



Calow Church of England (V.C.) Primary School

Intimate Care Policy

The Purpose of this Policy is:

- To safeguard the rights and promote the best interests of the children
- To ensure children are treated with sensitivity and respect and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/ carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate care of their children

Principles

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and Keeping Children Safe in Education (2015) to safeguard and promote the welfare of pupils at this school.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This Intimate Care Policy should be read in conjunction with the schools:

- Child Protection and Safeguarding Policy and procedures
- Staff Code of Conduct
- Health and Safety Policy and procedures
- Policy for the Administration of Medicines
- Special Educational Needs and Disability Policy
- Whistleblowing Policy

The Governing Body 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. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity or sexual orientation with respect when intimate care is given.

The child's welfare and dignity is of paramount importance and his/her experience of intimate care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no child should be attended to in a way that causes distress or pain.

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

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, physical difficulties or other special needs. 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 the supervision of children involved in intimate self-care.

Best Practice

Children who require regular assistance with intimate care have written Health Care Plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all the key staff and the pupil should be present wherever possible/appropriate. These plans include a full risk assessment to address issues such as manual handling, personal safety of the child and the carer. Any historical concern is not included in the Health Care Plan but is kept separately in locked storage by the Safeguarding Lead. The plan should be reviewed as necessary but at least annually. Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where a Health Care Plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg: has had an 'accident' and soiled him/herself). Information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the home/school diary.

Staff who provide intimate care are trained in Child Protection, personal care (eg. health and safety training, manual handling) and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation. As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure. Staff who provide intimate care will speak to the pupil personally by name, explain what they are doing and communicate with the child in a way that reflects his/her age. All children 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 his/herself as possible. Every 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 needs help with intimate care. Wherever possible, the pupil's wishes and feelings will be sought and taken into account. It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.

Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in a primary school as no male staff are available. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect children and to protect staff from allegations of abuse.

The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Adults who assist pupils with intimate care will be employees of the school, not students or volunteers and therefore will have the usual range of safer recruitment checks, including enhanced DBS checks. All

staff will be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

Child Protection

The Governors and staff at Calow Primary School recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse. The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but in this school best practice will be promoted and all adults will be encouraged to be vigilant at all times.

Where appropriate, 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. unexplained marks, bruises, soreness s/he will immediately report concerns to the Headteacher or designated senior person for child protection. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if necessary, in accordance with inter-agency procedures and the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.

If a pupil becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher.

The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/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 issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil makes an allegation against an adult working at the school, this will be investigated by the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy ie. Dealing with Allegations of Abuse against Members of Staff and Volunteers.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors if the concern is about the Headteacher in accordance with the school's child protection and whistleblowing procedures.

Supporting dressing/undressing

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in the Early Years. Staff will always encourage children to attempt undressing and dressing unaided.

Providing Comfort or Support

Pupils may seek physical comfort from staff (particularly in the Early Years). Where children require support, staff will be aware that physical contact must be kept to a minimum and should be child initiated. When comforting a child or giving reassurance the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as

intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way that communicates that the touch, rather than the child, is unacceptable. If this persists, parent/carers will be notified.

Physiotherapy

Pupils who require physiotherapy whilst at school will have this carried out by a trained physiotherapist. Alternatively, if agreed by the agencies involved and stated in the child's Provision Map &/or Health Care Plan, a member of the school staff undertakes part of the physiotherapy regime (such as assisting children with exercises), then the member of staff will use the required techniques as demonstrated by the physiotherapist and using any written guidance given by the professionals involved. This will be updated regularly. The physiotherapist will observe any member of staff applying the techniques. Under no circumstances will 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.

Medical Procedures (see Policy on Medicines)

Children with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the Health Care Plan and will only be carried out by staff who have been trained to do so. Any members of staff who administer first aid will be appropriately trained. 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.

Record Keeping

A written record to be kept in an agreed format every time a child has physiotherapy or requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present. These records will be kept in the 'First Aid File' in the First Aid Room. Early Years First Aid Record or record of children with a medical need have a 'Personal Intimate Care Book' held in the classroom.

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Review Cycle: Annually (June 2017)