



INTIMATE CARE POLICY

This Policy was approved by Governors:	February 2024
This Policy was shared with staff:	February 2024
Implementation of this Policy will be monitored by:	Head Teacher and Governors
The named Medical Lead for this policy is	Kerry Boorman
Policy Review Date:	February 2024
Date of next Review:	February 2025

1 INTRODUCTION

- 1.1 The School 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 children 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 child's intimate care needs is one aspect of safeguarding.
- 1.3 The school recognises its duties and responsibilities in relation to the Equalities Act 2010 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.
- 1.4 This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):
 - Safeguarding policy and child protection procedures
 - Staff code of conduct
 - 'Whistle-blowing' policy
 - Health and Safety policy and procedures
 - Special Educational Needs policy
 - Administration of medicines policy
- 1.5 The School 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.
- 1.6 We recognise that there is a need to treat all children, whatever their age, gender, disability, religion, ethnicity or sexual orientation 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 child 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.
- 1.7 Staff will work in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- 1.8 Members of staff must be given the choice as to whether they are prepared to provide intimate care to children.
- 1.9 All staff undertaking intimate care must 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 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/undressing.
- 3.2 It also includes supervision of children involved in intimate self-care.
- 3.3 Feeding a child (or assisting them), oral care and administration of medication are included in intimate care.

4 BEST PRACTICE

- 4.1 Children who require regular assistance with intimate care have intimate 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 key staff should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips. They should also take into account procedures for educational visits/day trips.
- 4.2 Where relevant, it is good practice to agree with the child and parent's/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 is **not** in place, parents/carers will be informed the same day if their child has needed help with intimate care needs (e.g. 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 or by telephone.
- 4.4 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear which staff members were present in every case. (2 staff members required at all times)
- 4.5 These records will be available to parents/carers on request.
- 4.6 All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual child to do as much for his/herself as possible.
- 4.7 Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the child. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.8 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 and menstruation.
- 4.9 There must be 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.
- 4.10 Staff who provide intimate care should speak to the child personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

- 4.11 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each child's situation to determine who and how many carers might need to be present when she/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the child's wishes and feelings should be sought and taken into account.
- 4.12 An individual member of staff should inform another appropriate adult when they are going alone to assist a child with intimate care. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.
- 4.13 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.
- 4.14 Adults who assist children 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.
- 4.15 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.16 Health & Safety guidelines should be adhered to regarding waste products.
- 4.17 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5 SAFEGUARDING

- 5.1 The Governors and staff at this school recognise that children with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 The school's safeguarding 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 child'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.
- 5.4 Where appropriate, children 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 child's presentation, e.g. unexplained marks, bruises, etc she/he will immediately report concerns to a member of the safeguarding team. 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 safeguarding procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion will not place the child at increased risk of suffering significant harm.
- 5.6 If a child becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to a member of the safeguarding team. The matter will be investigated 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 child or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher or a member of the safeguarding team (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 policy. 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 should report this to the Headteacher, a member of the safeguarding team or to the Chair of Governors, in accordance with the school safeguarding procedures and 'whistle-blowing' policy.

6 PHYSIOTHERAPY

- 6.1 Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in a hospital care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.
- 6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7 MEDICAL PROCEDURES

- 7.1 Children 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 a care plan and will only be carried out by staff who have been trained to do so.
- 7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 7.3 Any members of staff who administer first aid should 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.

8 Safeguarding Team

Mr Paul Haylock
Mrs Kerry Boorman
Mrs Emma Wilson
Mrs Geraldine Mills
Mrs Nicola Arnold

Child's Name:	
Class/Year Group:	

[illegible]

Toilet Management Plan

Child's Name:	
Class/Year Group:	
Name of Support Staff Involved:	
Date of Record:	
Review Date:	

Date	Time	Procedure	Staff signature	Second signature	Notes
Area of Need:					
Equipment required/by whom:					
Location of suitable toilet/changing facilities:					
Support required			Frequency of support		
Working towards Independence					
School will:	Parents will:	Target achieved (date):	Target achieved (date):		
Signatures:					
Parent/Carer:					
On behalf of School:					
Child (if appropriate):					