



Intimate Care Policy

Status	Statutory
Review Cycle	3 yearly
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Deputy Designated Senior Person	Mr. J Marciniak
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Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam.)

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

The following document is a model based on best practice in special schools. It may be adopted and/or adapted by individual schools/establishments as applicable. Mainstream school staff will find the guidance given here useful when intimate care issues arise.

Intimate care at St Monica's

St Monica's Catholic Primary 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. Consistent with our Mission Statement, we recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Our approach to best practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

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. Wherever possible **staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education** to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each 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 is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in a primary school, as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis (i.e. at the same time as EHCs are reviewed in school or more frequently as required) and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.

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. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into 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 child makes an allegation against a member of staff, all necessary procedures will be followed according to the school's Child Protection Policy and Managing Allegations Policy.

Health and Safety

~~Health and Safety advice for schools can be found in the Health and Safety Handbook, available to schools through the Warrington Grid for Learning site, WBC. Or by telephone to a member of the H&S team (see appendix 1).~~

Monitoring Schedule

This Policy will be monitored on a 3 yearly basis or as necessary if required. The policy will be reviewed with staff involved and by the Safeguarding Governor and the Head Teacher using most recent guidance.

Appendix 1

Further Guidance

- 'Working Together To Safeguard Children', Inter-Agency Child Protection Procedures.
- Circular 10/95, Protecting Children from Abuse; The Role of the Education Service.
DFEE

www.dfes.gov.uk/publications/guidanceonthelaw/10_95summar

- What To Do IF You're Worried A Child Is Being Abused. Summary (2003) This document is posted on the school website
www.doh.gov.uk/safeguardingchildren/index.htm

Additional Guidance

Introduction

Schools often ask how they can ensure that an individual child's needs are met whilst having regard to the needs of all the other children within the school. There are a number of issues to consider when responding to an individual child's needs. The following advice/strategies are some suggestions as possible ways to actively promote inclusion and the welfare of pupils.

Children wearing nappies

Schools may have concerns regarding Child Protection issues when they are asked by parents to admit a child who is still wearing nappies.

Child protection need not present an issue. It is good practice to provide information for parents of the policy and practice in the school. Such information should include a simple agreement form for parents to sign- outlining who will be responsible, within the school, for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset.

Some schools as part of their good practice have introduced a note book to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task. Examples of such good practice provide reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow.

Changing facilities

Some schools have expressed concerns regarding difficulties in identifying a suitable place where a child can be changed. Children who have long - term incontinence will require specially adapted facilities. When children need to be changed in school this procedure should not necessarily cause the school a great deal of extra expense. Very few schools have purpose - built toilets suitable to be used by people with a disability. The dignity and privacy of the child should be of paramount concern. An area, which can be made private by the use of a screen, is acceptable. Consideration should be given to the siting of this area from a health and safety aspect. The area should not be situated in a thoroughfare, as a changing mat will have to be used on the floor when a child is to be changed. This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury.

Equipment Provision

Schools often ask for clarification regarding who is responsible for providing equipment when children require changing.

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, changing mat etc. and parents should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

Health and Safety

Some schools are concerned about health and safety issues when staff are changing children or dealing with a child who has had an accident and is bleeding.

Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety policy

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Special needs

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child those with parental responsibility and the organisation should be easily understood and recorded.

Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

Guidance to safeguard children and education staff with regard to situations which may lead themselves to allegations of abuse

(Physical contact, first aid, showers/ changing clothes, out of school activities, and photography)

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

Restraint

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property.

In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self- control.

In all cases of restraint the incident must be documented and reported. Staff must be fully aware of the school's/organisation's Physical Intervention/Positive Handling Policy, which should comply with LEA policy

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to, constitute a criminal offence.

Pupils in distress

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative or school's counsellor. Particular care must be taken in instances which involve the same pupil over a period of time. Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their line manager or other appropriate person.

First Aid and intimate care

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for. Agreements between the school/organisation, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed, (see Intimate Care Model Policy and Guidance)

Physical Education and other skills coaching

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment. Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

Showers/changing clothes

Young people are entitled to respect and privacy when changing clothes or taking a shower. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur. This means that adults should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore. Staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children.

Out of school trips, clubs etc.

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's/establishment's policies.

Photography, videos and similar creative arts

Staff should be aware of the potential for such mediums of teaching to be used for the wrong purposes. Additionally, children who have been previously abused in this way may feel threatened by the legitimate use of photography, filming etc. The potential for founded and unfounded allegations of abuse requires that careful consideration be given to the organisation of these activities.

Schools should have clear policies and protocols for the taking and use of images and of photographic equipment. These should require the justification and purpose of the activity; its content; avoidance of one to one sessions; appropriate privacy when the changing of clothes is required; and, arrangements for access to the material and its storage.

Consent to participating in these activities should be sought from the child and those with parental responsibility at the beginning of courses, but staff should remain sensitive to those children who appear particularly uncomfortable with the activity.

All material produced should be viewed for acceptability by another member of staff. Its circulation should be in accordance with the LEA's/schools 'Use of Images' policy, and relevant arrangements with parents

Covid 19 Note

The advice on the use of PPE contained in the following document has been noted and appropriate PPE provided.

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>

The advice on nappy changing in Dr. Matt Butler's guidance has been shared with relevant staff and the recommendation to change in a well ventilated space and the orientation of child and staff have been adopted. https://www.youtube.com/watch?v=RiW_AyfdxFs