



# St Ives School

## Intimate Care Policy



**School Name:** St Ives School

**Dissemination:** Website and T: Drive

**Date policy approved by Governors:** September 2022

**Date policy becomes effective:** September 2022

**Review date:** September 2024

**Person responsible for Implementation and Monitoring:** R Hickson

**Links to other relevant policies:** Child Protection and Safeguarding, Whistleblowing First Aid, and Educational visits

### Aims

- 1 To recognise that there is a need to treat all pupils with respect when intimate care is given.
- 2 To ensure that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times.
- 3 To ensure that Safeguarding procedures are followed at all times to protect both pupil and staff.
- 4 To ensure the school has established the appropriate pathways to ensure pupil hygiene needs are supported in a relevant and meaningful way discussing such aspects with parents/carers.

## **Rationale**

Our school is committed to ensuring that all staff responsible for intimate care routines of pupils will carry out these routines in a professional manner at all times. Our school recognises that there is a need to treat all pupils with care and respect when intimate care is given; we additionally recognise that we have a duty to safeguard all staff who undertake intimate care with a policy, which informs practice.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after having evacuated their bowels/bladder). In most cases such care will involve cleaning intimate personal areas for hygiene purposes as part of a staff member's duty of care as outlined within their job descriptions (roles and responsibilities). In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g., the administration of medication.). The Head of School is responsible, with appropriate advice from medical professionals, for authorising a member of staff as competent.

Intimate care is a potentially sensitive issue and one which requires staff to be respectful of the child's needs. The child's dignity should always be preserved with an appropriate level of privacy, choice and control. There will be clear and appropriate awareness of child protection issues and if any member of staff has any concerns in relation to the intimate care of pupils, they must bring this to the IMMEDIATE attention of the school's Designated Safeguarding Lead (Deputy Safeguarding lead in his/her absence) outlining such concerns on the school's Safeguarding recording system.

Any care should not cause unnecessary distress or pain during intimate care routines, the individual needs of pupils must always be taken in to account, so as not to cause or aggravate on going issues e.g. – specific physical issues, skin sores/irritations and sensitivity to wipes etc. Staff must consult with parents and medical professionals, if any pupil shows any signs of distress through intimate care routines, to seek further advice and guidance to inform practice.

Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers, and under the guidance and supervision of the SENDCO, obtaining further advice and guidance if necessary, to provide continuity of care to pupils.

It is recognised that the pupils in our school will experience changes to their bodies and emotions as they grow and develop. It will be the responsibility of those leading the Annual Review process for those students who have an EHCP, to check with parents/carers during pupil reviews if the intimate care procedures and, for example, incontinence products they are supplied with and the hygiene methods applied continue to meet the needs of their child. If it becomes apparent that procedures and, for example, such products/hygiene methods are not meeting the pupil's needs this will be discussed in depth to support the family, liaising with appropriate medical professionals e.g. nurse/ GP as necessary.

### **Mental Capacity Act**

It is recognised that that once a pupil reaches 16 years of age any issues arising from intimate care may need to be addressed through establishing Mental Capacity. If it is found that a pupil does not have capacity to consent to certain intimate care procedures then a Best Interests meeting may be necessary to determine how parents/carers will address aspects relating to their child's personal hygiene, and the management of this.

Intimate care will be included in the school's safeguarding training outlining the protocols all staff must follow whilst delivering such care. Within such training, the school will identify the appropriate pathways which must be followed if any member of staff has concerns in relation to safeguarding/ whistleblowing.

### **Monitoring and Evaluation**

This policy will be monitored by the SENDCO, who will formally evaluate it on a biennial basis (or earlier if necessary). This policy operates alongside the school's Safeguarding/Whistleblowing policy to provide an avenue for any concerns to be raised.

## **Guidelines**

### **1 Best Practice**

- 1.1 The management of all pupils with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity are of paramount importance
- 1.2 Staff who provide intimate care are trained to do so (including Safeguarding and Health and Safety training in lifting and moving and handling) and are fully aware of best practice
- 1.3 Apparatus will be provided to assist with pupil who need special arrangements following assessment from physiotherapist/ occupational therapist/moving and handling team as required; outcomes of such work will be included pupil's individual moving and handling documents
- 1.4 Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation
- 1.5 Wherever possible staff who are involved in the intimate care of pupil/young people will not usually be involved with the direct delivery of Relationship/Sex education to the pupil/young people in their care as an additional safeguard to both staff and pupil/young people involved
- 1.6 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.
- 1.7 Individual intimate care plans will be drawn up for particular pupils as appropriate to suit the circumstances of the child; these will take the advice and guidance of any multi-agency team as appropriate – e.g. – school nurse/continence team. If such plans are required it will be the role of the school nurse and SENCO/ARB Lead to identify particular pupil; any plan will be discussed with parents/carers before it is implemented

- 1.8 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
- 1.9 Wherever possible the same child will not be cared for by the same adult(s) on a regular basis; 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. If any member of the class team consider they are expected to support over and above the rest of the team they need to bring this to their line managers immediate attention.
- 1.10 Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys where there are no male staff are available.
- 1.11 However, it is recognised that male staff are in a different situation and need to take greater care over not placing themselves in situations where they could be accused of Safeguarding Pupil issues
- (a) Never be in an intimate care/intimate contact situation on your own with a child.
  - (b) Never assist with the toileting arrangements for girls over eight unless there is an emergency.
  - (c) When assisting moving and handling procedures with older pupil, ensure that this is done with minimum intimate contact (e.g., only assisting with the 'top half' of the child) and in accordance to the pupil's moving and handling information.
  - (d) Be confident to refuse to participate in a potentially intimate care/intimate contact situation if you feel unhappy with this.

This should be discussed openly by the team supporting that particular student at the next possible meeting, so that clear protocols can be established. This should also form part of a Senior Leadership Team discussion as it may have consequences for the manner in which the school staff can be deployed.

- 1.12 Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of pupil/parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation. When necessary the school will ask the parents/carers to demonstrate the level of intimate care required to ensure all staff are consistent within their approach if/as required.

## **2 Safeguarding**

2.1 School and Multi-Agency Safeguarding Procedures will be adhered to at all times.

2.2 All pupils will be taught personal safety skills carefully matched to their level of development and understanding within the school's Relationships/Sex Education Curriculum.

2.3 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 one of the Safeguarding Officers.

2.4 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.

2.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed; the DSL will be notified with immediate effect who in turn will liaise with the LADO (see Multi - Agency Child Protection Procedures for details).

### **3 Guidance to safeguard pupil and staff with regard to situations which may lend themselves to allegations of abuse.**

#### **Physical Contact**

3.1 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.

3.2 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 explain actions and accept that all physical contact be open to scrutiny.

3.3 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

3.4 Pupil 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.

3.5 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 pupils 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.

## **Pupils in distress**

3.6 There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch 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.

3.7 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 pupil 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.

3.8 Particular care must be taken in instances which involve the same pupil over a period of time.

3.9 Where a member of staff has a particular concern about the need to provide this type of care and reassurance, they should seek further advice, from their line manager or other appropriate person.

## **First Aid and intimate care**

3.10 Staff who administer first aid should ensure wherever possible that another adult or other pupil are present.

3.11 Staff who administer first aid must be in receipt of appropriate training and be identified as one of the school's registered first aiders; any first aid given needs to be brought to the attention of parents/carers.

3.12 All first aid procedures must be recorded on the appropriate first aid recording by the end of the school day, dated and initialled by the first aider.

3.13 The pupil's dignity must always be considered and where contact of a more intimate nature is required.

3.14 Regular requirements of an intimate nature should be planned for. Agreements between the school/organisation, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The pupil's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.



## **Health and Safety**

Staff should adhere to the dress code when supporting with intimate care and wear the protective clothing supplied – gloves/apron; any soiled waste must be placed in the appropriate bin, which can be sealed and disposed of at the end of each school day.

## **Monitoring and Evaluation**

This policy will be monitored by the SENDCo and evaluated every two years, in line with the school's Policy Review schedule.