

Holbrook Primary School Intimate Care Policy

This policy should be read in conjunction with our Child Protection, Behaviour, Administration of Medicines and First Aid policies.

This Policy is intended to ensure consistency across the school in the intimate care of children. It outlines the school's commitment to ensure that every member of staff involved with the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat to all children with respect, when intimate care is given. No child will be attended in a way that causes distress, embarrassment or pain. The intimate care policy and agreed procedures regarding children has been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children. The policy is reviewed annually.

Definition of Intimate Care

Intimate care may be defined as any activity that involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some pupils are unable to do because of their young age, physical difficulties or other special needs. This activity is required to meet the personal care needs of each individual child. It also includes supervision of children involved with intimate self-care.

Intimate care can include:

- Feeding
- Dental hygiene
- Changing of clothes
- Toileting
- First Aid
- Administration of medicine
- Menstrual care
- Physiotherapy
- Restraint
- Pupils in distress

Intimate Care Principles

The following are the fundamental principles of intimate care upon which our policy and agreed procedures 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 and be treated with dignity and respect.
- Every child has the right to be involved, consulted and to have the opportunity to express their views on their own intimate care to the best of their abilities.
- Every child has the right to have levels of intimate care that are appropriate and as consistent as possible.

Agreed procedures

All members of staff are routinely vetted which includes criminal records checks and references, in accordance with the Safer Recruiting Policy.

Staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is recognised that there is a need to treat all pupils with respect and dignity when intimate care is given.

Disabled children, or those with additional needs, can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

Where anticipated, intimate care arrangements are agreed between the school and parents, and, if appropriate, by the child.

Children who require regular assistance with intimate care have a written 'Intimate Care Plan' agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Parents are encouraged to work with staff to ensure their child's needs are identified, understood and met. Such plans will be clearly recorded to ensure clarity of expectation, roles and responsibilities. The necessity for such requirements should be reviewed regularly.

Children will be supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage each pupil to do as much for him/herself as he/she can. This may mean, for example, giving the pupil responsibility for washing themselves; supported by appropriate communication aids and equipment, as necessary.

When assistance is required, staff should ensure that another appropriate adult is aware of the task to be undertaken. In some circumstances 2 adults may be present if it is felt necessary to effectively support the child or if they are being supported in the disabled toilet.

Staff members will only carry out procedures that they understand, and feel competent and confident to carry out. Some procedures must only be

carried out by staff who have been formally trained.

All intimate/invasive procedures will be recorded on CPOMs or on records created alongside their Intimate Care 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 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.

Wherever possible the same child will not be cared for by the same adult on a regular basis; 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.

Wherever practical support will be provided by staff who are the same sex as the child. However, in our setting this is not always possible. On all residential visits we aim to have a mixture of male and female staff to ensure intimate care is provided by an individual of the same sex wherever possible and practical, we ensure that enough staff are provided to enable 2:1 for changing routines.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the pupil's care plan where this applies. The needs and wishes of pupils and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Hygiene

All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves.

Staff will always wear gloves when dealing with a pupil who is bleeding, vomiting or when changing a child who has soiled.

Guidance to safeguard children and education staff

The Protection of Pupils

Child Protection Procedures will be adhered to at all times. Concerns of a child protection nature must be referred to the Designated Safeguarding Lead (DSL) or Deputy DSL and dealt with in accordance with school child protection procedures.

All children will be taught personal safety skills carefully matched to their level of development and understanding, promoting positive self-esteem, awareness and confidence in their own body.

If a member of staff has any concerns about physical changes in a child's presentation, e.g., marks, bruises, soreness etc. they must immediately report concerns to the DSL.

Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head teacher or to the Chair of Governors, in accordance with the CP procedures and 'whistle-blowing' policy.

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. Touching pupils, including well intentioned gestures such as putting a hand on a shoulder, can, if repeated regularly, lead to serious questions being raised. 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 being vulnerable to allegations of abuse. Additionally, some such children can be 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.

Pupils in distress

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical comforting 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, class teacher or teaching assistant, particularly with the same pupil over a period of time. When a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek the advice of the head teacher.

Restraint

There may be exceptional occasions where it is necessary for staff to restrain children physically to prevent them from inflicting injury to others or self-injury. In such cases only the minimum force necessary should be used for the minimum length of time required for the child, or others around them, to be safe. In all cases of restraint, the incident must be documented and reported. Staff must be fully aware of the school's Behaviour Policy. The Headteacher, DHT, AHT and two TAs are TeamTeach trained.

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.

Equipment Provision

Parents provide pads, wipes etc. Parents are made aware of any equipment they need to provide. Families need to send in the pads and wipes appropriate for the individual's needs and on occasion will also provide disposal bags. A change of clothes may also be necessary. School is responsible for providing gloves, aprons, a bin and liners to dispose of any waste.

First Aid and intimate care

The majority of our staff are First Aid trained. The pupil's dignity is always considered and where contact of a more intimate nature is required, another member of staff is always in the vicinity and made aware of the task being undertaken.

Special Educational Needs and Disabilities

Children with SEND 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 all intimate care needs, agreements between the child, parents/carers and the school 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 in regular reviews of these arrangements.

Record keeping

When a child joins the school, parents/carers are asked to declare any medical conditions that require care within school, for the school's records. At the

beginning of each school year, parents are requested to update details about medical conditions (including intimate care needs) and emergency contact numbers.

All parents/carers of children with intimate care needs will be required to provide information to school on these. From this information the school keeps its intimate care need records and creates Intimate Care Plans, if required. All teachers know which children in their class have intimate care needs. Parents are required to update the school about any change in their child's medication or treatment. Records will be kept on any intimate care.

