

HEATHLANDS SCHOOL

INTIMATE CARE POLICY

Approved by Governors 7.11.17
Review due November 2019

It is recognised that at times the school will have on its roll children who will need assistance with a variety of care practices. Heathlands is committed to ensuring that all staff responsible for the intimate care of pupils undertake their duties in a professional manner, treating the child with respect and without causing pain or distress. The child's welfare and dignity is of paramount importance.

1. PRIVACY

- 1.1 Much intimate care can be undertaken by one person alone. This is to be encouraged unless the task involved necessitates the presence of two members of staff.
- 1.2 Privacy does not mean the same as secrecy. Staff should be open and inform colleagues when they expect to be alone with a child and the reason for this.
- 1.3 Where possible the intimate care of adolescents should be carried out by a member of staff of the same gender. This should also be the case with younger children if they have expressed a preference.

2. INDEPENDENCE

- 2.1 The child will be supported to achieve the highest levels of autonomy and wherever possible will be responsible for their own intimate care.
- 2.2 Staff will avoid doing things for the child which they are capable of doing for themselves.
- 2.3 If the child is dependant on adult support staff will communicate appropriately with them and give the child opportunity to make choices and decisions.
- 2.4 Staff undertaking intimate care tasks will check with the child that they are happy with the arrangements made for their care.
- 2.5 The child, his/her parents and staff should all be open about any concerns related to care practices so that these can be addressed constructively.

3. COMMON AND CONSISTENT PRACTICES

- 3.1 Common and consistent practices will be established with the child, his/her parents and the carers.
- 3.2 Those children who require intimate care on a routine basis will have this documented in their care plans (Heath House) or in a medical protocol.
- 3.3 Wherever possible the same child will not be cared for by the same adult, ideally there will be a small rota of carers known to the child. This will serve to discourage over familiar relationships whilst also guarding against the possibility of a succession of different carers.

4. TRAINING AND SUPPORT

- 4.1 Relevant staff will be informed of the Intimate Care Policy as part of their induction.
- 4.2 Staff asked to undertake specific care practices will receive the required training from medical personnel.
- 4.3 The school will keep a record of those staff trained to perform a certain procedure.

5. REPORTING CONCERNS

- 5.1 Staff will be expected to use the existing safeguarding procedures to report any concerns related to a child's protection, health or general wellbeing.
- 5.2 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter must be looked into and the outcomes recorded. Parents/ carers will be contacted as part of this process to achieve a resolution.

6. POSITIVE SELF IMAGE

- 6.1 Pupils will be encouraged to have a positive self image of their own body.
- 6.2 It is recognised that confident, assertive children who feel their body belongs to them are less vulnerable to sexual abuse.
- 6.3 The carer's attitude to the pupil's intimate care is important and where possible it should be relaxed and enjoyable.

7. PHYSICAL CONTACT

- 7.1 All staff engaged in the care and education of children need to consider the appropriateness of physical contact in relation to the child's needs, age, stage of development and background.
- 7.2 Staff should be aware that well intentioned contact can be misconstrued and should accept that all physical contact with a child is open to scrutiny.
- 7.3 When touching a child staff should always be aware of the possibility of invading the child's privacy and should respect their feeling and wishes.
- 7.4 It is recognised that appropriate physical contact can be an important teaching strategy vital for the successful delivery of some aspects of the curriculum.
- 7.5 It is recognised that some physical contact e.g. tapping is an accepted part of deaf culture.
- 7.6 There may be occasions when a distressed pupil needs comfort and reassurance which may include physical touch such as a caring parent would give. Such contact should never become regular and routine, but only in response to specific incidents and with consideration to 7.1.
- 7.7 Physical contact should be done openly in the presence of staff and students, not in isolation or in private areas specifically not in bedrooms or bathrooms.
- 7.8 If physical contact is deemed appropriate to meet an individual child's needs this should be confirmed with parents and carers and documented in care plans.
- 7.9 On occasions staff may need to intervene physically to exercise their duty of care. The minimum force necessary should be employed for the minimum period of time. This is outlined in the Physical Intervention Policy.