



## Policy Statements and Procedures

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# PERSONAL AND INTIMATE CARE POLICY

### Introduction

At the Trust, and at each of our Primary Schools, we recognise that there may be occasions when pupils require the assistance of staff with intimate and personal care procedures. This may be necessary, for example:

- During the provision of medical care,
- When assisting young children with toileting,
- When assisting young children with dressing/undressing, for example during any Physical Education,
- As part of a care package for children with specific needs or disabilities.

### Definition of Intimate Care

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs.

Examples include care associated with continence and menstrual management as well as more everyday tasks such as help with washing, toileting or dressing.

The following are the fundamental principles upon which the guidelines for this policy are based:

- Every child has the right to feel and 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 guidelines and procedure also includes supervision of pupils involved in intimate self-care.

### Aim

The aim of this policy is to provide a framework which ensures that all staff follow practices which maximise the safety, dignity and independence of children at all times whilst minimising the potential for their actions being called into question.

## **Key Considerations**

- Depending on their abilities, age and maturity children should be encouraged to act as independently as possible during intimate or personal care procedures.
- All children have a right to safety, privacy and dignity when contact of a physical or intimate nature is required.
- The emotional responses of any child to intimate care should be carefully and sensitively observed and where necessary any concerns passed to the Headteacher and parents/guardians/carers.
- It will **not** be appropriate for a member of staff to initiate intimate care procedures with a child **without** first alerting a second member of staff to the fact, the location and the details of the care to be provided. This **must** wherever possible, be provided with 2 staff members in attendance.
- Photographic equipment, including mobile phones or computers with a camera facility will not be permitted in the vicinity whilst the intimate or personal care procedure is being carried out with an individual child in a private setting; whether or not the equipment is turned off.

**Each time intimate care is administered to a child, the details (time, place, member/s of staff present, reason) must be recorded in an Intimate Care Book.**

**This means that staff should:**

- Adhere to the relevant schools Safeguarding and Child Protection Policy.
- Ensure other staff are fully aware of the task being undertaken;
- Explain to the child what is happening, as appropriate to the child's age and stage of development;
- Consult with senior staff/welfare/SLT and parents/guardians/carers where any variation from agreed procedure/care plan is necessary
- Record the justification for any variations to the agreed procedure/care plan and share this information with parents
- Ensure that any changes to the agreed care plan are discussed, agreed and recorded.

## **Supporting Personal Care**

All children are entitled to receive respect and privacy **at all times** and especially when in a state of undress, changing clothes, bathing or undertaking any form of personal care. There are occasions where there will be a need for an appropriate level of supervision in order to safeguard young children and/or satisfy health and safety considerations. This supervision should be appropriate to the needs and age of the child concerned and sensitive to the potential risk of embarrassment.

**Staff MUST be extremely vigilant about their own behaviour, ensuring they follow agreed codes of conduct and guidelines AT ALL TIMES. Staff must also be consistently mindful of the needs of the child/ren with whom they work with.**

**This means that staff must:**

- avoid any physical contact when children are undressed (unless assistance needed – e.g. for their age and stage of development)
- avoid any visually intrusive behaviour, which could possibly be unsettling for a child.

### **Where there are changing rooms, staff must announce their intention of entering**

**This means that staff must not:**

- change clothing or undress, in the same place as children
- shower or bathe with or in front of children
- assist with any personal care task which a child or young person can undertake independently by themselves.

### **Children with disabilities**

Where a child requires regular intimate or personal care, individualised considerations must be made which includes the nature of the child's own intimate care requirements and needs. Support should also include the way in which that care is best provided in line with the child's own personal individual characteristics. To support this further, this should be determined and planned for with parents/guardians/carers to enable a supportive care plan to be developed. Furthermore, wherever possible and appropriate, this should include the involvement of the child, as part of the personalised care plan:

- The additional vulnerabilities that may arise from a physical or learning disability must be taken into account;
- All aspects of these considerations must also be recorded as part of the child's agreed Personal Care Plan.
- The designated Personal Care Plan will be annually reviewed, and if necessary adapted prior to the review period.

### **Child focused Principles of Intimate Care:**

#### **Best Practice**

Pupils who require regular assistance with intimate care can have written Individual Education Health and Care Plans (EHCP'S), Health Care Plans or Personal Intimate Care Plans agreed by staff, parents/guardians/carers. This may also include the contribution of any other professionals actively involved, such as school nurses or physiotherapists.

Ideally the 'plan' should be agreed at a meeting by which all key staff (in some instances) and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past safeguarding concerns or risk) should also 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. for residential trips or staff changes (where the staff member concerned is providing intimate care). Considerations should also take into account procedures for educational visits/day trips

Where relevant, it is good practice to agree with the pupil and parents/guardians/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan. Where a care plan or EHCP is **not** in place, parents/guardians/carers will be informed on the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and/or has wet or soiled him/herself). With regard to this, it is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, **not** through the home/school diary where relevant.

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, 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).

Accurate records must also be kept when a child requires assistance with intimate care; 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.

All pupils will be supported to achieve the highest level of independence and autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible, with the aim of building confidence in their independence and self-help skills.

Staff who provide intimate care should be trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. 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.

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 a personal or intimate procedure.

Staff who provide intimate care must speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their age and stage of development.

Every child's right to privacy and modesty must always be respected. Careful consideration must 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.

It is understood that SEN advice suggests that by reducing the numbers of staff involved in the process of personal and intimate care, that's this can go some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be mindfully sought after and taken into account with compassion.

**The religious views, beliefs and cultural values of children and their families must be taken into account, particularly as they might affect certain practices or determine the gender of the designated care provider.**

While safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors. It is important that the process is clear and transparent so that **all** issues stated above can be respected. This can be best achieved through a scheduled meeting, with all relevant individuals as described above. This will then enable considerations through the discussions held, to support the shared agreement of what actions will be taken, where and by whom.

Adults who assist pupils with intimate care needs **MUST** always be employees of the school and **MUST NOT** be provided by students, visitors or volunteers. Therefore, the expectation is that designated staff have had the standardised range of safer recruitment checks, in line with their employment, including enhanced DBS checks.

All staff **MUST** be aware of confidentiality at all times; any sensitive information must be shared **only** with those individuals, who need to know, on purely a 'need to know' basis.

Health and Safety guidelines must be adhered to regarding waste products and disposal of large amounts of discarded items, or any quantity of products that come under the heading of clinical waste.

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**Links to other Policies:**

- EYFS (Early Years Foundation Stage) Policy
- Safeguarding and Child Protection Policy
- Behaviour and Relationships Policy