



Hillsgrove Intimate Care Policy

This document outlines the approach to intimate care in Hillsgrove Primary School. The intimate care Policy and guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of the children in our school.

DEFINITION

Intimate care may be defined as any activity required to meet the personal needs of an individual that they are unable to do for themselves due to physical disabilities, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Care may involve helping with drinking, eating, dressing or toileting. In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only those persons suitably trained and assessed as competent by a health professional should undertake the procedure.

AIMS

The policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans.
- The dignity, rights and wellbeing of the children are safeguarded at all times.
- Pupils with intimate care difficulties are not discriminated against, in line with The Equality Act 2010.
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are considered.
- Staff carrying out the intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved.

LEGISLATION AND STATUTORY GUIDANCE

This policy complies with statutory safeguarding guidance.

ROLE OF PARENT/CARER

Seeking parental permission for children who need routine or occasional intimate care (e.g. for toileting or toileting accidents) parents will be asked to sign a consent form.

The children whose needs are more complex or who need particular support outside of what is considered in the permission form an intimate care plan will be created in discussion with parents/carers.

Where there is no intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedures.

If the school is unable to contact parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure that the child is comfortable, and the school will inform parents/carers afterwards.

CREATING AN INTIMATE CARE PLAN

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child and any relevant health professionals.

The school will work with parents and where appropriate pupils and take their preference onboard to make the process of intimate care as comfortable as possible, dealing with the needs sensitively and appropriately.

The plan will consider:

- The individual needs of the child and how the needs impact on the health and safety of the child and the staff members involved.
- Any historical concerns (such as past abuse).
- The likelihood of allegations against staff being made.
- The religious views, beliefs, and cultural values of the children and their families particularly as they might affect certain practices or determine the gender of the support staff.
- The preferred means of communication (verbal, symbolic, etc) of the pupil to enable staff to discuss their needs and preferences with them at the time.
- Where the pupil is of an appropriate age and level of understanding permission should be sought before starting any intimate procedure.
- The need for every child's right to privacy and modesty to be respected. Careful consideration will be given to each pupils situation to determine who and how many carers might be needed to be present when they need help with intimate care. It is best practice from a health and safety and safeguarding perspective to have 2 members of staff present. However, SEN 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.

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

Subject to their age and understanding, the preferences of the child will also be considered. If there is any doubt whether the child is able to make an informed choice their parents/carers will be consulted.

The plan will be reviewed twice a year, even if there are no changes and it will be updated regularly, as well as whenever there are changes to a pupil's needs prior to the review.

SHARING INFORMATION

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate care matter as needed.

ROLE OF STAFF

All staff at the school will have an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

All staff will follow risk assessments put in place by the school to safeguard against injury to themselves or pupils whilst carrying out any intimate care procedures.

HOW STAFF WILL BE TRAINED

Staff we receive:

- Training in specific types of intimate care they may undertake.
- Regular safeguarding training.
- If necessary manual handling that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control methods set out in risk assessments carried out by the school.
- Hygiene and health and safety procedures, including those related to COVID.

They will also be encouraged to seek further advice as needed.

INTIMATE CARE PROCEDURES

How Procedures will Happen.

The number of staff members present for intimate care will be decided on an individual basis determined on needs and preferences as discussed with the school, parents/carers and the child.

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

When carrying out procedures, the school will provide staff with all necessary PPE equipment and also the appropriate storage for any items that arise as a result of providing intimate care such as nappy bins.

For pupils requiring routine regular intimate care parents/carer will be expected to provide a stock of necessary resources such as nappies, baby wipes, nappy sacks, underwear and clothing where required. Any soiled clothing will be contained securely, clearly labelled and discreetly returned to the parent/carers at the end of the day or if the child has to go home early and is collected by the parent/carers.

DOCUMENTATION

Accurate records should be kept when a child requires intimate care and should be recorded on CPOMS and include date, time, comments and the member of staff present at the time the intimate care is given.

These records should be available to parents on request.

Where an intimate care plan is not in place, parents will be informed the same day if their child has needed help with meeting their intimate care needs such as having an 'accident' and wet or soiled themselves.

It is recommended practice that information on intimate care is kept confidential and communicated in person by telephone or by sealed letter – not through the home/school diary.

CONCERNS ABOUT SAFEGUARDING

APAT Trustees, Governors and staff recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

If a member carrying out intimate care has any concerns about physical changes in a child's appearance such as marks, bruises, or soreness, they will report this using the schools safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the Designated Safeguarding Lead (DSL).

If a child makes an allegation against a member of staff, the responsibility for the intimate care for that child will be taken over by another member of staff as quickly as possible and the allegation will be investigated according to the school's Dealing with Allegations of Abuse against Staff Policy and advice will be sought from LADO in all cases.

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 Principal or to the CEO in accordance with the Staff Code of Conduct. If it is there??????

MONITORING ARRANGEMENTS

This policy will be reviewed every three years by the full governing body of Hillsgrove primary School.

The SENCO should monitor the implementation of this policy annually, report any concerns or suggested amendments to the Board of Trustees.

LINKS TO OTHER POLICIES

This policies links to the following policies and procedures:

- Accessibility Policy
- Child Protection and Safeguarding
- Health and Safety Policy
- SEN Policy
- Supporting Pupils with Medical Needs Policy ????



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INDIVIDUAL STUDENT INTIMATE CARE PLAN

Legal name of child	
Preferred name of child	
Child's Date of Birth	
Type of intimate care needed (Continue on separate sheet if needed)	
How often care will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
Will staff member require any specialist training to carry out this intimate care plan	
How many members of staff will be needed to carry out the intimate care plan	
Any religious or cultural values to be considered	
Any safeguarding concerns to be accounted for	
Preferred means of communication of the pupil verbal, symbolic or other specified	

Agreed appropriate terminology for parts of the body and functions to be noted in the plan	
How procedures will differ if taking place on an educational visit	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	

Permissions for School to Provide Intimate Care

<p>I give permission for the school to provide appropriate intimate care to my child</p>	
<p>I will advise the school of anything that may affect my child's personal care (e.g. medication changes or if my child has an infection)</p>	
<p>I understand the procedures that will be carried out and will contact the school immediately if I have any concerns at all</p>	
<p>I DO NOT consent to my child having any intimate care given to them (e.g. to be washed and changed if they have a toileting accident) Instead, the school will contact me, or my emergency contact and I will organise for my child to be given intimate care when needed</p> <p><i>I understand that if the school cannot reach me or my emergency contact in the event that my child needs urgent intimate care, staff will need to provide this for my child, following the schools Intimate Care Policy, to make my child comfortable and remove barriers to learning.</i></p>	

Intimate Care Plan Agreed

This Intimate Care Plan has been made in agreement with the Child (where age appropriate), the parents/carers, and the school.

Parent/Carer Name	
Signature of Parent/Carer	
Child's Name	
Child's Signature If age appropriate	
Principal Name	
Signature of Principal	
DSL Name Designated Safeguarding Lead	
Signature of SENCO/DSL Designated Safeguarding Lead	

Date of Agreement to Intimate Care Plan:

Signed copy of agreement will be given to parents/carers by Designated Safeguarding Lead.