

## Woodmancote School

### Intimate Care Policy

Designated Member of staff: G Tucker/Premises

#### **Introduction**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. 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).

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Woodmancote 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. The school recognises that there is a need to treat all children with respect when intimate care is given and to work in close partnership with parents/carers. No child should be attended to in a way that causes distress or pain.

#### **Our Approach to Best Practice**

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; the child's welfare and dignity is of paramount importance.

The school recognises that 'accidents' happen, but also recognises that some children do not start school properly toilet trained. If this becomes apparent after the initial introduction to school, staff will evaluate the manageability of the situation with parents an Intimate Care Plan will be drawn up in consultation with the child's parents. It is generally the case that where there is no obvious medical reason why the child should not be properly toilet trained, the parent will be asked to work closely with the school in providing such training and managing the situation. The school nurse will be contacted to work alongside school and parents to toilet train the child.

Staff who provide intimate care are trained to do so through the safeguarding policy and Guidance for working with children document.

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 or menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the

children/young people in their care as an additional safeguarding to both staff and children/young people.

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. Individual intimate care plans will be drawn up for particular children such as appropriate to suit the circumstances of the child.

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 is toileted. Where possible one child will be catered for by two adults.

Wherever possible the same child will be cared for by a small team of adults.

Wherever possible staff should only care intimately for an individual of the same sex, although this is age dependent. In certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence.

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.

#### **Good Practice in Intimate and Personal Care**

- Getting to know the pupil before working with him/her.
- Being aware of any cultural or religious sensitivities related to aspects of intimate care.
- Speaking to the pupil by name and ensuring that they are aware of what intimate care is to take place.
- Addressing the pupil in an age appropriate manner.
- Agreeing terminology for parts of the body and bodily functions that will be used by all (Home and School)
- Respecting a pupil's preference for a particular sequence of care.
- Giving clear prompts in an appropriate way to allow the pupil 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 pupil 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.

#### **The Protection of Children**

Child Protection Procedures and Inter-Agency Child Protection Procedures will be adhered to.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. she/he will immediately report concerns to the appropriate Designated Safeguarding Lead. This is currently Mr G Tucker and in his absence, Mr DeGruchy.

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.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Child Protection Procedures for details)

### **Intimate Care Plans**

Where a routine procedure needs to be established, a care plan should be prepared in consultation with all relevant parties. It is vital that care plans are prepared prior to admission, and where possible opportunities are made for the pupil and family to meet the staff who will be providing intimate care. The plan should be signed by all who contribute and reviewed on a regular basis.

When writing a plan, whole school and classroom management considerations should be taken into account, for example:

- The importance of working towards independence.
- Substitutes in case of staff absence.
- Strategies for dealing with bullying/harassment (if a 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.

### **Training**

The requirement for training will vary and will be influenced by the needs of individual pupils.

Designated staff may require training in safe moving and handling.

Where basic care is required (similar to that normally provided by any parent or carer) then little or no training may be required.

In the case of medical procedures such as catheterisation then specialist training is vital before any procedure is undertaken.

### **Safeguarding**

This policy should be read alongside the school's Child Protection and Safeguarding policy.

### **Further Guidance**

- 'Working Together to Safeguard Children', Inter-Agency Child Protection Procedures
- Circular 10/95, Protecting Children from Abuse; The Role of the Education Service. DFEE [www.dfes.gov.uk/publications/guidanceonthelaw/10\\_95summary](http://www.dfes.gov.uk/publications/guidanceonthelaw/10_95summary)
- What To Do If You're Worried A Child Is Being Abused. Summary (2003) [www.doh.gov.uk/safeguardingchildren/index.htm](http://www.doh.gov.uk/safeguardingchildren/index.htm)

Reviewed: September 2014

Signed..... Chair of Premises

**Appendix 1**  
**INTIMATE CARE**

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

Name of Support Staff Involved: .....

Area of need:

Equipment required:

Location of suitable toilet facilities:

Support required:

Frequency of support:

Personal Assistant: .....

Senior management/SENCo: .....

Date: .....

**PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE**

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 etc.

I will advise the Headteacher/SENCo of any medical complaints my child may have which affects issues of intimate care.

Name:.....

Signature: .....

Relationship to child: .....

Date: .....