



St George's School

INTIMATE CARE POLICY

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene, which demand direct or indirect contact with, or exposure of the genitals. Examples include care associated with continence.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at setting work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their development level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

The setting 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. The setting recognizes 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 or pain.

OUR APPROACH TO BEST PRACTICE

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are fully aware of best practice and receive training in Safeguarding, Health & Safety, Moving & Handling as required. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.

Where appropriate Individual intimate care plans will be drawn up for each individual pupil to suit their individual circumstances.

Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes.

As appropriate to their age and communication ability 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 the child's needs and preferences. Subject to the above condition, the child is aware of each procedure that is carried out and the reasons for it.

As a basic principle, 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 themselves as they can.

Each 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's needs help with intimate care. A child will be cared for by one adult, with a second adult in attendance to provide protection for both child and member of staff.

As part of the awareness of dignity for a child, staff will clean urine and excrement, bag up soiled clothes to give to parents/carers and provide appropriate, clean clothes to wear. However, where the excrement is excessive, or constant, the school reserves the right to engage the parent/carer in attending to this matter. This is for the H&S of the child and the welfare of the staff.

When attending to the intimate care of pupils, staff should be aware of the school's Health and Safety policy. Staff should always wear an apron, mask, and gloves when dealing with a pupil who has soiled. Any soiled waste (urinary or faecal) should be placed in a waste disposal bag, which will be sealed. This bag should then be placed in a bin and it will be collected as part of the usual refuse collection service.

All staff engaged in the care and education of children, need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with children this will be in response to the child's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the pupil, an observer or by anyone the action is described to. Staff must therefore always make considered judgements when executing their duties, be prepared to justify actions and accept that all physical contact will be open to scrutiny.

Any physical contact with an individual pupil is likely to be open to question unless the justification for this is formally agreed by the pupil, the school and those with parental responsibility.

Children with complex health and/or special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each pupil. The arrangements must be understood and agreed by all concerned, justified in terms of the pupil's needs, consistently applied and open to scrutiny. Consultation with colleagues and, where possible, parents/guardians will take place where any deviation from the agreed arrangements is anticipated. Any deviation and the justification for it will be fully documented and reported.

Extra caution is required by staff where it is known a pupil has previously suffered abuse or neglect. In this case the pupil may view physical contact to be associated with such previous experiences and may result in staff being more vulnerable to allegations of abuse. Additionally, many such children may present as extremely needy and actively seek out inappropriate physical contact. In such circumstances staff should deter the pupil, minimising any negative experience. In such cases ensuring supervision will help to protect staff from possible allegations.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc she/he will immediately report concerns to the appropriate person for child protection. A clear record of the concern will be completed and referred on if necessary. (see child protection policy)

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated by a member of the safeguarding team and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of this process, in order to reach a resolution. The child's needs will remain paramount. Further advice will be taken from outside agencies if necessary.

Policy Adopted: March 2009

Adopted By: Curriculum Committee

Latest Review: December 2021

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