



Policy for Intimate Care

Introduction

Staff who work with young children or children/young people who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Intimate personal 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.

Intimate personal care tasks can include:

- body bathing other than to arms, face and legs below the knee.
- toileting, wiping and care in the genital and anal areas.
- dressing and undressing.
- application of medical treatment, other than to arms, face and legs below the knee
- supporting with the changing of sanitary protection

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 child protection issues. Staff behaviour is open to scrutiny and staff at White Ash School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Staff deliver a full personal safety curriculum as part of Personal, Social and Health Education to all children as is 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.

White Ash 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. White Ash 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.

Best Practice

All children who require intimate care are treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care at White Ash School are trained to do so, including child protection, health and safety training and moving and handling, and are fully aware of best practice. Equipment will be provided to assist

children who need special arrangements following assessment from a physiotherapist/occupational therapist as required.

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 in the delivery of sex and relationship education to them as an additional safeguard to both staff and children involved.

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 their needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

Staff should, where appropriate, inform a pupil before handling a pupil's personal effects including their clothes and should make no comment to the pupil regarding soiled clothing but should remove it for washing. Reminders on hygiene routines are in place in all care rooms and these must always be adhered to. Staff should always wear protective gloves and aprons during intimate care routines and disinfect changing beds after use. All care rooms in which students receive intimate care should be clean, dry, warm and private. Pupils provide their own intimate care hygienic materials.

As in all situations, it is important that staff do not talk about the pupil or unrelated personal matters over the pupil.

All 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 his/herself as possible.

Children who require regular assistance with intimate care have written Individual Care Plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns should be noted and taken into account.

Every 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. Adults who assist children one-to-one should be employees of the school and have DBS clearance at the appropriate level.

It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.

Wherever possible the same child will not be cared for by the same adult on a regular basis; 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, while at the same time guarding against the care being carried out by a succession of completely different carers.

Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys if there are no male staff available. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect children and to protect staff from allegations of abuse.

The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Child Protection

The Governing Body of White Ash School will act in accordance with Section 175 of the Education Act 2002 and 'Keeping Children Safe in Education' (DfE 2023) to safeguard and promote the welfare of pupils at this school.

This 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 school's Safeguarding and Child Protection policy and Inter Agency Child Protection procedures will be accessible to staff and adhered to.

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 child's body. It may be unrealistic to expect to eliminate these risks completely but in this school best practice will be promoted and all adults will be encouraged to be vigilant at all times.

Where appropriate, 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. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Headteacher or DSLs as designated senior leads for child protection. A clear written record of the concern will be reported on CPOMs and a referral made to Children's Social Care if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.

If a child becomes 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 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 an adult working at the school, this will be investigated by the Headteacher (or by the Chair of Governors if the concern is about the Headteacher) in accordance with the agreed procedures.

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 if the concern is about the Headteacher.

Physiotherapy

Children who require physiotherapy whilst at school should have a Physiotherapy program, written by a trained physiotherapist. The physiotherapist will also demonstrate the required techniques within each program to the staff team so that they can deliver the program on a daily basis. The Moving and Handling Co-ordinator liaises closely with the physiotherapist regarding suitable moving and handling aids.

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

Children with disabilities 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 their care plan and will only be carried out by staff who have been trained to do so.

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 children who have complex needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. Staff at White Ash may be involved in delivering aspects of programmes devised by therapists.

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 children.

Record Keeping

It is good practice for a written record to be kept in an agreed format every time a child has physiotherapy or requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.

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

Confidentiality

Confidentiality of pupils' care needs must be observed at all times.

Sensitive information about a child should only be shared with those who need to know.

This intimate care policy should be read in conjunction with the following:

- Safeguarding and Child Protection Policy
- Health and safety policy and procedures
- Policy for the administration of medicines
- Moving and handling policy
- Special Educational Needs policy
- Behaviour Regulation Policy
- Staff code of conduct
- Guidance on safe working practice.