

Jennett's Park CE Primary

Intimate Care Policy



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1) Principles

- 1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils¹ at this school.
- 1.2 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.
- 1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.
- 1.4 This intimate care policy should be read in conjunction with the schools' policies as below:
 - safeguarding and Child Protection policy
 - staff code of conduct
 - 'whistle-blowing'
 - Health and Safety policy and procedures
 - SEND policy
 - Single Equality Policy
 - First Aid and Health Care Policy
 - Appendix 1 at the end of this policy
- 1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.6 There is careful communication with any pupil who requires intimate care and intimate care arrangements will be discussed with parents/carers on a regular basis. This may include EYFS transition meetings, Family Support Worker drop in sessions or SENCO consultations.
- 1.7 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.
- 1.8 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.
- 1.9 All staff undertaking intimate care will be given appropriate training.
- 1.10 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2) Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3) Definition

3.1 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 pupils 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.

3.2 It also includes supervision of pupils involved in intimate self-care.

4) Best Practice

4.1 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

4.2 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.

4.3 Where a care plan or IEP 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 wet or soiled him/herself). It is recommended practice that 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.

4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

4.5 Accurate records should also be kept when a child requires assistance with intimate care. It should be clear who was present in every case.

4.6 These records will be available to parents/carers on request.

4.7 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for themselves as possible.

4.8 Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

4.9 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.

4.10 There must be careful communication with each pupil 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 pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

4.11 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when they need help with intimate care. SEND advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

4.13 An individual member of staff will inform another member of staff when they are going alone to assist a pupil with intimate care. Where possible staff carrying out intimate care with a child will remain in sight / hearing of another member of staff.

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

- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- 4.16 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 4.17 Sensitive information will be shared only with those who need to know.
- 4.18 Health & Safety guidelines should be adhered to regarding waste products.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5) Child Protection

- 5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 The school's child protection procedures will be adhered to.
- 5.3 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 pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice. Where there is evidence of FGM, staff must follow guidelines within 'Keeping Children Safe in Education' by informing the police when there is visible evidence or direct disclosure. Any other concerns need to be reported to the Designated Safeguarding Lead.
- 5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc they will immediately report concerns to the Designated Safeguarding Leader. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures.
- 5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher, SENCO or Headteacher. The matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to 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 Bracknell Forest guidelines. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 5.8 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, in accordance with the child protection procedures and 'whistle-blowing' policy.

6) Medical Procedures

- 6.1 Pupils who are disabled 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 or IEP and will only be carried out by staff who have been trained to do so.

- 6.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 6.3 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

- 7.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 7.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.
- 7.3 In some classes shoulder and back massage is used by children on children as a calming mechanism. This will be discussed with parents prior to it taking place and children will have the choice to opt out of this activity if desired.
- 7.4 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.
- 7.5 Care plans should include specific information for those supporting children with bespoke medical needs.

Appendix 1

PRACTICE GUIDELINES TO BE USED IN LINE WITH THE INTIMATE CARE POLICY

Equipment

When changing a child's nappy, pad, sanitary wear or soiled clothing, the member of staff must always wear protective gloves. Plastic aprons are available if required from the resource box, kept in the nursery and the main school office. Children will be cleaned using the wet wipes provided by the school. Parents will provide nappies, pads and sanitary wear. Where nappies are changed they will be sealed in a nappy bag and disposed of in the bin. Pads and sanitary wear will be disposed of in the sanitary bins.

Where clothing is soiled the child will be encouraged to remove their clothing themselves and these will be placed in a plastic carrier bag and where possible, double bagged. Clothes which are significantly soiled may be disposed of rather than sent home; this is at the discretion of the member of staff carrying out the Intimate care. All clothing deemed to be suitable for the laundry will be sent home.

Treat every child with dignity and respect and ensure privacy, appropriate to the situation

Don't make assumptions about how things are done with a child. Families all have their own way of doing things, their own names for body parts etc. Cultural, ethnic and religious differences may affect what is or is not appropriate. Ask the child and/or parents and respect their wishes. Check with your line manager if you are unsure about the appropriateness of anything you are asked to do.

Involve the children as far as possible in their own intimate care

Try to avoid doing things for a child that they can do alone and if the child is able to help, ensure that they are given the chance to do so. Support the child in doing all they can for themselves. If a child is fully dependant on you, talk with them about what you are doing and give them choices wherever possible.

Be responsive to a child's reactions and make sure that intimate care is as consistent as possible

You will have had opportunities to talk with parents and learn from them how they undertake intimate care tasks. However, you should also whenever possible, check things out by asking the child, e.g.: "Is it OK to do it this way?", "Can you wash there?", "How does Mummy do this?", "Does that feel comfortable?"

Don't allow yourself to be rushed into taking on intimate care tasks

If you feel unsure about how to do something ask the parents to tell you how they do it. If you are still unclear, talk to your line manager who will look with you at ways of getting training and support you in delaying taking on responsibility for these tasks until you feel confident about doing so.

If you are concerned let us know

If, during the intimate care the child seems unusually sore or tender in the genital area, appears to misunderstands or misinterprets something, or has a very emotional reaction without apparent cause – let your line manager know as soon as possible and make a brief written note of it.

Encourage the child to have a positive image of its own body

Confident, assertive children who feel their bodies belong to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to the child's intimate care can convey lots of messages to them about what their body is "worth". Your attitude to the child's intimate care is therefore very important. Keeping in mind the child's age, routine care should be enjoyable, relaxed and fun.