



### ***Definition***

1.1 Intimate care can be defined as any care which involves washing 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 as well as more ordinary tasks such as help with washing, toileting or dressing.

1.2 It also includes supervision of pupils involved in intimate self-care.

### ***Principles***

2.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Welsh Government guidance 'Keeping Learners Safe 158/2015 to safeguard and promote the welfare of pupils<sup>1</sup> at Tre Uchaf.

2.2 This 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.

2.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

2.4 This intimate care policy should be read in conjunction with the schools' policies as below:

- Use of Withdrawal Rooms
- Child Protection
- Safeguarding
- Health Care Policy
- Admissions Policy

2.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

2.6 We recognise that there is a need to treat all pupils, 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 his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is

treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

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

2.8 Where pupils with complex and/or long term health conditions have an Individual Healthcare Plan (IHP) in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

2.9 Information on intimate care should be treated as confidential.

2.10 All staff undertaking intimate care must follow appropriate school protocol in terms of Health and Safety and hygiene.

2.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

### **Child focused principles of intimate care**

The following fundamental principles upon which the Policy and Guidelines are based, pay due regard to the United Nations Convention on the Rights of the Child (UNCRC):

- 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 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.

4.1 Pupils who require regular assistance with intimate care due to ALN (eg in our STF) would often have written Individual Healthcare Plans (IHP) which note the intimate care needs, agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists.

An IHP would not be needed if the child is not toilet trained – a generic toileting plan would be more appropriate in these circumstances. The plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Parents sign an Intimate Care permission Form.

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 of 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/day trips.

4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

4.3 Where an IHP or Intimate Care Permission Form is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself).

4.4 Where children may require ongoing support for their intimate care needs such as toileting, parents will be asked to sign a consent form at the beginning of the school year. E.g. nursery intake.

4.5 Staff involved with intimate care need to be vigilant to any issues that may require referrals to health or other agencies. In these circumstances accurate records should be kept.

4.6 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

4.7 Staff who provide intimate care should be made aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons. Suitable PPE will be worn and COVID-19 risk assessment procedures will be adhered to.

4.8 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.

4.9 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 an intimate procedure.

4.10 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

4.11 Every child's right to privacy and modesty will be respected. Careful consideration will 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. ALN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account. However, the Governing Body has agreed that two members of staff should always be present when intimate care is provided in school.

4.12 An individual member of staff should always involve another appropriate adult when they identify the need to assist a pupil with intimate care.

4.13 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.

4.14 Whilst 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; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

4.15 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the expected range of safer recruitment checks, including enhanced DBS checks. Supply staff are permitted to assist school staff with intimate care as they are employed on the basis of having had the relevant safeguarding checks.

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

4.17 Health & Safety guidelines should be adhered to regarding waste products.

4.18 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

4.19 Intimate care will be carried out in either the Foundation Phase changing facility or occasionally in the Peach Room disabled toilet facility.

## **Child Protection**

5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

5.2 The school will adhere to the local authority child protection procedures.

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 a pupil'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, pupils 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 pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person (DSP) for child protection who will seek advice from the Child Care Assessment Team (CCAT), in accordance with the school's child protection procedures.

Advice should be sought from CCAT as to whether parents/carers are informed of any referral.

5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Head teacher and DSP. The matter will be investigated at an appropriate level 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 pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Pupil and Governor Unit. 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 Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

### **Physiotherapy**

6.1 If pupils require physiotherapy whilst at school, the programme needs to be agreed with parents. School staff should only undertake physiotherapy techniques/programmes with pupils under the advice and guidance of the Physiotherapy service.

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 Physiotherapy service.

### **Medical Procedures**

7.1 Pupils 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 IHP and will only be carried out by staff who have been trained to do so.

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 LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

	Name	Signature	Date
Chair of Governors	R Rees		
Head Teacher	Mrs L Davies		

Review Date	January 2021
Review Date	January 2022