



## **SAFEGUARDING CHILDREN AND SUPPORTING STAFF**

### **INTIMATE CARE POLICY**

Beechwood Primary School 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. Our Intimate Care Policy has been developed to safeguard children and staff. We recognise that children are generally more vulnerable than adults and so staff involved with any aspect of their personal care need to be sensitive to their individual needs.

#### **Background**

Most children achieve continence before starting full-time school. However, with the drive towards inclusion, there are many more children in mainstream educational establishments who are not fully independent. Some individuals remain dependent on long-term support for personal care, whilst others progress slowly towards independence. The achievement of continence can be seen as the most important single self-help skill, improving the person's quality of life, independence and self-esteem. The stigma associated with wetting and soiling accidents can cause enormous stress and embarrassment to the children and the families concerned. Difficulties with continence severely inhibit an individual's inclusion in school and the community. Children with toileting problems who receive support and understanding from those who act in loco parentis are more likely to achieve their full potential. Children with continence problems are a very diverse group. However, broadly speaking, children with continence problems can be divided into the following groups:

1. Late developers: The child may be developing normally but at a slower pace.
2. Children with some development delay: Many more of these children are now in early years and mainstream settings.
3. Children with physical disabilities e.g. cerebral palsy, spina bifida, obvious physical impairment. Long-term continence development/management plans are likely to be needed.
4. Children with behavioural difficulties: Delayed toilet training may be part of more general emotional/behavioural difficulties.

#### **Curriculum guidance for the Foundation stage**

One of the Stepping Stones in the section on 'Personal, social and emotional development' is for children to Dress and undress independently and manage their own personal hygiene (p40). Early years practitioners are expected to give particular attention to Planning for the development of independence skills, particularly for children who are highly dependent upon adult support for personal care (p28)

Where possible, every effort will be made to achieve continence before a child starts school. However where that is not possible, the following will apply:

#### **Principles of Intimate Care**

The following are the fundamental principles of intimate care upon which our policy guidelines are based. Every child has the right to:

- Be safe
- Personal privacy
- Be valued as an individual
- Be involved and consulted on their own intimate care to the best of their abilities
- Express their views on their own intimate care and to have such views taken into account

- Have levels of intimate care that are appropriate and consistent
- Be treated with dignity and respect

Children who require regular assistance with intimate care will have written Health Care Plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all the key staff and the pupil should be present wherever possible/appropriate.

### **The School's Responsibilities**

- The management of all children with known intimate care needs will be carefully planned. The child with the need will be treated with respect at all times; the child's welfare and dignity are of paramount importance.
- Staff who provide intimate care will be trained to do so (including Child Protection and Moving and Handling) and will be fully aware of best practice. Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from health professionals such as a school nurse, physiotherapist or occupational therapist.
- 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 involved in the intimate care of children will not be involved with the delivery of sex education to the children in their care as an additional safeguard for both staff and children.
- The child will be supported to achieve the highest level of autonomy possible. Staff will encourage each child to do as much as they can. This may mean giving responsibility to the child to wash themselves and change clothing. Individual care plans will be drawn up as necessary, and each child's right to privacy respected. Careful consideration will be given to each child's situation to determine how many carers might be needed to be present, e.g. when a child needs to be toileted. Where possible, one child will be cared for by one adult unless there is a sound reason for anything different.
- 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. However, a member of staff will always inform another adult when they are going to assist a child with intimate care.
- 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 as no male staff are available. Male members of staff should not normally provide routine intimate care 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 will be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan. The needs and wishes of pupils and parents will be taken into account and acted upon if reasonable and possible, within the constraints of staffing and equal opportunity legislation.
- The school recognises that any child may occasionally be in need of intimate care. This may happen in school or out on a trip, including residential visits. The principles of best practice, outlined above, will be adhered to by the staff members present and parents will be informed discretely at the first opportunity.
- When groups of children are changing (eg at the swimming pool or in the showers on a residential trip), a member of staff will supervise from outside the doorway. The member of staff will not enter the changing room. The only exception would be if the children are very young and have become emotionally distressed or in the case of an emergency, when the member of staff will announce his/her entrance in a clear voice before walking in.

### **Child Protection**

- Adults who assist pupils with intimate care will be employees of the school, not students or volunteers and therefore 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.
- Child protection procedures and multi-agency child protection procedures will be adhered to.
- All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.
- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc., s/he will immediately report concerns to the lead Child Protection staff member.
- If a child becomes 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 solution. Staffing schedules may be altered until the issue is resolved so that the child's needs are met. Further advice will be sought from outside agencies if necessary.
- If a child makes an allegation about a member of staff, all necessary procedures will be followed. (See Managing Allegations Against Adults Policy).
- 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 SDP/Headteacher or to the Chair of Governors if the concern is about the Headteacher in accordance with the school's child protection and whistleblowing procedures.

### **Record Keeping**

A record will be kept on CPOMS 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 at the time.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**October 18**