POLICY

For

Intimate Care

Amended

September 2019	September 2022	September 2025
September 2020	September 2023	
September 2021	September 2024	

Striving for excellence, caring for all
Within a loving and caring Christian environment.

UNICEF - Article 19
Every child has the right to be protected from harm and to be kept safe.
Article 1: All children under 18 have rights.
Article 2: Everyone has equal rights no matter who they are, where they live, what their parents do, whatever their race, religion, culture, ability, or language.
Article 3: The best interests of the child must be as top priority in all actions concerning children.
Article 12: Every child has the right to say what they think should happen and have their views listened to.

Introduction

Our policy for Intimate Care is based upon the premise that all life is from God and we are created in the image of God. Pupils' personal, social, health and emotional development are all promoted in the supportive Christian ethos of the school, where all are respected, valued and encouraged. The Governors and staff take seriously their responsibility to safeguard and promote the welfare of the children and young people in their care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas. It may also include feeding, menstrual care or catheter or stoma care. This involves activities which most people usually carry out themselves but which some children are unable to do because of their young age, physical difficulties or other special needs.

The 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. It is acknowledged that these adults are in a position of great trust and staff behaviour must be open to scrutiny.

The school recognises that there is a need to treat all children as children of God, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance and should be preserved with a high level of privacy, choice and control. No child should be attended to in a way that causes distress or pain. "Do unto others what you would have them do to you." Matthew 7:12. It is important for staff to bear in mind how they would feel in the child's position and to maintain a high degree of confidentiality and sensitivity.

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

Legislation

Special Educational Needs and Disability Act 2001
The Equality Act 2010
SEN Code of Practice 2014
Supporting Pupils at School with Medical Conditions 2015
Guidance for Safer Working Practices for Those Working with Children and Young People in Education Settings February 2022

Best Practice

The management of all children with intimate care needs will be carefully planned.

Staff who provide intimate care are trained to do so with particular respect to Child Protection, Safeguarding and moving and handling. They are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate. Apparatus

will be provided to assist with children who need special arrangements following assessment from outside agencies who may include a physiotherapist or occupational therapist.

Individual care plans will be drawn up for particular children as appropriate to suit the circumstances of the child (Appendix 1). This may involve seeking advice from other professionals such as school or specialist nurses. These plans address issues such as moving and handling or personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account. Children's views should be actively sought and taken into account.

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 (e.g. 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, ideally face-to-face or by telephone.

Staff will encourage each child to do as much for him/herself as possible taking into account their age and abilities.

Care should be taken to communicate clearly with the child, using their preferred means of communication e.g. verbal, symbolic etc. in order to understand their needs and preferences. Where the child is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.

Every 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 needs help with intimate care. Where possible one child will be catered for by one adult in order to take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.

Wherever possible the 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, but this will be decided upon in consultation with parents/carers and the child, where appropriate, as some children and their families may prefer that care comes from a trusted and familiar adult. 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. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence; for example, if training and expertise is limited to a number of staff.

Staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the child in their care as an additional safeguard to both staff and child involved.

Wherever possible staff should care for a child of the same gender. This is safe working practice to protect children and to protect staff from allegations of abuse. 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 when there are no male staff available.

The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

It is recommended that where possible children or young people are changed standing up. Less mobile children or young people, or children in the foundation stage, may prefer to be changed on a suitable changing mat on the floor, benching or on specialist medical equipment. At all times, the

dignity and safety of the child will remain paramount. The schools each have a purpose-built hygiene suite which can be used for the intimate care needs of a child.

The Protection of Children



The Trustees, Governors and staff take seriously their responsibility to safeguard and promote the welfare of the children and young people in their care. All children are taught personal safety skills relevant to their level of developments and understanding.

Should any member of staff have any concerns about the well-being of a child, they should follow safeguarding procedures as outlined in the Safeguarding Policy and report their concerns to the Designated Safeguarding Lead or deputy, or if the concern regards a member of staff, report their concerns to the CEO/Executive Headteacher/Headteacher or Head of School. Where concerns relate to the CEO/Executive Headteacher, this should be reported to the Chair of Trustees.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

If a child makes an allegation against a member of staff, all necessary procedures will be followed as outlined in the safeguarding policy.

Health and Safety

Staff should always wear an apron and gloves when dealing with a child who has soiled themselves or when changing a nappy. Any soiled waste should be placed in a nappy sack which should be tied. This bag should be placed in a bin (complete with liner) specifically designated for the disposal of such waste. The bin should be emptied on a daily basis and collected as part of the usual refuse collection service as this waste is not classed as clinical waste.

Equipment Provision

Parents/carers have a role to play when their child is still wearing nappies. The parent/carer should provide nappies, disposal bags, wipes and spare changes of clothes where appropriate. In order to preserve dignity, it will be suggested that this equipment is stored in an individual bag.

Children with Additional Needs

Children with additional needs have the same right to safety and privacy when receiving intimate care. The increased possibility of abuse is clearly outlined in the safeguarding policy and forms part of annual staff training on safeguarding. Additional vulnerabilities that may arise from a physical or learning disability must be considered with regard to individual plans for each child.

Physiotherapy/ Occupational Therapy

Some children will require physiotherapy or occupational therapy whilst in school. This will normally be carried out by a member of staff. The required technique must be demonstrated by the physiotherapist or occupational therapist personally, with written guidance given and updated regularly.

School staff must not devise and carry out their own exercises or physiotherapy/occupational therapy programmes.

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

Medical Procedures

Children with disabilities might require assistance with invasive or non-invasive medical procedures. These procedures will be discussed with parents/carers, documented in the care plan and will only be carried out by staff who have been trained to do so.

Any members of staff who administer first aid will be appropriately trained. If an examination of a child is required in an emergency first aid situation it is advisable to have another adult present.

Massage

Massage may be used with children who have complex needs but only with the written consent of the parents/carers of the child concerned.

Massage undertaken by school staff will be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and children. If the child attends sensory circuits or receives similar intervention, large ball deep pressure massage is routinely offered. This will be discussed with the child and family prior to beginning to attend. A child can always opt out of this intervention.

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/carer 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.

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. Please also refer to the school’s Staff Handbook.

Record Keeping

A written record is kept every time a child requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present. (Appendix 2). These records will be kept in the child's file and available to parents/carers on request.

Intimate Care Plan

Name of School / Setting:	
Child's Name:	
Date of Birth:	
Class Name:	
Child's Address:	
Medical Diagnosis or Condition:	
Date:	
Review Date:	
Written/reviewed by:	

Contact Information

Contact 1		**Contact 2**	
Name		Name	
Relationship to Child		Relationship to Child:	
Phone No.		Phone No.	
Alternative Phone No.		Alternative Phone No.	
Clinic / Hospital Contact		**GP**	
Name		Name	
Phone No.		Phone No.	

Arrangements

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.:
Daily care requirements (e.g. before sport / at lunchtime):
Describe what constitutes an emergency for the child, and the action to take if this occurs:
Follow up care:
Who is responsible in an emergency (state if there is different for off-site activities):
Who is responsible for providing support in school:
Staff training needed/undertaken:

Specific additional support e.g. social, emotional and educational needs:
Arrangements for school visits etc.

The above intimate care plan was drawn up with my full involvement and is, to the best of my knowledge, accurate at the time of writing. I give consent to the school to assist my child in their intimate care needs in agreement with the school policy.

I understand that I must notify the school of any changes in writing or face to face with my child's class teacher, or the SENCo.

Child's Name:	
Date:	
Signature:	
Print Name:	
Relationship to Child:	

Record of Intimate Care

Child's Name:	
Class Name:	

Date/Time	Place	Type of Support e.g. nappy changing	Comments	Signature of Staff Member	Printed Name