



CHARLESWORTH SCHOOL

...from tiny acorns great oaks grow



Intimate Care Policy Summer 2018



PURPOSE

Intimate care is any care which involves washing, touching or carrying out a procedure to private parts of the body. It might include helping with washing, toileting and dressing or continence care. Most pupils can do this for themselves but some can't because of their age, physical difficulties or special educational needs. Intimate care also includes supervision of pupils involved in intimate self-care, if this is needed.

AIMS AND OBJECTIVES

We take our responsibility to safeguard and promote the welfare of our pupils seriously. Meeting a pupil's intimate care needs is part of this. We will adhere to Section 175/157 of the Education Act 2002 and the current version of the government guidance 'Keeping Children Safe in Education' to do this.

In line with the Equality Act 2010, we will not discriminate against a pupil with a disability. A person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

These guidelines are designed to safeguard both children and staff, and apply to every member of staff involved with the intimate care of children at Charlesworth School. They aim to support good practice in intimate care and are based on the following fundamental principles:-

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect whatever their age, gender, disability, religion, ethnicity or sexual orientation.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

PROCEDURES FOR GOOD PRACTICE

This Intimate Care Policy should be read in conjunction with the related policies:

- Child Protection and Safeguarding
- Safer Working Practice
- Confidential Reporting Code (Whistle Blowing)
- Health and Safety
- Special Educational Needs and Inclusion
- Administration of Medicines and Medical Needs

Ensure that children's safeguarding and welfare is the key principle guiding planning and practice of intimate care

Only employees of the school will support pupils with intimate care (not students or volunteers). They will have the usual range of safer recruitment checks, including enhanced DBS checks.

Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. This practice is actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present - quite apart from the practical difficulties. So, staff are supported in carrying out the intimate care of children alone unless the task requires the presence of two people.

Involve the child as far as possible in their own intimate care.

Try to avoid doing things for a child that he/she can do alone and if a child is able to help, ensure they are given the chance to do so. Support the child in doing all that they can for themselves. If a child is fully dependent on you, talk with them about what you are doing and give them choices where possible.

Be responsive to a child's reactions

Each pupil will be treated as an individual and care will be given gently and sensitively. No pupil will be attended to in a way that causes distress or pain.

Make sure practice in intimate care is as consistent as possible.

Staff will always carefully communicate with each pupil 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 pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Our staff will work closely with parent/carers and professionals to share information and provide continuity of care. A written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

If you are concerned, REPORT IT.

Intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. As such, best practice will be followed and staff will be encouraged to be vigilant at all times, seek advice where relevant and take account of safer working practice.

If a member of staff has any concerns about a pupil's presentation, e.g. unexplained marks or bruises etc. they will report these to the Designated Safeguarding Lead or Headteacher immediately. A written record of the concern will be completed. A referral will be made to Children's Services Social Care if appropriate. Parents/carers will be asked for their consent or informed that a referral is necessary prior to this being made. However, this should only be done where such discussion and agreement seeking will not place the child at increased risk of suffering significant harm.

If during the intimate care of a child you accidentally hurt them or the child seems unusually sore or tender in the genital area, or appears to be sexually aroused by your actions, or misunderstands or misinterprets something, or has a very emotional reaction without apparent cause; report any such incident as soon as possible to another person working with you and make a brief written note of it.

If a pupil becomes unusually distressed or unhappy about being cared for by a particular member of staff, this will be reported to the class teacher or Headteacher. Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

Reporting and Recording Procedures

A written record will be kept every time a child has an invasive medical procedure. This will be kept in an agreed format in line with the schools Administration of Medicines and Medical Procedures policy.

Accurate records will also be kept when a pupil receives intimate care. These will be brief but will include date, time and any comments, such as changes in the child's behaviour. It will be clear who was present in every case. Records will be kept in the child's file and are available to parents/carers on request.

If a pupil without an intimate care plan (or another support plan) has an 'accident' whilst at school (e.g. wetting or soiling themselves) and they need help with intimate care, the parents/carers will be informed of this on the same day. This will be communicated in person by telephone or by sealed letter, not through the home/school diary.

Encourage the child to have a positive image of their own body

Confident, assertive children who feel their body belongs to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to a child's intimate care can convey lots of messages to them about what their body is "worth". Your attitude to the child's intimate care is important. Keeping in mind the child's age routine care should be enjoyable, relaxed and fun.

Brief Guidelines on Specific Practices

The children we work with have many and varied needs. You may be called upon to work with a pupil in practices of a very intimate nature. We are in loco parentis and are expected to do anything that a responsible parent would do for their child. However, some of the items listed in appendix A need some specific guidance.

Masturbation

It must be stressed that it is the place, not the act that may be inappropriate. Seek advice from parents as to how they deal with the matter, especially if it happens on a fairly regular basis. There must be consistency of approach if the pupil is not to become confused about sexuality.

In the case of younger children who regularly touch themselves in the genital area, it may be sufficient to divert them with an alternative activity.

Sitting on Knees

We consider this activity to be totally appropriate for both male and female staff, provided that the child is of an appropriate age and the activity is in **the right context**. It would be totally inappropriate for any member of staff to sit a child on their knee whilst alone in a closed environment.

Physical Intervention – Proprioceptive touch and other sensory support in the form of touch

Some children with SEN may need support through Proprioceptive touch and/ or touch to reduce sensory overload. All staff have been shown how to do this appropriately and this will be written into the child's SEN support plan. All touch will be above clothing and will not involve any touch to private parts or inappropriate areas. Sensory touch should be based around the arms, shoulders, chest, head or face. It may also involve holding a child.

This type of touch must not be used if identified in their SEN as a potential trigger, for example, for some children with ASD or children who may have experienced trauma.

Parents will be involved through SEN meetings in whether this is an appropriate sensory strategy to support their child.

The Headteacher, SENCO and governor responsible for vulnerable children will undertake a thorough review of both policy and practice each year in line with the school's policy review schedule. They will take into account any new pupil needs or medical conditions that have arisen and would be deemed to require intimate care as well as any training or guidance received from other services.

APPENDIX A

Current intimate practices at Charlesworth School include:

- Supporting with toileting
- Changing clothes
- Dealing with pupil masturbation
- Comforting/ holding hands
- Assisting upstairs/ onto buses
- Sitting on staff knees **as appropriate**
- Proprioceptive touch/ Sensory support.

This is by no means an exhaustive list. It will be constantly updated as the needs of our pupils' change.

APPENDIX B

Toileting Procedures:

1. Walk the child into the toilet area, taking their change of clothing with them, tell them what you are doing and give them choices where possible
2. Encourage the child to do all they can for themselves.
3. If a child is fully dependent on you, talk to them about what you are doing at every step.
4. Staff must wear gloves before helping a child.
5. Children MUST NOT be lay down at any point. Toilet/ baby wipes to be used to help clean a child.
6. Wet/ dirty clothing to be put in a plastic bag hang on child's peg.
7. Wash hands and walk child back into the classroom.
8. PARENTS to be informed if you have to fully change their child – long term needs to be identified and SEN support (Physical Impairment) to be implemented. Care Plan put into place.