

PARK GROVE SCHOOL POLICY

Intimate Care

INTRODUCTION

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

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes, which is considered to be part of a staff member's normal duty of care. For example, cleaning up a pupil after they have soiled themselves.

In the case of a specific procedure such as, for example, the administration of rectal diazepam, only a person suitably trained and assessed as competent should undertake the procedure.

There must be a high awareness of child protection issues and respect for the child's privacy and dignity must be paramount.

AIM

We are committed to ensuring that all staff responsible for the intimate care of children undertake their duties in a professional manner at all times, treating the children with respect. Children's dignity should always be preserved with a high level of privacy, choice and control. No child should be attended to in a way that causes avoidable distress or pain.

OBJECTIVES

- Management of all children with intimate care needs is 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.
- Child protection issues are properly recognised and addressed.
- Staff who provide intimate care are fully aware of best practice and must be fully trained.
- Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.
- The needs and wishes of children and parents/carers are taken into account.
- This Intimate Care Policy has been developed to safeguard children and the staff. It applies to everyone involved in the intimate care of children.

STATUTORY CONTEXT

- The Health and Safety at Work act 1974 and the Equality Act 2010.
- The Children Acts 1989 and 2004
- Education Act 2002 (section 175)
- Working Together to Safeguard Children (HM Government 2013)
- What to Do if You are Worried a Child is being Abused.(DfES 2006)
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2012)
- Female Genital Mutilation Act 2013
- Keeping Children Safe in Education (DfE 2014)

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.

GENERAL CONTEXT

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 as they can. This may mean, for example, giving the child responsibility for washing themselves.

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.

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.

Intimate care plans

Individual intimate care plans will be drawn up for particular children, as appropriate, to suit the circumstances of the child and will be discussed with parents/carers on a regular basis and recorded on the child's care plan.

The needs and wishes of children and parents/carers will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

Where a care plan or IEP 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 by telephone or by sealed letter, not through the home/school diary.

Child protection issues

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, evidence of female genital mutilation (the removal or partial removal of external female genitalia for cultural or other non-therapeutic reasons) etc. s/he will immediately report concerns to the Headteacher.

Staff behaviour must be open to scrutiny. It is considered good practice for two adults, preferably of the same gender as the child, to be present for the administration of intimate or invasive treatment. This will often ease practical administration of treatment as well as minimise the potential for allegations of abuse. Staff will protect and respect the child's privacy and dignity as far as possible.

Wherever possible, staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to the children, as an additional safeguard for both staff and children involved. An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care. No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

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.

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

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.

If a child makes an allegation against a member of staff, all relevant procedures will be followed, in accordance with Guidance issued by the Department for Education.

Records

Accurate records should 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.

Where a child is likely to need intimate care on a regular basis, it is helpful for the parents/ carer and the school to have a simple written agreement outlining who will be responsible, within the school, for providing the intimate care and when and where this will be carried out. This agreement allows the school staff and the parent/carer to be aware, right from the outset, of the issues surrounding this task.

Changing facilities

Children who have long-term incontinence will require specially adapted facilities.

When children need to be changed in school by staff, the dignity and privacy of the child should be of paramount concern. An area, which can be made private by the use of a screen, is acceptable. Consideration should be given to the location of this area from a health and safety aspect. The area should not be situated in a thoroughfare, as a changing mat may have to be used on the floor when a child is to be changed. This is the recommended method of changing a child, as it avoids an adult having to lift a child and incurring possible back injury.

Equipment provision

Parents/carers should be made aware of their responsibility to provide nappies, disposal bags, wipes, changing mat etc. The school is responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

Apparatus will be provided to assist with children who need special arrangements, following assessment from physiotherapist/ occupational therapist as required.

Health and Safety

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

Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste.

MONITORING & EVALUATION

The Headteacher will monitor the day to day implementation of this policy and if any changes are required will consult with the Governing Body to effect those changes to the policy. The views of parents / carers, children (as appropriate) and staff will be taken into account when evaluating the effectiveness of this policy.

LINKED POLICIES

This policy should be read in conjunction with the school's other policies on Health and Safety, the administration of medicines, safeguarding and child protection.

REVISED BY: The Full Governing Body

DATE: February 2016

NEXT REVIEW: February 2019