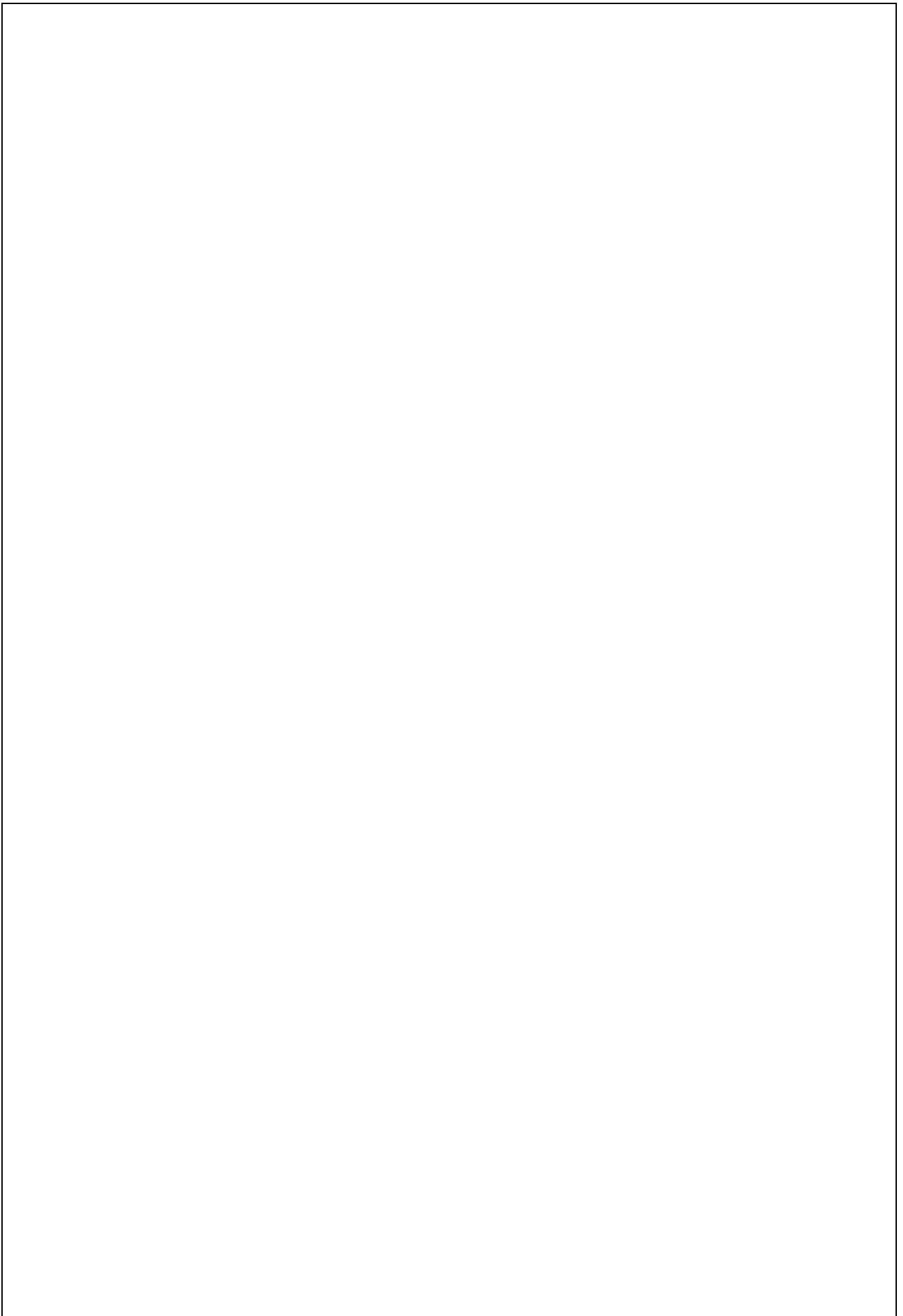




**Intimate Care Policy
Safeguarding and Promoting the Welfare of Children**

*Updated: October 2023
Reviewed: October 2023
Due for Review: October 2024*



CHIEF EXECUTIVE OFFICER	Mike Sidebottom
HEAD OF SCHOOL	Dawn Evans
DESIGNATED SAFEGUARDING LEAD (DSL):	Julie E McAllister
DEPUTY DESIGNATED SAFEGUARDING LEAD (DDSL):	Rachel Podmore
CHAIR OF TRUSTEES:	Heather Scott
SAFEGUARDING TRUSTEE:	Ashley Mason

The Trustees of Firwood High School will act in accordance with Section 175 of the Education Act 2002 and the 'Keeping Children Safe in Education' (Sep 2023) and 'Supporting pupils at school with medical conditions' (Aug 2017) documents to safeguard and promote the welfare of pupils at Firwood High School.

1.0 Statutory Responsibilities

1.1 The Trustees and Head of School will act in accordance with the supplementary DfES guidance: **'Safeguarding children and safer recruitment in Education' (2011)** and **'Dealing with Allegations of Abuse against Teachers and non-teaching staff' (2012)**

1.2 Firwood High School takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a student's intimate care needs is one aspect of safeguarding.

1.3 The board of Trustees recognises its duties and responsibilities in relation to the **'Disability Discrimination Act'** (1995) which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the following:

- Safeguarding and Child Protection Policy and Procedures
- Health and Safety Policy and Procedures
- Policy for the Administration of Medicines
- Moving and Handling Policy
- Procedures and Policy on the use of Reasonable Force and Restraint/Behaviour Policy

1.5 Firwood High School 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. It is acknowledged that these adults are in a position of great trust.

1.6 Firwood High School recognises that there is a need to treat all children and young people, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity are of paramount importance. No child or young person should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parent/carers to share information and provide continuity of care.

2.0 **Definition**

2.1 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 children and young people are unable to do because of their age, physical difficulties or special needs, including learning disabilities. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

2.2 It also includes supervision of children and young people involved in intimate self-care.

3.0 **Best Practice**

3.1 Staff who provide intimate care at Firwood High School are trained to do so. They are also trained in Level 1 Safeguarding Procedures and Health and Safety training in Moving and Handling (which is provided by our school's qualified trainers) and are fully aware of best practice regarding infection control, including the need to wear disposable gloves, aprons and masks where appropriate.

3.2 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

3.3 Staff involved in meeting intimate care needs may be involved with the delivery of sex education to the same children. If staff feel uncomfortable about this, they should discuss this with the head of school or a member of the senior leadership team.

- 3.4 There is careful communication with each child or young person who needs help with intimate care in line with their preferred means of communication (verbal, symbols, objects of reference, etc.) to discuss their needs and preferences. Where the child or young person is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- 3.5 All children and young people will be supported to achieve the highest level of autonomy and independence that is possible given their age and abilities. Staff will encourage each child or young person to do as much for his/herself as possible.
- 3.6 Children and young people who require regular assistance with intimate care have 'Healthcare Plans' agreed by staff, parents/carers and any other professionals actively involved, such as School Nurses or Physiotherapists. Each student has a full risk assessment as well as a Moving and Handling Plan to ensure personal safety of the student and the assistant. Any historical concerns (relating to the safeguarding of the student) should be noted and considered.
- 3.7 Where a Healthcare Plan is in place, parents/carers will be informed if their child has needed help with meeting intimate care needs, e.g. has had an 'accident' and soiled him/herself. It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by private messenger on Dojo.
- 3.8 Every student'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 needs help with intimate care. Adults who assist children with their intimate care should be employees of the school and have enhanced DBS clearance.
- 3.9 Two members of staff will assist with intimate care with each student. This does not take account of the child's privacy and some pupils may request only to have one staff member in assistance. This request should be discussed with the Head of School and the child's parents/carers.
- 3.10 It will happen that the same student will be cared for by the same adult on a regular basis; there will be a rota of carers known to the child or young person who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

3.11 Wherever possible staff should care for a child of the same gender. However, this principle may not be able to be adhered to at Firwood High School as female staff provide the majority of support. Male members of staff should not provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect children and to protect staff from allegations of abuse.

3.12 The religious views and cultural values of families will be considered, particularly as they might affect certain practices.

3.13 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

4.0 Child Protection

4.1 The Trustees and staff at Firwood High School recognise that children and young people with special needs and disabilities are particularly vulnerable to all types of abuse.

4.2 The school's policy '**Safeguarding and Child Protection Policy and Procedures**' and '**inter-agency safeguarding Policy and Procedures**' will be accessible to staff and adhered to.

4.3 From a safeguarding perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but in Firwood High School best practice will be promoted and all adults will be encouraged to be vigilant at all times.

4.4 Where appropriate, all children and young people will be taught personal safety skills carefully matched to their level of development and understanding.

4.5 If a member of staff has any concerns about physical changes in a child's presentation, e.g., unexplained marks, bruises, soreness, etc s/he will immediately report concerns to the **Designated Safeguarding Lead** or member of the safeguarding team. A clear written record of the concern will be completed on a CPOMS (see Appendix A).

4.6 Safeguarding procedures will be followed which may include a referral made to Children's Services Social Care, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is

necessary prior to it being made unless it is considered that to do so will place the child or young person at risk of harm.

- 4.7 If a child or young person becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher, DSL or Head of school. The matter will be investigated at an appropriate level (usually the Head of School) 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 or young person's needs remain paramount. Further advice will be taken from outside agencies or LADO if necessary.
- 4.8 If a child or young person makes an allegation against an adult working^[JM1] at the school, this will be investigated by the Head of School. If the concern is about the Head of School this will be investigated by the CEO and the board of Trustees in accordance with the agreed procedures.
- 4.9 Any adult who has concerns about the conduct of a colleague at Firwood or about any improper practice, they will report this to the Head of School, or if the concern is about the Head of school they will report it to the CEO. IF it is about the CEO they will report it to the Trustees. Every member of staff has a duty of care to do this to ensure students are kept safe.

5.0 Physiotherapy

- 5.1 Students who require physiotherapy whilst at school should have this carried out by a trained Physiotherapist. If it is agreed that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the Physiotherapist personally, written guidance given and updated regularly.
- 5.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 5.3 Adults (other than the Physiotherapist) carrying out physiotherapy exercises with students should be employees of the school.
- 5.4 Any concerns about the regime or any failure in equipment should be reported to the Physiotherapist.

6.0 Medical Procedures^[JM2]

6.1 Children and young people with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the Healthcare Plan and will only be carried out by staff who have been trained to do so.

6.2 Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation another adult will also be present, with due regard to the student's privacy and dignity.

7.0 Massage

7.1 Massage is sometimes used with students who have complex needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. Staff at Firwood High School are involved in delivering aspects of programmes devised by therapists.

7.2 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 staff and students.

8.0 Record Keeping and Monitoring^[JM3]

8.1 It is good practice for a written record to be kept in an agreed format every time a child has physiotherapy or requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.

8.2 These records will be kept in the Hygiene Rooms, will be transferred to the child's file when needed and will be available to parents/carers on request.

8.3 These records will be monitored alongside monitoring of intimate care procedures each term.

Firwood High School Intimate Care Policy has been read and accepted by:		Date
Chair of Governors		
Executive Headteacher		

APPENDIX A

This appendix acts as a template of details staff are to include all RECORDS OF CONCERN at Firwood High School are recorded on CPOMS. When recording on CPOMS staff should include:

Pupil's Name :		Date of Birth:		Class/Yr:		
Date & Time of Incident:						
Date and time of Concern:						
Consider the Possible Reason:						
Professional Abuse – first five minutes	Extremism/prevent	Domestic Abuse	Physical Abuse	Sexual Abuse or CSE	Emotional Abuse	Neglect
Young Carer	Child Missing Education	FGM	Force Marriage	Faith Abuse	Child missing from home	Hate/crime incident
Early Help needed	Fabricated or induced illness	Involved in gangs and youth violence	Mental Health	Private Fostering	Sexting / Peer on peer abuse	Online safety issues
Record the following factually:						
<ul style="list-style-type: none"> ● Who? ● What? – if recording a verbal disclosure by a child, use their words ● Where? ● When? (day and time) ● Were there any WITNESSES? ● What the student's account and/or perspective? ● Any other relevant information (distinguish between fact and opinion) ● Your professional opinion (where relevant) 						