Intimate Care Policy



Clive Church of England Primary School and Nursery

Date of last review: February 2023

Date for next review: February 2025



Respect, Responsibility, Resilience

Principles

Our school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a child's intimate care needs is one aspect of safeguarding.

The Local Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

Clive C.E. 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. It is acknowledged that these adults are in a position of great trust. We recognise that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity are of paramount importance. No child should be attended to in a way that causes distress or pain. Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It could also include supervision of children involved in intimate self-care.

Best Practice

Staff who provide intimate care at Clive C.E. Primary School are trained to do so in child protection and health and safety training, in moving and handling and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as the onset of puberty and menstruation.

As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.

There is careful communication with each child 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 child is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.

All children 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 his/herself as possible.

Children who require regular assistance with intimate care have an 'Intimate Care Plan' (ICP) or care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.

Where a care plan or ICP 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, by telephone or by sealed letter, not through a home/school book.

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. Adults who assist children one-to-one should be employees of the school and be DBS checked at the appropriate level.

It is not always practical for two members of staff to assist with an intimate procedure and also this does not 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 and that member of staff should remain in the vicinity.

Wherever possible staff should care for a child of the same gender. However, due to the low numbers of male staff in Clive CE Primary School, female staff supporting boys is acceptable. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for girls. This is safe working practice to protect children and to protect staff from allegations of abuse.

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

All staff should be aware of confidentiality. Sensitive information will be shared only with those who need to know.

Safeguarding

The Governors and staff at Clive C.E. Primary School recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

The school's Safeguarding and Child Protection Policy and procedures will be accessible to staff and adhered to. 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 child's body. It may be unrealistic to expect to eliminate these risks completely but, in our school, best practice will be promoted and all adults will be encouraged to be vigilant at all times.

If a child becomes 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 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 any injuries

(e.g. bruising) are seen during an intimate care procedure, these should be recorded for the protection of staff against allegations. See also Safeguarding and Child Protection Policy for further guidance.

Physiotherapy

Children may require physiotherapy whilst at school. If it is agreed in the ICP 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.

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

Adults (other than the physiotherapist) carrying out physiotherapy exercises with children should be employees of the school.)

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

Medical Procedures

Children with disabilities 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 ICP or 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 should be appropriately trained. 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.

Massage

Massage is now commonly used with children who have complex needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. Staff at Clive C.E. Primary School who may be involved in delivering aspects of programmes devised by therapists, will receive appropriate training.

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 both adults and children.

Record Keeping

It is good practice for a written record to be kept in an agreed format every time a child has physiotherapy or 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. These records will be kept in the Intimate Care file for the class and available to parents/carers on request.

This Intimate Care policy should be read in conjunction with the following:

- Safeguarding and child protection policy
- Health and safety policy
- Policy for the administration of medicines
- Special Educational Needs policy
- Positive handling, support and intervention policy
- Staff code of conduct or guidance on safe working practice.

Appendix 1 Intimate Care Log

Name:

Date

Name of adult undertaking care

Name of adult undertaking described here. eg soiling, wetting, applying sun cream etc including changes in a child's behaviour.

| care | described here. eg soiling, wetting, applying sun cream etc including changes in a child's behaviour. |
|------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |