

# Shipbourne School



## Intimate Care Policy

September 2021

This policy should be read in conjunction with the following documents:

- Safeguarding & Child Protection Policy
- Keeping Children Safe in Education (Sept. 2021)
- Working Together to Safeguard Children (DfE)
- Accessibility Policy
- Special Educational Needs policy
- Health & Safety Policy
- Staff Recruitment Policy
- Moving and Handling guidelines
- Administration of Medicines in Schools
- Staff Code of Conduct
- Managing Allegations of Abuse Against Staff
- Positive Behaviour and Anti-bullying policy

### Rationale

It is our intention to develop independence in each child; however there will be occasions when additional help is required.

Our Intimate Care Policy has been developed to safeguard children and staff.

It is one of a range of specific policies that contribute to our provision of pastoral care.

The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults, and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident.

Such activities include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance
- the supervision of a child involved in intimate self-care.

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

## **Principles of Intimate Care**

The following are the fundamental principles of intimate care upon which our policy 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.
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities.
- All children have 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 appropriate and consistent.

## **School Responsibilities**

All staff working with children are subject to the appropriate Disclosure and Barring Checks. This includes student teachers on work placement and volunteers.

Only those members of staff who are familiar with the intimate care policy and other related policies of the school are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child.

Consent forms are signed by the parent and stored in the child's file. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice, he or she must report this to a Designated Leader for Safeguarding and Child Protection (DSL).

*Named DSLs are: Terri Daters: Head of School*

*Alison Holmes: Senior Teacher*

*Molly Pitcher: Senior Teacher*

*Cherry Headon: School Administrator*

## **Guidelines for Good Practice**

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard children and staff.

- Involve the child in the intimate care.
- Try to encourage a child's independence as far as possible in his or her intimate care.
- Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible.
- Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- Care should not be carried out by a member of staff working alone with a child.
- Make sure practice in intimate care is consistent. As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
- Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ASK.
- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
- If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to a DSL.
- If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to a DSL.
- Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file and Safeguarding Log.

### **Working With Children of the Opposite Sex**

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care, but the current ratio of female to male staff means that assistance will be given by a woman.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place.
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- Report any concerns to the DSL and make a written record.
- Parents must be informed about any concerns

## **Communication with Children**

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress, children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level
- use simple language and repeat if necessary
- wait for response
- continue to explain to the child what is happening even if there is no response
- treat the child as an individual with dignity and respect.

## **Monitoring and review**

This policy has been reviewed by the School Nurse and Safeguarding Governors.

This policy will be monitored by the Governing Board, who will always take due note of current government guidance and legislation.

The policy will be reviewed every three years, or earlier in the light of any changed circumstances, either in our school or in the local area.

**Appendix A – Forms to support care, to be used as required**

**Form 1 Record of other agencies involved**

Child/young person's name: ..... Date of birth  
.....

<b>Name and role</b>	<b>Contact address, phone and email</b>
Parent/carer	
Area sector improvement advisor	
Case officer	
Continence adviser	
Educational psychologist	
GP	
Home Care Team (community paediatric nurse)	
Hospital consultant	
Occupational therapist	
Physical and Sensory Support	
Physiotherapist	
School nurse / health visitor	
Social worker	

**Form 2**

**Personal care management checklist** (to inform the written personal care management plan)

Child/young person's name:  
.....

Date of birth .....

**Facilities**

Suitable toilet identified?

Adaptations required?

- Changing mat/table (easy clean surface)
- Grab rails
- Step
- Easy operate locks at suitable height
- Accessible locker for supplies
- Mirror at suitable height
- Hot and cold water
- Lever taps
- Disposal unit
- Moving and handling equipment
- Bleeper/emergency help

**Family provided supplies:**

- Pads
- Catheters
- Wipes
- Spare clothes
- Others (specify)

**School/setting provided supplies:**

- Toilet rolls
- Urine bottles
- Bowl/bucket

**Discussed**

**Action**

- Antiseptic cleanser, cloths and blue roll
- Antiseptic hand wash
- Milton/sterilising fluid
- Paper towels, soap
- Disposable gloves/aprons
- Yellow sacks/disposal bags

**Staff training/communication**

- Advice sought from medical personnel? Manual handling adviser?
- Parental/carer involvement in the management plan
- Child/young person's involvement in the management plan
- Any parental/child/young person's preference for gender of carer
- Specific training for staff in personal care role
- Awareness raising for all staff
- PE staff

**Other children and pupils?**

- Consult child/young person, respect privacy
- How does the child/young person communicate needs?

**PE issues to enable access to all activities**

Discreet clothing required?

- Privacy for changing?
- Specific advice required for swimming?
- Specialist nurse?
- Manual handling adviser?

**Support**

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"><li>• Identified staff</li><li>• Back up staff</li><li>• Training for back up staff</li><li>• Time plan for supporting personal care need</li></ul> |  |  |
|---|--|--|



### Form 3

#### Personal care management plan (developed from the personal care management checklist)

Child / young person's name:  
Condition:

Date of birth:

Details of assistance required:

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- 
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Facilities and equipment: (Clarify responsibility for provision of supplies e.g. parent/carer/school/other)

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- 
- 

Staffing:

Timing:

Training Needs:

- 
- 
- 
- 

Curriculum specific needs:

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- 

Arrangements for trips/transport:

-

Procedures for monitoring and complaints: (including notification of changing needs by any relevant party)

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- 
- 
- 
- 

This current plan has been agreed by:

Name

Role

Signature

Date:

Date for review:

**Form 4 Toileting plan**

**Record of discussion with parents/carers**

<b>Child/young person's name:</b>	<b>Date of birth:</b>	<b>Date agreed:</b>
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	<b>Details</b>	<b>Action</b>
<p><b>Working towards independence:</b></p> <p>Such as taking child/young person to toilet at timed intervals, using sign or symbol, any rewards used</p>		
<p><b>Arrangements for nappy/pad changing:</b></p> <p>Such as who, where, arrangements for privacy</p>		
<p><b>Level of assistance needed:</b> Such as undressing, dressing, hand washing, talking/signing to child/young person</p>		
<p><b>Infection control:</b></p> <p>Such as wearing disposable gloves, nappy disposal</p>		
<p><b>Sharing information:</b></p> <p>Such as if the child/young person has a nappy rash or any marks, any family customs/cultural practice</p>		

<b>Resources needed:</b> Such as special seat, nappies/pull-ups, creams, disposable sacks, change of clothes, toilet step, gloves		
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<b>Signed:</b> Parent:  Key member of staff:	<b>Review date:</b>
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The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with what care is given, who is providing the care and that the appropriate training is given.

Teaching of the care procedure may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professional are agreed the procedure has been learned and the staff carer feels comfortable with, and competent to administer that procedure this record should be signed by the parties. One copy should be given to the staff carer, one retained in the staff carer's personnel file and one filed in the child/young person's medical health record.

Child/young person's name.....

Procedure.....

.....

.....

Staff carer's name.....

Staff carer's signature..... Date.....

**Parent/carer and/or professional**

I have taught the above procedure to the named staff carer and have assessed him/her as able to perform the care as instructed.

Signed..... Date.....

Designation.....

Date reviewed..... Autumn term

Date reviewed..... Spring term

Date reviewed..... Summer term