Safeguarding - Intimate Care Policy

Low Ash Primary School

Approved by:	The Governing Body	**Date 11.10.23**
Last reviewed on:	**12.10.22**	
Next review due by:	Autumn Term 2024	

INTRODUCTION

Intimate care involves helping children with aspects of personal care that other children undertake for themselves.

These guidelines should be viewed as expectations upon staff, which are designed to protect both children and staff alike. In situations where a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner.

Staff should be advised that if they are not comfortable with any aspect of the agreed guidelines, they should seek advice from the Senior Leadership Team. For example, if they do not wish to conduct intimate care on a 1:1 basis, this should be discussed, and alternative arrangements considered. For example, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.

At Low Ash Primary, we firmly believe that all children should be able to participate in all aspects of school life with **safety and dignity**. The purpose of this policy at Low Ash Primary School is to:

- Uphold rights to privacy and dignity
- Identify situations which have elements of close personal / intimate contact
- Recognise the responsibilities of the adults involved
- Safeguard all from any misinterpretation of action
- Ensure consistency of action whilst being sensitive to individual need

The guidelines cover a variety of activities and must be followed in the context of Child Protection and Health and Safety.

CHILD PROTECTION

All child protection issues must be reported to a Named Person and matters should follow the Child Protection Policy.

HEALTH AND SAFETY

All staff should be aware of and adhere to the general Health and Safety Guidelines as documented by the LEA and the school. Any Health and Safety concerns or queries should be reported to the Headteachers and/or Site Manager who will act upon the information.

THE ROLE OF VOLUNTEER HELPERS

Volunteer helpers/ parent helpers should not assist with intimate care of children.

All voluntary helpers will be required to be DBS checked and should not be left in sole charge of children/a child.

GUIDELINES FOR GOOD PRACTICE

(adapted from the Chailey Heritage centre, a nationally recognised centre for the education, assessment, treatment and support of children with physical and multiple disabilities.)

Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation.

Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. Low Ash Primary believes this practice should be *actively supported* unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present – quite apart from the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. Where possible, the member of staff carrying out intimate care should be someone chosen by the child or young person. For older children (eight years and above) it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice. The person providing intimate care in our school will normally be the known teaching assistant(s) within your child's class or phase team.

Involve the child as far as possible in his or her own intimate care.

Try to avoid doing things for a child that s/he can do alone and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.

Be responsive to a child's reactions.

It is appropriate to "check" your practice by asking the child – particularly a child that you have not previously cared for – "Is it OK to do it this way?" "Can you wash there?; "How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a "grudge" against you or dislikes you for some reason, ensure your line manager is aware of this.

Make sure that practice in intimate care is as consistent as possible.

The Senior Leadership Team has a responsibility for ensuring staff have a "care planned" approach. This means that there is a planned approach to intimate care across the school, but which is flexible enough to be planned to meet the specific needs (and wishes as appropriate) of individuals. For example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing? Is care during menstruation consistent across different staff? Any child requiring regular intimate care will have a written Personal Intimate Care Plan, agreed and signed by parents and all staff involved with her/his care.

Never do something unless you know how to do it.

If you are not sure how to do something, *ask*. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal Valium, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

If you are concerned that during the intimate care of a child:

- You accidentally hurt the child
- The child seems sore or unusually tender in the genital area
- The child appears to be sexually aroused by your actions
- The child misunderstands or misinterprets something
- The child has a very emotional reaction without apparent cause (sudden crying or shouting)

Report any such incident as soon as possible to another person working with you and make a brief written note of it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done.

Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your designated person for child protection.

Encourage the child to have a positive image of her or his own body.
Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.
Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. Low Ash Primary recognises that children who experience intimate care may be more vulnerable to abuse:

- Children with additional needs are sometimes taught to do as they are told to a greater degree than other children. This can continue into later years. Children who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless.

- Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult.

- Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately.

- Repeated "invasion" of body space for physical or medical care may result in the child feeling ownership of their bodies has been taken from them.

- Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer.

The above is taken largely from the publication *Abuse and children who are disabled: a training and resource pack for trainers in child protection and disability,* 1993.

GUIDELINES FOR TOILETING / CHANGING
The following must be taken into consideration:

- The need for privacy, along with protection, for the child
- Consistency of approach with necessary information being communicated to all appropriate staff
- Encourage as much independence as possible using the progression of skills:

Opportunity
Dependence
Cooperation
Participation
Supervised independent action
Independence

- Be aware of staff's own personal hygiene and use of appropriate aids e.g. gloves, aprons etc. Be aware of general hygiene and disposal of waste – use appropriate hygiene bins
- Give sufficient time, be aware of expectations and be familiar with the type and frequency of prompts
- Ensure that females are cleaned front to back
- Creams to be used only with written parental permission, using the medicine administration form
- Prior to toileting, inform the class teacher
- Report back to the class teacher any concerns if a situation arises which causes support staff embarrassment
- Children who require regular intimate care plan: Staff carrying out the intimate care plan to sign and date on an Individual Child's log *{Appenidix A}* (log can also be used to ascertain any patterns or further medical needs) - parents will have access to the log weekly
- Staff to communicate to parents if any child has had a toileting accident **and** if intimate care was given

FEEDING / EATING /TESTING BLOOD / INJECTING

- All procedures to be kept up to date with information from health professionals and parents as noted in the child's individual health care plan.
- Training will be given by health professionals where necessary
- Hygiene procedures must be adhered to
- Emergency procedures to be documented and known by all relevant staff e.g. allergic reactions, diabetic coma, seizures
- The importance of social interaction at break times should not be underestimated

PHYSICAL ASSISTANCE

- Give verbal prompts before touching, moving or handling
- Have due regard for instructions given by therapists regarding an individual movement / transfer
- Always use the equipment recommended to assist with movement / transfers
- Input will be given from Physiotherapy and/or Occupational Therapy to ensure staff are confident in moving and handling and that the child is comfortable

MONITORING AND REVIEW
This policy will be reviewed annually, as needs change / arise and as national and local guidance impacts on it.