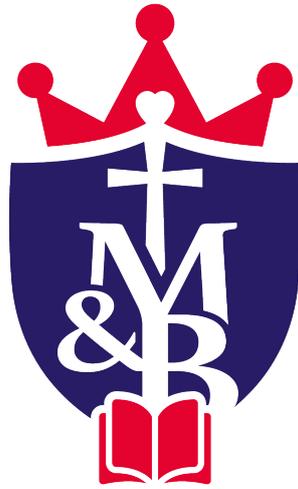


INTIMATE CARE POLICY



**St Mary's &
St Benedict's**
RC Primary School

**Together in God's family, we grow in
faith, knowledge & love to reach our full
potential, and to become the people that
we are created to be.**

Policy Agreed: **February 2025**
Review Date: **February 2027**

INTIMATE CARE POLICY

1. Introduction

This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed. At St. Mary's and St. Benedict's Primary School all staff are checked with the Disclosure and Barring Service (DBS) and we are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times.

This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

1.1 Definitions

Definition of intimate care

"Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with or exposure of sexual parts of the body"

These tasks include: dressing and undressing, helping to use the toilet, cleaning, wiping intimate parts of the body, apply medical cream or nappy cream

Definition of personal care

"Although it may not involve touching another person, it is less intimate and usually has the function of helping with personal presentation"

**Tasks include: Feeding, medication, hair, dressing, washing and prompting and supervising going to the toilet
We encourage children to participate in their own intimate and personal care as an approach towards facilitating participation in daily life and develop their personal and physical skills.**

Intimate care is any care which is associated with any care which involved washing, touching or carrying out a procedure to intimate personal areas. Most children can carry out these functions themselves but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.

It refers to invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with, or exposure of, intimate parts of the body. Examples include care associated with continence, menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care.

We believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in our school and provide appropriate support for each child on an individual basis. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

1.2 Principles

The Governing Board 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 pupils at this school.

At St. Mary's and St. Benedict's we take our responsibility to safeguard and promote the welfare of our children and young people very seriously. Meeting a pupil's intimate care needs is one aspect of safeguarding. 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 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' policies listed as below:

- Safeguarding policy
- Equalities policy
- Staff code of conduct and guidance on safer working practices
- 'Whistle-blowing' policies
- Health and safety policy and procedures
- SEND policy

Additionally:

- Lancashire County Council moving and handling people – guidance note
- Medicines Policy

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: no pupil should be attended to in a way that causes distress or pain.

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

1.3 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.

2. Best Practice

Pupils who require regular assistance with intimate care will have Individual Care plans, Healthcare plans or 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 and the pupil should also be present wherever possible/ appropriate. Any historical concerns should be taken into account. We will work with parents and children to establish a preferred procedure for supporting the child in our care with their personal and intimate needs. The plan should be reviewed as necessary, but at least annually, and at anytime when there is a change of circumstances, e.g. for residential/ educational trips or staff changes (where the staff member concerned is providing intimate care).

Where these procedures may require specialist training, we will seek out training for the staff who will be involved in a child's care, ensuring that the child's key-person and at least one other member of staff accesses the training.

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 possible the child's key-person is responsible for undertaking their care. When this is not possible, a staff member who is known to the child will take on that responsibility. The staff member who is involved will always ask the child for permission to assist them, dependent on his/her ability¹. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities and staff will encourage them to do as much for him/herself as he/she can.

2.1 Individual Healthcare Plan

Where pupils with complex and/ or long-term health conditions have a health care plan in place, this plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

Where an Individual Care plan or Healthcare plan is not in place, parents/ carers will be informed the same day if their child has needed help with meeting 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, by telephone or by sealed letter.

Members of staff should not provide intimate care to pupils unless specifically stated in a care plan, however should ensure suitable supervision is provided to pupils. Any member of staff undertaking intimate care due to care plan requirements must be given appropriate training and PPE.

2.2 Record Keeping

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).

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 in any comments such as changes in the child's behaviour. (See appendix 1) It should be clear who was present in every case. These records will be kept in the child's file and available to parents/ carers on request.

2.3 Staff delivering intimate care

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 pupil. Staff should be fully aware of best practice regarding infection control, including the requirement 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.

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. 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.

¹ Where a child is unable to give verbal permission, the school will refer to consent from a parent/ carer.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil 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 should be sought and taken into account.

An individual member of staff should inform another appropriate adult when they are going alone to assist people with intimate care.

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.

Whilst safer working practice is important, such as in relation to staff caring for pupil of the same gender, there is research² 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.

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.

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

Health and safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

3. Child Protection

Child protection procedures will be adhered to at all times.

The Governors and staff at our school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

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 our 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.

If a member of staff has a concern about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate 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 appropriate, in accordance with 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 but this should only be

² National Children's Bureau (2004) The Dignity of Risk

done where such discussion and agreement-seeking will not place a child at increased risk of suffering significant harm.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, they 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 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.

If a child or any other person makes an allegation against a member of staff, it should be reported to the Headteacher (or to the Chair of Governor if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy. All necessary procedures will be followed. (See Safeguarding Policy) It should not be discussed with any other members of staff or the member of staff the allegation related to.

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 Safeguarding procedures and 'whistle-blowing' policy.

4. Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the SPPP or 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.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or failure in equipment should be reported to the physiotherapist.

5. Medical Procedures

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 SPPP and will only be carried out by staff who have been trained to do so.

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

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.

6. Massage

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.

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 adults and pupils.

Any adult undertaking massage for pupils must be suitably qualified and/ or demonstrate an appropriate level of competence.

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

Date of Policy: September 2023

Date Review Due: September 2024 (or sooner if appropriate)

