



## Intimate Care Policy & Guidance

Version	Date	Description	Chair of Committee	Ratified (Y/N)
1	13/05/10	Draft presented to Curriculum Committee	Simon Bainbridge	Y
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2	14/6/12	Presented to Curriculum Committee Meeting	Paul Ilott	Y
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**For ease of use this document is organised into 5 parts:**

**Part 1**      Guiding Principles

**Part 2**      Policy for Intimate Care

This document was originally developed by a multi-agency group from Cambridgeshire County Council OCYPS and Health professionals. We have reviewed it for our own pupil cohort and in light of GDPR (data protection) legislation.

## **Part 1**

### **Guiding Principles**

These three fundamental guiding principles are paramount and should be evident whenever intimate care involving children or young people is considered

#### **1<sup>st</sup> Principle**

The exchange between all those involved in any intimate care procedures must be one of mutual respect.

#### **2<sup>nd</sup> Principle**

Every plan supporting intimate care must demonstrate how the child/young person can be enabled to develop their autonomy.

#### **3<sup>rd</sup> Principle**

The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of child/young people and staff.

## **Part 2**

### **Policy for Intimate Care**

#### **Introduction**

Granta 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 recognize that there is a need to treat all children/young people with respect when intimate care is given. No child/young person should be attended to in a way that causes distress, embarrassment or pain.

#### **What is Intimate Care?**

Intimate care is any personal care that most people usually carry out for themselves.

#### **Our Approach to Best Practice**

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

Individual pupil care needs are captured with the child's internal health care plan and this also captures the young person's capacity to give or withhold consent.

Staff who provide this care are trained to do so (including Safeguarding and Child Protection and Moving and Handling Training) and are fully aware of best practice. Not all students who have intimate care are physically disabled. Suitable equipment and facilities will be provided to assist with children/young people who need special arrangements following assessment from a physiotherapist/ occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children/young people taking into account developmental changes such as puberty e.g. menstruation. Whenever possible staff who are involved in the intimate care of children/young people will not usually be involved with leading the delivery of sex and relationships education to the children/young people in their care as an additional safeguard to both staff and children involved.( However, some overlap may be unavoidable given the level of familiarity required for both approaches.) 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.

Staff must wear appropriate personal protection PPE (gloves/ aprons etc) when providing personal care and will ensure each set of PPE is fresh for each pupil.

Children/young people will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will ensure each child/young person 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 needs are contained within health care plans. Each child/young person's right to privacy will be respected. Careful consideration will be given to each situation to determine how many carers need to be present when the child/young person is being cared for. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present for example, moving and handling, use of hoists etc require 2 adults). In this case, the reasons should be clearly documented and reassessed regularly.

Wherever possible 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 is no male staff. We recognise that we have many more female than male staff and it will usually be the case that male students are supported by female staff. However, it would be a very exceptional circumstance in which a male member of staff would need to be supporting a female student with intimate care.

Intimate care arrangements will be discussed with parents/carers on a regular basis (usually at the time of annual review or during consultation evenings) and recorded on the health care plan. The needs and wishes of children/young people and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

## **Safeguarding Children**

Keeping Children safe in education 2018 and Cambridgeshire LSCB Safeguarding Interagency Procedures will be adhered to alongside the school's policy and procedures.

All children/young people will be taught personal safety skills relative to their age, ability and understanding. 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/young person'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 person for child protection in their school. Information may be shared with other professionals such as the nurse team or paediatrician if there is reasonable reason to question a medical health concern and such a sharing would be in the best interests of the child. . Such information sharing will take place within the expectations of GDPR (data protection legislation) and due account will be taken of parental permissions and wishes.

Staff should not ask other staff members to corroborate or verify by examining the child themselves. Staff should be mindful of the emotional harm that can be caused by alarmist or reactive comments over the child, even when that child is themselves non verbal.

If a child/young person is displaying inappropriate sexual behaviour, advice should be sought from the designated lead for safeguarding (sarah Crouch) or the head teacher. A referral may be made to social care or the Cambridgeshire Sexual Behaviour Service, in line with pupil needs and GDPR expectations.

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/young person'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 without delay and in line with keeping children safe in education and local authority policy guidance and training.

Supply staff: all agency and private supply staff have DBS clearance and work under the same conditions, expectations and monitoring as directly contracted members of staff. In addition their agency will be alerted if any allegation or concern is raised and school will co-operate with all investigations. :

It is Granta School practice that the following also happens:

- Agency staff are not left alone with pupils who have medical needs or known behaviours that are likely to require physical intervention.
- It is our preference that classroom staff manage the pupils personal care if that is reasonably practicable.
- Agency staff can not be involved in any moving and handling of pupils, unless they have had training by moving and handling trainers, and even with training it is school practice that they assist and do not lead.