

## Intimate Care Policy

**Date: November 2022**

**Review Date: November 2023**

### 1. Principles

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Working together to Safeguard Children' July 2018 and 'Keeping Children Safe in Education' September 2022.

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 Equality Act 2010 which requires that any pupil 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:

- Safeguarding policy and child protection procedures
- 'Whistle-blowing'
- Health and safety
- Positive handling
- Guidance for the administration of medicines in schools

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 We recognise that there is a need to treat all pupils, 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 pupil is treated as an individual and that care is given gently and sensitively.

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

1.8 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.

1.9 All staff undertaking intimate care are 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 which 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 and undressing, swimming.

It may also include help with eating and drinking.

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 intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as health professionals*. The plan is 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, the school follows best practice by agreeing with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this is noted in the plan.

*4.5 Accurate records (where required) are kept when a child requires assistance with intimate care; this includes full date, times and any comments such as changes in the child's behaviour. It is clear who was present in every case.*

*4.6 These records are kept by the class teacher and available to parents/carers on request.*

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

4.8 Staff who provide intimate care are appropriately trained (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 are 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, signed etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission will 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 pupils in a way that reflects their ages.

4.12 Every child's right to privacy and modesty will be respected. Careful consideration is given to each pupil's situation to determine who and how many carers might need to be present when s/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 pupil's wishes and feelings are sought and taken into account.

4.13 An individual member of staff will inform another appropriate adult when they are going alone to assist a pupil with intimate care.

4.14 The religious views, beliefs and cultural values of children and their families are 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; pupil preferences should ideally be considered when possible. There might also be occasions when a member of staff has good reason not to work alone with a pupil. The process is transparent so that all issues stated above can be respected.

4.16 Adults who assist pupils with intimate care will 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 Health & Safety guidelines should be adhered to regarding waste products

4.18 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care or at any other time (see school policy on mobile phones)

## **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 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, 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 s/he will immediately report concerns to the Designated Safeguarding Officer (Sue Rose). A clearly written 'Pupil Care Form' will be completed. There should be no discussion with other staff first – these matters are confidential, and discussion can impede investigations.

5.6 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 (LADO) in accordance with the school's policy. It will not be discussed with any other members of staff or the member of staff the allegation relates to.

5.7 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. Physiotherapy**

6.1 Pupils who require physiotherapy whilst at school have a programme managed by a trained physiotherapist. Where a member of the school staff is required to deliver 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 regularly.

6.2 Under no circumstances will 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 positive handling trainer or the physiotherapist.

## **7 Medical Procedures**

7.1 Pupils who are disabled may require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures are overseen by a specialist nurse, discussed with parents/carers, documented in a health care plan and only be carried out by staff who have been trained to do so.

7.2 Health Care plans include specific information for those supporting children with bespoke medical needs.

7.3 These staff will follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

7.4 Any members of staff who administer first aid are to be appropriately trained. If an examination of a child is required in an emergency aid situation where possible another adult will be present, with due regard to the child's privacy and dignity.

## **8. Massage**

8.1 Massage is 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.

8.2 Massage undertaken by school staff will not include any intimate body parts.

8.3 Any adult undertaking massage for pupils will demonstrate an appropriate level of competence.

*References to 'pupils' throughout this policy includes all children and young people who receive education at Springhead School.*