

	<b>Name of Policy</b>	<b>Intimate Care</b>
	<b>Name of School</b>	<b>St. Joseph's Catholic Primary</b>
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	<b>Who reviewed this policy?</b>	<b>Curriculum Committee</b>

### **Policy and Guidance for Staff who provide intimate care for children and young people**

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## **Introduction**

This policy applies to everyone involved in the intimate care of children regardless of their position held within the school.

These guidelines should be read in conjunction with other policies including:

- Accessibility Policy
- SEND Policy
- Child Protection Policy
- Health and Safety Policy
- Supporting Pupils with Medical Conditions in School Policy
- Behaviour and Anti-Bullying Policy
- EYFS Policy

In the rest of this document the term child/children will be used to refer to children and young people. The term parent/s is used to refer to parents, carers and legal guardians and the term school includes all Early Years settings.

St Joseph'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. These guidelines on intimate care aim to protect those being cared for and also staff, who care for children's needs. Dependency on a wide network of carers and other adults is the everyday experience of some disabled children in order that their medical and intimate care needs, such as bathing and toileting, can be met. The large number of adults involved and the nature of the care needs increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries. We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible (appendices 1 -6). Statutory guidance (Working Together to Safeguard Children 2016) requires the development of local guidelines and training for staff on good practice in intimate care for disabled children. This document meets this statutory requirement and is also applicable to children without disabilities.

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 distress, embarrassment or pain.

## **Legislation / Statutory Guidance that inform this policy**

- Children Act 1989.
- Childcare Act 2006.
- Health and Safety at Work Act 1974.
- Equality Act 2010.

- S.175 / S.57 Education Act 2002 (local authorities, governing bodies of maintained schools and institutions in the further education sector).
- Education (Independent School Standards) (England) Regulations 2010.
- Children Act 2004.
- Dealing with Allegations of Abuse (Statutory Guidance).
- London Child Protection Procedures: chapter 15.
- Working Together to Safeguard Children 2010: chapter 2; chapter 6; appendix 5.

### **Definition**

Our definition of Intimate Care is any personal care activity a child would normally be able to do for him/herself which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure, e.g. the administration of rectal diazepam.

### **Best practice principles**

- The 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 as the child's welfare and dignity is of paramount importance. Each child's right to privacy will be respected.
- Staff, who provide intimate care, are trained to do so (including child protection and moving and handling) and are fully aware of best practice.
- Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from a physiotherapist / occupational therapist.
- 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.
- 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 in their care as an additional safeguard to both staff and children involved.
- Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. 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.

- 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. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.
- 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 as 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.
- The needs and wishes of children and parents will be taken into account, wherever possible within the constraints of staffing and equal opportunities legislation (appendix 6).

### **The protection of children**

London Borough of Havering Child Protection Procedures, London Child Protection Procedures and Working Together Statutory Guidance will be accessible to staff and will be adhered to.

All children will be taught personal safety skills carefully matched to their level of ability, 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. he / she will immediately report concerns to the senior most designated safeguarding lead present in school. The staff are Mrs Matthews (HT), Mr Daley (DHT), Mrs Durell (AHT) or Ms Wilson (SENCO).

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 makes an allegation against a member of staff, child protection / managing allegations procedures will be followed.

All staff will be required to confirm that they have read this policy and of the need to refer to other policies the school may hold for clarification of practices and procedures.

## **Working with parents**

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities. A clear account of the agreed arrangements will be recorded.

Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Education Plans (IEPs), health care plans and any other plans that identify the support of intimate care.

Exchanging information with parents is essential through personal contact, telephone or correspondence. However information concerning intimate care procedures should not be recorded in home/school books, as it may contain confidential information that could be accessed by people other than the parent and staff member.

## **Writing an intimate care plan**

Where a routine procedure is required, an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

In developing the plan the following should be considered;

### **a) Whole school implications:**

- The importance of working towards independence.
- Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming, etc.
- Who will substitute in the absence of the appointed person.
- Strategies for dealing with pressure from peers .e.g. teasing/bullying particularly if there is an issue relating to odour.

### **b) Classroom management**

- The child's seating arrangements in class.
- A system for the child to leave class without disruption to the lesson.
- Avoidance of missing the same lesson all year due to medical routines.
- Awareness of a child's discomfort, which may affect learning.
- Implications for PE, e.g. discreet clothing, additional time for changing.

All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, school and the medical service.

A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

### **Links with other agencies**

Positive links with other agencies will enable school based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's wellbeing and development remains paramount.

It is recommended good practice for the school nurse to be informed of all children requiring intimate care.

### **Pupil voice**

- a) Allow the child, subject to their age and understanding, to express preference regarding the choice of his/her carer and sequence of care.
- b) Agree appropriate terminology for private parts of the body and functions to be used by staff.
- c) It may be possible to determine a child's wishes by observation of reactions to the intimate care.
- d) Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.
- e) It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing.
- f) To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the agreed Intimate Care Plan.

### **Recruitment**

- a) Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict.
- b) Recruitment and selection of candidates for posts involving intimate care should be made following the usual Enhanced Disclosure and Barring Service checks, equal opportunities and employment rights legislation.
- c) Candidates must be made fully aware of what will be required and detailed in their job description before accepting the post.

- d) Enquires should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.
- e) Where possible, pupils may be involved in the recruitment process, dependent on their age and ability to understand.
- f) It is recommended that candidates have an opportunity to meet the child with whom they will be working.
- g) Wherever possible, staff should work with children of the same sex in providing intimate care respecting their personal dignity at all times.
- h) Trained staff should be available to substitute and undertake specific intimate care tasks in the absence of the appointed person.
- i) Intimate care can only be provided in school and foundation stage settings by those who have been appropriately trained and have specifically indicated a willingness to do so, either as part of their agreed job description or other arrangements.

### **Staff development**

- a) Staff will receive child protection training every year.
- b) Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.
- c) Where appropriate, staff must receive Moving and Handling training at regular intervals.
- d) Newly appointed staff should be closely supervised until completion of a successful probationary period.
- e) Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.
- f) It is imperative for the school and individual staff to keep a dated record of all training undertaken.
- g) The following guidelines should be used in training senior staff and those identified to support intimate care. Senior staff members should be able to:
  - i. Ensure that sensitive information about a child is only shared with those who need to know, such as parents or members of staff who are specifically involved with the child. Other personnel should only be given information that keeps the child safe.
  - ii. Consult parents about arrangements for intimate care.

- iii. Ensure staff are aware of the set procedures, the Child Protection Policy & Health & Safety Policy, etc.
- iv. Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary.
- v. Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- vi. Ensure staff know of a whole school approach to intimate care.
- vii. Wherever possible, avoid using staff involved in intimate care, in the delivery of sex education, as an additional safeguard to both staff and children involved. In addition identified staff members should be able to:
  - Access other procedures and policies regarding the welfare of the child, e.g. child protection.
  - Identify and use a communication system that the child is most comfortable with.
  - 'Read' messages a child is trying to convey.
  - Communicate with and involve the child in the intimate care process.
  - Offer choices, wherever possible.
  - Develop, where possible, greater independence with the procedure of intimate care.
  - Maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue, when child protection procedures must be followed.

### **Environmental advice**

- a) When children need intimate care facilities, reasonable adjustments will need to be made. Where a purpose built toilet is not available, the use of a screen to make the area private is acceptable.
- b) Where children have long - term incontinence or a disability requiring regular intimate care, the school will require specially adapted facilities. Specialist advice from medical or therapy staff may be required when considering space, heating, ventilation and lighting.
- c) Additional considerations may include:
  - Facilities with hot & cold running water.
  - Protective clothing, including disposable protective gloves, provided by the school.
  - Labelled bins for the disposal of wet and soiled nappies/pads (soiled items being 'double bagged' before being placed in a bin).
  - Waste for incineration (e.g. needles, catheters. Etc.) - contact London Borough of Havering for further details.
  - Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers, anti-bacterial hand wash.
  - Supplies of appropriate clean clothing, nappies, disposal bags and wipes.



- Changing mat or changing bench.
- An effective system should be identified to alert staff for help in an emergency.

### **Invasive procedures**

It is recommended that two adults are present when invasive procedures are performed unless the parents have agreed to the presence of one adult only. Whilst this may be seen as providing protection against a possible allegation against a member of staff, it further erodes the privacy of the child.

Schools should make arrangements to ensure that there is always a member of staff nearby when intimate care takes place.

### **Vulnerability to abuse**

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self-worth. Staff should be encouraged to listen to the child at all times.

It is essential that all staff are familiar with the school's Child Protection Policy and Procedures, Working Together 2015 and the London Child Protection Procedures and local procedures for Managing Allegations Against Staff.

The following are factors that can increase a child's vulnerability:

- Children who need help with intimate care are statistically more vulnerable to exploitation and abuse.
- Children with disabilities may have less control over their lives than others.
- Children do not always receive sex and relationship education and may therefore be less able to recognise abuse.
- Children may experience multiple carers.
- Children may not be able to distinguish between intimate care and abuse.
- Children may not be able to communicate.

If a child is hurt accidentally he or she should be immediately reassured and the staff member should check that he or she is safe and the incident reported immediately to the nominated Child protection Co-ordinator.

If a child appears sexually aroused, misunderstands or misinterprets an action/instruction, the incident should be reported immediately to the nominated Child protection Co-ordinators.

### **Allegations of abuse**

All staff working in intimate situations with children can feel particularly vulnerable. The School policy can help to reassure both staff involved, and the parents of vulnerable children.

Action should be taken immediately should there be a discrepancy of reports between a child and the personal staff assistant, particularly with reference to time spent alone together.

It is advised that the support role be changed as quickly as possible, should such a discrepancy occur, and then reviewed on a regular basis.

Where there is an allegation of abuse, the guidelines in the London Borough of Havering Managing Allegations Child Protection Procedures should be followed.

### **Toileting procedures** (appendix 4)

If the toilet management plan has been agreed and signed by parents, children and staff involved, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child.

The plan should consider the following:

- Location of the plan for reference, ensuring discretion and confidentiality.
- Location of recording procedures, ensuring discretion and confidentiality.
- Necessary equipment & waste disposal – see environmental advice.
- Clear labelling of equipment and procedures e.g. wipe table after use.

### **Health and safety issues**

Barrier materials will always be used e.g. disposable gloves. Appropriate lifting and handling procedures will be followed when necessary.

**APPENDIX 1**

**RECORD OF AGENCIES INVOLVED**

Child's Name.....

DOB.....

Name/ Role	Address/phone/email
Parent/Carer	
School Nurse/Health Visitor	
Continence Advisor	
Physiotherapist	
Occupational Therapist	
Hospital Consultant	
GP	
EP	
Social Worker	
Other	

**APPENDIX 2**

**RECORD OF INTIMATE CARE INTERVENTION**

Name of Child	
Date of Birth	
Name of Support Staff Involved	

<b>Date</b>	<b>Time</b>	<b>Procedure</b>	<b>Staff Signature</b>	<b>Second Signature</b>

**APPENDIX 3**

**WORKING TOWARDS INDEPENDENCE RECORD**

Name of Child	
Date of Birth	
Name of Support Staff Involved	

I can already
---------------

Aim: I will try to
-----------------------

Review date .....
Parents/Carer .....
Child (if appropriate) .....
Personal Assistant .....
Senior Management/SENCO .....
Date .....

**APPENDIX 4**

**TOILET MANAGEMENT PLAN**

Name of Child	
Date of Birth	
Name of Support Staff Involved	

Area of need:
Equipment required:

Location of suitable toilet facilities:	
Support required:	Frequency of support

**Working towards Independence**

Child will try to:	Personal Assistant will do:	Target Achieved

Review Date:

Parents/Carer .....

Child (if appropriate) .....

Personal Assistant .....

Senior Management .....

Date .....

**APPENDIX 5**

**AGREEMENT BETWEEN CHILD AND PERSONAL ASSISTANT**

Child's Name .....  
DOB .....  
.....

**Personal Assistant**

As the Personal Assistant helping you in the toilet you can expect me to do the following:

- When I am the identified person I will stop what I am doing to help you in the toilet, as soon as you ask me. I will avoid all unnecessary delays.
- When you use our agreed emergency signal, I will stop what I am doing and come and help.
- I will treat you with respect and ensure privacy and dignity at all times.
- I will ask permission before touching you or your clothing
- I will check that you are as comfortable as possible, both physically and emotionally
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.
- I will look and listen carefully if there is something you would like to change about your Toilet Management Plan.

**Child**

As the child who requires help in the toilet you can expect me to do the following:

- I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me.
- I will try to use the toilet at break time or at the agreed times.
- I will only use the agreed emergency signal for real emergencies.
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change.

We will review this agreement on .....

Child (if appropriate) .....

.....

Date .....

**APPENDIX 6**

**PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE**

Child's Last Name	
Child's First name	
Male/Female	
Date of Birth	
Parent/Carers Name	
Address	
<u>Telephone Numbers</u> Home Mobile Emergency contact number	

I understand that;

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the Head Teacher of any medical complaint my child may have which affects issues of intimate care.

Name .....

Signature .....

Relationship to child .....

Date .....