

## QUEENSWAY CATHOLIC PRIMARY SCHOOL



# Intimate Care Policy

**Adopted by Staff on:**

“You are like light for the world.”

(Matthew 5 v 14)

## Rationale

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

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

Queensway 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. Queensway School recognises 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.

## Child focused principles of intimate care

The following are the fundamental principles upon which this policy is 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

## Guidelines

Where anticipated, intimate care arrangements are agreed between the school and parents and, when appropriate and possible, by the child. Consent forms are signed by the parent and stored in the child's file. **Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school.** Parents would then be contacted immediately. The views of all relevant parties should be sought and considered to inform future arrangements.

Intimate care is any care which involves the washing, touching or carrying out of an invasive procedure to intimate personal areas. The issue of intimate care is a sensitive one and will require all staff to be respectful of the child's needs. A child's dignity will always be preserved with a high level of privacy, choice and control.

In most cases such care will involve cleaning, for hygiene purposes, as part of a staff member's duty of care, for example:

- Assisting a child to **change his/her clothes**
- **Changing or washing a child** who has soiled him / herself
- Assisting with **toileting** issues
- Supervising a child involved in **intimate self-care**
- Assisting a child, if necessary, at the onset of puberty and **menstruation**

However it may also include:

- Providing **first aid** assistance
- **Feeding** a child

- Providing **oral care** to a child
- Assisting a child who requires a specific **medical procedure** and who is not able to carry this out unaided. \*

\* In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam.)

Parents are responsible for advising the school of any known intimate care needs relating to their child. All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

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.

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. No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

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.

## **Best Practice**

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.

Members of 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 both children and staff.

**1. 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, where possible, give choices. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

**2. 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. If this is unavoidable then the individual member of staff should inform another appropriate adult when they are going alone to assist a pupil 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.

**3. 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.

**4. Be aware of your own limitations.** Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

**5. Promote positive self-esteem and body image.** Confident, self-assured children who feel their bodies belong 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.

**6. If you have any concerns you must report them.** If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Teacher for Child Protection.

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the Designated Teacher. 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.

### **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; and
- Treat the child as an individual with dignity and respect.

### **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 more often be given by a woman. This guidance can be waived if failure to provide appropriate care would amount to negligence. 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 Designated Teacher for Child Protection and make a written record;
- Parents must be informed about any concerns.

### **Working with Children with long-term Intimate Care Needs**

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 are 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.

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.

### **Developing an intimate care plan**

Where a routine procedure is required, an intimate care plan should be agreed in discussion with the child/young person, school staff, parents/carers and relevant health personnel as stated above. The plan should be signed by all who contribute and reviewed on an agreed basis, either annually or six monthly review would be recommended.

In developing the plan the following should be considered:

#### a) Implications for settings

- 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/s
- Strategies for dealing with pressure from peers e.g. teasing/bullying particularly if the child/young person has an odour
- Management of the plan: writing it, managing it, handling confidentiality, reviewing it etc.

#### b) Classroom management

- The child/young person's seating arrangements in class
- A system for the child/young person to leave class without disruption to the lesson
- Avoidance of missing the same lesson due to routines
- Awareness of a child/young person's discomfort which may affect learning
- Implications for P.E., swimming etc. e.g. discreet clothing, additional time for changing

Intimate care plans will be available to the member of staff giving the care and not displayed for all to view, thus helping to support the child/young person's dignity. All plans must be

clearly recorded to ensure clarity of expectation, roles and responsibilities. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

### **Safeguarding procedures**

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 (e.g. 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.

In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

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. These records will be kept in the child's file and available to parents/carers on request.

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 Head Teacher. The matter will be investigated at an appropriate level (usually the Head Teacher) 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.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Head Teacher (or to the Chair of Governors if the concern is about the Head Teacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

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 Head Teacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

### **Physiotherapy**

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

## **Medical Procedures**

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

## **First Aid**

Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

## **Massage**

Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils. Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

Care plans should include specific information for those supporting children with bespoke medical needs.

## **Showering/Changing**

Children are entitled to respect and privacy when changing their clothes or taking a shower e.g. following swimming lessons. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations, and to ensure that bullying, teasing or other unacceptable behaviour does not occur.

This means that staff should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of total undress, another member of staff is present and supervisory staff must be of the same gender as those being supervised. However, this may not always be possible and therefore staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children.

## **Residential Trips**

Residential educational visits are an important part of our school experience. Particular care is required when supervising pupils in this less formal setting. As with Extra-Curricular Activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Child Protection and Safeguarding policies and procedures.

Some specific Intimate Care issues may arise in a residential context such as Night Time Routines.

It is established practice that the children's bedrooms are private spaces and anyone else wanting to enter the room should knock and announce their intention to enter.

At bedtime, children are given a set amount of time to change and prepare for bed and will be told when the supervising teachers will visit the rooms to check all is okay and switch off the lights. A reciprocal arrangement is in place in the mornings.

There are occasions when incidents take place during the night and the need arises to:

1. Assist a child to **change his / her clothes**
2. **Change a child** who has soiled him / herself
3. **Provide comfort** to an upset or distressed child
4. Assist a child who requires a specific **medical procedure** and who is not able to carry this out unaided.

Guidance as above will be followed with the support of an additional member of staff in attendance.

### **Distressed Children**

There may be occasions when a distressed child needs comfort and reassurance that may include physical touching such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and is not subject to misinterpretation.

Any decision to offer physical comfort should be informed by the circumstances causing the child's distress, their age and the extent of their distress. Staff should consider if they are the most appropriate person to respond or whether the child's parent/carer should be contacted.

If physical contact is given it should be of limited duration, sufficient to calm the child, and appropriate to the situation and age of the child. The staff member must be able to justify the action they have taken as it will be open to scrutiny. Staff should avoid repeated physical contact with the same child and be extremely carefully about physical contact with a child who has been the subject of physical abuse or neglect.

## Appendix 1

### Parental permission for Intimate Care

Should it be necessary, I give permission for \_\_\_\_\_ to receive intimate care (e.g. help with changing or following toileting).

I understand that staff will endeavour to encourage my child to be independent.

I understand that I will be informed discretely should the occasion arise.

Signed: \_\_\_\_\_

Adult with parental responsibility for: \_\_\_\_\_

