



INTIMATE CARE POLICY

A handwritten signature in black ink, appearing to read "D Laverick-Brown", is positioned above the printed name.

Signed – Chair of Governors

Print Name D Laverick-Brown

Date reviewed: September 2024
Next review due: September 2025

This policy is intended to ensure that all Governors, staff and parents are clear about the school's practice and responsibilities in safeguarding students who have a need for intimate care.

Introduction:

Batchwood School is committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care.

The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act 1995, which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

We recognise that there is a need for children and young people to be treated with respect when intimate care is given.

No child shall be attended to in a way that causes distress, embarrassment or pain.

Staff will work in close partnership with parents, carers and school nurse to **share information and provide continuity of care.**

Definition:

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do. Students may be unable to meet their own care needs for a variety of reasons and will require regular support.

Our approach to best practice:

Children and young people's dignity will be preserved and as high a level of privacy, choice and control as is possible will be provided to them.

- The management of all children with intimate care needs will be carefully planned.
- Staff who provide intimate care are trained in Child Protection and will receive training and guidance from the parent/carer and school nurse.
- There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.
- 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.

- Students will be supported to achieve the highest level of independence possible, according to their individual condition and abilities.
- Individual care plans will be drawn up for any pupil requiring regular intimate care and reviewed annually with parent/carer.
- Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible one pupil will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented in their care plan. Care plans are the responsibility of the Pastoral team.
- When providing intimate care, gloves should always be worn by staff, aprons are optional but recommended. Staff should always wash their hands before commencing personal care and after removing gloves. Hands should be washed with anti-bacterial soap before and after and gloves and apron disposed of.
- 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 dependency on one person is discouraged, while at the same time guarding against the care being carried out by a succession of completely different carers.
- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan, and Batchwood school will link in with the school nurse for additional guidance.
- The needs and wishes of children and parents will be considered, wherever possible, within the constraints of staffing and equal opportunities legislation.

Communication

There should be communication with each child who needs help with intimate care in line with their preferred means of communication (e.g., PECS, verbal, symbolic, signing, etc.) to discuss the child's needs and preferences. The child should be aware of each procedure that is carried out and the reasons for it. Staff should be aware of the language that they use in the situation, either when talking to the child or another member of staff. Language should be positive and sensitive i.e. the words naughty, dirty, smelly etc. are offensive and unacceptable.

Students with a diagnosis of Autism will particularly need special attention to their preferred method of communicating, for example, ensure that they understand as much as possible to help keep anxiety at a minimum. Staff should understand that these students may have anxieties around toilet training and may have difficulties transferring skills between home and school due to the difference in environments. As much as possible, consistency in staff, language and approach should be used.

Personal Autonomy

As basic a principal 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 themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Opportunities for rehearsing daily living skills will occur throughout the school day as well as through the Personal, Social, Health and Economic (PSHE) curriculum. Students must be encouraged to be as independent as possible in every aspect of the school day, including while intimate care is being provided and/or supported. If a child is fully dependant, staff should talk through what is happening and give the pupil choices wherever possible.

Staff will encourage the child to have a positive image of his or her own body

Confident, assertive children who feel their bodies belong to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to the child's intimate care can convey lots of messages to them about what their body is 'worth'. Your attitude to the child's intimate care is therefore very important. Keeping in mind the child's age, routine care should be enjoyable, relaxed and fun.

Staffing Ratios

Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Please refer to any current risk assessment. It is advisable however for a member of staff to inform another adult when they are going to assist a child with intimate care. When agency staff are deployed by the school, they are all DBS checked. Agency staff will not assist in intimate care.

Gender

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence, for example the predominantly female staff supporting boys in our school.

Privacy

Privacy for students is essential and staff should always respect the students' dignity. The 'all inclusive' toilet is large enough for the student and staff member to be present. And the showers in the gym are also available should the student need to wash. Staff should knock on the door before entering the toilet if the door is closed.

Parents/Carers

Parents/Carers will be involved with their child's intimate care arrangements on a regular basis. The needs and wishes of children and parents will be considered wherever possible within the constraints of staffing and equal opportunities legislation.

Child Protection:

The Governors and staff of Batchwood School recognise that disabled children are particularly vulnerable to all forms of abuse.

Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Designated Senior Person for Child Protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

Section 5B of the Female Genital Mutilation (FGM) Act 2003 (Section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers, along with social workers and healthcare professionals, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under the age of 19. Staff at Batchwood School, particularly Teaching Assistants, are in a particularly good position to notice any signs of FGM given their roles in relation to personal care. Staff should call the police on 999 immediately and report their concerns if they suspect FGM has taken place and then inform the DSP (see Appendix 1).

Female Genital Mutilation (FGM)

FGM can be extremely painful and dangerous. It can cause:

- severe pain
- shock
- bleeding
- infection such as tetanus, HIV and hepatitis B and C
- organ damage
- blood loss and infections that can cause death in some cases.

A girl or woman who's had FGM may:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment