

Welburn Hall School



Intimate Care and Physical Contact:

Policy and Practice

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Next Review Spring 2016

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Signed by Improvement Committee Chair 21.11.15, Minute number

1. Introduction:

- 1.1. This document is intended to inform and advise the staff of Welburn Hall School regarding good practice in the areas of intimate care and physical contact. It aims to support an open culture at the school, which allows appropriate physical contact to be well defined, and enables caring, supportive and positive behaviour to be possible without undue concern or risk.
- 1.2. Unfortunately, it must be recognized that some adults are known to use intimate care as an opportunity to abuse children, with physical contact sometimes part of a process of 'grooming'. It is also well established that, for a number of reasons, disabled children are at particular risk of significant harm or abuse. Through its policies and procedures, the school will always seek to present a hostile environment for potential abusers and all staff will, therefore, need to bear in mind that the practice of intimate care and physical contact could be open to misinterpretation if its procedures are not followed.
- 1.3. The students with whom we work have a right to be safe and to be treated with dignity and respect. Clear guidelines on intimate care and physical contact will serve to safeguard both students and staff, and should help to remove any doubts as to the school's expectations. The aim of these definitions, examples, statements of policy and practice guidelines, therefore, is to ensure that everyone is clear about the issues that need to be considered before approaching intimate care tasks, or responding to physical contact.
- 1.4. Importantly, it is intended that school staff will find the following policy and guidance instructive, helpful, reassuring and supportive.

2. Definitions and Examples:

2.1. Intimate Care:

Welburn Hall School considers the NSPCC definition of Intimate Care to be useful:

“Any procedure which involves any physical care or treatment, that is an invasion of bodily privacy and which may be a potential source of exposure or embarrassment to the individual child or young person”,
(Feb 2007).

2.2. Examples of Intimate Care:

Whilst it is not possible to list all situations in which staff may find themselves offering and providing intimate care to students, the following examples are relevant:

- 2.4.1. Washing any part of the body
- 2.4.2. Bathing/showering

- 2.4.3. Cleaning teeth
- 2.4.4. Washing hair
- 2.4.5. Brushing/combing hair
- 2.4.6. Shaving (face, underarms, legs etc.)
- 2.4.7. Putting on make up
- 2.4.8. Dressing/undressing
- 2.4.9. Changing nappy or sanitary protection
- 2.4.10. Assisting to use the toilet
- 2.4.11. Changing an incontinence bag
- 2.4.12. Turning or re-positioning in bed or wheelchair
- 2.4.13. The administration of medication, particularly emergency interventions.

2.3. Touch:

All of the examples above inevitably involve an adult touching a child and, for the purposes of this document, touch can be defined as:

Physical, sensory contact involving any part of the body, which is intentional and has purpose.

Appropriate touch in the context of intimate care must as far as possible be consensual, necessary for the safety and/or care of the child, and expected by them. Inappropriate touch would be:

- 2.3.1. Unwanted
- 2.3.2. Unexpected
- 2.3.3. On a part of the body that need not be touched
- 2.3.4. Occurring in an unacceptable situation or setting
- 2.3.5. Unnecessarily forceful or clumsy

2.4. Physical Contact:

Although essentially very similar to touch, physical contact is defined here as:

Very close proximity to another person resulting in bodies, or parts of bodies, meeting.

Physical contact can often be unavoidable, un-noticed or accidental. In the context of this document, it is taken to relate to contact between individuals outside of the bounds of intimate care and, where deliberate, will typically be initiated by students, either between themselves, or towards a member of staff. It may be affectionate, a mode of communication or a means to seek reassurance or comfort.

It can be perfectly appropriate to respond to this physically and sometimes, inappropriate not to. Careful thought, however, must be given to an adult's response. Similar to touch, inappropriate physical contact on the part of an adult would be:

- 2.4.1. Out of context to the situation
- 2.4.2. Uninvited/unwanted
- 2.4.3. Unacceptably intimate
- 2.4.4. For the gratification of the adult

- 2.4.5. Aggressive or forceful
- 2.4.6. Taking place in an isolated/unobserved location

As stated, there will be times when physical contact with a student, outside of intimate care practice is not only acceptable, but necessary. Such occasions should have a purpose and be to the benefit of the student. Examples of appropriate physical contact include:

- 2.4.7. Comforting or encouraging a student in need of reassurance.
- 2.4.8. Helping a student to negotiate environmental obstacles and protecting them from harm.
- 2.4.9. Participating in sports and games that involve a degree of physical contact, (football, 'tig' etc.).
- 2.4.10. Aiding social development, such as by demonstrating appropriate touch in a group of students.
- 2.4.11. Facilitating communication. This can relate either to children who need to make physical contact in order to relay meaning, or to those who require it in order to be confident enough to express themselves.

In the vast majority of situations, any member of staff engaging in physical contact with a student should be confident that it is welcome and necessary; it should be as gentle as possible, ideally take place in an open setting and be witnessed by other adults.

3. Statements of Policy:

It is important to be clear and explicit about the school's expectations of practice in all instances. The following statements should be viewed as both essential and non-negotiable:

- 3.1. Where intimate personal care is delivered, it will be done sensitively and appropriately. Staff will be aware of the need to maintain privacy and dignity when dealing with intimate personal care needs.
- 3.2. Only those trained to do so will provide intimate personal care to students, and it will be within the remit of their post.
- 3.3. Intimate personal care will be delivered consistently, in accordance with Care Plans, Healthcare Plans, Moving and Handling procedures and any other school guidance approved by the Head of Care.
- 3.4. Where there is regular intimate care, a Personal Intimate Care Plan should be devised by the Key Worker, if the student is resident, or Form Tutor if not. This must be authorised by the Head of Care, or other member of the SLT in his/her absence.
- 3.5. All Care Plans or guidance documents must be tailored to the particular needs of students and, when possible, formulated with the involvement of the individual in question. Parents and carers will be informed of arrangements for the care of their child, including details of practice in regard to intimate care.
- 3.6. Members of staff offering intimate care must be confident of their ability to perform the particular tasks necessary for the care of that student. They must

also have an understanding of the best means of communicating with the student.

- 3.7. Wherever possible, the student in need of intimate care will have a choice as to who provides it. They will also be given choices to make regarding methods and techniques where established procedure and individual plans allows this.
- 3.8. Where the student is unable to voice a preference for medical reasons, (such as during an epileptic seizure), and an intimate treatment is necessary, there will always be two members of staff present.
- 3.9. Students will not be obliged to receive intimate care from adults they do not know. In the event of new staff being employed, they will be offered the opportunity to work alongside an experienced person to gain an understanding of a child's needs. This will be with the consent of the child wherever possible.
- 3.10. Members of staff providing intimate care will be careful to identify situations in which it would be advisable to have a second adult present, (for reasons other than at 3.7. & 3.8). Such situations may include work with students whom it is believed may make unfounded allegations. Any decision to alter care arrangements will always be agreed with the Head of Care.
- 3.11. For the sake of privacy, and apart from certain exceptions, (as in 3.7, 3.8. and 3.9.), there will be no more staff present than is necessary to the safe completion of a care task. Moving and Handling guidance, Healthcare Plans and Care Plans will stipulate the number of staff needed when a student receives intimate care or treatment.
- 3.12. Students will be involved as much as possible in their own intimate care, they will be encouraged and enabled to do as much as possible for themselves and their understanding and acceptance of touch will be established on each occasion.
- 3.13. Staff will always engage with students whilst providing intimate care; they will hold dialogue where possible and check their practice by asking the child, particularly a child they haven't previously cared for, what their preferences are, what they are able to do themselves and if the care being provided is acceptable. The permission, and opinion, of students will be sought at numerous stages of intimate care.
- 3.14. Neither students nor adults will be rushed during the provision of intimate care. The school understands that the experience must be unhurried and as free from stress as possible – for both parties. Any practical difficulties in enabling sufficient time to be taken will be discussed with line managers.
- 3.15. Gender issues are significant in determining the appropriateness of the support and we will endeavour to ensure that the principle of same gender care is applied when meeting the intimate personal care needs of a student.
- 3.16. It is recognised that students should have positive male and female role models. Work other than that involving intimate personal care may routinely be carried out by staff of either sex, subject to the preference of the individual student and the appropriateness of the individual staff member.
- 3.17. The ethnic, cultural and spiritual needs of all students will be considered in the individual assessment of their need. This will be recorded and used to inform practice in regard to the provision of intimate care, and in responding to physical contact.

- 3.18. The school will enable students to express themselves physically in normal, acceptable and appropriate ways. Its staff will help those students who struggle to understand social boundaries and expectations to develop abilities and independence in this respect.
- 3.19. Staff at the school will be available and sympathetic to the emotional needs of students, who may crave physical reassurance. This, however, will always be provided in a proper and careful way, which is consistent with school policy.
- 3.20. The school will act positively and responsibly regarding varied learning opportunities, which may require an element of physical contact between students and adults, (sports, activities, social contact etc.).

4. Practice Guidance:

The following list of statements must not be considered complete, all significant matters of intimate care and physical contact not covered here should be discussed with the Head of Care, and any urgent issues or important omissions must be brought to their attention immediately. Any changes to general practice regarding physical contact will be considered by the SLT and discussion with staff groups will take place as and when necessary.

It must be remembered that all members of staff are personally responsible for ensuring that their actions comply with the school's policies and guidance.

4.1. Intimate Care:

- 4.1.1. For the best protection of both adults and students, male members of staff must not provide intimate care to female students of any age. Where it is necessary in an emergency for a male member of staff to administer treatment to a girl, a female member of staff must be present to observe.
- 4.1.2. Although female members of staff are not similarly limited in regard to providing intimate care to boys, the gender of available adults must, where possible, be a matter of choice for the student. If a male student prefers a male carer to provide intimate care, there must be good reason to deny him this.
- 4.1.3. The matter of consent must be considered and acted upon at every instance and stage of intimate care. Students should be asked at the beginning, and at suitable points throughout, whether they agree to particular actions or whether they are comfortable.
- 4.1.4. Where there is knowledge, or suspicion, that a child has been the victim of previous abuse, the Head of Care should provide particular advice regarding best practice for their intimate care.
- 4.1.5. When working alone with a student, providing intimate care, an adult must always ensure that at least one other member of staff is aware of their location and activity.
- 4.1.6. Members of staff must be careful to identify situations in which it would be advisable to have two adults present, for the reasons detailed at 3.9.
- 4.1.7. The intimate care of an individual student should be varied in terms of the particular members of staff providing it and a rota may be devised if necessary. It is important to avoid both an emotional over-reliance

on one adult, as well as a lack of knowledge and experience on the part of other members of staff.

- 4.1.8. Where there is concern that a student is developing an inappropriate attachment to a particular member of staff during the provision of intimate care, that member of staff must report it to the Head of Care.

4.2. Physical Contact:

- 4.2.1. Whilst appropriate physical contact is not forbidden, adults should be careful to let the student initiate this on the majority of occasions.
- 4.2.2. As much as possible, members of staff should be aware of the individual preferences of each student regarding physical contact. What might be appreciated by one person could be offensive or frightening to another.
- 4.2.3. Vigorous 'horseplay', (play fights etc.), between adults and students presents the potential for injury, misunderstanding and allegations.
- 4.2.4. Where there is knowledge, or suspicion, that a child has been the victim of previous abuse, the Head of Care should provide particular advice regarding best practice in the event of physical contact.

5. Dealing with Concerns:

- 5.1. All staff at the school who provide intimate care, or respond to physical contact, must report any concerns they have regarding:

- 5.1.1. Their own practice
- 5.1.2. The practice of others
- 5.1.3. The effectiveness or suitability of guidance
- 5.1.4. The safety of students
- 5.1.5. The needs of students
- 5.1.6. Behaviour of students which may cause concern
- 5.1.7. Incidents which could be misinterpreted, (these must be recorded).

They must speak initially with their Line Manager, who may refer them to the Head of Care if necessary.

- 5.2. All concerns about possible or witnessed harm to, or abuse of, any student are clear Child Protection matters and **must** be referred directly to the Head of Care in accordance with the school's Child Protection Policy.

- 5.3. Students must be empowered to express their own concerns about intimate care or physical contact. They should be able to talk to any appropriate adult, including:

- 5.3.1. Their parents/carers
- 5.3.2. Their Key Worker, if residential
- 5.3.3. Their Form Tutor
- 5.3.4. The Headteacher
- 5.3.5. The Head of Care

Any student who might have difficulty with communication, or the confidence to assert their views, must be given direct assistance to make their concerns understood. The school's policy regarding complaints by students must be followed where necessary.

- 5.4. Key Workers have a particular responsibility to ascertain, and act upon, the views or concerns of students during the normal course of their work with them. This must, of course, be done carefully and the process should not cause undue concern to the student.
- 5.5. Parents/carers must be kept informed of significant issues of intimate care and physical contact, and their views and wishes must be known.
- 5.6. Parents/carers must be aware that they are able to raise their own concerns regarding intimate care or physical contact. They should be reassured that the school believes in a positive dialogue with families. Also, that the Head of Care, in particular, is charged with establishing best practice which is acceptable to parents/carers, the school and Safeguarding standards.

6. Control and Restraint:

There is obvious physical contact involved in controlling or restraining students and there is a risk of confusion regarding the difference between some of the examples above and physically obliging a student to move or remain in position. The school's approach in this respect is detailed in its 'Policy on Physical Intervention' and all staff must ensure they are familiar with it.

Student name: DoB: Date of this plan:

Parent/carer: Contact phone number:

Brief description of the personal care task(s) to be carried out:

Location(s):

Frequency: Number of staff:

Resources required & provider:

Level of self-help skills the child/student has:

Communication needs/abilities:

Is there a Moving & Handling plan in place? Yes No *(if 'yes', this should be attached).*

Any other relevant information:

Procedure to follow:

Agreed management of wet/soiled clothing:

Any other issues:

Was the student/pupil involved in the drawing up of this plan? Yes No

	Name	Signature	Designation
Plan completed by:			
Authorised by:			
Parental consent:			

To be reviewed:

