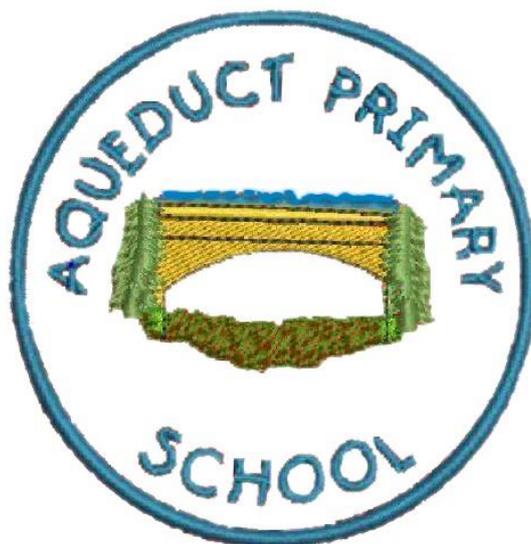


# Aqueduct Primary School

## Intimate Care Policy



2021

Head teacher	Mrs T. Lockley
Chair of Governors	Mrs L. Aubrey
Discussed and Agreed by Governing Body	March 2021
Reviewed	February 2021
Next Review Date	July 2022

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Aqueduct Primary School Policy for Intimate Care

### Introduction

At Aqueduct Primary School we are committed to safeguarding and promoting the welfare of children and young people.

We are committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times.

We are committed to ensuring that children are treated with sensitivity and respect.

### What is 'Intimate care'?

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are too young to or are unable to do.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demands direct or indirect contact with, or contact with intimate personal areas. Examples include support with dressing and undressing (underwear), changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body, cleaning a pupil who has soiled him/herself or vomited. It is also associated with other accidents that may require a child to remove their clothes. These include changes required as a result of water play, messy play, sickness and weather.

Very young or disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

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. 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.

### Practicalities

It is generally expected that most children will be toilet trained and out of nappies before they begin at school or nursery. However, we recognise that children will join Aqueduct Primary school, having reached differing levels of independence and development in toileting and self-care. Therefore, it is inevitable that from time to time some children will have accidents and need to be attended to. In addition to this, an increasing number of children and young people with disabilities and medical conditions are being included in mainstream settings. A significant number of these pupils require adult assistance for their personal and intimate care needs.

In order to help the children to become aware of their bodily needs and respond to them in time, those who wish to go to the toilet are always allowed to go. Although they are encouraged as they progress through the school to use the toilet during break times.

Children in the EYFS have access to the toilet whenever they need to and are encouraged to be as independent as is age and developmentally appropriate. They are reminded at regular times to go to the toilet and are also encouraged to wash their hands after the toilet.

### Role of Aqueduct staff

All staff have access to a disabled toilet area with a toilet and hand basin with access to warm water. Also a pull down bed is available for ease when changing nappies. There is also a stock of baby wipes, plastic bags and disposable protective gloves for staff to use. If a child soils him/herself during school time, one member of staff (teacher, practitioner, lunchtime supervisor) will help the child:

- Remove their soiled clothes
- Clean skin (this usually includes bottom, genitalia, legs, feet)
- Dress in the child's own clothes or those provided by the school

- Wrap soiled clothes in plastic bags and give to parents to take home.

At all times the member of staff pays attention to the level of distress and comfort of the child. If the child is ill the member of staff will telephone the parent/carer.

In the event a child is reluctant and finally refuses, the parent/carer will be contacted immediately.

Our intention is that the child will never be left in soiled clothing, but as soon as a member of staff is aware of the situation, she/he will clean the child. The member of staff responsible will check the child regularly and ensure that he/she is clean before leaving to go home.

It is intended that the child will not experience any negative disciplining, but only positive encouragement and praise for his/her endeavours to master this necessary skill. It is always our intention to avoid drawing attention to such events and positively to encourage the child in his/her efforts to gain these skills.

### Guidance for intimate care needs over and above accidents.

The management of all children with intimate care needs will be carefully planned. Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.

There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.

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.

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 safeguard to both staff and children/young people involved.

Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities.

Individual care plans will be drawn up for any pupil requiring regular intimate care. Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible, one pupil will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented.

Ideally 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, whilst at the same time guarding against the care being carried out by a succession of completely different carers. Intimate care arrangements will be discussed with parents/carers and recorded on the 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.

### Special Needs/Disabilities

The 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 normal day-to-day activities must not be discriminated against.

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 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.

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.

## Child Protection

Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.

All members of staff carrying out intimate care procedures have enhanced DBS. It is not appropriate for volunteers/students to carry out intimate care procedures.

If a child makes an allegation about a member of staff, this will be investigated in accordance with agreed procedures.

The school's safeguarding policy and the DFE document, 'Keeping Children Safe in Education: for Schools and Colleges' (April 2019) and subsequent KCSIE September 2020 have informed this policy.

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.

## 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.

### 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 children or shower with children.

### 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.

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.

### Role of parents/carers

Parents/carers should give permission for intimate care as children enter Early Years Foundation Stage (EYFS). The permission slips are kept on record. All staff are informed of those children where no permission is given.

Staff providing Intimate Care must refer to this and follow this in every instance in which it is relevant.

Please note that only KS1 children's parents have been contacted about this. (See sample letter attached to this document.) 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.

Where a child has continuing incontinence problems (including children beyond EYFS), parents are expected to provide a complete set of spare clothes, baby wipes, nappies/pads and waste bags.

### Health and Safety

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

### Further Guidance

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 2018.

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



## Aqueduct Primary School

### Intimate Care Policy

Name:	D.O.B:	Year group:	Date of plan:

Name \_\_\_\_\_ needs additional support with changing nappies/ pull ups/ support learning to use a toilet. The following plan aims to make the staff involved aware of \_\_\_\_\_'s needs and to ensure that his/her parents are happy with these arrangements.

Reason for the plan	Aim of the plan

School will provide
<ul style="list-style-type: none"><li>•</li></ul>

Home will provide
<ul style="list-style-type: none"><li>•</li></ul>

#### **Other:**

Parents are welcome to come and look at the changing area. Please feel free to discuss any aspect of this care with your child's teacher or TA as you drop off or collect, or if you feel a longer or more private discussion would be helpful please make an appointment to see your child's teacher or the SENCo at the school office. Parental views are welcomed and will be acted on wherever possible.

Signed ..... (Parent/Carer) Date.....