



Mount Tamar School Intimate Care Policy

Document Name	Meeting Submitted	Summary of Changes	Date for next Review
Intimate Care Policy	SLT May 2020	Policy Re-written	Bi-annual – Spring 2022

Introduction

The purpose of this policy is to provide clear expectations and guidance for all staff involved in the physical and personal needs of pupils that attend Mount Tamar School.

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 or menstrual management. 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.

Principles

Every child has a 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;

All children have the right to be involved and consulted in their own intimate care to the best of their abilities;

All children have the right to express their views on their own intimate care and to have their views taken into account; and Every child has the right to have levels of intimate care that are appropriate and consistent.

Best practice

Pupils will be supported to do as much as they can for their own intimate care needs, taking into account their age and ability.

The pupil's preferred means of communication will always be used.

School staff will always explain or seek the permission of the pupil before starting an intimate care procedure, according to the pupil's age and level of understanding.

Staff will be aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt how they support individual pupils when changes happen, such as the onset of puberty and menstruation.

Only employees of Mount Tamar school will support pupils with intimate care (not students or volunteers).

All staff will have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff will be aware of the school's confidentiality policy.

Sensitive information will be shared only with those who need to know.

Where a child requires intimate care regularly, an appropriate written plan is agreed

All staff clearly understand that cameras (including mobile phones) are not to be taken into areas where intimate care is carried out.

Staff to keep records of any intimate care provided. Regular communication and exchanging information with parents, guardians or carers is essential.

Child Protection

We recognise that pupils with special educational needs or who are disabled are vulnerable to all types of abuse.

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 physical changes in a child or young person's presentation, for example unusual anxiety, bruising, soreness and so on. Staff must immediately report their concerns to the designated person for safeguarding.

Where appropriate, pupils will be taught personal safety skills according to their age and level of understanding.

If a pupil, or any other person, including a staff member, makes an allegation against an adult working at the school this will be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher). The Headteacher or Chair of Governors will consult the Local Authority Designated Officer in accordance with the school's policy, 'Dealing with Allegations of Abuse against Members of Staff and Volunteers'.

Intimate care is any care which involves one of the following:

1. Assisting a child to change his/her clothes
2. Changing or washing a child who has soiled him / herself
3. Assisting with toileting issues
4. Supervising a child involved in intimate self-care
5. Providing first aid assistance
6. Providing comfort to an upset or distressed child
7. Feeding a child
8. Providing oral care to a child
9. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.*

* 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 rectal diazepam.) Parents have the responsibility to advise the school of any known intimate care needs relating to their child

Changing a child who has soiled him/herself

If a child soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.

School will have a supply of wipes, clean underwear and spare uniform for this purpose. (A supply of clean underwear and spare uniforms are available outside the Medical Room).

If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.

If the emergency contact is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive.

This avoids any further distress and preserves dignity.

If the emergency contact cannot attend, school will seek verbal permission for staff to change the child.

If none of the contacts can be reached the headteacher is to be consulted and the decision taken on the basis of loco-parentis and our duty of care to meet the needs of the child.

The member of Staff who has assisted a pupil with intimate care will complete

Intimate care at Mount Tamar School

All children /young people who require intimate care are treated respectfully at all times; the child /young person's welfare and dignity is of paramount importance.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as onset of puberty and menstruation.

There is careful communication with each child who needs help with intimate care and the child is aware of each procedure that is carried out and the reasons for it.

Staff will encourage the child / young person to do as much for themselves as they can.

Intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child and in consultation with parents / carers.

The Parent /Carer will be involved with their child's intimate care arrangements on a regular basis. The needs and wishes of the child / young person and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Child Protection/Safeguarding Guidelines

- Ensure that the action you are taking is necessary. Get verbal agreement to proceed – **CARE – CONCERN – COMMUNICATE.**

Pastoral Care Procedures

- Ensure the child is happy with who is changing him / her.

- Be responsive to any distress shown.

Basic hygiene routines

- Always wear protective disposable gloves.
- Seal any soiled clothing in a plastic bag for return to parents. In the case of

Foundation Stage children and in particular a Primary 1 child, in order to avoid any unnecessary distress, a member of staff may assist the child, with a colleague in attendance, unless a parent has requested otherwise or if the child is reluctant. Parents will be contacted as soon as it is practical to do so.

Providing comfort or support to a child:

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Where this happens staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Teacher for Safeguarding.

Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.

Our Administration of Medications Policy outlines arrangements for the management of the majority of medications in school.

Parental permission must be given before any medication is dispensed in school- this form is also available on our website.

A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medications Policy will have an Individual 'Care Plan'. This Care Plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.

Swimming

Our pupils participate in a swimming programme at The Plymouth Life Centre. Children are entitled to respect and privacy when changing their clothes 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, teasing or other unacceptable behaviour does not occur. The Life Centre is organised on a village style changing basis. This supports effective and discrete supervision and privacy for our children when changing. Where a child needs

additional support for changing parental permission will be sought and a personal care plan will be drawn up so as to maintain dignity but increase independence.

Residential Trips

Residential educational visits are an important part of our school experience. Particular care is required when supervising pupils in this less formal setting. As with Extra-Curricular Activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Child Protection procedures, Pastoral Care and Positive Behaviour Policies. Some specific Intimate Care issues may arise in a Residential context.

Showering

Children are entitled to respect and privacy when changing their 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, teasing or other unacceptable behaviour does not occur. This means that staff should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any 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. It is best practice in our school that when an incident has taken place that has necessitated a member of staff to be present when children are changing that an incident report is made.

Night Time Routines

It is established practice that the children's bedrooms are private spaces and anyone else wanting to enter the room should knock and announce their intention to enter. At bedtime, children are given a set amount of time to change and prepare for bed and will be told when the supervising staff will visit the rooms to check all is okay and switch off the lights. A reciprocal arrangement is in place in the mornings.

There are occasions when incidents take place during the night and the need arises to:

1. Assist a child to change his / her clothes
2. Change a child who has soiled him / herself
3. Provide comfort to an upset or distressed child
4. Assist a child who requires a specific medical procedure and who is not able to carry this out unaided.

Guidance as above will be followed with the support of an additional member of staff in attendance.

School Responsibilities

All members of staff working with children are vetted by the Disclosure and Barring service, in line with government guidance. This includes students on work placement and volunteers who may be left alone with children. DBS includes criminal record checks and two references. Only those members of staff who are familiar with the intimate care policy and other Pastoral Care Policies of the school are involved in the intimate care of children. Where anticipated, intimate care arrangements are agreed between the school and parents and, when appropriate and possible, by the child. Consent forms are signed by the parent and stored in the child's file. **Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school.** Parents would then be contacted immediately. The views of all relevant parties should be sought and considered to inform future arrangements. If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Teacher for Child Protection.

Guidelines For Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children. Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. Members of staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard both children and staff.

1. Involve the child in the intimate care. Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation. Care should not be carried out by a member of staff working alone with a child.
3. Make sure practice in intimate care is consistent. As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
4. Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
5. Promote positive self-esteem and body image. Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

6. If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Teacher for Child Protection. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

Working with Children of the Opposite Sex

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman. The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place;
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
- Report any concerns to the Designated Teacher for Child Protection and make a written record;
- Parents must be informed about any concerns.

Communication With Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc.

To ensure effective communication:

- Make eye contact at the child's level;
- Use simple language and repeat if necessary;
- Wait for response;
- Continue to explain to the child what is happening even if there is no response;
- Treat the child as an individual with dignity and respect.