volunteers, regardless of their DBS status, should never be involved in intimate care for pupils.

**Different gender**

We recognise that there are sensitivities involved; some pupils and/or their parents may prefer a same-sex staff/student arrangement in intimate care situations. Staff may feel the same. At The Grove, as in the majority of special schools, female support staff are in a significant majority. In the case of a male student who may have a level of perception that he may feel embarrassed the school will try to provide a male member of staff if at all possible. The challenge of ensuring that a female member of staff is always on hand to provide intimate care for female pupils is simpler to organise due to higher numbers.

**Best Practice**

**Assisting a child to change his / her clothes**

On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc.

Staff will always encourage pupils to attempt undressing and dressing unaided. However, if assistance is required this will be given. Staff will always ensure that they have a colleague nearby when supporting dressing/ undressing and will always give the child the opportunity to change in private.

If staff are concerned in any way or a child is very distressed then parents/carers will be consulted and strategies to support the student will be agreed.

**Changing a child who has soiled him/herself**

The pupil will be given the opportunity to clean themselves and change his / her underwear in private. School will have a supply of wipes, clean underwear and spare uniform for this purpose.

If a pupil is not able to complete this task, school staff will attempt to contact the parents/carers to inform them of the situation and ask them to come to school to support their child’s changing.

Where a care plan is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an ‘accident’ and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

Pupils **who require regular assistance**

Pupils who require regular assistance with intimate care have written individual health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. (See Appendix 1) The plan will be agreed at a meeting at which all key staff and the pupil will be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Accurate records should be kept when a child requires assistance with intimate

care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child’s behaviour.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual student to do as much for his/herself as possible.

**Medical Procedures**

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan and will only be carried out by staff who have been trained to do so by medical staff.

It is particularly important that these staff follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

A written record will be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.

Any members of staff who administers first aid will be appropriately trained. If an

examination of a child is required in an emergency first aid situation another adult will be

asked to be present, with due regard to the child’s privacy and dignity.

**Physiotherapy**

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the EHCP that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given to the school staff and updated regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

**Section 2.**

**Physical contact**

* Physical contact constitutes a necessary and integral part of the education of pupils at The Grove. It may be used to facilitate growth or to meet needs within the following areas:
* Emotional development
* Educational development
* Physical development
* Personal/social development
* Support for behaviour and wellbeing and development (For pupils who have behaviours that challenge, touch may be required to prevent personal injury, injury to others, or damage to the environment).
* Personal care
* Physical support to access the curriculum (Support may involve gentle physical prompting to ensure curriculum/environmental access).
* Physical support to engage appropriately in therapies and physical development.

Adults in school use the following types of acceptable physical contact:

* Physical prompting.
* Holding hands or linking arms when walking.
* A small hug for comfort and reassurance when a student is distressed.
* Co-active feeding.
* Hygiene skills (for example teeth cleaning) as part of PSHE.
* Wiping or cleaning a student when they have finished (or during) a meal.
* Wiping or cleaning pupils if they have been unwell such as vomiting.
* Swimming
  + Changing pupils.
  + Safety and support in the water
  + Teaching techniques in the pool
* In P.E. and on outside equipment
  + Co-active support to access equipment and develop skills
  + Saving pupil from falling.
  + Holding a pupil on moving and static apparatus.
  + Helping with changing.
* Supporting pupils to access playtime games
* Personal care
* Wiping noses and hands
* Washing faces and hands
* Applying suntan lotion or creams
* Helping with seatbelts in vehicles.
* Administration of drugs.
* Physical intervention (outlined within our behaviour and physical intervention policy).

We promote a working practice checklist for staff so they feel confident about any physical contact. Staff should consider:

1. Know why you do it

2. Have consent from the pupil, parent or carer

3. Be prepared to discuss and explain your practices

4. Document – acknowledge it in planning, the curriculum and in policy

5. Document physical contact within the PLP to explain usage

6. Work as a team with your colleagues and the person involved

7. Use of physical contact should be openly discussed

8. Have others present where practically possible

**Working with parents**

Staff will work in partnership with parents and carers 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 and physical contact. Parents and carers will be involved in drawing up a health care plan if the student requires regular intimate care and this will be updated at least annually.

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.

**March 2020 COVID-19 Statement**

As a response to the COVID-19 outbreak, the school has implemented extensive risk assessments and considers the adoption of intimate care and extended physical contact to pose a higher risk of spreading the rate of infection.

It is for this reason that staff should read the risk assessment outlined [here](https://docs.google.com/document/d/17yII2QislRAN98S0vWxx20-nKhuIIBkkgas-aFDmTo0/edit#) or located in the school shared drive - health and safety - risk assessments - whole school - #3 COVID-19 May 2020- THE GROVE - RISK ASSESSMENT.

It is required by ALL staff to wear full PPE in the event of intimate care practice. This includes; apron, mask, gloves and glasses. The school will provide such resources to carry out intimate care correctly. It is the responsibility of the staff member to ensure they follow the guidelines correctly at all times. This includes the putting on and taking off of PPE correctly. You can watch the [NHS video here](https://www.youtube.com/watch?v=-GncQ_ed-9w&t=31s) which demonstrates the correct way to pu ton and take off PPE or go to this link <https://www.youtube.com/watch?v=-GncQ_ed-9w&t=31s>

Appendix 1

**Intimate Care / Personal Care Plan**

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| --- | --- |
| **Child’s Name:** | **Date:** |
| **Nominated Staff:** | |
| **Main Areas of Need:** | |
| **Details of Plan:** | |
| **This plan was written on……………………… By…………………………………………..**  **The Plan was agreed with parents/carers on ………………………………………………….**  **The child’s views were sought for this plan …………………………………………………….**  **(If not, please state why)** | |
| **Signed (SLT) …………………………………………….……**  **Signed (Staff) …………………………………………………**  **………………………………………………….**  **…………………………………………………..**  **………………………………………………….**  **Signed Parent/carer ……………………………………..……..** | **Date:**  **Date:**  **Date:**  **Date:**  **Date:**  **Date:** |

Appendix 2



**Intimate Care / Personal Care and Touch HomeSchool Agreement**

In order to best meet the needs of your child when they are with us we promote an individual agreement between you (parent/carer) and the school with regard to Intimate Care and Touch.

Intimate Care is seen as care which involves support with bodily functions, body products and personal hygiene which demand direct or indirect contact as well as more ordinary tasks such as help with washing or toileting of any child who requires assistance.

Personal Care may involve helping with drinking, eating, dressing, comforting or any activities at school which require touch, such as working hand over hand with a child to support them to access their learning or holding their hand when walking.

Staff at The Grove providing intimate care are aware of the need to adhere to high standards of child protection practice to minimise risks for both the child and themselves. All school staff are supported and trained so they feel comfortable in their practice.

**Name of Child:** ……………………………………………………………………………………………

* I give permission to The Grove to provide intimate care to my child.
* I understand that Intimate care will generally be carried out by staff from my child’s class but may also be carried out by another member of staff.
* I will contact my child’s class teacher if there are any issues I would like to discuss.

**Signed (parent/carer)** ……………………………………………………………. **Date:** ………………………………….

**Signed (SLT)** …………………………………………………………………………… **Date:**…………………………………...