



INTIMATE CARE POLICY

September 2015

MISSION STATEMENT

Faith is the heartbeat of our school, as we walk with Jesus through life. St Mary's provides a safe, happy, positive place to learn, where everyone is encouraged to reach their full potential. By showing respect, love and care to each other, without exception, everyone is valued in our school family.

Rationale:

Intimate care is any care which involves washing, nappy changing, touching or carrying out an invasive procedure (such as the administration of suppositories etc) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The need for intimate care may be a temporary one due to an accident, post-operative recuperation etc. However a child may also require indefinite intimate care due to a physical condition or disability.

The child's dignity must always be preserved with a high level of privacy, choice and control. There must be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people.

St Mary's Catholic 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. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes embarrassment, distress or pain.

Our approach to best practice:

Our management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care have had an enhanced disclosure CRB check. They have been trained (where appropriate) in the procedures they carry out (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist / occupational therapist as required. Staff will be supported to adapt their practice in

relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Once an intimate care plan has been drawn up for a particular child it will be reviewed at least on an annual basis, bearing in mind that the individual needs of the child will change in relation to the child's age, understanding, sexuality and the opinions to his/her parents/carers.

Each 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 is toileted, and this could be documented in the child's intimate care plan.

Wherever possible the same 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 who will take turns in providing care. 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.

Wherever possible staff should only care intimately for an individual of the same sex. 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 in our school, if no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. Planned and regular intimate care arrangements will not be initiated without parental authorisation. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Children wearing nappies:

It is the normal practice of the school to admit pupils to our nursery whether toilet-trained or still in nappies. If a child is wearing nappies we would provide information for parents of our policy and practice in the school in order to satisfy all Child Protection & Health & Safety requirements. Such information should include a simple agreement form for parents to sign outlining who will be responsible, within the school, for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset.

Children who may have an occasional toileting accident:

The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), two members of staff should be present. If at all possible the child should be encouraged to change themselves, with the guidance of the staff.

In the EYFS changing, in the majority of instances, should take place in the cloakroom and preferably in the toilet cubicle. After the wet/soiled clothes have been removed the child should be guided to clean/dry themselves, with the assistance of staff as needed. Soiled clothes should be placed in a carrier bag and sealed. Dry clothes should then be passed to the child to put on. Where a child is

unable to do this independently then a member of staff will assist them. Peers and unnecessary adults should be kept out of the area during this time.

All toileting accidents must be recorded and the record signed by both members of staff who were present. Parents must be informed discreetly of the toileting accident at the end of the day. Where this is not possible contact must be made by telephone.

Changing facilities:

Children who have had an occasional toileting accident or who have long-term incontinence will require specially adapted facilities. The dignity and privacy of the child should be of paramount concern. Consideration should be given to the **sighting** of this area from a health and safety aspect. This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury.

The school's accessible toilet facilities are available for all such occasions.

Equipment provision:

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes etc. and parents should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

Individual needs:

Children with individual needs 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 intimate care needs, agreements between the child, those with parental responsibility and the organisation 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 (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

The protection of children:

All staff must have access to Cornwall LA Child Protection Procedures and Inter-Agency Child Protection procedures, which will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection. Additionally, a written report must be made.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into 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 a child or their parent makes an allegation against a member of staff, all necessary procedures will be followed (see Agency Child Protection Procedures)

Guidance to safeguard children and education staff with regard to situations which may lend themselves to allegations of abuse:

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 a 'limited touch' culture 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. 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 school 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 vulnerable to allegations of abuse.

Additionally, many such children are 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 touch 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.

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.

First Aid and intimate care:

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), two members of staff should be present.

Regular requirements of an intimate nature should be planned for. Agreements between the school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

Confidentiality and advice:

All our carers have the best interests of the children at heart. During intimate care pupils may reveal personal information or seek additional carer support. Staff will always help pupils who may be experiencing personal difficulties or confusion. Pupils will be actively encouraged to talk to their parents about the issues which are shared with the carer and/or teacher.

Teachers and carers will explain to our pupils that we cannot offer unconditional confidentiality, for example, in matters that are illegal or abusive. In such circumstances teachers would have to inform others, e.g. parents, Head teacher, but that the pupils would always be informed first that such action was going to take place. We will follow recommended child protection procedures as appropriate.

Equal opportunities:

We recognise that all our pupils (even within the same class) have different physical needs, maturation rates and different levels of self-awareness. We will respect and address each child's unique and individual physical, emotional & social needs.

Revised: September 2015
Mrs S. Herbert