

St. Benet's Catholic Primary School

Intimate Care Policy



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Date: March 2022

Date for Review: March 2023

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Intimate Care Policy

'The best interests of the child must be a top priority in all things that affect them.'
Article 3 of the United Nations Convention on the Rights of the Child.

Every child has a right to:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a positive contribution
- Achieve economic well being

The vast majority of children will be appropriately toilet trained and able to manage their own personal care needs competently before they start school. However, some children may not be able to manage their own needs due to developmental delay, physical disabilities or learning disabilities. Some children on the other hand may be continent, but still have personal/intimate care needs due to difficulties accessing toileting facilities or dealing with their personal care independently afterwards. These children have an educational entitlement irrespective of their difficulties with toileting and personal care.

Introduction

Staff who work with young children or children 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 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 with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

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 St. Benet's Catholic Primary 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 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.

St. Benet's 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. St. Benet's 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.

Definition

Intimate/ Personal Care can be defined as care tasks of an intimate nature, requiring close personal contact involving an individual's personal space, associated with bodily functions, personal hygiene and procedures due to medical conditions – activities which require direct or indirect contact with or exposure of genitals. Examples include care associated with continence, toileting, catheterisation, menstrual management as well as tasks such as washing and bathing.

This Policy Aims

- To ensure that pupils and their families are not excluded, or treated less favourably, because they have personal or intimate care needs, whether it is occasional accident or on-going support with personal/intimate care or toileting.
- To ensure that every child or young person is able to easily access care, play and learning experiences in our school.
- To provide guidance to ensure that staff in educational settings are informed about their responsibilities for intimate and personal care in line with current legislation and that they are adequately supported so they can confidently and competently carry out their duties in meeting each child's individual needs.

Our approach to best practice

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

That all staff are aware of their duties to comply with SEN and Disability Discrimination Act, and that all reasonable adjustments are accommodated.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice, and understand all associated healthy and safety procedures and risk assessments. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

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. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people 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 the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

That a consistent approach is developed between home, school and other professionals in partnership. A home to school agreement will be arranged for individual children that defines the responsibilities for each partner in the child's care.

As a basic principle, 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 themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Children should be offered choice and control in every way possible, toileting routines should suit the needs of the child and not the demands of the school routine or class requirements. It is important to take into consideration a child's preference for a particular sequence of care, as long as all necessary tasks are completed, the order in which they are completed should not be imposed by a member of staff.

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 needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason

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for having two adults present. If this is the case, the reasons should be clearly documented. At least 2 members of staff will be trained in the procedures/routine required so that when the regular member of staff is absent the child's care is not compromised.

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.

That confidentiality and the child's dignity is respected at all times in regard to sharing information between staff.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation. Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

Facilities/Resources

A suitable place for changing and carrying out intimate care should be made available where the child's privacy and dignity can be maintained at all times.

Any designated area should not compromise the safety of the child or the member of staff.

When specialist equipment or adaptations are required the appropriate health professionals will be involved and additional funding should be delegated from the schools SEN budget and or the Access Initiative fund.

Safeguarding

Safeguarding is everyone's responsibility. The normal process of changing a child should not raise child protection concerns and there are no regulations that indicate that two members of staff must be present to supervise the changing process; few educational establishments have the staffing resources to provide two members of staff for this. Therefore, one member of staff is adequate to carry out the straight forward task of changing a child. **The exception to the rule needs to be when there is a known risk of a false allegation by a child, then a single member of staff should not undertake the changing task.**

All adults carrying out intimate care or toileting tasks should be employees of the school and enhanced DBS checks should already be in place to ensure the safety of children. Staff employed in childcare and educational establishments must act in a professional manner at all times.

Students on work placements, voluntary staff or other parents working at the school should not attend to toileting or intimate care tasks.

Where the child is of an appropriate age and ability, their permission must be sought before any task is carried out and they should be supported to achieve the highest levels of independence and autonomy that are possible, e.g. in dressing and undressing themselves.

Staff carrying out the intimate care/toileting should notify a colleague when they are taking the child out of the classroom for this purpose, this should be done discretely and sensitively. A written log should be kept of all personal and intimate care interventions that take place.

Parents should be made aware of the intimate care/toileting policy and must give consent for the child to be changed or the intimate care procedure to be carried out when they are under the care of the educational establishment. Parents must also be aware of the fact that it may only be one member of staff carrying out the changing task and there should be a written, agreed and signed consent form in place.

When carrying out intimate/personal care away from school, privacy and safety should be the main concern and part of the planning process.

Health and Safety

As some pupils are more susceptible to infection, hygiene procedures are important in protecting pupils and staff from the spread of infectious diseases. Hand washing procedures and appropriate resources (vinyl gloves, aprons, liquid hand soap and disposable paper towels) should be available in close proximity to the changing area.

The child's parents are expected to provide all changing materials (nappies, wipes, waste bags, creams etc).

All contaminated waste or marked items should be disposed of correctly in line with the school's policy and all staff should be aware of these procedures. Arrangements should be made with the parents for soiled clothing to be taken home and they should be stored in a designated place. Any bins used for soiled items must be emptied at the end of each day.

Any requests from the parents for use of cleaning agents or creams should be labelled with the child's name and should not be shared between other children. These should be stored in a locked storage facility.

Manual Handling/Specialist Training

All staff that may be required to undertake manual handling of pupils or young adults should have appropriate training and instruction to ensure that they are competent and confident in their role. The Accessibility and Diversity Adviser for the Local Authority will be contacted to ensure all procedures are carried out in accordance with best practice and the maximum degree of safety for the staff and the child being cared for.

In some instances, when the child's needs are complex, multi-disciplinary teams will be involved to give appropriate advice, training and any necessary equipment and adaptations. Parental consent and involvement are required to ensure that they are in agreement with the plans that are put in place. A care/management plan and any necessary risk assessments will be considered and addressed at this time.

Disability Discrimination Act

The Disability Discrimination Act provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his/her ability to carry out normal activities of daily living. It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against. In line with this, it is unacceptable to refuse admission to children who have global developmental delay in achieving continence and are late coming out of nappies.

Educational providers have an obligation to meet the needs of pupils with delayed personal development in the same way as they would meet the individual needs of pupils with any other delayed development. Children should not be excluded from any normal pre-school or school activities because of incontinence and intimate/personal care needs.

Any admission policy that sets a blanket standard of continence, or any other aspect of development is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an

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individual basis and educational establishments are expected to make reasonable adjustments to meet the needs of each pupil.

It is essential to note that asking parents to come into school or educational setting to change their child is a direct contravention of the Disability Discrimination Act, and leaving the child in a soiled/wet nappy/pad for any length of time pending the return of a parent is a form of abuse/neglect.

The Protection of Children

Education Child Protection and Safeguarding Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

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. marks, bruises, soreness etc. s/he will immediately report concerns to the Designated Safeguarding Lead who is responsible for child protection using CPOMS. A clear record of the concern will be completed and referred to social care and/or the police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. *See the Child Protection and Safeguarding Procedures, available on the school's website.*

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. 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 a member of staff, all necessary procedures will be followed.

Monitoring and Reviewing

This policy will be reviewed on an annual basis.

This policy was reviewed by Governors on: March 2022