



## Intimate Care Policy

October 2021

Date Reviewed	Reviewed By	Changes made	Next Review Date
October 2021	Fiona Carver	New Policy	July 2022

## 1. Introduction

The Intimate Care Policy recognises that all adults may be involved in duties which require intimate care of children. At Brookfield School we take the health and wellbeing of our pupils very seriously.

- As described in the Supporting Pupils with Medical Conditions and Administering Medication Policy, the school aims to support all pupils so that they receive appropriate care and support whilst at school, in order for them to experience a rich academic life with full access to the curriculum and to remain healthy.
- The Governing Body recognises its duties and responsibilities in relation to the Equality Act 2010 which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.
- The school takes seriously its responsibility to safeguard and promote the welfare of the children in its care and staff are expected to carry out intimate care as the need arises whilst children are in their care.
- Staff responsible for the intimate care of children will undertake their duties in a professional manner at all times recognising that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity.
- No child shall be attended to in a way that causes distress, embarrassment, or pain.
- Staff will work in close partnership with external bodies, (such as the school nurse) parents and carers to share information and provide continuity of care.
- Procedures have been adopted with consideration to Department for Education Guidance including Keeping Children Safe In Education (2021) and Working Together To Safeguard Children (2018).

This policy should be read in conjunction with the school's policies on safeguarding and child protection, whistleblowing, special educational needs, supporting pupils with medical conditions and health and safety.

## 2. What is intimate care and who will undertake it?

Intimate care is defined as any task which may involve the following:

- Close physical contact – see Physical Intervention Policy
- Changing a child who has soiled themselves, or helping them to
- Assisting in toilet issues
- Providing comfort to an upset or distressed pupil
- Providing First Aid

Intimate care tasks are those associated with bodily functions, body products and personal hygiene that require direct or indirect contact.

Due to the age and physical ability of the pupils currently at Brookfield, intimate care is most likely to involve the supervision of a pupil cleaning themselves for hygiene purposes as part of a duty of care. It should not entail washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas unless this has been agreed with parents/carers and written up into an Intimate Care Plan. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

Intimate care is a sensitive issue and will require staff to be respectful of a 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.

There should be a high level of awareness of safeguarding issues; only named members of staff will carry out intimate care with children at our school. 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.

A parent or carer will be called if

- i) a child refuses staff assistance or
- ii) a child is unduly distressed by the experience. The parent/carers may be asked to take the child home if the child is distressed or unwell.
- ii) If, following discussions with external bodies, this is the agreed approach.

### **3. Our Approach to Best Practice**

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.

**3.1** Staff who provide intimate care are trained to do so in relation to Child Protection and Health and Safety implications and best practice guidance.

**3.2** For children with specific needs for example: - children with statements/disabilities/ medical needs specific training will be implemented for staff so that they are fully aware of best practice.

**3.3** 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 members, 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. Exceptions may be made for pupils with learning disabilities with parental consent/agreement.

**3.4** 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 himself as he can. Individual

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

- 3.5** 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.
- 3.6** Where possible, one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented. 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.
- 3.7** Whenever possible, another staff member should stay close by while the procedure is carried out, but does not need to stand as a 'witness' to the procedure.
- 3.8** 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.
- 3.9** 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.

#### **4. Where will the intimate care take place?**

- 4.1** Intimate care will usually take place in the accessible toilets which are private enough to respect the child's dignity but also allow the adult to be seen at all times.
- 4.2** If it is necessary to use a shower these are situated within the PE changing room – in this case a second staff member should be aware that the room is in use to preserve dignity and to safeguard all parties.
- 4.3** No adult will be left alone with a child behind a fully closed door when carrying out intimate care procedures. This is to safeguard both the child and the adult.

#### **5. What safeguarding procedures will be followed?**

- 5.1** The Protection of Children Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.
- 5.2** Staff members will follow the school's policies for Safeguarding and for Child Protection. If a member of staff notices marks, injuries, bruising or undue soreness, the staff member will record and share their concern with the school's Designated Safeguarding Lead immediately after completing the intimate care procedure.
- 5.3** All children will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.4** 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. If a child makes an allegation against a member of staff, all necessary procedures will be followed (Child Protection Procedures for details).

**5.5** Health and safety advice for schools can be found in the Health and Safety Handbook, available to schools through the Lancashire Education Authority.

## **6. Further Guidance**

**6.1** “Working Together to Safeguard Children”, Inter-Agency Child

**6.2** Protection Procedures.

Circular 10/95, Protecting Children from Abuse: The Role of the Education Service DFEE.  
[www.dfes.gov.uk/publications/guidanceonthelaw/10\\_95summary](http://www.dfes.gov.uk/publications/guidanceonthelaw/10_95summary)

What to do if You’re Worried A Child is Being Abused. Summary (2003).

[www.doh.gov.uk/safeguardingchildren/index.htm](http://www.doh.gov.uk/safeguardingchildren/index.htm) There are appendices attached which offer further guidance and proformas to use to inform parents of intimate care plans and/or times when children have required intimate care in school.

## **Appendix 1: The procedure for changing a child**

- Ascertain the child has had an accident
- Offer to help the child to change their clothes and make themselves clean
- Seek out a second adult to provide support
- Ensure all changing equipment and resources are to hand
- Staff take the child to the designated changing area (usually the accessible toilets) and establish that the child is happy and comfortable to change by talking to the child throughout and telling them what they are about to do before each step
- Reassure the child by chatting
- Disposable gloves are recommended to be worn; hands should be washed at the start and end of the procedure.
- Staff to encourage the child to undress independently where possible. If adult help is needed, the adult is to remove only the clothes required to reach soiled underpants unless further soiling has occurred and the child needs to be changed fully. Adult to remove the soiled pants, double-bag in a sanitary bag and place into the sanitary bin.
- Child's skin is to be cleaned with disposable wipes (by the child whenever possible) and also disposed of in a sanitary bag in the sanitary bin.
- Child to be encouraged to dress in clean clothes if soiled. Dirty clothes to be put into a plastic bag and given to parents/carers when the child is picked up at the end of the day. Staff members will not attempt to wash or rinse the clothes unless this has been agreed and is written into the IHCP.
- Staff to oversee the child wash their hands.
- Staff to ensure the venue for changing is clean and tidy, all waste double bagged and put in bin. Soiled clothing is placed in washing machine or double bagged for returning home with child.
- Staff member will notify the parents/carers by telephone directly and in person and inform them that intimate care of their child has been necessary. This should be logged in the Intimate Care Plan for the child and noted on CPOMS detailing the staff involved, the date and time of the event and the details of the care.
- An Intimate Health Care Plan should be in place for children who require regular changing. (see Sharepoint for proforma). This should be written with and agreed by parents/carers and staff and signed by both.

## **Appendix 2: Additional Guidance**

### **Children Wearing Nappies**

Schools may have concerns regarding Child Protection issues when they are asked by parents to admit a child who is still 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 (letter attached) outlining who will be responsible, within the school, for helping the child to change and clean themselves and when and where this will be carried out. This agreement (the Intimate Care Plan) allows the school and the parent to be aware of all the issues surrounding this task right from the outset.

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes etc. and the parent should be made aware of this responsibility. The school is responsible for providing gloves, plastic aprons, a bin, non-allergic wet wipes, and liners to dispose of any waste.

Every instance of intimate care occurring in school should be recorded. Examples of such good practice provide reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow.

- An Intimate Care Plan should be created for each individual case.

### **Health and Safety**

Staff should wear a plastic 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 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 made 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 and IEPs (Individual Education Plans) for each child. As with all arrangements for intimate care needs, agreements between the child, parents or carers and the school should be easily understood and recorded.

Parents of pupils with regular soiling/wetting will be encouraged to leave a change of clothes in school for the use of their child. 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 can't) in regular reviews of these arrangements.

**Use of reasonable force:** see Physical Intervention Policy

### **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 another adult in school.

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.

The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

### **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.



### **Out of School Trips, Clubs etc.**

Staff should take particular care when supervising pupils in the less formal atmosphere of a residential setting or afterschool activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's policy and all LEA guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

Meetings with pupils away from the school premises where a chaperone will not be present are not permitted unless specific approval is obtained from the head teacher or other senior colleague with delegated authority.

Staff should not place themselves in a position where they are in vehicles, house or other venue alone with a child. If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

