

Christ Church CoE Primary School

School Policy Document



INTIMATE CARE POLICY

Date Written by HT	August 2023
Date Approved by Full Governing Body	Autumn 2023
Date of Next Review	Summer 2023

Christ Church CoE Primary School



Intimate Care Policy

This policy was formulated to meet the requirements of the Equality Act 2010.

The Governing Body recognises its legal responsibilities under the Equality Act 2010. This policy will ensure equality and fairness regardless of race, sex (gender), sexual orientation, religion or belief, gender re-assignment, pregnancy and maternity, marriage and civil partnership, disability or age.

Learning & Growing Together in FAITH, HOPE & LOVE.

POLICY STATEMENT

Christ Church Primary School is committed to support all children and young people with their personal and intimate care needs to ensure they have full access to 'school' life, including trips and PE.

This policy provides guidance and support to school staff on the effective management of the personal and intimate care needs of individual children and young people.

AIMS

- To safeguard the dignity, rights and well-being of children and young people.
- To ensure that children and young people are treated consistently when they experience intimate personal care.
- To provide reassurance to staff.
- To ensure that parents / carers are involved in planning the intimate care of their child and are confident that their concerns and the individual needs of their child are considered.
- To reassure parents that staff are knowledgeable about intimate care.
- To ensure that staff are well supported and are appropriately trained.

The **Equality Act 2010** provides protection in law for anyone who has a '*physical or mental impairment that has a substantial, long term and adverse effect on their ability to carry out normal day to day activities*'.

A disabled child or young person must not be put at a substantial disadvantage compared with his/her non-disabled peers, and the school has a legal duty to make reasonable adjustments to ensure less favourable treatment does not occur.

The 2011 Equality Duty requires public organisations including schools and other educational settings to promote positive attitudes towards and eliminate harassment of disabled people. Establishing good practice in areas such as personal and intimate care procedures will help a school meet its duties under the Equality Act and Equality Duty.

The principles underpinning this Policy are:

- Children should be encouraged to express choice and to have a positive image of their body
- Children have the right to feel safe and secure
- Children have the right to remain healthy
- Children should be respected and valued as individuals
- Children have a right to privacy, dignity and a professional approach always from staff when meeting their needs
- Children have the right to information and support to enable them to make appropriate choices
- Children have the right and know how to complain about their personal and intimate care and have their complaint dealt with effectively by the school.

PARENTS & CARERS

The school believes it is important that parent / carers are involved in appropriate discussions with the school regarding the personal and intimate care of their child whilst in school. Parents and carers have information to make the process as comfortable as possible, and knowledge and understanding of any personal, religious/cultural sensitivities.

The SENDCo will therefore consult with children and their parents, when developing health and care plans, as they will know what works well and what does not.

Exchanging information with parents is essential (e.g. via telephone, remote meeting technology, personal contact or other correspondence); although no information about intimate care should be recorded in home/school books.

THE CHILD'S VOICE

The school believes it is important that the child - subject to their understanding - can express a preference regarding their intimate care. Staff will use the biological correct terminology for private parts of the body and functions. It is the responsibility of all staff caring for a child to be aware of the method and level of communication used. This could include signs, symbols, eye pointing or vocalisations.

SAFEGUARDING

The school recognises that disabled children are particularly vulnerable to abuse and discrimination. It is critically important that all school staff are familiar with our Safeguarding and Child Protection policy and procedures. The Head Teacher must ensure that all staff working with children and have been through the NCC safer recruitment process.

Disabled children / young people can be more vulnerable to abuse because:

- They often have less control over their lives than their peers and may have fewer opportunities to take decisions for themselves and may have limited choices. The child or young person may come to believe they are passive and powerless.;
- They do not always receive appropriate sex and relationships education, or if they do they may not understand it, so are less able to recognise abuse.
- They may have multiple carers through residential, foster or hospital placements which may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult.
- The physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately.
- Changes in appearance, mood or behaviour may be attributed to the child's disability rather than abuse.
- They may not be able to communicate what is happening to them.

Personal and intimate care may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk, but the vulnerability places an important responsibility on school leaders to ensure their staff understand how to work in accordance with agreed procedures, and where possible and appropriate for children and / or parents to be involved in the development of the health and care plan.

The school will ensure (e.g. through new staff induction and through regular updates for all staff) that everyone working in the school clearly understands to report any concerns to the designated safeguarding lead.

In the event of anyone being concerned that personal and intimate care is not being undertaken in line with the school's intimate care policy, the individual's health and care plan, or with dignity and respect, they should discuss their concerns with the SENDCo.

Should a child disclose abuse or harm as a result of intimate care, this should be responded to in line with the school's child protection procedures.

Any allegations against a member of staff should be considered in line with the school's safer working and LADO procedures. In specific situations (e.g. where there have been accusations or incidents of abuse in the past or the school has assessed risk of accusation as high), it is strongly advised that two staff should be present during intimate care procedures.

Definitions of Personal and Intimate Care

DEFINITIONS

Personal Care is defined as those tasks which involve touching which is more socially acceptable, as it is not intimate and usually has the function of helping with personal presentation and social functioning.

E.g. skin care, applying external medication, feeding, administering oral medication, hair care, dressing and undressing, (clothing), washing non-intimate body parts, prompting to get to the toilet.

Intimate Care is defined as those care tasks associated with bodily functions, body products, and personal hygiene which demand direct or indirect contact or with exposure to the genitals.

E.g. dressing or undressing (underwear), helping with the use of the toilet, changing nappies (faeces and/or urine), bathing/showering, washing personal and intimate parts of the body, changing sanitary towels or tampons, inserting suppositories, giving enemas.

IMPLEMENTING BEST PRACTICE FOR PERSONAL AND INTIMATE CARE

To ensure best practice, the school and its staff are committed to:

- Getting to know the child before working with them
- Being aware of any personal, cultural or religious sensitivities related to aspects of intimate care
- Speaking to the child by name and ensuring that they are aware of what intimate care is to take place
- Addressing the child in an age appropriate manner
- Respecting a child's preference for a sequence of care
- Giving clear prompts in an appropriate way to allow the child or young person to anticipate and prepare for events (e.g. show a clean nappy to indicate the intention to change, or a sponge for washing)
- Encouraging the child to do as much as possible for themselves
- Always seeking the child's permission to carry out a task
- Providing facilities that allow dignity and privacy
- Keeping records as required and updating / communicating any changes to Intimate Care and Health Plans.

The school will also ensure that there is always a suitable environment for personal and intimate care to take place including ensuring:

- A fully accessible changing area
- The availability of hot and cold running water
- Personal Protective Equipment (PPE) such as aprons and gloves, where required
- Nappy disposal bags
- Supplies of nappies (provided by family)
- Wipes and cleaning cloths

- Labelled bins for the disposal of wet and soiled nappies (soiled items should be double-bagged.)
- Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters
- Supplies of suitable cleaning materials, anti-bacterial sprays and handwash for example
- Appropriate clean clothing (preferably the child's own)
- Effective staff alert system for help in an emergency
- Arrangements for menstruation when working with adolescent girls.

INTIMATE CARE AND HEALTH PLANS

The school SENDCo will complete an individual health and care plan for all children who require regular personal and intimate care whilst attending school. The individual health and care plan must be drawn up at a meeting (preferably prior to admission), involving the child, their parents/carers and the school, so that support procedures can be agreed and consented to. If required, advice will be sought from a relevant health professional. The school will make every effort must be made to assist those children who are not able to communicate easily to participate in their care planning.

The school will consider the following when writing an individual health and care plan:

- The importance of working towards independence and the monitoring of progress towards this
- Arrangements for sports days, school visits, swimming etc
- Substitutes in case of staff absence, including the training and support for substitutes
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- Seating arrangements in class (ease of exit)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson for medical routines
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc)
- Any plan should be clearly recorded to ensure clarity of roles, responsibilities and expectations
- A procedure should be included to explain how concerns arising from the intimate care process will be dealt with

Intimate Care and Health Plans will be reviewed on at least an annual basis and sooner if the condition, or support required, changes in any way. Intimate Care and Health Plans can be appended to or incorporated into an EHC Plan.

An example an individual health and care plan can be found as Appendix 1

STAFFING

All Teaching Assistant job descriptions (all grades and both primary and special schools), include key responsibilities relating to personal and intimate care. The job evaluation of all teaching assistant job descriptions includes the following factor:

Duties involve regular contact with children; there is also some exposure to abuse and /or aggression from pupils and /or adults; assisting pupils with toileting and dealing with bodily fluids.

The school will ensure that all staff must be appropriately trained to undertake these responsibilities.

Other postholders may also have more specific responsibilities set out in their job descriptions.

Each child's right to privacy must be respected.

Wherever possible, staff should work with children of the same sex in providing intimate care, respecting their personal dignity always. It is recognised that there are more female than male support staff in schools meaning that boys will often be supported by a female adult. Male adults should not normally be involved in providing intimate care for girls. Religious and cultural values must always be considered.

School leaders must consider each child's situation to determine how many carers might need to be present and which carers may be involved when a child needs help with personal and intimate care.

As stated above, in specific situations where there have been accusations or incidents of abuse in the past, or the school has assessed risk of accusation as high, then it is strongly advised that two staff should be present during intimate care procedures.

For the safety of the child and staff, school leaders should identify situations where it is appropriate for two members of staff to be present wherever practical with personal and intimate care with one colleague being able to at least hear and have oversight, whilst the other member of staff delivers the care.

Other factors determining the number of staff to be involved include:
safeguarding concerns; previous complaints, concerns or allegations; the preference of the child or advice specified in a Moving and Handling or behavioural risk assessments.

The number of carers including the reasons must be clearly documented in the child's intimate care plan.

Where the need for a risk assessment is required, staff should be consulted and training provided where identified.

STAFF TRAINING

The school will ensure that all staff engaged in personal and intimate care receive appropriate training and this is reviewed and updated regularly as part of the school's overall plan for all staff Professional Development. The requirements for training will be influenced and determined by the needs of individual children. Designated staff may require training in safe moving and handling when undertaking personal and intimate care. Training should form part of, but not exclusively to, the discussion in relation to staff appraisal and or supervision arrangements.



Christ Church CoE Primary School

Intimate Care & Health Needs Assessment and Plan

Pupil	
Date of Birth	
Class Name / Tutor Group	
SEN Primary Need (if applicable)	
Medical Diagnosis or Condition	
Date completed	
Completed by	
Review Date (at least every 12 months)	

Contact Information

Contact 1		Contact 2	
Name		Name	
Relationship to Child		Relationship to Child:	
Phone No.		Phone No.	
Alternative Phone No.		Alternative Phone No.	
Clinic / Hospital Contact		GP	
Name		Name	
Phone No.		Phone No.	

Child's preferred method of communication	
Does the child have any relevant allergies or sensitivity?	
Does the child require assistance with mobility or transfers?	
Does the child have any Religious or Cultural needs?	



OVERVIEW OF NEEDS

Procedure		Named / trained staff
Eating and drinking	Assistance required at mealtimes	
	Supervised at mealtimes	
	Nasal Gastric tube feed	
	Gastrostomy feed	
	Continuous pump feed	
	Periodic pump feed	
	Manual feed	
	Other specialist feed.	
Airways/suction	Oral	
	Tracheotomy	
Medication: Emergency and/or Routine	Epipen	
	Oral	
	Rectal e.g. diazepam, ACE procedure	
	Suppository	
	Supervised medication	
	Administered	
	Supervised	
	Dressings	
Toileting	Rectal procedure e.g. enema	
	Catheterisation	
	Supervised catheterisation	
	Pad change (day and/or night)	
	Menstruation	
	Assistance with toileting	
	Supervised toileting	
Personal Care	Washing	
	Showering	
	Dressing	
	Cleaning e.g. gastrostomy site	
	Teeth	
	Shaving	
	Hair / styling	
	Lotions/creams	
Behavioural	Social/emotional	
	Sexual awareness	



ARRANGEMENTS

PERSONAL & INTIMATE CARE - Safe System of Work			
NEEDS / SYMPTOMS:			
DAILY CARE REQUIREMENT / SUMMARY: e.g. toileting/changing			
Pupil's Level of Ability: Circle/underline/delete from boxes below as appropriate			
Independent	Independent /supervised	Partially assisted 2 carers	Fully assisted by 2/3 carers
Environment Required: e.g. adapted/disabled bathroom, medical room, dining room			
Equipment Required: e.g. gloves, apron, wipes etc			
N.B. If creams / gels or medical equipment are required these must be prescribed and specified by parents and the correct forms completed for staff to administer			
Detailed Description of Procedure This must be written from the pupil's perspective and must include: Clear guidance regarding the pupil's involvement, (including ability and expectations), Clear instructions for each carer involved with the procedure, Age appropriate language			
What Constitutes an Emergency / who is responsible for their care			
What follow-up Care is Needed			
Date assessed			
Assessors signature			

Parent/carer signature	
Proposed review date	