

# **The Coppice School**



## **Policy for Intimate Care**

**Approved by the Governing Body of The Coppice School**

**Signed:** *Sarah Soden*

**Date: 12/03/2018**

**Proposed Date of Future Review: March 2021**

# The Coppice School



## Policy for Intimate Care

The management of all pupils with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

### **Principles**

- 1.0 The Governing Body will act in accordance with Section 175 of the Education Act 2002, 'Safeguarding Children and Safer Recruitment in Education' (DfES 2006), 'Working Together to Safeguard Children' 2015 and 'Keeping Children Safe in Education' 2016 to safeguard and promote the welfare of pupils at this school.
- 1.1 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.
- 1.2 The Governing Body recognises 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.
- 1.3 This intimate care policy should be read in conjunction with the following:
  - The school's child protection policy
  - Health and safety policy and procedures
  - Policy for the administration of medicines
  - Moving and handling policy
  - Special Educational Needs policy
  - Procedures and policy on use of force and restraint
  - Staff code of conduct and guidance on safe working practice
  - Staff Induction and Staff Training Policies
- 1.4 The Coppice is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.5 The Coppice 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.

- 1.6 Staff will work in close partnership with parent/carers to share information and provide continuity of care through regular meetings including Annual Reviews and KIT time

### **Definition**

- 2.0 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.
- 2.1 In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam). Staff will be trained by healthcare professionals including the school nurse in line with current best practice.
- 2.2 It also includes supervision of children involved in intimate self-care.

### **Day to Day Practice**

- 3.0 Staff who provide intimate care at The Coppice are regularly trained to do so in various aspects including in child protection and health and safety training in moving and handling. They are made fully aware of best practice regarding infection control.
- 3.1 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. Staff personal preferences will be taken into account as far as possible but the care, safety and comfort of the pupils is paramount.
- 3.2 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.
- 3.3 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.
- 3.4 Staff should where appropriate inform a pupil before handling a

pupil's personal effects including their clothes and should make no comment to the pupil regarding soiled clothing but should remove it for washing.

Reminders on hygiene routines are in place in all care rooms and these must always be adhered to. Staff should always wear protective gloves and aprons during intimate care routine, which must be discarded after each individual use and disinfect changing beds after each use. All care rooms in which students receive intimate care should be clean, dry, warm and private. Pupils provide their own intimate care hygienic materials; the school provides dry wipes which can be used as required.

- 3.5 As in all situations, it is important that staff do not talk about the pupil or unrelated personal matters over the pupil.
- 3.6 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.
- 3.7 All pupils have Individual Care Plans stored in an accessible file in the classroom which outlines the support they require with intimate care and changing for activities such as PE and swimming. 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. This information is shared with class teams on a strictly need to know basis. *(NB More information regarding care plans and risk assessments for children with complex medical needs can be found in 'Including Me: Managing Complex Health Needs in Schools and Early Settings' by Jeanne Carlin, published by the Council for Disabled Children and DfES, 2005)*
- 3.8 Where an Individual Care Plan does not indicate the need for support, 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 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, not through the home/school diary.
- 3.9 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 CRB checked at the appropriate level.
- 3.10 It is not always practical for two members of staff to assist with an intimate procedure or with changing for school activities such as

swimming or PE (e.g. where a child is small or where they are beginning to become more independent) 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.

- 3.11 The school has a team who provide intimate care alongside class teams. Wherever practical, 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.
- 3.12 Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; we have a very high proportion of female staff. A pupil would not be left in discomfort in order to meet this principle as the needs of the children are paramount. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect children, protects staff from allegations of abuse and also reinforces pupils' understanding of the need for privacy taught in PSHE.
- 3.13 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.
- 3.14 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 3.15 On no account will students be involved in the intimate care of children at the Coppice School.

### **Child Protection**

- 4.0 The Governors and staff at The Coppice recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.
- 4.1 The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.
- 4.2 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 child's body. It may be unrealistic to expect to eliminate these risks completely but in this school best practice will

be promoted and all adults will be encouraged to be vigilant at all times.

- 4.3 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 4.4 If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Headteacher or designated senior person for child protection. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.
- 4.5 If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 4.6 If a child makes an allegation against an adult working at the school, this will be investigated by the Headteacher (or by the Chair of Governors if the concern is about the Headteacher) in accordance with the agreed procedures.
- 4.7 Any adult who has concerns about the conduct of a colleague at the school or about any improper practice has a duty to report this to the Headteacher or to the Chair of Governors if the concern is about the Headteacher.

### **Physiotherapy**

- 5.0 Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.
- 5.1 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

- 5.2 Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of the school.
- 5.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist via a message book kept in the main school office.

### **Medical Procedures**

- 6.0 Children with disabilities 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 IEP or care plan and will only be carried out by staff who have been trained to do so. Staff will be trained by healthcare professionals including the school nurse in line with current best practice.
- 6.1 The school has a rolling programme of training for First Aid. Any members of staff who administer first aid should be appropriately trained. 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.

### **Massage**

- 7.0 Massage is now commonly used with children who have complex needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. Staff at The Coppice may be involved in delivering aspects of programmes devised by therapists.
- 7.1 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and children.
- 7.2 Other activities which include touch, such as TacPac, help increase pupils' awareness of their own body in space. A dynamic Risk Assessment must be undertaken during each session to ensure that such touch is not intimate and does not stimulate a child in such a way as to give a mixed message about its appropriateness. Any unusual responses should be documented and advice sought from the Senior Leadership Team.

### **Record Keeping**

- 8.0 It is good practice for a written record to be kept in an agreed format every time a child has physiotherapy or 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.

- 8.1 These records will be kept in different formats according to individual needs (e.g. some will be a booklet that travels between home and school). They will be available to parents/carers on request.

### **Confidentiality**

- 9.1 Confidentiality of pupils' care needs must be observed at all times. Sensitive information about a child should only be shared with those who need to know.

### **Monitoring**

- 10.1 The monitoring of this policy and its application, to be reviewed annually will be undertaken by :  
Headteacher and Governors, all staff in their daily practice.

**This policy was adopted by the Governing Body on 12<sup>th</sup> March 2018**

**It will be reviewed March 2021**