

GAYTON PRIMARY SCHOOL



Intimate Care Policy

Approved by: Governors

Last Reviewed on: May 2020

Next review due by: May 2021

Rationale

The purpose of this policy is:

- To safeguard the rights and promote the best interests of the children
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate care of their children.

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 following other policies:

- Safeguarding and child protection procedures
- Staff code of conduct and guidance on safer working practices
- Whistle blowing and allegations against staff policy
- Health and Safety policy and procedures
- Special Educational Needs policy

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. 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 any way that causes distress or pain.

Principles:

- It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible.
- As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body.
- It is important for staff to bear in mind how they would feel in the child's position.
- Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem.
- Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times.

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 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 listened to and taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- menstrual care
- catheter and stoma care
- first aid and medical assistance
- providing comfort or support for a distressed pupil
- the supervision of a child involved in intimate self-care.

Best Practice

Pupils who require regular assistance with intimate care will have written individual care plans, or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as the school nurse 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 (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 or staff changes (where the staff member concerned is providing intimate care.) They should also take into account procedures for educational visits/day trips.

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 a care plan 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/himself. It is recommended practice that information on intimate care should be treated as confidential and communicated in person either face to face or via telephone. 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. 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 who was present in every case. These records will be made available to parents/carers on request.

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 his/herself as possible. 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.

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 present when s/he needs help with intimate care. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

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 a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people to due to over anxiety about risk factors; ideally every pupil should have a choice regarding the member of staff. There might be occasions when the member of staff has good reason not to work along 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 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 completing intimate care.

Child Protection

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. The school's child protection procedures will be adhered to at all times. 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 practices. Where appropriate, pupils 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 pupil's presentation e.g. unexplained marks, bruises etc, s/he will immediately report concerns to the Designated Senior Leader 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.

If a pupil become unusually distressed or very unhappy about being cared for by a particular member of staff, this 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 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 the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation refers 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 child protection procedures and 'whistle-blowing' policy.

Physiotherapy:

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

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 IEP 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. If an examination of a child is required in an emergency situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.