



## **Introduction**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

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.

## **Linked Policies**

- The school's child protection policy
- Health and Safety policy and procedures
- Policy for the administration of medicines
- Special Educational Needs policy
- Moving and handling guidelines
- Procedures and policy on use of force and restraint
- Staff code of conduct and handbook (and Pre-school handbook)

## **Aims**

The management of all children 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 is of paramount importance.

## **Note**

Whilst these documents are now dated, the information they contain is still current and useful.

- 'Working Together To Safeguard Children', Inter-Agency Child Protection Procedures.
- Circular 10/95, Protecting Children from Abuse; The Role of the Education Service. DFEE
- What To Do IF You're Worried a Child Is Being Abused (2003).

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## Legal Framework

- Keeping children safe in education – DfE – April 2014
- The LSCB document – Child protection and safeguarding policy – updated annually

## Statement of Policy

The management of all children 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 is of paramount importance.

## The four “golden rules”

- If it is possible the child should be encouraged to do as much cleaning of themselves and removal / donning of clothes as is practicable.
- A second member of staff should be present (or at the very least in the vicinity)
- The cleaning and changing should be done in a place that provides privacy – but not in a completely isolated location (best practice would be for the two members of staff to remain by the external doors to a toilet room – to offer advice / help / comfort as needed - and the child to clean / change themselves in a toilet cubical.
- If it appears that a child will require intimate care regularly a care plan should be formulated and discussed with the child and the child's parents / guardians. It should be signed by the parent / guardians, the staff who regularly work in the child's class and the headteacher. This plan should be communicated to all staff and as far as is possible adhered to at all times – if there is any deviation from the plan the reasons should be documented and shared with parents / guardians as soon as possible. Consideration should be given as to what to do on school trips and this should be included in the document.

Any member of staff may provide intimate care, provided it does not require unusual procedures or techniques (e.g. lifts or hoists). **Volunteers are not to provide intimate care – but they may be used as a witness.** 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.

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.

- Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

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.

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Wherever possible the same child will not be cared for by the same adult 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. 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 in a primary school, as no male staff are available.

At Kelsey Primary School – since we have a limited number of staff – this should be regarded as a recommendation.

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

### **Health and Safety and other useful information**

Health and Safety advice for schools can be found in the Health and Safety Handbook, available in the school office and the schools own risk assessments folder.

LSCB (Lincolnshire Safeguarding Children's Board)

<http://www.lincolnshirelscb.org.uk/>

Lincolnshire County Council (Education Section)

<http://www.lincolnshire.gov.uk/>

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**Additional Guidance and advice (these do form part of the policy and must be adhered to at all times)**

## **Policy for Intimate care; Additional Guidance for Kelsey Primary School**

### **Children wearing nappies**

Child protection need not present an issue. It is good practice to provide information for parents of the policy and practice in the school. Such information should include a simple agreement form for parents to sign- outlining who will be responsible, within the school, for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset.

Some schools as part of their good practice have introduced a note book to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task. Examples of such good practice provide reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow.

### **Changing facilities**

Children who have long - term incontinence will require specially adapted facilities. When children need to be changed in school this procedure should not necessarily cause the school a great deal of extra expense. Very few schools have purpose - built toilets suitable to be used by people with a disability. The dignity and privacy of the child should be of paramount concern. An area, which can be made private by the use of a screen, is acceptable. Consideration should be given to the sighting of this area from a health and safety aspect. The area should not be situated in a thoroughfare, as a changing mat will have to be used on the floor when a child is to be changed. This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury. (Kelsey primary school is all on one floor and has a disabled toilet.)

### **Equipment Provision**

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, changing mat etc. and parents should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

### **Health and Safety**

Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety policy.

### **Special needs**

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

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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 cannot) in regular reviews of these arrangements.

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

Physical contact, first aid, showers/ changing clothes, out of school activities, and photography

#### **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.

#### **Restraint**

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property.

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.

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Staff must be fully aware of the school's/organisation's Physical Intervention/Positive Handling Policy, which should comply with LA policy (if at all possible this should be done by a member of staff with "team teach" training.) See the current staff qualifications list in the staffroom.

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 very 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 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.

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 or school's counsellor. Particular care must be taken in instances which involve the same pupil over a period of time.

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**

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.

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 child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed, (see Intimate Care Model Policy and Guidance).

### **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.

If at all possible – two members of staff should be present at all times when pupils are changing.

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### **Showers/changing clothes**

Young people are entitled to respect and privacy when changing clothes or taking a shower. 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 a shower / changing area in advance. It is also good practice to ensure that two adults are present at any time where children are changing if at all possible.

### **Help and advice**

If parents / guardians are concerned about a child's toileting needs – they should in the first instance be directed to their GP.

### **Policy Information:**

<b>Date adopted by the governing body:</b>	<b>December 2014</b>
<b>Policy Written by:</b>	<b>Magnus Smedley (Headteacher)</b>
<b>Policy Review Date:</b>	<b>December 2019</b>

**Signed:**

**Chair of governors:**

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**Headteacher:**

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