

## **INTIMATE CARE, PHYSICAL INTERVENTION, POSITIVE HANDLING AND CONTINENCE POLICY**

### **Including Early Years Foundation Stage**

Plymouth College Preparatory 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. The School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

This policy should be considered in line with our Safeguarding policy, Health and Safety policy and Administration of Medicines policy. This policy supports the safeguarding and welfare requirements of the EYFS Framework 2012, Equality Act 2010 and Children and Families Act which came into force in September 2014.

### **Introduction**

The purpose of this policy is:

- To safeguard the rights and promote the best interests of the children
- To ensure children are treated with sensitivity, dignity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate care of their children
- To ensure no child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities
- To ensure no child with a named condition that affects personal development will be discriminated against
- To ensure no child who is delayed in achieving continence will be refused admission
- To ensure no child will be sent home or have to wait for their parents / carers due to incontinence
- To ensure adjustments will be made for any child who has delayed incontinence.

### **Principles**

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her body. It is important for staff to bear in mind how they would feel in the child's position. Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self esteem. Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.

## **Definition**

Intimate care is one of the following:

- Supporting a pupil with dressing/undressing
- Providing comfort or support for a distressed pupil
- Assisting a pupil requiring medical care who is not able to carry this out unaided
- Cleaning a pupil who has soiled him/herself, has vomited or feels unwell
- Helping someone use a toilet
- Changing nappies / pull ups.

## **Our approach to best practice**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care for specific individuals who regularly need support will have discussed this care with the parent / carer of the child.

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.

The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves.

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. If this is the case, the reasons should be clearly documented.

Within the Early Years department, children in the Pre-School classroom who need intimate care may be cared for by one member of staff who is known to the child as they are within earshot of others, as the toilet is within the classroom. Reception children who need intimate care will be dealt with by one adult known to them and the Teaching Assistant / class teacher will stand at the classroom door so they are also within earshot. Any Early Years child who needs showering to be cleaned will have two members of staff with them. Government guidance – Safe Practice in Education – however states that there is no legal requirement for two members of staff to be present when a child is being changed.

Wherever 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. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

The staff involved should acknowledge and respect any cultural or religious sensitivities related to aspects of intimate care.

The child involved in repeated accidents will be regularly monitored and reviewed in accordance with the child's development.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in a primary school, as no male staff are available.

## **The Protection of Children**

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ 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 Safeguarding and Child Protection Procedures for details).

## **Supporting dressing/undressing**

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Early Years. Staff will always encourage children to attempt undressing and dressing unaided.

## **Providing comfort or support**

Children may seek physical comfort from staff (particularly in Pre-School and Reception). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

## Continence

### Children with delayed continence and associated medical conditions

Children with delayed continence are a very diverse group. Each child needs to be treated as an individual but in broad terms the children with continence delay are in the following groups:

1. Late developers	The child may be developing normally but at a slower pace
2. Children with some developmental delay	The child may have a developmental delay in continence; either diagnosed or under investigation, but may well attend an early years or mainstream setting
3. Children with physical disabilities or continence associated medical conditions	Physical disabilities and medical conditions such as spina bifida or cerebral palsy may result in long-term continence delay and a Continence Care plan will be needed
4. Children with behavioural difficulties	Delayed continence may be a symptom of social, emotional and behavioural difficulties

Children who need continence care will have a Care plan drawn up with parents and key workers involvement. Please see Appendix 1.

When touching a child, staff should always be aware of the possibility of invading a child's privacy and will respect the child's wishes and feelings.

If a child needs to be cleaned, staff will make sure that:

- They have told another member of staff what they are doing
- Protective gloves are worn
- The procedure is discussed in a friendly and reassuring way with the child throughout the process
- The child is encouraged to care for him/herself as far as possible
- Physical contact is kept to the minimum possible to carry out the necessary cleaning
- Privacy is given appropriate to the child's age and the situation
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet
- Any soiling that can be, is flushed down the toilet
- Soiled clothing is put in a plastic bag, unwashed, and sent home with the child
- Parents are informed of the incident
- A nappy bin is provided for hygienic disposal of nappies / pull-ups. This is emptied on a regular basis
- Parents are asked to provide the following:
  - Pull-ups
  - Spare clothes
  - Spare underwear.

If a child is being changed / showered other children must be directed to the other bathroom.

## **Hygiene**

The school has a small supply of spare clothes and parents are requested to wash and return them to school.

All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective disposable gloves.

After showering the children, cleaners must be called to deep clean the shower.

## **Protection for staff**

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary
- Allow the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer unacceptable
- Allow the child a choice in the sequence of care
- Be aware of and responsive to the child's reactions.

## **Health and Safety**

Some schools are concerned about health and safety issues when staff are changing children or dealing with a child who has had an accident and is bleeding.

Staff should always wear gloves when dealing with a child who is bleeding or soiled. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety policy.

## **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.

Within the school, including the EYFS Department, physical intervention may be in the form of positive handling, for example:

- giving guidance to children (such as pencil grip or holding a paintbrush)
- providing emotional support (placing an arm around a distressed child))
- physical care (such as first aid or toileting)

Staff must take appropriate care when using touch.

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

Any occasion where physical restraint is used must be recorded, including details of the child, staff involved, why the intervention was used and the length and time the event occurred (Appendix 2). Parents should be informed of the incident.

Records of the physical restraint within the EY Department are reviewed on a termly basis by the Head of Early Years.

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 vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out 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.

## **Restraint**

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves or others. In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control. In all cases of restraint the incident must be documented and reported to a member of the SMT, using the form at Appendix 2.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to, constitute a criminal offence.

Where any concerns are raised about physical intervention, they should be dealt with through the school's usual complaints procedure.

## **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.

### **First Aid and intimate care**

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for. Agreements between the school/organisation, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

### **Physical Education and other 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.

### **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 an adult of the opposite sex 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. Staff should use the playground entrance door to the boys' changing room to avoid the toilet area.

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, eg adults must not change in the same place as children or shower with children.

### **Out of school trips, After school clubs and Holiday Club**

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected

of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's/establishment's policy and all LEA 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.

On occasions (field trips/days out, etc.) some pupils might be short of funds and would embarrassed or singled out if this were known. It would be acceptable for a member of staff to subsidise a child, provided that this was disclosed to colleagues.

Meetings with pupils away from the school premises where a chaperone will not be present, are not permitted unless specific approval is obtained from the head teacher or other senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

C D M Gatherer  
September 2017  
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Plymouth College Preparatory School  
Including Early Years Foundation Stage

**CONTINENCE CARE PLAN**

Name	
Date of Birth	
Emergency Contact Number	
Identified need	
Evidence of diagnoses	
Resources provided by parent / carers	
Resources provided by the school e.g. aprons / gloves	
Action to be taken	
Staff involved	
Additional information	
Signature of parent / carer	PRINT NAME:  Signature:
Signature of staff named above	
Review date	

