



MARKET FIELD SCHOOL

Intimate Care Policy

APPROVED BY GOVERNING BODY: March 2024

Principles

1. The Trustees, the Governing Body and the Senior Leadership Team of Market Field School will act in accordance with section 175 of the Education Act 2002 and the Government Guidance 'Keeping Children Safe in Education 2023' to safeguard and promote the welfare of pupils at this school.

- 1.2. The 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.

- 1.3. The Trust recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day to day activities must not be discriminated against.

- 1.4. The intimate care policy should be read in conjunction with the schools' policies as below:
 - Safeguarding policy and child protection procedures
 - Staff code of conduct
 - Health and Safety policy and procedures

- 1.5. The Trust is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

- 1.6. We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

- 1.7. Staff will work in close partnership with parents/carers and other professionals to share information and provide continuity of care.

- 1.8. Where pupils with complex and/or long-term health conditions have a health care plan in place, the plan should, where appropriate, consider the principles and best practice guidance in this intimate care policy.

- 1.9. All staff undertaking intimate care will be given appropriate training where necessary and will be provided with appropriate PPE.

- 1.10. This intimate care policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

Child focussed principles of intimate care

2. The following are the fundamental principles upon which the Policy and Guidelines are based:
- Every child has the right to be safe.
 - Every child has the right to personal privacy.
 - Every child has the right to be treated as an individual.
 - Every child has the right to be treated with dignity and respect.
 - Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
 - Every child has the right to express their views on their own intimate care and to have such views considered.
 - Every child has the right to have levels of intimate care that are as consistent as possible.

Definition

3. 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 pupils 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.

- 3.2 It also includes supervision of pupils involved in intimate self-care.

Aims

- To ensure that all intimate care needs for pupils is carried out in line with agreed plans.
- To ensure that staff are aware of agreed practice and the planning process involved and can implement them.
- To ensure that where possible intimate care plans are written involving the pupil, family and agencies involved.
- To protect both pupils and staff.
- To ensure that the highest standard of care and dignity is always given to the pupil.

Agreed Practice

1. All pupils who have regular assistance with intimate care have written intimate care plans agreed by staff, parents/carers and other professionals actively involved such as the school nurse or care coordinator. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible or appropriate. Any historical concerns (history of trauma for example) should be considered when the plan is being developed. The plan should be reviewed as necessary, ideally annually and at any time of a change of circumstance. The plan should make considerations for educational visits/day trips and residential.
2. Pupils may have been using a variety of different words to name the male/female genitalia/sex parts. In line with our PANTS lessons and Safeguarding procedures, the correct names for genitalia and sex parts will be referred to when working intimately with and alongside children. This contributes to safeguarding and helps keep them to keep care of their bodies and keep themselves safe.
3. All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage pupils to do as much for himself/herself as possible.
4. Staff who provide intimate care are trained in personal care (e.g., health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear PPE.
5. The child's privacy should be respected by closing doors or using screens, but the importance of ensuring pupil's safety and supervision cannot be overlooked. Pupils intimate care needs should be discussed and managed discretely.
6. Staff will be supported to adapt their practice in relation to the needs of individual pupils considering developmental changes such as the onset of puberty and menstruation.
7. There must be careful communication with each pupil 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 pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
8. Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
9. The religious views, beliefs and cultural values of children and their families should be considered, particularly as they might affect certain practices.

10. Individual personal and intimate care plans will be drawn up to meet the needs and wishes of pupils, and their parents and carers. These plans address the health, safety and welfare of the relevant pupil, and may also reflect the wishes of the particular pupil, parents or carers that a member of staff of the same sex as the pupil will attend to that pupil's intimate care needs, but recognise that there will be circumstances where there is an immediate need for intimate care (e.g. incontinence) and it would be detrimental to the welfare of the pupil to delay providing intimate care until a member of staff of the same sex had become available. All our staff are employed due to their skills, knowledge, attitude and values, regardless of gender.
11. Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
12. All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know. No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Personal Care in The Community

When attending to pupils' toileting or intimate care needs in the community, it is recognised that environments and facilities can be less than ideal. Wherever possible, male, and female pupils should use the public facilities appropriate for their gender, however, staff may have to make this decision based upon staffing available and pupils' abilities and sense of safety, whilst also considering the needs and interests of members of the public.

Additional Care Needs

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises or positioning them in equipment), then the required technique must be demonstrated by the physiotherapist, written guidance given and updated regularly.

Pupils might require assistance with invasive or non-invasive medical procedures such as the administration of medication, suction, oxygen management, enteral feeding. These procedures will be discussed with parents/carers at a meeting with the school nurse and documented in the health care plan for the pupil. It will only be carried out by staff who have been trained to do so and signed off as competent by the school nurse. This policy should be read in conjunction with the Supporting Medical Conditions in School and the Administration of Medication Policies.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained in accordance with school guidance. 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

Massage is now commonly used with pupils who have complex needs and/or medical needs to develop sensory awareness, tolerance to touch and as a means of relaxation. Massage may also be used to support children who are dysregulated or to ease physical ailments. 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 pupils however, there may be occasions, such as a tummy massage to ease constipation, where massage to other areas of the body is appropriate.



Intimate Care Plan

Pupils Name:	DOB:	Class:
Reason for Plan		
Personal Care	Additional Care (i.e. physiotherapy)	Massage/sensory sensation
Plan Details		
Assistance required:		
Communication Strategies:		
My care preferences may look like:		
Facilities and Equipment: (Personal Care)		
Arrangements off site:		
Plan approval:		Review date:
Teacher signature	Name:	Date:
Parent/Carer signature	Name:	Date:

