



DOGSTHORPE INFANT SCHOOL

Intimate Care Policy

Ratified by: Local Governing Board

Date: 10th February 2022

Minute: 10

Review Date: Annually

Welcome to our school family where children are...

- ★ inspired to dream and develop the building blocks to be independent, confident and inquisitive life-long learners.
- ★ nurtured, valued and individual differences are respected in an exciting, learning community where everyone belongs.
- ★ little stars who deserve to shine.

Policy Overview.

What is the policy for?	The Policy sets out the Governing Body's policy and procedures for the intimate care of pupils at Dogsthorpe Infant School
Who has devised and contributed to this policy?	The policy is based on the model Cambridgeshire & Peterborough City Council guidance & policy dated October 2020 and has been developed by the FGB.
How will this policy be communicated?	The policy is available on the school website, My Concern and a hard copy is available from the school office.
How will this policy be monitored?	The policy will be monitored by the SLT (including the SENDCO) & LGB.
Which other policies are linked to this policy?	<p>All Safeguarding policies particularly.</p> <ul style="list-style-type: none">• Supporting Pupils with medical conditions• Guidance for Safer Working Practice for those working with children and young people in education settings• KCSiE <p>This policy meets the requirements of the Statutory framework for the Early Years Foundation Stage Setting (2014)</p>

Introduction

Dogsthorpe Infant School is committed to ensuring that all staff responsible for the intimate care of children or young people will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

What is Intimate Care?

Intimate care encompasses areas of personal care, which most people usually carry out for themselves but some people may be unable to do because of an impairment or disability. Children might require help with eating, drinking, washing, dressing, and toileting.

What is Invasive Care?

Invasive care is an aspect of personal care where a procedure used for the care of an individual involves a further proximity to a person's body. This is to the point where equipment or medication needs to enter the body space, for example, medication administered anally or by injection. These are medical procedures and can only be undertaken in a school setting by an appropriately trained person. These procedures need to be supported by a clear medical protocol endorsed by the supporting Health Professional.

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned and should be a positive experience for all involved. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide this care are trained to do so (including Safeguarding and Child Protection and Moving and Handling Training, where appropriate) and are fully aware of best practice, including having read the current 'Guidance for Safer Working Practice for Adults who Work with Children and Young People in Education Settings'. Suitable equipment and facilities can be identified to assist with children who need special arrangements by an assessment from the appropriate supporting Health Professional.

It is the school's responsibility to support staff that are carrying out intimate care procedures. Advice can be given by contacting the occupational therapy service, school nurse, relevant care service or the Education Safeguarding Team as required. Whenever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex and relationships education to the children in their care as an additional safeguard to both staff and children involved. If staff are involved, care should be taken to ensure that resource materials cannot be misinterpreted and clearly relate to the learning outcomes identified by the lesson plan. This plan should highlight particular areas of risk and sensitivity.

Children will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will ensure each child does as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up as appropriate and shared and agreed by the child and their parents/carers. Each child, with an intimate care plan, will also have a changing log book where time of changing, reason for change and who dealt with is recorded.

Each child's right to privacy will be respected. Careful consideration will be given to each situation to determine how many staff need to be present when the child person is being cared for but there will always be a minimum of 2 staff present.

Wherever reasonable and practical 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 female staff supporting boys when there are no male staff.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan (see Appendix 1). The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Safeguarding Children

Cambridgeshire and Peterborough Safeguarding Partnership Board Interagency Procedures will be adhered to alongside the school's safeguarding and child protection policy and procedures.

<https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/lscbprocedures/>

All children/young people will be taught personal safety skills as part of Personal Social and Health Education (PSHE) relative to their age, ability and understanding. Research indicates that children with an awareness of personal safety and the ability to be assertive are more resilient to abuse. These skills will be shared with parents/carers to enable them to be consolidated within the home/community.

If a member of staff has any concerns about physical or behavioural changes in a child's presentation, e.g. marks, bruises, soreness or reluctance to go to certain places/people etc. s/he will immediately pass their concerns to the Designated Safeguarding Lead for child protection in the school using My Concern

If a child is displaying inappropriate sexual behavior/language, advice should be sought from the appropriate source e.g. In schools this might be: Designated Safeguarding Lead, School Nurse, Social Care, Education Safeguarding Team,

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into 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, following the Interagency Procedures will be taken from outside agencies as necessary.

If a child makes an allegation against a member of staff the procedures for Allegations Against Staff will be followed as outlined in the school's Safeguarding & Child Protection policy. All staff involved in intimate care are required to have read the School's Policy for Intimate Care and the Guidance for Safer Working Practice as previously mentioned. Be aware of the need to refer to other policies the school may have in place for clarification of practices and procedures.

Appendix 1

Intimate Care Plan

Child/Young Person:		School/Setting:	
DOB:		Male/Female	Date:

Description of Intimate Care Needs

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Task: If practical, it may be possible to identify one part of the intimate care procedure which gives the child/young person an opportunity to have a little more independence. If so the plan can then assist in the development of this part of the whole task.

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Action Plan – Describe the steps needed to achieve this task

1.
2.
3.
4.

The following people will be assisting in the above activities:

Named Person:
.....
.....

Additional people who may be involved to cover when the named people are absent:

.....
.....

I am in agreement with the above procedures being undertaken: (Please sign as appropriate)

Person for whom the plan is

Parent/Carer

Medical Lead or SENCo

Teaching Assistant(s) Teaching Assistant (s)

Date Date for review

