



The Active Learning Trust
ACTIVE LEARNERS · ACTIVE LEADERS · ACTIVE CITIZENS



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Intimate Care Policy	
Date:	September 2024
Version:	1
Renewal Date:	September 2026
Ratified by LGB on:	September 2024

Rational

The Local Governing Body will act in accordance with Section 175 of the Education Act 2002 and 'Safeguarding Children and Safer Recruitment in Education' 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 need is one aspect of safeguarding. The Local Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

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

- Safeguarding Policy
- Health and Safety Policy
- First Aid Policy
- Special Educational Needs policy
- Staff Code of Conduct

Gusford 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. It is acknowledged that these adults are in a position of great trust.

Principles

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible.

As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body.

It is important for staff to bear in mind how they would feel in the child's position.

Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem.

Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times.

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, physical difficulties or other special needs. It also includes supervision of children involved in intimate self-care.

Intimate care is one of the following:

- Supporting a pupil with dressing/undressing.
- Providing comfort or support for a distressed pupil.
- Assisting a pupil requiring medical care, who is not able to carry this out unaided.
- Cleaning a pupil who has soiled him/herself, has vomited or feels unwell.
- Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

The school recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given.

The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain. Staff will work in close partnership with parent/carers to share information and provide continuity of care.

Best Practice

Staff who provide intimate care at Gusford Primary School are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as the onset of puberty and menstruation.

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.

Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

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 additional support plans or 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 (such as past abuse) should be noted and taken into account.

Where a care plan or additional support plan 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 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.

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 be DBS checked 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 e.g. helping to clean a child after sickness or a nose bleed.

There must be two members of staff where intimate body parts will be touched such as toileting.

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.

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.

If necessary, advice should be taken from the local authority regarding disposal of large amounts of waste products.

Child Protection & Safeguarding

The governors and staff at Gusford Primary School recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

The school's Safeguarding 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 designated safeguarding lead:

- Mr Tapley (Headteacher)
- Mrs Hopkins (Deputy Headteacher and Designated Safeguarding Lead)
- Mrs Garner (Deputy Headteacher School)



- Mrs Coleman (SENDCo)
- Mrs Hockley (Parent Liaison Officer)

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.

Physiotherapy

Children 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.

- Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of the school, who are suitably trained.
- 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 managing catheters or colostomy bags. These procedures will be discussed with parents/carers documented in the additional support plan or 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.

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. Where appropriate, children's consent will be given before an intimate care procedure.

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