St Mary's Roman Catholic Primary School

Wisdom & Faith

Intimate Care Policy

Adopted and signed for on behalf of governing body: (Name)	
Date	30th November 2022
Policy to be reviewed on	October 2026

St Mary's RC Primary School

Intimate Care Policy

St Mary's RC Primary School is committed to the safety and well-being of all pupils in its care and provides a secure environment where pupils feel safe and are kept safe. All staff and visitors to our school promote a climate where children and adults feel confident about sharing any concerns that they may have about their own safety or the safety and well-being of others.

This policy for intimate care ensures that St Mary's staff who work with children who have special needs, realise that the issue of intimate care is a sensitive one and requires them to be respectful of children's needs.

Introduction

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene, which demand direct or indirect contact with, or exposure of, the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

Teachers deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Children's dignity is preserved and a high level of privacy, choice and control is provided to them. Members of staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at St Mary's RC Primary School work in partnership with parents/carers to provide continuity of care to children wherever possible.

St Mary's RC Primary School is committed to ensuring that all staff responsible for the intimate care of children undertake their duties in a professional manner at all times. St Mary's RC Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child is attended to in a way that causes distress or pain.

If a child in St Marys' has special needs who requires specific intimate care an individual plan should be created. The appropriate health care professional ill need to be closely involved in forward planning. This care plan must be discussed with parents and external professionals.

In the case of other children within the school, intimate care given presently is to young children who have accidently wet or soiled themselves. On these occasions it is the school's policy to contact parents to inform them that their child has had a continence accident and to invite them into school to attend to their child. If parents are unable to come to school, permission for members of staff to attend to the child is requested.

Our approach to best practice

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

- Staff who provide intimate care are trained to do so. All staff are fully of best practice and Training includes Child protection and where necessary Health and Safety in moving and handling. Apparatus is provided to assist with children who need special arrangements following assessment from a physiotherapist/occupational therapist, as required.

- 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. Wherever possible, staff who are involved in the intimate care of children are not involved with the delivery of sex and relationship education to these children as an additional safeguard to both the staff and children involved.

- 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 the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

- As a basic principle children are supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans are drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, health and personal safety of the child and the carer.

- Each child's right to privacy is respected. Careful consideration is given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child is cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented in the child's school care plan.

- Wherever possible the same child is cared for by the same adults; there is a rota of carers known to the child who take turns in providing care. This ensures, 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.

- Parents/carers are involved with their child's intimate care arrangements on a regular basis, and the needs and wishes of children and parents are carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation. A clear account of the agreed arrangements is recorded on the child's school care plan.

- Each child who has an individual care plan has an assigned member of staff to act as an advocate to whom they are able to communicate any issues or concerns that they or their parents /carers may have about the quality of care they receive. This person is named in the child's care plan.

The protection of children

- School, education child protection procedures and inter-agency child protection procedures are accessible to staff and adhered to at all times.

- Where appropriate, all children are taught personal safety skills carefully matched to their level of development and understanding.

- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he must immediately report concerns to the appropriate designated person for child protection. A clear record of the concern is completed and referred to social care and/or the police, if necessary. Parents are asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.

- If a child becomes distressed or unhappy about being cared for or receiving care from a particular member of staff, the matter is investigated and the outcomes recorded. Parents/carers are contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules are altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice is taken from outside agencies if necessary.

- If a child makes an allegation against a member of staff it is recorded and all necessary procedures are followed in accordance with the school's policy on Managing Allegations Against Staff.

Continence

The vast majority of children will be toilet trained before starting school or an early years setting. However, it is recognised that some children and young people are delayed in attaining this key personal and self care skills. Others may never achieve continence due to a disability.

It is unacceptable to refuse admission to children who are delayed in achieving continence. Delayed continence can occur for a number of reasons and is a manageable condition. Children should not be excluded from school, nursery or any activities because they are not toilet trained. Issues should be dealt with on an individual basis, and settings are expected to make reasonable adjustments to meet the needs of each child.

Refusing to admit a child with learning difficulties and/or physical difficulties because of their incontinence or delayed personal development is likely to be viewed as discriminatory. The local authority will challenge admission being refused to children who are delayed in achieving continence.

Resources
When several children wearing nappies enter the foundation stage, the early years lead discusses with the school's SENCO, the availability of additional resources from the school's delegated SEN budget to ensure that the children 's individual needs are met.

Partnership working
In some circumstance it may be appropriate to set up a home setting agreement that defines the responsibilities that each partner has and the expectations each has for the other. In particular, both parties should agree to share information about the implementation of a toilet training programme or toilet /changing plan for the child.
Advice and support is also available from other professionals. The family GP, School Nurse or Family Health Visitor have expertise in this area and can support parents to implement toileting programmes in the home. Health care professionals can also carry out a full health assessment in order to rule out any medical cause of incontinence problems.

The law and guidance related to continence
The Disability Discrimination Act (DDA) 1995 required all education providers to re-examine all policies, consider their practice and revise arrangements if necessary. In particular, changes will have been required where previous admissions policies included predetermined or inflexible rules about continence. Schools and other education settings also need to ensure that they provide an accessible toileting facility if this has not previously been available. The Department of Health issued clear guidance about the facilities that should be available in each school (Good Practice in Continence Services, 2000.

The DDA provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his or her ability to carry out normal day-to day activities. Admission policies that set an absolute requirement of continence or and other aspect of development are discriminatory and therefore unlawful under the DDA.

The Equality Act is a legislative framework to protect the rights of individuals and improve equality of opportunity for all. It protects individuals from unfair treatment and promotes a fair and more equal society. A significant and growing minority of Lambeth children will make transition into early education having had no previous assessment of their leaning or developmental needs. St Mary's will use early identification and individualised planning to in addition to making the necessary reasonable adjustments.

The Early years Foundation Stage (EYFS) 2014,
The EYFS statutory framework provides for care, learning and development of all children, including those with continence issues, disabilities and/or learning difficulties from birth to five. The EYFS framework's key themes are: each child is unique , positive relationships, enabling environments, learning and development. There is a clear obligation on all settings to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of developmental delay.

Further Guidance
- 'Working Together To Safeguard Children July 2022
- 'Keeping Children Safe in Education' September 2022
- The school's Child Protection Policy October 2022
- Children and Families Act 2014

This policy was reviewed November 2022
Next review date October 2026

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This policy for intimate care ensures that St Mary's staff who work with children who have special needs, realise that the issue of intimate care is a sensitive one and requires them to be respectful of children's needs.

Introduction

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School staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Children's dignity is preserved and a high level of privacy, choice and control is provided to them. Members of staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at St Mary's RC Primary School work in partnership with parents/carers to provide continuity of care to children wherever possible.

St Mary's RC Primary School is committed to ensuring that all staff responsible for the intimate care of children undertake their duties in a professional manner at all times. St Mary's RC Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child is attended to in a way that causes distress or pain.

At St Marys' there are currently no pupils with special needs that require specific intimate care or an intimate care plan. Intimate care given presently is to children who have accidently wet or soiled themselves. On these occasions it is the school's policy to contact parents to inform them that their child has had a continence accident and to invite them into school to attend to their child. If parents are unable to come to school, permission for a member of staff to attend to the child is requested.

Our approach to best practice

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

- Staff who provide intimate care are trained to do so (including Child Protection and, where necessary, Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from a physiotherapist/occupational therapist, as required.

- 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. Wherever possible, staff who are involved in the intimate care of children are not usually involved with the delivery of sex and relationship education to these children as an additional safeguard to both the staff and children involved.

- 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 the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- As a basic principle children are supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual

intimate care plans are drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, health and personal safety of the child and the carer.

- Each child's right to privacy is respected. Careful consideration is given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child is cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

- Wherever possible the same child is cared for by the same adult on a regular basis; there is a rota of carers known to the child who take turns in providing care. This ensures, 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.

- Parents/carers are involved with their child's intimate care arrangements on a regular basis. and the needs and wishes of children and parents are carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation. A clear account of the agreed arrangements is recorded on the child's school care plan.

- Each child has an assigned senior member of staff to act as an advocate to whom they are able to communicate any issues or concerns that they may have about the quality of care they receive. This person is named in the child's care plan.

The protection of children

- School, Education Child Protection Procedures and Inter-Agency Child Protection procedures are accessible to staff and adhered to.

- Where appropriate, all children are taught personal safety skills carefully matched to their level of development and understanding.

- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he must immediately report concerns to the appropriate designated person for child protection. A clear record of the concern is completed and referred to social care and/or the police, if necessary. Parents are asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. [See the London Child Protection Procedures, available in the Headteacher's office.]

- If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter is investigated and the outcomes recorded. Parents/carers are contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules are altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice is taken from outside agencies if necessary.

- If a child makes an allegation against a member of staff, all necessary procedures are followed in accordance with the school's policy on Managing Allegations Against Staff. (Copies in the staffroom policy file.)

Further Guidance

- 'Working Together To Safeguard Children', Inter-Agency Child Protection Procedures.
- What To Do IF You're Worried A Child Is Being Abused. Summary (2003) www.doh.gov.uk/safeguardingchildren/index.htm

Policy approved: October 2012
Review date: October 2015

23rd October

Chair of Governors, signed _____ Date 2012