



**Grange
Academy**

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Article 24: *You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.*

Intimate Care Policy

Policy Status: Statutory

Review Cycle: Annually

Owner: Charlotte Thomas – Deputy Head **Date:** October 2022

Approved by: SLT **Date:** October 2022

Review Date: October 2023

Introduction

Grange Academy is wholly committed to safeguard and promote the welfare of the children and young people in its care and to protect the staff who carry out the intimate care of pupils. Meeting a pupil's intimate care needs is one aspect of safeguarding.

LGB members fully adhere to their duties and responsibilities in relation to the Equality 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.

Definition

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 are unable to do 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, eating or dressing. It also includes supervision of children involved in intimate self-care.

Our Approach to Best Practice

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

Staff who provide intimate care should be trained to do so (Including Safeguarding, Child Protection and, where appropriate, Health and Safety training in moving and handling) and must be fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from an occupational therapist, as required and in consultation with parents/carers and health professionals. 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. A bespoke pupil care plan will then be drawn up in agreement from all involved professionals and parents/carers. This will be reviewed regularly.

As a basic principle, children will be supported to achieve the highest possible level of autonomy, 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 cleaning their own teeth or washing their hands. Where appropriate, individual intimate care plans (Pupil Care Risk Assessments or PCRA's) may be drawn up for particular children 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. Wherever possible, the same child will not be cared for by the same adult on a regular basis; this aims to 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.

Wherever possible and practicable – though this may not always be so – pupils across the school will have their personal care needs met by a staff member of the same gender. It is always desirable that all female pupils have their intimate care needs met by female members of staff. There may be some exceptional circumstances where this general rule needs to be amended however; for example, in the case of an emergency where a male member of staff is the nearest person available to assist a female pupil to safety, despite the fact that that pupil may be in an 'intimate care context'. In such an event, it would be unethical and contrary to best health and safety practice to wait for a female member of staff and thus increase the risk to the pupil concerned.

Where necessary, parents/carers will be involved with their child's intimate care arrangements on a regular basis, via discussions related to the individual child's needs. The needs and wishes of children and their parents/carers will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

The Protection of Children

Grange Academy is committed to safeguarding and promoting the welfare of children and expects all staff and volunteers to share this commitment. Our own Child Protection (Safeguarding) Policy, Local Safeguarding Children's Board guidelines, and national Child Protection procedures are accessible to staff and adhered to.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding through RSHE and life skills. This includes lessons in PSE (Personal, Social, Education), RSE (Relationships and Sex Education), Form Time, 1:1 and group intervention sessions, as well as incidentally throughout the day where relevant.

If a member of staff has any concerns about physical changes in a child's presentation when undertaking intimate care, e.g. marks, bruises, soreness etc., s/he will immediately report concerns to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead.

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.

If a child makes an allegation against a member of staff, all necessary procedures will be followed. Please refer to our Safeguarding and Child Protection Policy.

The Protection of Staff

All staff involved with the intimate care of the pupils have an enhanced DBS check. Work experience pupils, other placements and temporary or volunteer staff will **NOT** be used to support pupils with their intimate care needs. Agency Staff should not accompany learners 1:1 during personal care until authorised by the Senior Leadership Team.

To ensure positive safeguarding practice, pupils who are able to manage most of their intimate care but just need oversight or minimal prompting can be taken to the toilet by one member of staff but visibility should be high, and respectfully discrete, while any assistance is being offered. Doors are not to be locked under any circumstances within the school building although it is acknowledged that whilst in the wider community, intimate care needs of pupils may very well need to be met behind a locked door.

In an ideal scenario, if a child's intimate care needs are being attended to in the community, one staff member would supervise this in a cubicle, whilst a second staff member stands outside of the unlocked door. However, this may not always be possible (for example, due to other staff members being required elsewhere to maintain the health and safety of the overall group; or the young person may require support from two staff members, in which case locking the door would help to maintain personal dignity). It cannot be guaranteed therefore, that pupils will have their needs attended to in an unlocked cubicle and it is important that staff risk assess the situation at the time.

It is important to consider that where the intimate care needs of a young person requires two members of staff to support them – which will be determined by individual need – then both of those staff members need to be 'active' and actively required to be there. This is to mitigate against the possibility of engendering a sense in that young person that it is acceptable to have their intimate care needs attended to by one person whilst being 'observed' by another, which is plainly unsafe. Additionally, personal dignity is paramount and conversations between adults when supporting a

pupil's intimate care should be restricted and any dialogue centred on the needs of that pupil. Any Pupil Care Risk Assessments (PCRAs- see Appendix 1) should always be up to date and agreed with parents/carers. There may also be appropriate references to behaviour support strategies in this context.

The expectation is that staff will work in a 'limited touch' culture with respect to intimate care and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration, and will be appropriate given their age, stage of development and background.

Responsibilities

The personal care needs of pupils will be organised by the class team, in consultation with parents/carers and other professionals as appropriate and staff will be delegated appropriately by the teacher in that class.

At Lunchtimes staff on duty may also be involved in the intimate care of pupils and will follow the same procedures and receive the same training as class staff.

Any concerns regarding intimate care (not of a safeguarding nature) should in the first instance be referred to the class teacher. If concerns persist the class teacher should approach a member of the senior leadership team to resolve the situation.

Related School Policies, Procedures and Legislation

School relevant documents: Safeguarding and Child Protection Policy and Procedures, and Positive Behaviour Management Policy. Administering medicines Policy.

Legislation: LGB members will act in accordance with the documents 'Working Together to Safeguard Children', 'Safeguarding Children and Safer Recruitment in Education', 'What to do if you're worried a child is being abused' (HM Government, March 2015), and 'Keeping Children Safe in Education. Statutory guidance for schools and colleges' (September 2022).

Appendix 1

Personal Care Risk Assessment (PCRA)



NAME:

Form: SCHOOL: Grange Academy

TASK / ACTIVITY

DATE of ASSESSMENT:

PLAN AGREED with PARENTS:

DATE OF REVIEW:



HAZARD/RISK/DIFFICULTY	STRATEGY/SUPPORT	FURTHER ACTIONS
HAZARD	POSSIBLE MEANS OF OVERCOMING PROBLEM	ACTIONS DECIDED
In the classroom/School/hall		
On trips/when in community		

AOB – Points to note

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