

Moorside Primary School



Intimate Care Policy



MOORSIDE PRIMARY SCHOOL PURPOSE, VISION & VALUES

Our Purpose

Moorside Primary is a school at the heart of our diverse community in the West End of Newcastle.

We pride ourselves in belonging to a caring school community where everyone is welcome.

We strive to deliver an outstanding education for all our children.

We help everyone to become caring and active citizens.

We encourage everyone to thrive and achieve their full potential.

Our Vision

We want everyone in our school to work together to make us as good as any school can be.

We want to create new opportunities for everyone to succeed.

We want to create a culture which broadens all of our horizons.

We want everyone to be able to tackle the challenges we will face in an ever changing world.

We want all of our children to effectively engage with each other and with our community.

Our values

We all believe...

Our local community deserves a school they can be proud of.

We are a caring community where everyone is welcome.

We all value, respect and support each other.

Our community has the right to be safe and healthy.

Our children should have the chance to enjoy and be enthused by their time in our school.

We all agree...

Everyone will always try their best and take pride in all that they do.

Everyone will demonstrate good manners at all times.

Everyone will respect each other and show consideration.

Everyone will respect and care for our environment and resources.

Everyone will celebrate each other's successes and achievements.

Moorside Primary School Intimate Care Policy

1) Principles

- 1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of children¹ at this school.
- 1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a child's intimate care needs is one aspect of safeguarding. Each school will have a separate risk assessment in place to cover the area in which children will be changed and the staff allocated to support them. Aspects of this policy are also relevant to "a child changing themselves".
- 1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any child with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.
- 1.4 This Intimate Care Policy should be read in conjunction with the school's policies as below (or similarly named):
 - Safeguarding and Child Protection Policy and 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 and Disabilities Policy.
 - Supporting Children with Medical Conditions.
- 1.5 The Governing Body 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. It is acknowledged that these adults are in a position of great trust.
- 1.6 We recognise that there is a need to treat all children, 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 their experience of intimate and personal care should be a positive one. It is essential that every child is treated as an individual and that care is given gently and sensitively: no child should be attended to in a way that causes distress or pain.
- 1.7 Staff will work in close partnership with Parent/Carers and other professionals to share information and provide continuity of care.
- 1.8 Where children 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.
- 1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to children although it should be recognised that it is a "need of the school" as well as a need of the child/ren concerned.

¹ References to 'children' throughout this policy includes all children and young people who receive education at this establishment.

- 1.10 All staff undertaking intimate care must be given appropriate training and this will be recorded as part of the risk assessment.
- 1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2) Child focused principles of intimate care

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 on 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 both caring and sensitive to their individual needs.

3) Definition

- 3.1 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 children 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 ordinary tasks such as help with washing, toileting or dressing.
- 3.2 It also includes supervision of children involved in intimate self-care.
- 3.3 At Moorside Primary School we also recognise that this policy is a helpful guide when monitoring/assessing normal changing routines in the classroom environment and open plan areas.

4) Best Practice

- 4.1 Those who require regular assistance with intimate care have written Individual Education Plans (IEPs), health care plans or intimate care plans agreed by everyone involved in caring, teaching and supporting the individual. Ideally the plan should be agreed at a meeting at which all key staff and the child should also be present wherever possible/appropriate. 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 where there is a change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits out of the school.
- 4.2 Where relevant, it is good practice to agree with the child and Parents/Carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- 4.3 Where a care plan or IEP 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 a toilet 'accident'). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter by a senior member of staff.
- 4.4 In relation to record keeping, a written record should be kept in a format agreed by Parents/Carers 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).

- 4.5 Accurate records should 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.
- 4.6 These records will be kept in a file and available to Parents/Carers on request.
- 4.7 All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual child to do as much for themselves as possible.
- 4.8 Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling or a First Aid qualification) according to the needs of the child. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.9 Staff will be supported to adapt their practice in relation to the needs of individual child taking into account developmental changes such as the onset of puberty and menstruation.
- 4.10 There must be careful communication with each child 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 child is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.
- 4.11 Staff who provide intimate care should speak to the child personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each child's situation to determine who and how many professionals might need to be present when they needs help with intimate care. SEND advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the child's wishes and feelings should be sought and taken into account.
- 4.13 An individual member of staff should inform another appropriate adult when they are going to be alone when assisting a child with intimate care.
- 4.14 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.
- 4.15 Adults who assist children 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. The school does not consider it appropriate for Midday Supervisors to provide children with intimate care and they should seek out a senior member of staff to report any incidents that may occur.
- 4.16 All staff should be aware of the school's Confidentiality Policy. Sensitive information will only be shared with those who need to know.

- 4.17 Health and Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the NCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.18 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5) Child Protection

- 5.1 The Governors and staff at Moorside Primary school recognise that children with Special Educational Needs and those who are disabled are particularly vulnerable to all types of abuse.
- 5.2 The school's Child Protection procedures will be adhered to.
- 5.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of the child'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.
- 5.4 Where appropriate, children will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the DSL 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.
- 5.6 If a child becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Head Teacher or member of the Senior Leadership Team. The matter will be investigated at an appropriate level (usually by the Head Teacher) and outcomes recorded. Parents/Carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 5.7 If a child, or any other person, makes an allegation against an adult working at the school this should be reported to the Head Teacher (if the concern is about the Head Teacher then it should be reported to the Chair of Governors) who 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. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 5.8 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 Teacher or to the Chair of Governors, in accordance with the Child Protection procedures and 'Whistle-blowing' Policy.

6) Physiotherapy

- 6.1 Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or 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, and written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.
- 6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7) Medical Procedures

- 7.1 Children who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, 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 in the relevant procedures.
- 7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 7.3 Any members of staff who administer First Aid should be appropriately trained in accordance with Local Authority guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, and to ensure due regard is paid to the child's privacy and dignity.

8) Massage

- 8.1 Massage is now commonly used with children who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 8.2 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 children.
- 8.3 Any adult undertaking massage for children must be suitably qualified and/or demonstrate an appropriate level of competence.
- 8.4 Care plans should include specific information for those supporting children with bespoke medical needs.

Date to be implemented	September 2023
Date to be reviewed	July 2025