



Maria Fidelis
Catholic School FCJ

Intimate Care Policy	
Committee	Curriculum
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The FCJ Schools' Vision

Our vision is that FCJ schools are communities of personal and academic excellence.

Strong in companionship, the unique giftedness of every person in these faith communities is recognised, nourished and celebrated.

Our hope and expectation is that, through God's grace working in us all, each young person grows into their best self, with zest for life and the generosity and confidence to use their talents and gifts in the service of others.

The Purpose of this Policy is:

- To provide guidance on intimate care.
- To safeguard the rights and promote the best interests of the children.
- To ensure children are treated with sensitivity and respect and in such a way that their experience of intimate care is a positive one.
- To safeguard adults required to operate in sensitive situations.
- To raise awareness and provide a clear procedure for intimate care.
- To inform parents/ carers in how intimate care is administered.
- To ensure parents/carers are consulted in the intimate care of their children.

Definitions of Key Terms

- **Intimate care** - Care that involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some students are unable to do this because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of students involved in intimate self-care.

The following policies should be read in conjunction with the intimate care policy:

- Child Protection and Safeguarding Policy and procedures
- Staff Code of Conduct
- Health and Safety Policy and procedures
- Administering Medicines Policy
- Special Educational Needs and Disability Policy
- Whistleblowing Policy

This policy applies to:

- Members of staff:
Any member of staff who has had training and agrees to undertake intimate care.

Principles

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and Keeping Children Safe in Education (2015) to safeguard and promote the welfare of pupils at this school. In addition to 'Safeguarding Children and safer recruitment in education' (2006) to safeguard and promote the welfare of students at this school.

Maria Fidelis Catholic School takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act 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.

The governing body 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. We recognise that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity or sexual orientation with respect when intimate care is given.

The child's welfare and dignity is of paramount importance and the pupil's experience of intimate care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no child should be attended to in a way that causes distress or pain.

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

Best Practice

Children who require regular assistance with intimate care have written Health Care Plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or educational psychologists.

The plan should be agreed at a meeting at which all the key staff and the pupil should be present wherever possible/appropriate. These plans include a full risk assessment to address issues such as manual handling, personal safety of the child and the carers. Any historical concern is not included in the Health Care Plan but is kept separately in locked storage by the schools Designated Safeguarding Lead (DSL).

The plan should be reviewed as necessary but at least annually. Where a Health Care Plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g.: has had an 'accident' and soiled their self).

Information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the home/school diary. Staff who provide intimate care are trained in child protection, personal care (e.g. health and safety training, manual handling) and are fully aware of best practice regarding

infection control, including the need to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation. As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.

Staff who provide intimate care will speak to the pupil personally by name, explain what they are doing and communicate with the child in a way that reflects their age. All children 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 his/herself as possible. Every child's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers might need to be present when a child needs help with intimate care.

Wherever possible, the pupil's wishes and feelings will be sought and taken into account. It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care. Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; Male members of staff should not normally 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.

The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Adults who assist pupils with intimate care will be employees of the school, not students or volunteers and therefore will have the usual range of safer recruitment checks, including enhanced DBS checks. All staff will be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Child Protection

The Governors and staff recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse. The school's Child Protection Policy and Procedures will be accessible to staff and adhered to.

The school acknowledges 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 best practice will be promoted and all adults will be encouraged to be vigilant at all times.

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

Supporting dressing/undressing

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed. Staff will always encourage children to attempt undressing and dressing unaided.

Providing Comfort or Support

Pupils may seek physical comfort from staff. Where children require support, staff will be aware that physical contact must be kept to a minimum and should be child initiated. When comforting a child or giving reassurance the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate.

If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way that communicates that the touch, rather than the child, is unacceptable. If this persists, parent/carers will be notified.

Medical Procedures

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

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