PERSONAL & INTIMATE CARE POLICY

Some pupils at Silverwood School require a high level of support with their intimate care needs during the school day. As part of their role, Silverwood School staff may be required to support individual pupils with their intimate care needs on a daily basis.

Intimate care is 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, menstrual management as well as more ordinary tasks such as help with washing or showering.

Invasive care includes the dealing with nasal-gastric tubes, Gastrostomy buttons, feed pumps and the insertion of suppositories as a means of giving regular or one off medication.

Silverwood School is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times.

Central to this policy in outlining good practice is the importance of all pupils' dignity. A high level of privacy, choice and control should always be provided to them.

Staff behaviour is open to scrutiny and staff at Silverwood School will work in partnership with parents to provide consistency of care to pupils as needed.

Approved by:	**Full Governing Body**	**Date: 06.07.2023**
Last reviewed on:	**July 2023**	
Next review by:	**July 2024**	

1. Basic Components of good practice

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

1.2 Silverwood School recognises that there is a need to treat all pupils with respect when a pupil is supported with their intimate care. No pupil should be attended to in a way that causes them to be embarrassed, distressed, or to feel discomfort or pain.

2.1 Each pupil's privacy will be respected. Careful consideration will be given to each pupil to determine how many carers might need to be present when a pupil needs help with intimate care.

2.2 Staff who provide intimate or invasive care are trained to do so (including Safeguarding and Manual handling training) and are fully aware of best practise (see Appendix A). Apparatus will be provided to assist with pupils who need special arrangements following assessment by the child's General Practitioner, school doctor, physiotherapist/ occupational therapist as required.

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

2.4 There is always appropriate communication with each pupil through the use of their preferred means of communication (verbal, visual, etc.) to support them to express their needs and views and that the pupil is aware of their own intimate care routine and its rationale.

2.5 Pupils will be supported to achieve the highest level of autonomy and independence possible according to their developmental stage and physical ability. Staff will encourage each pupil to do as much for themselves as they are able to do for example, wiping, washing independently.

2.6 The focus is also to teach new skills to increase a pupil's independence in managing their own intimate care needs. Staff should work collaboratively to ensure consistency as well as consult with parents/carers and other agencies as needed for example, the school's occupational therapist.

2.7 There will be times when it will be necessary for staff to be involved in the personal care of a pupil of the opposite sex. The needs and wishes of the pupil and parents/carers will always be considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

2. The protection of children

2.1 All staff have enhanced Disclosure and Barring Service clearance (DBS) and receive safeguarding training in line with Wiltshire Safeguarding Procedures and Multi-Agency Child Protection procedures.

2.2 Pupils are taught personal safety skills within the Personal, Social and Health Education curriculum, which is differentiated and appropriate to their learning needs.

2.3 Any concerns a staff member has about physical changes in a pupil's presentation, e.g. marks, bruises, soreness or behaviour, must be immediately reported to the school's Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead (DDSL) in line with school policy.

A clear record of the concern will be completed and may be referred to social services and/or the Police if necessary.

2.4 If there is a change in a pupil's behaviour towards a member of staff who has supported them with intimate care, then the reasons for this will be investigated and the results will be shared with the pupil and parents/carers. Staffing schedules should be altered until the issue(s) are resolved so that the pupil's needs remain paramount. Further advice will be taken from outside agencies, as necessary. Staff should always report any unusual behaviours to the school's safeguarding team, Head of Learning or Director of Learning.

2.5 If a child makes an allegation against a member of staff, all necessary procedures and protocols will be followed and the Head of Learning must be informed. If the allegation is about the Head of Learning, then the Director of Learning and Chair of Governors should be informed.

3.5 In line with school policy, cameras and mobile phones must never be stored on a member of staff's person for example, a pocket nor kept in a bag, especially when entering toilets or personal care/hygiene rooms.

Appendix A

PRACTISE GUIDELINES

FOR INTIMATE AND PERSONAL CARE

The pupils at Silverwood School have the right to be safe and to be treated with dignity and respect. All pupils at Silverwood School are classed as a vulnerable group in society, therefore everyone involved with their intimate/invasive care must be sensitive to every child and young person's needs.

INTIMATE CARE OF CHILDREN AND YOUNG PEOPLE WITH DISABILITIES

- Children with disabilities can be very vulnerable. They often need adult help with their personal care, including intimate care, long after children without disabilities of a similar age have acquired the skills to manage their own intimate or personal care needs.

- Having to depend or rely on someone else to support a person with their very intimate needs may feel embarrassing or humiliating. Anyone involved with a person's intimate care needs to be sensitive to their needs and also aware that some care tasks could be open to possible misinterpretation.

Definition of intimate care

Intimate care may mean different things to different people but is usually used to describe any or all of the following activities:

- Washing any part of the body
- Bathing/showering
- Cleaning teeth
- Washing hair
- Brushing/combing hair
- Dressing/undressing
- Changing nappy or sanitary protection
- Assisting to use the toilet
- Changing incontinence bag

All intimate or personal care activities described above may take place in a school setting and some could form part of a skills teaching programme. In some instances, a risk assessment may need to be carried out.

The activities below are unlikely to be carried out in a school setting unless in exceptional circumstances.

- Cutting nails or hair
- Putting on make up
- Shaving (face, underarms, legs etc.)

The pupils we work with have a right to be safe and to be treated with dignity and respect. We hope that some basic guidelines on intimate care will help to safeguard both pupils and carers. The aim of these

guidelines is to ensure that all staff are clear about the issues that need to be considered before approaching intimate care tasks, and we hope that you will find them supportive.

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

Privacy is an important issue. Most intimate care tasks, for example bathing or changing a pad for a child or young person, are carried out by a carer alone with the child or young person. This is entirely appropriate and is encouraged, unless the need for two staff members has been identified to ensure safe manual handling practise is maintained. Please remain engaged with the child at all times, do not allow yourself to be distracted or to engage in a conversation with a colleague that is unrelated to the intimate care routine. However, it is equally imperative that you do not make comments about the child and their intimate care routine for example, their body parts, their bowel movement and so on as this could cause the child to feel embarrassed or humiliated

2. **Treat every child as an individual**

Do not make assumptions about how things are done with a child. Families all have their own way of doing things. Differences in culture, ethnicity and religion may affect what is or is not appropriate for a child. Ask the child and/or parents and respect their wishes providing that it is in keeping with safeguarding principles. Check with your class teacher or department head if you are unsure about the appropriateness of anything you are asked to do.

3. **Involve the children as far as possible in their own intimate care**

Try to avoid doing things for a child that she/he can do alone and it the child is able to help, ensure that they are given the chance to do so. Support the child in doing all they can for themselves. If a child is fully dependant on you, talk with them about what you are doing and give them choices wherever possible.

4. **Be responsive to a child's reactions and make sure that intimate care is as consistent as possible**

You will have had opportunities to talk with parents and learn from them how they undertake intimate care tasks. However, you should also whenever possible, check things out by asking the child, e.g.:

"Is it OK to do it this way?"
"Can you wash there?"
"How does Mum do this?"
"Do you usually use a flannel to wash there?"
"Does that feel comfortable?"

5. **Do not allow yourself to be rushed into taking on intimate care tasks**

If you feel unsure about how to do something ask a colleague to tell you how they do it. If you are still unclear, talk to your class teacher or Head of Learning who will look with you at ways of getting training and support you in delaying taking on responsibility for these tasks until you feel confident about doing so.

6. **If you are concerned let us know**

If, during the intimate care of a child you accidentally hurt them, or if the child seems unusually sore or tender in the genital area, or appears to be sexually aroused by your actions, or misunderstands or misinterprets something, or has a very emotional reaction without apparent cause – you must let the school's DSL or DDSL know what has happened and in line with the school's safeguarding policy you may be asked to record what you have observed. There could be cause for concern about the child, or alternatively the child or the parent might possibly misconstrue something you have done.

7. **Encourage the child to have a positive image of their own body**

Confident, assertive children who feel their bodies belong to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to the child's intimate care can convey lots of messages to them about what their body is "worth." Your attitude to the child's intimate care is therefore very important. Keeping in mind the child's age, routine care should be enjoyable, relaxed and fun. Times of personal care may be utilised as a time for meaningful communication between the adult and pupil.

CARE PRACTICES IN RESPECT OF EMOTIONALLY VULNERABLE CHILDREN

- When working with children there is a difficult balance to be struck between showing the children normal physical comfort at times of distress; and putting oneself in a situation of being open to allegations of abuse.

- One of the difficulties is that vulnerable children, and particularly those who have been abused, can respond unpredictably to physical contact. There is often a great deal we do not know about these children – when and where the abuse occurred, and what "triggers" will reawaken memories of the abuse. Members of staff must therefore be wary and sensitive that "normal" routine touches during intimate care may give a very different message to an abused child.

The following points may be helpful to remember when dealing with vulnerable children:

- Trauma could be associated with intimate care

- Children who have been abused can display sexualised behaviour.

- Children who have been abused may not have experienced "normal" physical contact and may misinterpret attempts by staff to show concern.

- Children should be discouraged from going around the school scantily dressed.

- If there are concerns about a child's vulnerability, staff should, except where it is impractical, avoid being left alone with a child.

- Issues about gender and sexuality should be discussed in department and staff meetings and should be a mandatory part of staff training and development.

The following are some basic guidelines to help safeguard both staff and children.

1. Be familiar with any special names the child uses for body parts. Staff should, however, use the correct terminology for body parts.

2. Supply staff should whenever possible give the pupil a choice of who they would like to help them with their intimate care.

3. Staff must close the door before allowing the child to undress. If the child is using the bathroom/toilet by themselves, the member of staff should ensure the door is closed and explain about privacy.

4. Knock on the door before entering the toilet or changing area.

5. Two staff members must support where a hoist is to be used to transition a child or young person during intimate care. One of these staff members must have received training in hoist use and be familiar with the individual care needs of the child/young person.

6. When changing a child's pad, sanitary wear or soiled clothing, the member of staff must always wear protective gloves and plastic apron.

7. Guidance for expected pad life would be 4-6 hours: consideration must be made for the fact that health professionals assess most children to require four pads per day. However, staff must change the child's pad/sanitary wear at the frequency requested by the parent/carer. A request for very high frequency of changes should be discussed and a clear rationale established for this. Parents must provide pads/sanitary wear.

8. Dispose of pads and continence aids in the hygiene bin. Take off the gloves, pulling from the wrists and turn inside out as they come away from the hand. Dispose of in the hygiene bin. Wash hands. Always use clean protective equipment (gloves and apron) for each child.

9. Use wet wipes provided by parents to clean the young person.

10. If washing a child is necessary, whenever possible do not let them be fully unclothed e.g. wash their upper body and dress before undressing their lower body.

11. Allow/encourage the child to help itself as much as possible, use hand over hand if necessary. Give frequent praise.

12. Never allow the child to leave the changing room naked.

13. Lone working – tell another staff member where you are, who you are with and when you are doing something. This is for your own protection. If you feel vulnerable, you can request that another member of staff is with you.

14. Staff should follow a health care plan for children who have gastrostomy buttons; nasal gastric tube feed pumps, suppositories or rectal medication. Only trained staff, which hold a current competence certificate, are able to carry out any of these procedures (see Supporting Pupils with Medical Needs Policy).