

Moorfield Primary School

Intimate Care Policy



	Moorfield Primary School
Date	Autumn 2020
Review Date	Autumn 2023
Designated Governor	
Signature	

Definition of Intimate Care

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of children involved in intimate self-care.

Rationale and Principles

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and 'Safeguarding Children and Safer Recruitment in Education' (DfES 2006) to safeguard and promote the welfare of pupils at this school. The Governing Body and Headteacher will act in accordance with the supplementary DfES guidance: 'Safer Recruitment and Selection in Education Settings' (2005) and 'Dealing with Allegations of Abuse against Teachers and other Staff' (2005). Moorfield Primary School takes seriously their responsibility to safeguard and promote the welfare of the children and young people in their care. Meeting a pupil's intimate care needs is one aspect of safeguarding. 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 day-to-day activities must not be discriminated against. This intimate care policy should be read in conjunction with the following policies:

- Child Protection Policy
- Health and Safety Policy and Procedures
- Medical Policy
- Special Educational Needs policy
- Use of Reasonable Force and Restraint Policy
- Staff code of conduct or guidance on safe working practice.

Moorfield 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. It is acknowledged that these adults are in a position of great trust. All our staff and volunteers are DBS checked. Moorfield recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain. Staff will work in close partnership with parent/carers to share information and provide continuity of care.

Procedures

Staff who provide intimate care at Moorfield are trained to do so - including child protection and health and safety training. We also have members of staff who are restraint trained. 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. As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible. There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure. All children 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 his/herself as possible.

Children who require regular assistance with intimate care have written Individual Education Plans (IEP) or care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.

Where a care plan or IEP 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). Every 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 needs help with intimate care. Adults who assist children one-to-one should be employees of the school and be DBS checked at the appropriate level.

It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.

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, while at the same time guarding against the care being carried out by a succession of completely different carers. Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in a primary school as no male staff are available. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect children and to protect staff from allegations of abuse.

The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer. All staff should be aware of the schools' confidentiality policy. Sensitive information will be shared only with those who need to know. If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

Record Keeping

It is good practice for a written record to be kept in an agreed format every time a child requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present. These records will be kept in the child's file and available to parents/carers on request.