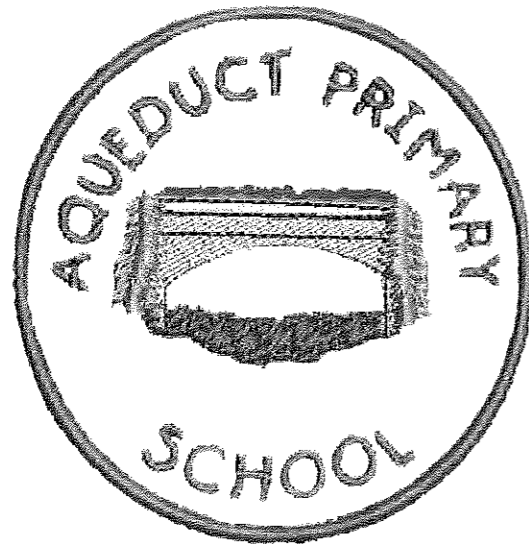


Aqueduct Primary School

Intimate Care Policy



2018

Head teacher	Mrs T. Lockley
Chair of Governors	Mrs C. Marsh
Discussed and Agreed by Governing Body	
Reviewed	September 2018
Next Review Date	September 2019

Signed C.L. Marsh Date 24.9.18

Signed T. Lockley Date 24.9.18



Aqueduct
Primary School

Intimate Care Policy

Our Strapline

Building tomorrow, Leading the way ...

Our Values

Positivity, happiness, learning, kindness, safety and respect.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate, personal areas. Examples of intimate care are; cleaning a child up after they have soiled themselves; administering medication; applying cream to the child's skin. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

Arrangements

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 or carers to provide continuity of care to children wherever possible.

Intimate care will only be carried out by school staff, all of whom have had an enhanced DBS check with a children's barred list check. No volunteers will be present or permitted to carry out intimate care.

Aqueduct 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. Aqueduct Primary School 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.

Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

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.

Intimate Care Plans

The management of all children with intimate care needs will be carefully planned in collaboration with the child's parent or carer and the staff attending to the child, where an Intimate Care Plan will be formulated (see Appendix a). The care plan is reviewed regularly (at least termly), according to the child's needs. The Inclusion Manager oversees and monitors Intimate Care Plans regularly and monitors the effectiveness of this system in school. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so, as is relevant, (including Child Protection and Health and Safety training in lifting and moving where necessary) and are fully aware of best practice. 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 taking into account developmental changes such as the onset of puberty and menstruation.

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. Ideally there will be a rota of carers known to the child who will take turns in providing care and will be identified in the Intimate Care Plan. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Education 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, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/designated person for child protection.

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. 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 (see Inter - Agency Child Protection Procedures for details)

Health and Safety

The Health and Safety policy and wider guidance will be used in all Intimate Care considerations.

Children with Special needs who require intimate care
Children with special needs 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 Intimate Care Plans for each child. As with all arrangements for intimate care needs, agreements between the child those with parental responsibility and the organisation should be easily understood and recorded during the Intimate care plan meeting/s.

Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

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. 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 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.

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 (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Physical Education and other skills coaching

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment. 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.

Unplanned intimate care

Where pupils need assistance on an occasional or emergency basis, for example after a toileting accident or medical issue in an intimate area, such as a cut from a fall, staff will ensure that this is done discretely but will inform another member of staff before entering a cubicle. As detailed elsewhere in this policy, another staff member must always be in the close vicinity, aware that this care is occurring. Pupils will be encouraged to be as independent as possible in dealing with these incidents.

Where a pupil cannot be independent in cleaning themselves up/ attending to a medical issue staff will check that parents have not requested to be contacted in this event. If a child is in KSI and require intimate care but do not have an Intimate Care Plan then parents or carers must be contacted. If parents cannot be contacted or do not attend to their child themselves then care can go ahead as detailed above. Parents should be contacted and informed of this care as soon as possible in every event. In event of an incident involving a KS2 child where they are unable to clean or tend to themselves, parents must be contacted before intimate care takes place.

Showers/changing clothes

Young people are entitled to respect and privacy when changing clothes or taking a shower (swimming sessions). 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 means that adults should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any unnecessary physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct e.g. adults must not change in the same place as the children.

Extra-curricular activities and visits

Staff should take particular care when supervising children in a less formal setting such as a residential trip or after school club. Although more informal relationships are usual during these times, expectations regarding behaviour and conduct by children and adults should be the same as during the school day.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

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Further Guidance

The school's safeguarding policy and the DFE document, 'Keeping Children Safe in Education: for Schools and Colleges'

(March 2015) and subsequent KCSIE September 2016 have informed this policy.

Keeping Children Safe in Education latest guidance will be used at all times and the latest guidance issued to all staff.

'Working Together To Safeguard Children', Inter-Agency Child Protection Procedures 2015.

What To Do IF You're Worried A Child Is Being Abused March 2015

Review date: September 2019

Appendix A

Intimate Care Plan

Intimate Care Plan



Name: Year: Teacher: Term/Date:

Medical Need/s and/or diagnosis:

Medication and/or provision required (this might include regular administering of medication or daily physio support etc.):

Implications (this might require regular use of an area of the school or interruptions to learning etc.):

<i>Assessment</i>			
<i>Professional involvement (this may include a consultant, therapist report etc).</i>			
<i>Parent view: Date:</i>			
<i>Pupil view: Date:</i>			
<i>School view: Date:</i>			
<i>Plan- what we want to achieve</i>			
1.			
2.			
<i>Do- weekly timetable of support</i>			
<i>Where appropriate, include times, venue, lead adult, dosage...</i>			
MON			
TUE			
WED			
THU			
FRI			
<i>Review</i>			
<i>End of term review of plan</i>		<i>Next steps</i>	
1.		<i>Continue with the current care plan</i> <i>Amend the current care plan</i> <i>Cease the care plan</i>	
2.			
<i>Parent view: Date:</i>			
<i>Pupil view: Date:</i>			
<i>School view: Date:</i>			

