



The Sunflower Federation

Physical Touch

Policy

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Introduction

The Physical Touch policy comprises three parts.

1. Intimate Care
2. Physical Touch in the Curriculum
3. Physical Touch and Positive Behaviour Management.

Part 1: Intimate Care

1. Rationale

The Sunflower foundation 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. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently, respectfully and sensitively. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved, and a high level of privacy, choice and control will be provided to them. Adults who provide intimate care to children will have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.

2. Policies which directly relate to this policy

- 'Safeguarding Policy including Child Protection' procedures
- 'Staff Code of Conduct'
- 'Whistle-blowing' policies
- Health and Safety Policy and Procedures
- Special Educational Needs Policy
- 'Manual Handling' procedures
- Behaviour Policy

3. Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas including genitals. In most cases such care will involve procedures to do with personal hygiene. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care and the cleaning of associated equipment as part of the staff member's duty of care.

In the case of specific medical procedures only the staff suitably trained and assessed as competent should undertake the procedure.

4. Management

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

Individual Personal Care Plans will be drawn up for children as appropriate to suit the circumstances of the child. 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 Personal Care Plan should be reviewed and amended by the class team as necessary or at least annually with

parents/carers. Where necessary, staff should liaise with the moving and handling lead. The Personal Care Plan should be dated and signed by both the parents and teacher.

The Personal Care Plan should be read and adhered to by all staff giving intimate care to that child. The Personal Care Plan should be updated at least once per year as part of the child's EHCP review or whenever there is a change to their personal care needs e.g. changing pad size etc.

For an example of a Personal Care Plan See *Appendix 1*

5. Our Approach to Best Practice

This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of students.

- The management of all children with intimate care needs will be carefully planned.
- The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.
- Parents are consulted and informed about arrangements for intimate care
- Staff are familiar with risk assessments, moving and handling plans, Individual behaviour management plans, guidelines and procedures before they support any learner with their intimate care.
- Staff know who to turn to for advice if they feel unsure or uncomfortable about a particular situation.
- Members of staff are made aware at interview that giving intimate care to pupils is an essential part of the work in both schools. Scenarios are often discussed as part of the interview process in relation to intimate / personal care and safeguarding.
- All staff undertaking intimate care must be given appropriate training.
- Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies.

Staff who provide intimate care are fully aware of best practice.

6. Procedures

It is essential that the adult who is going to carry out student's personal care routine informs the teacher and/or another member of staff that they are going to do this.

If the Personal Care Plan has been agreed and signed by parents, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child. For our PMLD students two staff will carry out personal care. In some circumstances a second member of staff may be present in order to completely secure against any risk of allegation or when needed for safe manual handling routines.

The staff involved in the intimate care/toileting should consider the following:-

- Location of the Personal Care Plan for reference but also to ensure discretion and confidentiality.
- Location of recording procedures, ensuring discretion and confidentiality.
- Necessary equipment & waste disposal – including the use of barrier materials which will always be used by staff and easily available e.g., disposable gloves.
- Clear labelling of equipment and resources
- Any procedures which need to be carried out during or after the procedure e.g., Wiping changing bed after use.
- The Appropriate lifting and handling procedures will be used– see individual Moving and Handling plan as appropriate.

7. Staff Development

- Staff must receive Child Protection training annually.
- Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.
- Staff must receive Moving and Handling training at regular intervals when they are using these specific protocols.
- Newly appointed staff should be closely supervised until completion of a successful probationary period.

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 or menstruation.

8. Encouraging independence

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 they are able. It is the long-term objective for learners to be as independent as possible and so it is intended for all learners to be working towards independence with their toileting, where relevant.

9. Privacy

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

10. Gender / Sex

It is our aim that, wherever possible, the personal care needs of, in particular, the older students will be met by an adult of the same sex. However, in many circumstances this may not be possible and therefore all staff, whether male or female, will provide intimate care for children of the opposite sex. Training around personal care involves understanding the needs of all young people; whether male, female or intersex.

11. The Protection of Children

Safeguarding Procedures and Multi-Agency Protection procedures will be adhered to. Where parents do not co-operate with intimate care agreements, concerns should be raised with the parents in the first instance.

A meeting may be called that could possibly include the health visitor and head teacher to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the school's DSP about the appropriate action to take to safeguard the welfare of the child.

If any member of staff has concerns about physical changes to a child's presentation, e.g., marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate Designated Safeguarding Person.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated, and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

1. Rationale

In the Sunflower Federation schools, we recognise that touch or physical contact is not only necessary, but an integral part of the teacher-pupil relationship. It has been recognised by members of the British Psychological Society (BPS) that, "... not comforting children with touch (holding hands, hug etc.) when they are happy, upset or worried could cause harm, hampering pupils' development". Understanding the positive effects of touch and when and how touch is acceptable is an important part of our student's development and learning. We want our young people to experience more than a day where the only physical contact they get is "functional" or "professional touch" (Brennan, Wu and love, 1998)

Government guidelines state that there are occasions "when physical contact...with a pupil is proper and necessary".

2. Our Approach to Best Practice

In the Sunflower Federation schools, staff may use touch routinely and specifically to:-

- Give Therapeutic interventions such as Special Yoga, Massage, physiotherapy, occupational therapy.
- Play.
- Support Intensive Interaction.
- Reinforce communication and understanding (touch and physical cues).
- Give physical support and guidance.
- Give reassurance, developing and communicating safety and comfort.
- Give intimate personal care.
- Demonstrate a positive use of touch, as role models.
- Make social connections with others.
- Teach students who do not like touch, the enjoyment and benefit of consented physical contact.

3. Procedures

We will always aim to:

- Gain consent from the young person and / or parent.
- Communicate to the young person what is about to happen (in the situation of an adult carrying out personal care routines).

Parents / carers will be invited to contact the relevant school to discuss/ explain the practises being used in school. In individual cases, reference to the importance of touch for that child / young person will be made in any of the following documentation:- the student's Behaviour Support Plan, behaviour strategies, pen portraits, sensory diet or Personal Care Plan.

When working with students at or beyond puberty, we will be sensitive to signals given from the student indicating that the touch is being misunderstood and possibly triggering sexual arousal. In such incidences the situation should be handled sensitively and according to the needs of the individual. Staff are advised to withdraw or cease the touch being given, redirecting to a different activity or area of learning.

Reference

Hewett D (2007) Do Touch: physical contact and people who have severe, profound and multiple learning difficulties. Support for Learning. 22 (3) 116-123.

4. Staff Development

- Staff need to be clear and open about why they are using touch and be able to explain their practice.
- There must be clarity and transparency in issues of touch.
- Touch should be purposeful, not excessive and kept to a minimal.

5. Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. School staff who undertake part of the physiotherapy regime (such as assisting children with exercises), will be trained to do this by the physiotherapist who will monitor the procedures. The physiotherapist should initially train and observe the members of staff applying the technique and provide programmes showing how these should be carried out.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

6. Medical Procedures

If pupils require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags then these procedures will be discussed with parents/carers, documented in the health care plan and will only be carried out by the school nurses or staff who have been trained to do so.

The school always has a nurse on site – other than during unexpected absences.

First aiders at work and paediatric first aiders are trained to carry out basic medical procedures in their absence. These procedures will involve giving regular medication.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance.

If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

7. Massage /Tac Pac /Yoga

Massage, Deep Pressure Massage, Yoga and 'Tac-Pac' are used in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

Massage undertaken by school staff is confined to parts of the body such as the hands, arms, shoulders, feet, head and face in order to safeguard the interest of both adults and pupils.

Any adult undertaking massage and or yoga for pupils must demonstrate an appropriate level of competence.

Learners receive touch and are taught not to return touch. Boundaries of touch are specified and taught to learners.

Part 3: Physical Touch and Positive Behaviour Management

See Behaviour Policy.

Part 4: Review and monitoring of the policy
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The intimate care and Physical Touch Policy is reviewed every 2 years. Each member of the SLT is trained as a Designated Senior Person (DSP) and monitors the implementation of the Intimate Care and Physical Touch policy.

Appendix 1 :

PERSONAL CARE PLAN (PCP)

Student	Date	Class
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Toiletries	Pad size	Wipes	Lotion	Other
Position	Changing bed	Standing	Toilet seat	
Staffing	1:2		2:1	
Risk assessments	Moving and Handling _____ Behaviour Plan _____ Behaviour Risk Assessment _____			
Toilet training	N/A		Yes	
Strategies				

Agreed date:

Signatures Parents / Carers and the teacher
