

St Joseph's Catholic Primary School

Inspiring everyone to **REACH** through Faith, Hope, Love

At St Joseph's, we strive for academic excellence through encouraging resilience, empathy, aspiration and challenge. We have high expectations for ALL so that we can be 'The best we can be.' With Faith, Hope and Love at the heart of our school family, our children feel safe, secure and supported.



Intimate Care Policy

SAFEGUARDING POLICY CROSS REFERENCE

Please read this policy in conjunction with the School Safeguarding Policy alongside the guidance found in the Gloucestershire Safeguarding Children's Board Handbook www.gscb.org.uk/handbook and the guidance on safer working practices outlined in www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/safeguardingadvisernetwork/sanetwork

Reviewed by:	Natalie Jones (SENDCo)
Link Governor:	Nicola Connolly (Safeguarding Governor)
Approved by FGB:	20 th October 2021
Review Cycle:	Every 2 years
Next Review Due:	July 2023

Catholicity

Our ethos is one which nurtures education through the recognition and celebration of all children's experiences and achievements, whatever the context.

Each child is an individual and deserves to be respected and valued as such. Every child is unique and made in the likeness of God. Every child should succeed at their own level and be praised for this success.

At St Joseph's Catholic Primary School, we believe that 'intimate care' is any care which involved one of the following:

1. Assisting a child when changing clothes
2. Assisting a child to change or wash after he/she has soiled
3. Assisting with toileting routines
4. Supervising or assisting a child when involved in intimate self-care
5. Providing first aid assistance
6. Helping to comfort a child who is upset
7. Helping and supporting with dietary requirements and feeding routines
8. Carrying out specific medical procedures to a child who is not able to carry this out unaided (in such circumstances, specific training is provided by medical professionals and parents)

1.0 Introduction

- 1.1 Staff who work with young children or children/young people who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.
- 1.2 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 and menstrual management as well as more ordinary tasks such as help with washing or bathing.
- 1.3 All children have the right to be safe and treated with dignity and respect. Children and young people'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 and young people have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at St Joseph's work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.4 Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education (PSHE) and the Relationships, Sex and Health Education (RSHE), to all children and young people as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.
- 1.5 St Joseph's Catholic Primary School is committed to ensuring that all staff responsible for the intimate care of children and young people will undertake their duties in a professional manner at all times. St Joseph's Catholic Primary school recognises that there is a need to treat all children and young people with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

2.0 Our approach to Best Practice

- 2.1 All children and young people who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- 2.2 Staff who provide intimate care have training in both child protection and first aid and any other training appropriate to a specific need.
- 2.3 Staff will be supported to adapt their practice in relation to the needs of individual children and young people taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.
- 2.4 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. The child is aware of each procedure that is carried out and the reasons for it.
- 2.5 As a basic principle children and young people 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. This may mean, for example, giving the child responsibility for washing themselves. If necessary individual intimate care plans will be drawn up for particular children and young people as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.
- 2.6 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 needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.
- 2.7 Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers. However, this will not be the case when a child has an Education and Health Care Plan (EHCP), and is cared for by the same person. Please see the parental consent form and record log which will be filled in by the carer in such cases.
- 2.8 Parents/carers will be involved in reviewing their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and young people and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.
- 2.9 Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

3.0 The Protection of Children and Young People

- 3.1 Gloucestershire Safeguarding Children Board Procedures will be accessible to staff and adhered to. All staff will receive Safeguarding Training every 3 years in line with 'Working Together to Safeguard Children 2018' and in accordance with the school's Safeguarding Policy.
- 3.2 Where appropriate, all children and young people will be taught personal safety skills carefully matched to their level of development and understanding.
- 3.3 If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the Designated Safeguarding Lead (DSL). A clear record of the concern will be completed and when necessary, a child welfare concern will be referred to the Safeguarding Children Service and a referral made to the Social Care Helpdesk. Parents will be informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.
- 3.4 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's needs remain paramount. Further advice will be taken from outside agencies if necessary. The full applicable statutory procedure is set out in the school's Safeguarding Policy.
- 3.5 If a child makes an allegation against a member of staff, all necessary statutory procedures will be followed.



Parental permission for Intimate care

I give permission for _____ to receive intimate care.

I understand that staff will support my child to be independent and that they will encourage my child to communicate their own personal needs effectively.

I understand that a full record log will be kept so that I am kept informed of the intimate care my child is receiving.

I understand that permission will be reviewed annually.

Child's full name: _____

Parent/Guardian: _____

Signed: _____

Data Protection and GDPR

The information you provide using this form is covered under the Privacy Notice (How we use Pupil Information) available on the school's website or from the school office.

Record log of Intimate care



Name of child: _____

Date	Time	Details of intimate care	Names of all staff involved	Signature