

# Leechpool Primary School

## INTIMATE CARE POLICY



### **INTIMATE CARE POLICY**

*This policy should be read in conjunction with the Child Protection, Behaviour, Administration of Medicines and First Aid Policies.*

1. This Policy is intended to ensure consistency across the school in the intimate care of children. It outlines the School's commitment to ensure that every member of staff involved with the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat to all children with respect, when intimate care is given. No child will be attended in a way that causes distress, embarrassment or pain. The intimate care policy and agreed procedures regarding children has been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children. The policy is reviewed annually.

### **Definition of Intimate Care**

Intimate Care is any care which involves washing, touching or carrying out an invasive procedure, that most children can carry out themselves, but some children are unable to do so because of physical difficulties, medical needs, needs arising from a child's young age or other special needs. It also includes supervision of children involved in intimate self care.

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities can include: feeding, dental hygiene, changing of clothes, toileting, first aid, administering medication, menstrual care, physiotherapy, massage, restraint and pupils in distress.

### **Principles Of Intimate Care**

The following are the fundamental principles of intimate care upon which our policy and agreed procedures are based:

- Every child has the right to be safe;
- Every child has the right to personal privacy;
- Every child has the right to be valued as an individual and to be treated with dignity and respect;
- Every child has the right to be involved, consulted and to have the opportunity to express their views on their own intimate care to the best of their abilities;
- Every child has the right to have levels of intimate care that are appropriate and consistent.

### **2. Agreed Procedures:**

- All members of staff are routinely vetted which includes criminal records checks and references, in accordance with the Safer Recruiting Policy.
- Where anticipated, intimate care arrangements are agreed between the school and parents, and, if appropriate, by the child. On entry to the school consent forms are signed by the parent and stored on the child's file (located in the school office). In the absence of a signed consent form



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parents would be contacted immediately to seek permission/arrangements for their child. (See appendix 1)

- Children who require regular assistance with intimate care have a written 'Care Plan' agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. Such plans will be clearly recorded to ensure clarity of expectation, roles and responsibilities. The necessity for such requirements should be reviewed regularly.
- Children should be encouraged to act as independently as possible and to undertake as much of their own personal care as is practicable. When assistance is required, staff should ensure that another appropriate adult is present and is aware of the task to be undertaken.
- Staff members will only carry out procedures that they understand, and feel competent and confident to carry out. Some procedures must only be carried out by staff who have been formally trained.
- All intimate/invasive procedures will be recorded on a '**Record of Intimate Care Intervention**' Form. All completed forms will be kept in the child's file (located in the school office). Blank forms will be stored in each class's First Aid/Medical File. (See appendix 2)
- Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg, 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.
- 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.

### Hygiene

All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves.

### **Guidance to safeguard children and education staff with regard to situations which may lead themselves to allegations of abuse**

#### Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Touching pupils, including well intentioned gestures such as

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putting a hand on a shoulder, can, if repeated regularly, lead to serious questions being raised. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny. Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff being vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

### **Restraint**

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting injury to others, self-injury, damaging property or causing disruption. In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control. In all cases of restraint, the incident must be documented and reported. Staff must be fully aware of the school's Behaviour Policy. Currently the Headteacher and Assistant Headteacher have been trained in therapeutic thinking.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to constitute a criminal offence.

### **Pupils in distress**

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical comforting such as a caring parent would give. **Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.** Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative, class teacher or teaching assistant, particularly with the same pupil over a period of time. When a

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member of staff has a particular concern about the need to provide this type of care and reassurance they should seek the advice of the head teacher.

### **First Aid and intimate care**

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required, another member of staff should be in the vicinity and should be aware of the task being undertaken.

### **Physical Education and other skills coaching**

Some staff, for example, those who teach PE and games, or who offer music tuition will, on occasions, have to initiate physical contact with pupils in order to support a child so they can perform a task safely, to demonstrate the use of a particular piece of equipment/instrument or assist them with an exercise. This should be done with the pupil's agreement. Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation. Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

### **Changing clothes**

Young people are entitled to respect and privacy when changing clothes. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur. This supervision should be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment. Staff therefore need to be vigilant about their own behaviour, ensure they follow agreed guidelines and be mindful of the needs of the pupils.

### **Physiotherapy**

Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the 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. Any concerns about the regime should be reported to the physiotherapist and the Headteacher.

### **Out of school trips, clubs etc**

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. If staff come into contact with pupils whilst off duty, they must

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behave as though in their professional role and not give conflicting messages regarding their own conduct.

### **Special Educational Needs and Disabilities**

Children with SEND have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child. As with all arrangements for all intimate care needs, agreements between the child, parents/carers and the school should be easily understood and recorded. Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought in regular reviews of these arrangements.

### **The protection of children**

School Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to. 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, eg marks, bruises, soreness etc they will immediately report their concerns to one of the designated members of staff – Headteacher or Assistant Headteachers.

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.

Staff working in intimate situations with children can feel particularly vulnerable. This school policy can help to reassure both staff involved and the parents of vulnerable children. If a child makes an allegation against a member of staff, all necessary procedures will be followed.

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.

### **Is this working?**

The Governing Body and/or Headteacher regularly review the Intimate Care Policy to ensure that the needs and wishes of children and parents/carers are taken into account within the constraints of staffing and equal opportunities legislation.

Are staff / new staff aware of procedures/guidelines for 'intimate care'?