



# Castle Newnham School

TRADITIONAL VALUES, BRIGHT FUTURES, ONE JOURNEY

## INTIMATE CARE POLICY

Governors' Committee:	Curriculum & Standards
Adopted by the Governing Body on:	
Signed: (Chair of Committee)	
Signed: (Headteacher)	
Proposed date of review:	December 2023

## A. RATIONALE

This policy will ensure that the school 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.

This policy underpins the Governing Body's recognition of its duties and responsibilities in relation to the Disability Discrimination Act, which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This intimate care policy should be read in conjunction with the following:

- child protection policy and safeguarding policy
- health and safety policy and procedures
- policy for the administration of medicines
- Special Educational Needs policy
- Confidentiality policy

## B. AIM

Castle Newnham School aims to ensure that all children requiring intimate care will be treated with dignity by all staff involved in their care. The school aims to ensure that staff will undertake their duties in a professional and considerate manner at all times. It is acknowledged that these adults are in a position of great trust.

## C. PRINCIPLES

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and 'Safeguarding Children and Safer Recruitment in Education' (DfES 2006) to safeguard and promote the welfare of pupils at this school.

The Governing Body and Federation Principal will act in accordance with the supplementary DfES guidance: 'Safer Recruitment and Selection in Education Settings' (2005) and 'Dealing with Allegations of Abuse against Teachers and other Staff' (2005)

Castle Newnham School recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers to share information and provide continuity of care.

## D. DEFINITION

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.
2. It also includes supervision of children involved in intimate self-care.

## E. PROCESSES

1. Staff who provide intimate care are trained to do so including in child protection and health and safety training in moving and handling **where this is an issue identified on the IEP/care plan** (which can be provided by the appropriate LA officers/advisers) and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.
2. 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.
3. As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.
4. There is 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.
5. All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for his/herself as possible.
6. Children who require regular assistance with intimate care have written Individual Education Plans (IEP) or care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.
7. 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 an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter.
8. Every child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs

help with intimate care. Adults who assist children one-to-one should be employees of the school and be DBS checked at the appropriate level.

9. 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. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.

10. Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

11. 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 in a primary school where no male staff are available. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls and **female staff should not normally provide similar routine intimate care for adolescent boys**. This is safe working practice to protect children and to protect staff from allegations of abuse.

12. The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

13. All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

14. If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

## F. MONITORING, ASSESSMENT & EVALUATION

A written record will be kept in an agreed format 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.

These records will be kept in the child's file and available to parents/carers on request.

The effectiveness of the policy will form part of the monitoring and evaluative role of the safeguarding governor, working with the School's senior leaders and will be reviewed every 2 years.