MANSTON PRIMARY SCHOOL

Manston

INTIMATE CARE POLICY

Manston Primary is committed to safeguarding and promoting the well-being of all children and expects our staff and volunteers to share this commitment.

Policy reviewed by: James Clay and Kirsty Thorpe
Date: October 2023 Review Date: October 2025

Leeds CITY COUNCIL

Leeds Safeguarding Children Partnership

We are child friendly Leeds

It is recommended that where children require intimate care, good practice guidelines are drawn up within the establishment and disseminated to all staff. Parents / carers and the child should also be involved in discussions and decisions in relation to how intimate care will be managed. These guidelines should be viewed as expectations upon staff, which are designed to protect both children and staff alike. In situations where a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner.

Staff should be advised that if they are not comfortable with any aspect of the agreed guidelines, they should seek advice within the establishment. For example, if they do not wish to conduct intimate care on a 1:1 basis, this should be discussed, and alternative arrangements considered. For example, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.

The following is an example of good practice guidelines from Chailey Heritage, a nationally recognised centre for the education, assessment, treatment and support of children with physical and multiple disabilities. They are reproduced here with additions relating specifically to Leeds LSCB. Whilst these are considered to be "best practice", individual establishments may wish to adapt them to suit their particular circumstances.

Guidelines for good practice (adapted from the Chailey Heritage centre).

1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

2. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance.

3.0 Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation.

Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. Leeds LSCB believes this practice should be *actively supported* unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present – quite apart from the practical difficulties. It should also be noted that the presence of two people does not guarantee

the safety of the child or young person - organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. Leeds LSCB recognises that there are partner agencies that recommend two carers in specific circumstances. Where possible, the member of staff carrying out intimate care should be someone chosen by the child or young person. For older children (eight years and above) it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice. Agencies should consider the implications of using a single named member of staff for intimate care or a rota system in terms of risks of abuse.

4.0 Involve the child as far as possible in his or her own intimate care.

Try to avoid doing things for a child that s/he can do alone and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.

5.0 Be responsive to a child's reactions.

It is appropriate to "check" your practice by asking the child – particularly a child you have not previously cared for – "Is it OK to do it this way?"; "Can you wash there?; "How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a "grudge" against you or dislikes you for some reason, ensure your line manager is aware of this.

6.0 Make sure practice in intimate care is as "care planned" as possible.

Line managers have a responsibility for ensuring their staff have a "care planned" approach. This means that there is a planned approach to intimate care across the agency, but which is also flexible enough to be planned to meet the specific needs (and wishes as appropriate) of individuals. It is important that approaches to intimate care are not markedly different between individuals, but also reflect individual needs and wishes. For example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing? Is care during menstruation consistent across different staff?

7.0 Never do something unless you know how to do it.

If you are not sure how to do something, *ask*. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal medication, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

8.0 If you are concerned that during the intimate care of a child:

- You accidentally hurt the child
- The child seems sore or unusually tender in the genital area
- The child appears to be sexually aroused by your actions
- The child misunderstands or misinterprets something
- The child has a very emotional reaction without apparent cause (sudden crying or shouting)

Report any such incident as soon as possible to another person working with you and make a brief written note of it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done.

Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your designated person for child protection.

9.0 Encourage the child to have a positive image of her or his own body.

Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. Leeds LSCB recognise that children who experience intimate care may be more vulnerable to abuse:-

- Children with additional needs are sometimes taught to do as they are told to a greater degree than other children. This can continue into later years. Children who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless.

- Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult.

- Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately.

- Repeated "invasion" of body space for physical or medical care may result in the child feeling ownership of their bodies has been taken from them.

- Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer.

The above is taken largely from the publication *Abuse and children who are disabled: a training and resource pack for trainers in child protection and disability,* 1993. These principles of created vulnerability are also included in the Leeds LSCB "Vulnerability and Risk" training.

10.0 Record keeping of Intimate Care

At Manston Primary School, all records of intimate care will be recorded.

For pupils who require ad-hoc changing (they may have had a one-off incident of soiling or wetting, and need support from a staff member to change, or be changed), this will be recorded on CPOMS, the school's child protection and online monitoring system. These records are kept confidential, stored securely, and comply with the Data Protection Act 2018 and the UK GDPR (2018).

The log will record when the intimate care took place, when (including the date and time) and which member(s) of staff supported. If relevant, a brief discussion of what support was given will be included.

These will be monitored by James Clay [Head Teacher] and Kirsty Thorpe [Safeguarding and Welfare Officer] who will assess whether a higher level of intimate care is needed. If this is deemed necessary, they will contact parents/carers to discussed whether an intimate care plan is needed – see below.

For children who need a higher level of intimate care support due to medical or special educational needs and or disabilities, they will have an Intimate Care Plan (Appendix 1). This will be created by school, and shared with parents/carers, so all stakeholders are aware of the expectations of all involved.

This will then be followed up with an Intimate care: parent/carer consent form (Appendix B), so parents/carers can ensure their voice is considered within this level of support.

As above, these will be uploaded onto CPOMS for record keeping purposes.

Appendix 1

Intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	Toileting – urine and soiling
How often care will be given	Daily
Where care will take place	First Aid Room
What resources and equipment will be used, and who will provide them	Provided by home: Spare pants Spare trousers Nappies (if applicable) Provided by school: Wipeable mat (for XXXX to lay and be changed on) Wipes Sanitary waste bags
How procedures will differ if taking place on a trip or outing	XXXX will be taken to a disabled toilet on a trip, and changed in private in there by a familiar adult – parent will be made aware of who this may be before the trip
Name of senior member of staff responsible for making sure care is carried out according to the intimate care plan	XXXX XXXX (SENDCo)
Name of parent or carer	XXXXX XXXXXX
Relationship to child	Parent
Signature of parent or carer	
Date	
CHILD	

PARENTS/CARERS	
How many members of staff would you like to help?	XXXXX wants to be supported by someone who knows them and is a familiar adult in their class

This plan will be reviewed twice a year, at least.

Next review date: [DATE TO BE INSERTED]

To be reviewed by: [MEMBERS OF STAFF TO BE INSER

Record of Intimate Care – Manston Primary School

Key: D – Dry
W – Wet
S – Soiled
O - Other

Name Of Child	Date	Time	Comments	Staff Involved	Signature

Senior Member of Staff Signature _____
Date _____

Appendix 2

Intimate care: parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or my child has an infection)	☐
I understand the procedures that will be carried out and I will contact the school immediately if I have any concerns	☐
I **do not** give consent for my child to be washed and changed in case of a toileting accident. Instead, the school will contact me or my emergency contact and I/they will organise for my child to be washed and changed. I understand that if the school cannot reach me or my emergency contact, staff will need to wash and change my child, following the school's intimate care policy, to ensure comfort and remove barriers to learning.	☐
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	