St Peter's C of E Primary School Intimate Care Policy

1) Principles

1.1 The Governing Body 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.

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

1.3 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.

1.4 This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

• Safeguarding policy

• Keeping Children Safe in Education

• 'Whistle-blowing' policies

• Health and safety policy

• Special Educational Needs policy

1.5 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.

1.6 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.

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

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

1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.10 All staff undertaking intimate care must be given training where appropriate.

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

2) 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.

3) Definition

3.1 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 pupils 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.

3.2 It also includes supervision of pupils involved in intimate self-care.

4) Best Practice

4.1 Pupils who require regular assistance with intimate care have written health care plans or EHC 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.

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.

4.2 It is good practice for the biological terminology to be used with the pupils.

4.3 Where a care plan or EHC 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 or over the telephone.

4.4 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).

4.5 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.

4.6 These records will be kept in the child's file and available to parents/carers on request.

4.7 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.

4.8 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.

4.9 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.

4.10 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.

4.11 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.

4.12 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 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.

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

4.14 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.

4.15 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 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.

Parents/carers will be asked for their consent or informed that a referral to children's social care is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Head teacher. The matter will be investigated at an appropriate level (usually the Head teacher) 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.

5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Head teacher (or to the Chair of Governors if the concern is about the Head teacher) 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 relates to.

5.8 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 Head teacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

6) Physiotherapy

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

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

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

7) Medical Procedures

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

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

7.3 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.

8) Massage

8.1 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.

8.2 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 pupils.

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

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