



# CLIFTON COMMUNITY PRIMARY SCHOOL

## INTIMATE CARE POLICY

'Enjoy and Achieve Together'

|                         |                  |                         |
|-------------------------|------------------|-------------------------|
| Head Teacher<br>L.Jones | Sign and<br>Date | L.M.Jones<br>June 2020  |
| Author<br>A.Mcilveen    | Sign and<br>Date | AJMcilveen<br>June 2020 |

|                       |                               |
|-----------------------|-------------------------------|
| Next Review Date      | June 2022                     |
| Committee Responsible | Governing Board               |
| Document locations    | Staff shared Drive – Policies |

### Change History

| Version | Date | Change Description | Stored |
|---------|------|--------------------|--------|
| 1       |      |                    |        |
| 2       |      |                    |        |
| 3       |      |                    |        |
| 4       |      |                    |        |
| 5       |      |                    |        |
| 6       |      |                    |        |

Clifton Primary School

Intimate Care Policy

June 2020

A. McIlveen 2020

At Clifton Primary School we encourage all children to be as independent in their personal care as they are able to. We understand that there are some medical reasons that affect the toileting abilities of children and we strive to work with home to support these children. Where there is not a medical need present school work closely with home to encourage home to toilet train their children before entry to school.

## **1) Principles**

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

## **2) Child focused principles of intimate care**

- 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 Individual Education Plans (IEP), health care plans or intimate care 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. 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 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 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.
- 4.3 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.
- 4.4 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.
- 4.5 These records will be kept in the child's file and available to parents/carers on request.
- 4.6 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.
- 4.7 Where appropriate staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil.
- 4.8 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. An individual member of staff performing intimate care should be overseen by a second member of staff.
- 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 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 CRB checks. Staff performing intimate care should be overseen by a second member of staff.
- 4.16 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.17 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.18 No member of staff will carry a mobile phone, camera, ipad or similar device whilst providing intimate care.
- 4.19 Intimate care should be carried out by one member of staff with another member of staff available to support and supervise.

- 4.20 In nursery and reception the large toilet in the nursery area is used for changing children who are able to stand.
- 4.21 Where intimate care is to be performed any windows to the room should remain clear and unblocked.
- 4.22 Where possible children are encouraged to be actively involved in their intimate care, i.e. if there isn't any risk of becoming dirty can they remove their own clothing, are they, within reason, able to clean / wipe e.g. if wet can they dry themselves comfortably etc

## **5) Child Protection**

- 5.1 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.
- 5.2 The school's child protection procedures will be adhered to.
- 5.3 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.
- 5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection or Headteacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral 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

Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) 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 Headteacher (or to the Chair of Governors if the concern is about the Headteacher) 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 Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy
- 5.9 To support child protection there should be two members of staff available at all times. One member to change the child and one to oversee / support and supervise as necessary.