Hemingford Grey SCHOOL

INTIMATE CARE

Date policy was last reviewed and approved:	**July 2016**

CCC model adopted with some changes as indicated in blue text.

HEMINGFORD GREY PRIMARY SCHOOL

Intimate Care Policy

Introduction

Hemingford Grey 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 respectful 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.

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. Suitable equipment and facilities will be provided to assist with children/young people who need special arrangements following assessment from a member of an appropriate professional in consultation with the school nurse.

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 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.

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 plans will be drawn up as appropriate and shared and agreed by the child/young person and their parents/carers. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Intimate care plans are held in the individual teacher's special care folder.

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. One child will be catered for by two adults.

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.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the 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.

Each child/young person will have an assigned senior member of staff to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

Safeguarding Children

Cambridgshire LSCB Safeguarding Interagency Procedures and Safeguarding and Child Protection Procedures for Education 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 behavioral 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.

If a child/young person is displaying inappropriate sexual behaviour, advice should be sought from the appropriate source (e.g. In schools this might be: Designated Person for Child Protection, School Nurse, Social Care, Education Child Protection Service, Cambridgeshire Sexual Behaviour Service).

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 in the Safeguarding and Inter-Agency Procedures will be followed.

All staff are required to read the Intimate Care policy annually and be aware of the need to refer to other policies the school may have in place for clarification of practices and procedures.

Intimate Care Plan (To be used if School Nurse/agency does not provide own plan)

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

Senior Member of Staff responsible for overseeing care -

Description of Intimate Care Needs
Task: Identify one part of this process, which could be developed so that greater independence/involvement can be achieved.
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 for ……

Parent/Carer ……

SENCO/Inclusion officer ……..

Teaching Assistant(s) …… Teaching Assistant (s) ……

Date …….. Date for review ……

Guidelines for Use

The plan is an individualised protocol to ensure that the process of giving and receiving care is respectful, tailored to the individual needs of a child or young person and promotes safety for those receiving and administering the care.

It is recommended that where intimate care is required, an individual plan is drawn up and updated regularly. A six-monthly review would be good practice. It is advisable to have a named person who takes the lead and this needs to be identified on the plan.

As far possible, one plan can be usable across different settings such as school, short breaks, link care etc. Discretion needs to be used as to whether it is appropriate for home use.

The child/young person's choices and preferences need to be considered and incorporated into the plan as far as possible.

1. **Description of the child/young person's Intimate Care Needs**

Use this space to describe the child/young person's ability and need for intimate care.

(e.g. "N" needs full assistance for his/her toileting needs. S/he does not indicate a need to go to the toilet or when wet or soiled. "N" needs assistance to transfer onto a changing table using a hoist and sling from the wheelchair. "N" can assist with cleaning his/her hands by sitting at the wash basin in the wheelchair and placing their hands under the running water and rubbing them with soap.)

2. **Task**

Select a part of the whole intimate care process, which could be developed to encourage the child/young person's independence. This may be only one stage of the whole process, but more can be added. If possible, involve the child/young person in selecting which part of the task to focus on.

(e.g. "N" will assist in taking the wipe and assist in their own personal cleaning)

3. **Action Plan**

A detailed plan of what is needed for “N” to be able to achieve the selected task, e.g.:

1. 2 staff members will assist “N” to move from wheelchair to the changing bench using a hoist and sling as demonstrated.)
2. When “N” is lying on the bench give a verbal/visual cue that the pad will be removed.
3. Undo tapes and remove and dispose of pad
4. Give a verbal/visual cue that a wipe is to be used
5. Assist “N” in taking the wipe and prompt verbally/visually for him/her to complete the cleaning as required.
6. If additional cleaning is required, explain this to “N” and staff member to complete the task
7. Give verbal/visual prompt to say that you are now going to put on a clean pad
8. Replace clothing and transfer back to wheelchair using equipment as before)

The frequency of review will depend on the complexity of the task and progress of the individual. Circumstances may change which require more frequent review. This will work best if all people involved feel that they have some influence in the progress.