

St Mary Magdalen's Catholic Primary School



Intimate Care Policy

Governors' Committee Responsible:	Full Governing Board
Status:	Non-statutory
Review Cycle:	Every two years
Date Written/Last Review:	21 June 2018
Date of Next Review:	June 2020

MISSION STATEMENT

We are a Roman Catholic community, placing God at the centre of our lives. Christian values permeate every aspect of the school day. As a small friendly school, we aim to produce the warmth and intimacy of the family. We recognise each individual as special and loved by God, caring for one another and fostering love, trust and respect. When mistakes are made we recognise them as opportunities for learning and consequent reconciliation.

We aim to help all children fulfil their potential. We have high expectations of the children; we want them to do their best socially, personally, academically and spiritually.

We recognise each child's full entitlement to education. We value children's uniqueness and endeavour to nurture their potential. We strive to promote in them a sense of personal worth and self-confidence, as well as an awareness of their responsibilities to self and others.

PRINCIPLES

St Mary Magdalen's Catholic Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a respectful and professional manner at all times.

The governing board will act in accordance with Section 175 of the Education Act 2002 and the government guidance Keeping Children Safe in Education (September 2016) to safeguard and promote the welfare of pupils¹ at this school.

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. The governing board 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 schools' policies as below:

- Safeguarding and Child Protection Policy
- staff Code of Conduct
- Whistleblowing Policy
- Special Educational Needs and Disability Policy

The governing board 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 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.

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.

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

All staff undertaking intimate care are to be given appropriate training.

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

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.

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 pupils are unable to do because of their young age, physical difficulties or other special needs. This includes care associated with washing, toileting or nappy changing or dressing. It also includes supervision of pupils involved in intimate self-care.

BEST PRACTICE

Pupils who require regular assistance with intimate care have written support plans, individual Education, Health and Care Plans (EHCPs) and/or health care plans which may include intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Guidance for specific regular assistance must be made by medical professionals, for example, a consultant report.

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 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 support plan, EHCP or health 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/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person or by telephone.

Accurate records are kept when a child requires assistance with regular 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 kept and be available to parents/carers on request.

In the case of a 'one off' toilet/soiling incident, the parent/carer will be informed discreetly at the end of the day and informed of who the adult was that changed their child.

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 are fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

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 be present when s/he needs help with intimate care. SEND 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.

When assisting a pupil with intimate care, a second member of staff should be present. In the event this is unable to happen, the individual member of staff should inform another appropriate adult when they are going alone to assist.

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.

Adults who assist pupils with intimate care will be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. Sensitive information will be shared only with those who need to know.

Health and safety guidelines are to be adhered to regarding waste products, if necessary; advice should be taken from the LA 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 providing intimate care.

SAFEGUARDING AND 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 Safeguarding and Child Protection Policy will be 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 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 practice.

Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

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.

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. It should not be discussed with any other members of staff or the member of staff the allegation relates 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 Head Teacher or to the Chair of Governors, in accordance with the Safeguarding and Child Protection Policy, and Whistleblowing Policy.

PHYSIOTHERAPY

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the support plan, EHCP or health 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. The physiotherapist should observe the member of staff applying the technique.

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

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

Signed: *Anna Brown*
Anna Brown
Designated Governor for Safeguarding and Child Protection

Date: 21 June 2018