



Statement of Procedures Re: Intimate Care

Federation	Yes
Statutory	No
Staff member	Janine Roberts
Governor	Kezia Pearce
Committee	Premises
Full Governing Body	N/A
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1. INTRODUCTION

This Intimate Care policy has been developed to safeguard and promote the rights and welfare of children and staff. It applies to everyone involved in the intimate care of children.

These guidelines should be read in conjunction with the schools' policies as below

- Safeguarding Policy and Child Protection procedures
- Staff Code of Conduct and guidance on safer working practice
- 'Whistle-Blowing' and allegations management policies
- Health and Safety policy and procedures
- Special Educational Needs policy
- Policy for the administration of medicines
- Anti-bullying policy
- Staff recruitment policy
- EYFS policy
- Accessibility policy

Guidance:

Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006)

National Children's Bureau (2004) The Dignity of Risk

Equalities Act 2010

2. DEFINITION

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing
- Undressing
- Toileting
- Menstrual Care
- Photographs
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

3. FEDERATION POLICY STATEMENT

The following are the fundamental principles upon which the Policy and Guidelines are based:

- 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.
- 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.

The **Fox Federation** takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

The **Fox Federation** are committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It acknowledged that these adults are in a position of great trust. It will act in accordance to safeguard and promote the welfare of pupils at this school. We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain and that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

4. GUIDELINES FOR BEST 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. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard children and staff.

4.1. A child's right to privacy and modesty

- Every child's right to privacy and modesty will be respected.
- Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care.
- An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care and arrangements should be made to ensure that there is always a member of staff nearby when intimate care takes place.

- The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research¹ which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors.

4.2. Communication with children

- There must be careful communication 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.
- Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- Staff should encourage each individual pupil to do as much for his/herself as possible.
- All pupils should be supported to achieve the highest level of autonomy that is possible given their age and abilities.
- Where the child is fully dependent, the child should be spoken to clearly about what is going to be done and given a choice where possible.
- Staff should check their practice by asking the child /parent any likes /dislikes while carrying out intimate care.
- Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

4.3. SEND and Individual Health Care Plans

- Children with SEND can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.
- SEND advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity.
- Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
- Pupils who require regular assistance with intimate care will have a written **Individual Health Care Plan** or Intimate Care Plan agreed by staff, parents/carers and any other professionals actively involved, such as school nurses, health care workers or physiotherapists. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

¹ National Children's Bureau (2004) *The Dignity of Risk*

- Where a care plan or EHCP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an ‘accident’ and wet or soiled him/herself).
- Information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter.

4.4. Staff Development

- Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.
- Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines for best practise within the context of their work.
- It is imperative for the school and individual staff to keep a dated record of all training undertaken.
- Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.
- Staff will receive Child Protection training on an annual basis.
- Newly appointed staff should be closely supervised until completion of a successful probationary period.
- Senior staff members must:
 - Ensure that sensitive information about a child is only shared with those who need to know, such as parents, members of staff specifically involved with the child. Other personnel should only be given information that keeps the child safe.
 - Consult parents about arrangements for intimate care.
 - Ensure staff are aware of the set procedures, the Child Protection Policy & Health & Safety Policy etc.
 - Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary.
 - Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
 - Ensure staff know of a whole school approach to intimate care.

4.5. Working with Parents

- Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
- Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.
- As a child can have multiple carers a consistent approach to care is essential.
- Effective communication between parents/carers / agencies ensures practice is consistent.
- All parents are asked to provide spare clothes in a bag regardless of whether their child is toilet trained.

4.6. Health and Safety

- All staff must maintain high standards of personal hygiene and take all practicable steps to prevent and control the spread of infection.
- Health and Safety guidelines should be adhered to regarding waste products.
- Body fluids - urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely into labelled bins.
- Wet and soiled items should be 'double bagged' before being placed in a labelled bin.
- When dealing with body fluids, staff should wear protective gloves and wash themselves thoroughly afterward.
- Soiled children's clothing will be bagged to go home - staff will not rinse it.
- Children will be kept away from the affected area until the incident has been completely dealt with.
- Facilities with suitable supplies must be available including:
 - Hot and cold running water
 - Spare set of clothes
 - Spare underwear
 - Baby wipes
 - Nappy bags
 - Plastic bags
 - Changing mat or changing bench
- Supplies of suitable cleaning materials must be available including:
 - anti-bacterial spray
 - sterilising fluid
 - deodorisers
 - anti-bacterial hand wash
- When children need intimate care facilities, reasonable adjustments will to be made to make the area private is acceptable.
- Where children have long-term incontinence or a disability requiring regular intimate care, the school will require specially adapted facilities.
- Specialist advice from medical or therapy staff may be required.
- Additional considerations include:
 - Waste for incineration (e.g. needles, catheters etc.)
 - An effective system to alert staff for help in emergency

4.6.2 Physiotherapy

- Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist.
- If it is agreed in the Health Care Plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.
- Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

4.6.3 Medical Procedures

- Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.
- It is recommended that two adults are present when invasive procedures are performed unless the parents have agreed to the presence of one adult only. In this case, arrangements should be made to ensure that there is always a member of staff nearby when intimate care takes place.
- In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure.
- It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

4.6.4 **Massage**

- Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.
- Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

4.7 **Record Keeping**

- Accurate records should also be kept when a child requires assistance with intimate care (except in the case of a child who requires daily intimate care as part of their ongoing provision, e.g. changing feeding bag).
- These can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour.
- It should be clear who was present in every case.
- These records will be kept in the child's file and available to parents/carers on request.

4.8 **The Early Years Foundation Stage**

- There is an increasing number of children entering the Early Years who are not toilet trained.
- Parents are made aware that the early years team are on hand to offer advice on how to toilet train and are put into contact with relevant support if wanted.
- Following discussions with parents and the child's health care visitor, the school will work support a child and their family with toileting and personal care whilst at school.

- The Intimate Care policy sets out the procedures which will be followed when nappy changing and when changing a child who has accidentally wet or soiled him/herself.
- It also states the roles and responsibilities of both the home and school.

5. CHILD PROTECTION

- The Fox Federation Child Protection procedures will be adhered to.
- It is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice
- Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self-worth.
- Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- The Fox Federation recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse and that children who need help with intimate care are statistically more vulnerable to exploitation and abuse.
- Where pupils with complex and/or long term health conditions have a Health Care Plan in place. The plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.
- No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5.1. Reporting concerns

- If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Senior Person for Child Protection.
- A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures.
- Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.
- If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.
- If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Head of School. The matter will be investigated at an appropriate level (usually

the Head of School) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution.

- If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Head of School (or to the Chair of Governors if the concern is about the Head of School) who will consult the Local Authority Designated Officer (LADO- see appendix 2) in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 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 Head of School or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.



Intimate Care Record

Child's name: _____ Year Group: _____

Date and Time: _____

Staff Member(s): _____

(PLEASE REMEMBER TO KEEP A COPY OF THIS LETTER AT SCHOOL.)

Comments if required: _____

Re: Informing parents of an intimate care issue.

This is a courtesy letter to inform you that your child had a toileting accident at school today. The matter was dealt with swiftly and sensitively in accordance with our Intimate Care Policy. We have returned the clothing for washing. Please wash and return any items borrowed from the school at your earliest convenience.

APPENDIX 2:

Responsibilities of the Local Safeguarding Children Board (LSCB) and the Police in dealing with an allegation.

The LADO has overall responsibility for oversight of the procedures for dealing with allegations; for resolving any inter-agency issues; and for liaison with the Local Safeguarding Children Board (LSCB) on the subject. The LADO will provide advice and guidance to the case manager, in addition to liaising with the police and other agencies, and monitoring the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process. Reviews should be conducted at fortnightly or monthly intervals, depending on the complexity of the case.

Police forces should also identify officers who will be responsible for:

- Liaising with the LADO;
- Taking part in the strategy discussion or initial evaluation;
- Subsequently reviewing the progress of those cases in which there is a police investigation; and
- Sharing information on completion of the investigation or any prosecution.

If the strategy discussion or initial assessment decides that a police investigation is required, the police should also set a target date for reviewing the progress of the investigation and consulting the Crown Prosecution Service (CPS) about whether to: charge the individual; continue to investigate; or close the investigation. Wherever possible, that review should take place no later than four weeks after the initial evaluation. Dates for subsequent reviews, ideally at fortnightly intervals, should be set at the meeting if the investigation continues.

APPENDIX 3:

Guidance on when to make a referral to the Disclosure and Barring Service (DBS).

There is a legal requirement for employers to make a referral to the DBS where they think that an individual has engaged in conduct (including inappropriate sexual conduct) that harmed (or is likely to harm) a child; or if a person otherwise poses a risk of harm to a child.

In such circumstances, the duty to refer an individual to the DBS arises where an employer has removed the individual from relevant work with children or the person has chosen to cease relevant work in circumstances where they would have been removed had they not done so.

The DBS will consider whether to bar the person from working in regulated activity, which will include most work in schools and other educational establishments.

Referrals should be made as soon as possible after the resignation or removal of the member of staff involved and within one month of ceasing to use the person's services.

Professional misconduct cases should be referred to the relevant regulatory body.

APPENDIX 4

Contact Details for LADO

Westminster

Please call 0207 641 7668 and ask to speak to the Duty Child Protection Advisor
Or email lado@westminster.gov.uk

Hammersmith and Fulham

Please call 0208 753 5125 and ask to speak to the Duty Child Protection Advisor
OR email LADO@lbhf.gov.uk

Kensington and Chelsea

Please call 07739315432 and ask to speak to the Duty Child Protection Advisor
OR email lado.enquiries@rbkc.gcsx.gov.uk

Tri-Borough LADO contact details: (if you cannot reach a LADO above).

Anna Carpenter

Tel: 0208 753 5124

Tri-Borough Service Manager, Safeguarding

Email: anna.carpenter@lbhf.gov.uk

Rupinder Virdee

Tel: 07989 155 271

Tri-Borough Safeguarding Practice Lead

Email: rupinder.virdee@rbkc.gov.uk

Hilary Shaw
Manager

Tel: 07817 365 519

Tri-Borough Safeguarding in Schools and Education

Email: hilary.shaw@rbkc.gov.uk