

# **PERSONAL AND INTIMATE CARE POLICY, INCLUDING GUIDANCE ON SAFE TOUCH AND PHYSICAL INTERVENTION**

## **PART 1: INTIMATE PERSONAL CARE AND TOILETING NEEDS**

## **PART 2: GUIDANCE ON SAFE TOUCH**

## **PART 3: GUIDANCE ON PHYSICAL INTERVENTION**

### **Amendment history**

<b>Revision</b>	<b>Author</b>	<b>Description of Change</b>	<b>Date Updated</b>
Original	Sarah Mountford	New policy	October 2008
1	CH/AF	Amendment for non-closed door	October 2009
2	CH/AF	Reviewed, no changes	October 2010
3	CH/AF	Reviewed, no changes	September 2011
4	CH	Merge with guidance on safe touch as part of personal care	December 2012
5	CH/HS	Reviewed; no change required to parts 1 and 2; part 3 on physical intervention added and name of policy amended accordingly	June 2013
6	CH	Reviewed, no changes	June 2015
7	CH	Reviewed, no changes	November 2016
8	CH & SF	Reference for the use of Yellow Form	February 2018
9	CH & SF	Reviewed, no changes	January 2020
10	CH	Reviewed, no changes	July 2022
11	CH, TH & XF	Clarified recording and reporting of physical intervention actions	July 2023
12	TH	Reviewed, no substantive changes	September 2025

# **PERSONAL AND INTIMATE CARE POLICY, INCLUDING GUIDANCE ON SAFE TOUCH AND PHYSICAL INTERVENTION**

*References in this policy to 'Playgroup' includes KASC.*

Each member of staff has a responsibility to ensure that all practice at Kineton Playgroup is safe and appropriate. We should all expect to be observed by others and be prepared to discuss any concerns we have in a professional manner. Any member of staff who is concerned about another member of staff's practice should complete a Yellow Form to hand to the Manager, or (if concerned about the manager's practice) to the board member with safeguarding responsibility.

This policy should be read in conjunction with all other playgroup policies, including in particular the following:

- Hand Washing Policy
- Manual Handling Policy
- Special Educational Needs Policy

## **PART 1: INTIMATE PERSONAL CARE AND TOILETING NEEDS**

### **Introduction**

Although some children are toilet trained and able to meet their toileting needs prior to commencement at Kineton Playgroup or KASC, it is acknowledged that this is not always the case. Children with toileting needs will be admitted normally, without exception, subject to appropriate physical adaptation or staff training being completed if that is necessary.

This policy applies to:

- Children who have not achieved full independence in using the toilet, prior to commencing Playgroup.
- Children who require support with toilet training.
- Children who need special arrangements with toileting.

### **Working with parents and carers**

Parents and carers have the key role to play in effective toilet training. It is important that staff at Playgroup work closely with them, to adopt a consistent approach, both at home and at Playgroup. Information should be gathered from parents or carers prior to the child starting Playgroup.

### **Children with Special Needs**

Some children will enter the setting with special educational needs and/or medical conditions. Difficulty in toilet training may be one aspect of developmental delay and learning difficulties. Playgroup will take all reasonable steps to support these children with special toileting arrangements or toilet training.

**Personal and Intimate Care, including guidance on Safe Touch and Physical Intervention**

Page 2 of 7

### **Useful information**

Playgroup should consider the following:

- The health visitor may act as a contact with health service professionals
- Direct contact may be made with the school medical service as part of a child's transition to school, or in relation to a school-aged child
- It may be necessary to consult the IDS manual handling team for advice on toileting for children who are non-weight bearing
- Specialist equipment may be needed; advice may be sought from IDS Occupational Therapy team
- A decision should be made, with the parents whether further advice is needed from IDS, Warwickshire Education service or Health Services
- A risk assessment may be required, which should focus on any health and safety implications
- Playgroup should consider if any advice or training need be in place prior to the child commencing sessions

### **Creating a care plan**

- A plan will be agreed with parents
- Where appropriate outside agencies will be involved in creating the plan.
- All members of staff will be made aware of the plan.
- The progress of the child will be monitored and the plan reviewed and updated as required

### **Good practice guide**

Playgroup will:

- Discuss with the parents prior to commencement, any plans to introduce toilet training, and gather as much information as to what has already been happening at home
- Develop a plan in conjunction with the parents as above
- Ask that the child be brought to Playgroup in easy access clothes, i.e. elasticated waists, and that changes of clothes are also brought with the child
- Take the child to the toilet at appropriate intervals during the session
- Observe the child individually, according to their needs, and be aware of signs that they need the toilet
- Praise the child and give positive reinforcement of their successes
- Not make a fuss if accidents occur, and deal with them in a calm and low-key manner
- Change children within the staff toilet ensuring that the door is not closed
- Ensure that no child is left wet or dirty for parents to change; parents are not expected to be on 'stand by' for accidents.

### **Personal hygiene**

- Hygiene procedures are important to prevent cross infection. Hands should be washed before and after dealing with toileting. Disposable

**Personal and Intimate Care, including guidance on Safe Touch and Physical Intervention**

Page 3 of 7

gloves and aprons should always be worn. Fresh gloves should be used for each child and disposed of immediately after changing each child in the bin provided.

- Parents should provide suitable wipes for their child as required; Playgroup keeps a stock of spare wipes and clothes for emergencies
- Where possible the staff toilet should be used for dealing with changing children; the dignity of the child should always be considered – at transition times it may be more appropriate to change a child in the children's toilets.

### **Dealing with spillages**

Spillage of urine or faeces should be dealt with immediately. The area should be disinfected after any spillage.

### **Disposal**

Any soiled clothing will be double bagged for collection by the parents or carers. Soiled nappies should be bagged and disposed of in the nappy bin provided in the staff toilet.

### **Child protection**

Playgroup must consult social services whenever planning toileting needs for children on the Child Protection register.

## **PART 2: GUIDANCE ON SAFE TOUCH**

### **Background**

In recent years a wide variety of issues have influenced the approach to touch and intimate personal care, therefore it is essential that our staff are given, and follow, guidance on appropriate touch and intimate personal care.

### **Why is touch an important part of our work?**

We believe that touch is a very important part of work with children. The importance of touch should not be underestimated as it can:

- Demonstrate affection
- Show acceptance
- Emphasise the spoken word
- Provide reassurance
- Offer an alternative to spoken communication

Staff should feel confident, and children should feel secure with all forms of appropriate safe touch. Staff must be particularly sensitive to children who show that they are uncomfortable with touch even if it appears to be appropriate to the member of staff. This will be a major factor in avoiding any misunderstandings about experiences of touch e.g. A child who moves away, when comforted after a fall, must be allowed their space.

**What we need to consider**

Given that touch is not the same for everyone and that we all have different experiences of positive and negative touch, we need to consider three main issues to ensure that any use of touch or experience of intimate personal care is appropriate and safe:

**WHO** – It is vital for a member of staff to think about what they represent to a particular child. Personal likes and dislikes will play a part in any relationship, but we must ensure that all such contacts are based on what is appropriate. A child's history may also influence who represents a 'safe' adult to them. Some children may be used to experiencing different levels or types of touch as part of their cultural upbringing.

**WHERE** – The intended message behind touch can be hindered by where it takes place. The same action in a lounge full of people could have a different message in a car or a child's bedroom. Staff should always ensure that any form of touch is an open act and that other staff are aware of the circumstances, such as where you are and who you are with. Staff must always consider very carefully what constitutes intimate parts of the body for children. A child will still be developing a sense of what is intimate and less intimate, particularly if they have experienced damaging or inappropriate behaviour from other people. Generally touching an arm, shoulder or hand is more appropriate and feels less intimate than a child's legs or torso. Staff should always encourage children to say when they feel uncomfortable in any area of life, this is especially important when it comes to touch and personal care.

**WHEN** – The context in which touch takes place between members of staff and children is the decisive factor determining the emotional and physical safety of both parties.

Staff should always be aware of where they are and who they are with. Touch should be avoided in an isolated one-to-one situation with a child. The best way to protect both adults and children is to ensure that all forms of touch are open to the scrutiny and observation of others.

It is also important for staff to recognise the different messages which can be given in physical intervention situations. Always ensure that other members of staff are present to observe or assist. Be aware that in extreme circumstances, some children may even provoke a restraint situation as a way of gaining physical contact from adults.

**Points to remember:**

Kinton Playgroup staff should always consider and abide by the following points when carrying out their duties:

- Touch should not be in response to or be intended to arouse sexual expectations or feelings

**Personal and Intimate Care, including guidance on Safe Touch and Physical Intervention**

Page 5 of 7

- Play-fighting is not a substitute for appropriate affection towards children, it gives confusing messages to children about personal and professional boundaries
- Where a child requires intimate personal care, staff should ensure that the child is comfortable with the staff member attending to their needs. Other staff should always be around to monitor events and the child's privacy, and dignity should always be preserved.
- Privacy issues are always to be considered. A safe environment which respects privacy and shows regard for personal boundaries should be encouraged. Thought also needs to be given to how staff present themselves, (e.g. how they dress), and how they show professional respect when relating to each other and to children
- Where a member of staff feels that it would be inappropriate to respond to a child seeking physical comfort, outward rejection should always be avoided in favour of diversion or some other such tactic and the reason, where appropriate, for avoiding physical contact should be given to the child
- Where a child indicates that touch is not welcome, perhaps by moving away or flinching, the staff member should consider apologising to demonstrate respect for personal boundaries
- Where a child presents a danger to themselves or to others it may be necessary for staff to use means of physical intervention as described in the guidance on physical intervention in part 3 of this policy. At such times staff should always take care to explain what they are doing and that the actions taken are for safety reasons. As the situation de-escalates, touch may be used to move from a situation of control to one of care.
- Clarity should always be our aim. A child should never be left in any doubt about the intention behind any physical contact. Clumsy or unconsidered use of touch may be experienced by a child as being confusing, uncomfortable or distressing. A decisive, firm and planned form of open touch within an appropriate context and a safe relationship is less likely to lead to unease and confusion

## **PART 3: GUIDANCE ON PHYSICAL INTERVENTION**

### **Background**

The children in our care may be immature in terms of their chronological or developmental age and may have special or additional needs relating to their physical, emotional or social development. In any of these cases, or sometimes just because they are children, it may be necessary to intervene physically to stop a child causing harm to themselves or others or (although less importantly) from damaging property and equipment. In such circumstances the prime consideration should be to do the minimum required to ensure the safety of all concerned, including the members of staff who must physically intervene.

### **Personal and Intimate Care, including guidance on Safe Touch and Physical Intervention**

Page 6 of 7

**Factors to consider**

Unless unavoidable, no member of staff should physically restrain a child or otherwise intervene when by themselves. Any action should be taken calmly, if possible, after consideration and discussion with a senior member of staff present and bearing in mind the principles of manual handling. As soon as is possible, bearing in mind that the physical safety of all concerned is paramount, any restraint or movement should be stopped and the child should be kept under observation until they are able to return to their normal activity within the session.

As stated above, at such times members of staff should always take care to explain what they are doing and that the actions taken are for safety reasons. As the situation de-escalates, touch may be used to move from a situation of control to one of care.

In any instance where anything beyond minimal physical intervention has been required, a report must be made as soon as possible on an accident/incident report form and the parent made aware and where appropriate countersigned by the child's parent or carer on collection of the child.

Following the incident, where appropriate a review should be held to consider whether the event was a one-off or part of a pattern; what the trigger point was; and what can or needs to be done in the future to manage such a situation and (ideally) prevent it from happening again.