

Hope House School & Vacation Centre

Transforming the lives of children living on the Autistic Spectrum

INTIMATE CARE POLICY

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Signed:

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This policy has been read and signed on behalf
of the Directors of Hope House School by _____

Version Control Sheet

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Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive 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. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

The issues of intimate care are a sensitive one and will require staff to be respectful of the child's depending on their cognitive levels and chronological age and their needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents and carers to provide continuity of care to children and young people wherever possible.

Hope House 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. Hope House 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 them distress or pain.

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; welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and 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 a physiotherapist or 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. Wherever possible staff who are involved in the intimate care of children and young people will not usually be involved with the delivery of sex education to the children or young people in their care as an additional safeguard to both staff and children and young people involved.

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 or herself as he or she can. This may mean for example, giving the child the responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

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, but there should always be more than one persons and not the same people each time.

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.

Intimate care arrangements will be discussed with parents and carers on a regular basis and recorded on the child's 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.

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 he or she will immediately report concerns to the designated person for safeguarding.

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 or 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 issues 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.

Health and Safety and Further Guidance

Health and Safety advice for schools can be found in the Health and Safety Handbook, available to schools through the Education, Arts and Libraries website.

- Working Together to Safeguard Children
- Keeping Children Safe in Education September 2016
- Circular 10 / 95 Protecting Children from Abuse

Changing Facilities

These are provided in the school. Children who have long term incontinence will require specially adapted facilities and the use of the Sick Room is recommended to staff.

The dignity and privacy of the child is paramount. An area, which can be made private by the use of a screen, is acceptable. Consideration should be given to the siting of this area from a health and safety aspect. The area should not be situated in a thoroughfare, as a changing mat will have to be used, on the floor when a child is to be changed.

This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause a possible back injury.

Equipment Provision

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, changing mat etc and parents will be made aware of this responsibility. Hope House School is responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

Health and Safety

Hope House staff will always wear an apron and gloves when dealing with a child who is bleeding or when changing a soiled nappy. Any solid waste is placed in a polythene waste disposal bag which is sealed. The bag is then placed in a bin which has a liner and disposed of as part of the usual weekly refuse collection as this waste is not classed as clinical waste.

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 work in "limited touch" cultures and that when physical contact is made with pupils this will be in a response to the pupils needs at the time, will be of limited duration and will be appropriate given the age, stage of development and background. 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.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of "limited touch" will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

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.

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.

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 or 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 and other organisations such as Flexible Short Breaks, 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.

Showers or 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 adults should announce their intention of entering the changing rooms, avoid remaining in the changing rooms unless the pupils needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is essential that when supervising children in a state of undress, another member of staff is present.

If this is not possible, then the line manager of the member of staff must be alerted as soon as possible and a note made of the conversation and completion of the Intimate Care Form.