

St. Joseph's Catholic Primary School



Intimate Care Policy

St Joseph's Catholic Primary School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

1. 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. 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 intimate 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.

2. Introduction

- 2.1. 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. 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 or pain.
- 2.2. Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.
- 2.3. Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of

safeguarding issues. Staff behaviour is open to scrutiny and staff at St. Joseph's work in partnership with parents/carers to provide continuity of care to children wherever possible.

- 2.4. Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education (PSHE), to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

3. **Principles of Intimate Care**

- 3.1. 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

4. **Our approach to best practice**

- 4.1. If intimate care is specified in a staff member's job description, they would be expected to provide intimate care. Other members of staff who provide intimate care do so on a voluntary basis.
- 4.2. Support staff are better placed to provide intimate care than teachers due to the more flexible nature of their roles. Teachers should not leave their class to provide intimate care for a child. They should report an incident so that support staff can be deployed.
- 4.3. All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- 4.4. Two members of staff should be present when intimate care takes place, to protect staff from allegations. This could be one member of staff cleaning up a child in the class toilets with the door open, whilst the second member of staff is in the classroom.
- 4.5. Parents should be contacted if a child requires a greater level of hygiene care than can be provided at school with the facilities we have.

- 4.6. Staff who provide intimate care will do so in line with Safeguarding and Health and Safety policies and guidelines.
- 4.7. Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child. Care plans will be in place for all children who require intimate care due to special educational needs and/or disability. Care plans 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.
- 4.8. 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.
- 4.9. Under the Equality Act 2010, changing nappies counts as reasonable adjustments for pupils who are not yet toilet trained.
- 4.9.1. Where there are not enough staff to support the plan, parents can be asked if they are willing to come in to school to change nappies. School will not refuse to change nappies if parents say no.
- 4.10. Where necessary, staff will be provided with adequate training or guidelines when providing intimate care for children with special educational needs and/or disability.
- 4.11. The school will endeavour to provide apparatus to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.
- 4.12. 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 their children as an additional safeguard to both staff and children involved.
- 4.13. There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- 4.14. As a basic principle 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 for themselves as they can. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.
- 4.15. 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 needs

help with intimate care. Where possible, one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

- 4.16. Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.
- 4.17. The school will hold a meeting with the parents where there is a regular soiling issue. If there is no diagnosed medical condition or reason for a child to be soiling themselves, the school will work with the parents to seek input from the child's GP or make a referral to the School Nurse Team (Bladder and Bowel).
- 4.18. Each child will have assigned to them, their class teacher and the head teacher, to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

5. **The safeguarding of children**

- 5.1. All staff working with children are subject to the appropriate Disclosure and Barring Checks. This includes student teachers on work placement and volunteers.
- 5.2. Only those members of staff who are familiar with the intimate care policy and other safeguarding policies of the school are involved in the intimate care of children.
- 5.3. Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.4. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. they will immediately report concerns to the Designated Safeguarding Lead (DSL) as detailed in the school's Safeguarding Policy.
- 5.5. If staff notice an increasing pattern of soiling instances, a meeting will be held with parents and relevant medical professionals involved with the child. If the pattern continues, staff will talk to the DSL.
- 5.6. The DSL will take the appropriate actions as detailed in the school's Safeguarding Policy.
- 5.7. 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.

- 5.8. 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.
- 5.9. If a child makes an allegation against a member of staff, all necessary procedures will be followed. [see Safeguarding Policy].
- 5.10. If a staff member has concerns about a colleague's intimate care practice he or she must report this to a Designated Safeguarding Lead (DSL).
Named DSLs are:
- Kelly Dunne, Headteacher - DSL
 - Emma Wilson, SENCO - Deputy SL



Name's Intimate Care Plan

Activity required	Staff	When required	Positive strategies to support independence	Risk assessment

REVIEW

What's going well?		
Parents	School	Pupil

What's not going well?		
Parents	School	Pupil

Signed (parent)

Signed (pupil)

Signed (school)