



Name of policy:	Intimate Care and Touching Policy
Lead member of staff with responsibility for this policy:	Mr J Grimsby
Date of governors meeting when policy agreed:	September 2022
Type of governors meeting:	Academy Council
Date of implementation:	September 2022
Details of dissemination:	This policy is available on our school website. The policy is available for all staff, visitors, pupils and parents.
Frequency for review:	Annually
Next due for review:	September 2023

North Wootton Academy - Intimate Care Policy

Introduction:

North Wootton Academy is committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times and that there are clear guidelines as to when and how pupils may be touched in this manner.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care.

The Governing Body recognises its duties and responsibilities in relation to the Equality Act 2010 which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

We recognise that there is a need for children and young people to be treated with respect when intimate care is given and that such interactions will generally be planned and agreed to ensure the safety of all.

No child shall be attended to in a way that causes distress, embarrassment or pain.

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

Definition:

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

Our approach to best practice:

- The management of all children with intimate care needs will be carefully planned and clearly documented.
- Staff who provide intimate care are trained to do so (including Child Protection, and Moving and Handling where appropriate) and fully aware of best practice.
- Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.
- There is careful communication with any pupil (and their parents) who requires intimate care in line with their preferred means of communication to discuss needs and preferences.
- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as increased independence on the onset of puberty and menstruation.
- Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities. This will be agreed with parents.
- Individual care plans will be drawn up for any pupil requiring regular intimate care
- Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible one pupil will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented.

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- 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 and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.
- In most cases, intimate care will take place within the disabled toilet which is equipped with a live microphone to provide some additional safeguarding protection for both child and staff member.

Unplanned Intimate Care:

- Where a care plan is not in place and a child has needed help with intimate care (in the case of a toilet 'accident') then parents/carers will be informed the same day. This information should be treated as confidential and communicated in person, via telephone or by sealed letter (not via the home school diary).
- This will also be recorded in an Intimate Care Book which is checked regularly by the Senior Leadership Team.

Other Touching

Due to the nature of the children in our care, there may be times in which some form of touching is used to support our pupils. In addition, some of our children may still be learning to understand the appropriateness of physical contact.

It is often appropriate for children to be given some physical contact and comfort, but this must always be offered with the following caution:

- Always ensure there are other adults around.
- Never show favour to individual children.
- Never touch a child in the area between the waist and mid-thigh or near the chest.
- Never touch a child in a way that could be mis-interpreted as being anything other than friendly appropriate adult-child support.
- Where a child tries to get closer than appropriate, maneuver the child into a side hug
- Children should not sit on an adult's knee/lap unless there is a clear reason for doing so articulated in the child's intimate care plan.
- Tickling is not appropriate.

Where children require help with changing or toileting, the dignity of the child must be maintained at all times. Great care must be taken to ensure that all physical contact is specifically and only for the purpose of the operation being carried out.

Appropriate touches include:

- Hand shakes
- Shoulder hugs
- Hand on the shoulder
- Linked arms
- Holding hands during playtimes or outings within EYFS and Key Stage 1
- Guiding children using "Caring Hands" in lines with Steps Training

Emergency Procedures for Physical Intervention

There may be the occasional times when all other avenues have been explored and physical intervention is needed to enable a teacher's 'duty of care' to all pupils. If a pupil is at risk of

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becoming a danger to him/herself or others, physical intervention may be necessary. Obviously our first line of approach will be verbal, using a variety of de-escalation techniques, interventions and instructions in line with Steps training.

Where these have not worked, there may be the need to intervene physically to stop someone putting themselves or others in danger. Examples of these could be:

- A child running towards a busy road
- An angry child about to hurt someone through contact or the throwing of objects
- A serious fight
- A child seriously damaging school property

Where this might happen the intervention must be using minimal force, and only enough to stop the incident.

Once the situation is safe, the staff member must report this to the Principal in order to record this within the school's 'Bound and Numbered Incident Book. Parents will be made aware of the situation at this time, asked to meet with the Principal and review the recorded incident.

At times, this may involve a consultation with the LADO to ensure that all agree that this was a necessary and appropriate intervention.

Child Protection:

Wherever a member of staff feels uncomfortable about the way in which a child is using physical contact, this must be record as a cause for concern and passed to a member of the Safeguarding Team. Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.

Again, this may involve a consultation with the LADO to ensure that all agree that this was a necessary and appropriate intervention, or whether further action is required.

The Governors and staff of North Wootton Academy recognise that disabled children are particularly vulnerable to all forms of abuse.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Designated Person for Child Protection.

If a child becomes distressed or unhappy about being cared for a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

UPDATED September 2022
REVIEW ANNUALLY

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