



INTIMATE CARE POLICY

Date: 08.01.2022

Policy Review Cycle: *Every three years - Spring Term*

Review Assigned to: *Layfield Primary School Local Governing Body*

Introduction

The Intimate Care Policy and guidelines have been developed to safeguard children/students and staff. They apply to everyone involved in the intimate care of children/students.

Disabled children/students can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

Intimate care may be defined as any activity required to meet the personal care needs of an individual.

Intimate care can include:

- Feeding
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child/student involved in intimate self-care

This policy refers to children/students, of any age, who may require support for intimate/personal care from an adult on a daily basis, and those who may require it occasionally or exceptionally.

Aims

We are committed to ensuring that all staff responsible for the intimate/personal care, undertake their duties in a professional manner at all times, at the appropriate developmental level and degree of understanding of the child/student. This guidance is to help ensure good practice in this area and meet the rights of every child.

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

Principles

It is essential that every child/student is treated as an individual and that care is given as gently and as sensitively as possible. As far as possible, the child/student should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child's/student's position.

Given the right approach, intimate/personal care can provide opportunities to teach children/students about the value of their own bodies, to develop their safety skills and to enhance their self-esteem. Parents and staff should be aware that matters concerning intimate/personal care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.

As with all developmental milestones, there is a wide variation in the time at which children and young people develop. Intimate/personal care may need to be provided at any stage.

Parents must advise the school or setting of the intimate care needs of their child, and staff have a responsibility to work in partnership with children/students and parents.

In most circumstances for younger children, they will have a named key worker and deputy key worker who should be responsible for the majority of the care (including intimate care). However, all staff should be appropriately trained to be able to conduct this aspect of their role. Children/students should be given some choice of preference in the assigning of key workers where it is appropriate to do so.

Only teaching assistants or teaching staff should be involved in intimate care. Work experience students, parents and volunteers should never be involved in intimate care issues.

All staff working with children/students must have the appropriate level of enhanced DBS check and have gone through safer recruitment procedures to ensure their suitability to work with children/students. Clear processes and guidance in intimate care should be highlighted specifically to staff upon their Induction into the school/setting. New staff should be given the opportunity to discuss any queries or uncertainties they may have in relation to the policy.

Any staff member should be prepared to deal with intimate care circumstances at any point in their job role. They should know and understand the process and policy before undertaking the activity.

Legislation

This policy and guidance support staff to overcome any challenges and be confident they are meeting the requirements of the:

- Early Years Foundation Stage framework,
- Special Educational Needs and Disability Act (2001),
- Disability Discrimination Act (1995),
- Equality Act (2010) and related legislation,
- SEND code of practice: 0 to 25 years,
- Children and Families Act 2014
- school policy on the administration of medicines.

The Equality Act (2010) states that the responsible body of a school must not discriminate against a person:

- (a) In the arrangements it makes for deciding who is offered admission as a pupil.
- (b) As to the terms on which it offers to admit the person as a pupil.
- (c) By not admitting the person as a pupil.

It is not acceptable to ask parents to come to change their child if a child/student has a recognised disability as this is a direct contravention of the Act. Leaving any child/student soiled for any length of time is considered a safeguarding issue since it places the child/student at risk of significant harm.

Medical conditions

Any child/student with a medical condition should have a care plan in school, outlining the condition, the need for support and intervention, and the process for undertaking the intimate care. This may require additional training for staff. The parents and the child/student must be part of this process and plan and everyone should agree with how the intimate care will be provided. Medical conditions, just as any other reason for intimate care, must not be allowed to disguise any risk. For example, any cause for concern when providing intimate care must be reported and recorded and not automatically attributed to the medical condition.

Soiling/Urinating incidents

Any child/student who may have a soiling/urinating incident should be supported consistently and not made to feel embarrassed or ashamed for the incident. Where possible, they should be involved in providing their own self-care and supported by a member of staff. Children/students should be supported with spare changes of clothing or advised to bring them to school if incidents are likely to continue.

Regular incidents of this nature from the same child/student, should be monitored, recorded and reviewed for a medical condition or a safeguarding concern.

If a child/student needs to be cleaned, staff will make sure that:

- appropriate PPE (for example, protective gloves) are worn,
- the procedure is discussed in a friendly and reassuring way with the child/student throughout the process,
- the child/student is encouraged to care for him/herself as far as possible,
- physical contact is kept to the minimum possible to carry out the necessary cleaning,
- privacy is given appropriate to the child/student's age and the situation,
- all spills of vomit, blood or excrement are wiped up and either flushed down the toilet or double bagged and disposed of in the appropriate waste,
- any soiling that can be, is flushed down the toilet,
- soiled clothing is put in a plastic bag, unwashed, and sent home with the child/student.

Menstrual cycles

Any child/student who may have an incident during their menstrual cycle should be supported consistently and not made to feel embarrassed or ashamed for the incident. Again, where possible they should be involved in providing their own self-care and supported by a member of staff. Children/students should be signposted to where menstrual products are available in the setting and advised to bring additional changes of clothing with them in the event of a reoccurrence.

Staff should be vigilant of children/students in regards to incidents of Female Genital Mutilation which may be masked through menstrual cycle as well as any suspicion of concern of a child/student bleeding from their genitals which may not be a menstrual cycle. All staff must report concerns directly to the Designated Safeguarding leads.

General Information

Changing areas should be clear and visible to other staff members. It is usual for one person to undertake intimate care for the rights and privacy of the child/students, however where necessary or where risk is involved this may need to be two members of staff.

Any changes to the policy or processes involved in nappy changing or intimate care should be made to meet the needs of the individual child/student or the whole staff and not for the benefit for one individual member of staff.

It is important that a sound process of recording and documenting the intimate care of children/students in all settings by all staff is in place.

There need to be clear processes for whistleblowing and there should be an open culture of challenge within the setting so that staff feel confident to alert/inform senior members of staff to any concerns raised. Staff should refer to relevant policies for further support and advice should they have concerns.

Parents should be aware of the setting's intimate care policy and have a copy of their child's care plan. Parents should be clear about who their child's key worker is and the processes of intimate care for that setting.

The needs of children/students with delayed personal development should be met in the same way as the individual needs of children /students with any other delayed development, e.g. language. Children/students should not be excluded from normal school activities because there may be intimate/personal care issues.

Staff must take precautions for avoiding infection, follow basic hygiene procedures, including wearing protective items such as a disposable apron or gloves. Items of PPE are available for the purposes of Intimate Care.

Staffing

Teaching and teaching assistants are required to be aware of and provide support for children/students with Care Plans, but also incidents relating to illness. They should be aware that this could involve some exposure to disagreeable, unpleasant environmental working conditions as an inherent part of the job role. This could include dealing with incidents such as toileting accidents or vomiting.

Under normal circumstances, it would be expected that this job be carried out by TAs and not by teachers – although in extreme urgent cases no adult looking after a child/student should refuse to change them.

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. These should include:

- gaining a verbal agreement from another member of staff that the action being taken is necessary,
- allowing the child/student, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable,
- allow the child/student a choice in the sequence of care,
- be aware of and responsive to the child/student's reactions.

Staff should always:

- adhere to the intimate care policy and care plans,
- make other staff aware of the task being undertaken,
- always explain to the child/student what is happening before a care procedure begins,
- consult with colleagues where any variation from agreed procedure/care plan is necessary,
- record the justification for any variations to the agreed procedure/care plan and share this information with the child/student and their parents/carers,
- avoid any visually intrusive behaviour,
- where there are changing rooms or toilet areas, announce their intention of entering,
- always consider the supervision needs of the child/student and only remain in the room where their needs require this.

Adults should never:

- change or toilet in the presence or sight of children/students,
- shower with children/students,
- assist with intimate or personal care tasks which the child/student is able to undertake independently.

The best interest of children is the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children (Article 3 - Best Interests of the Child from the Convention on the Rights of the Child).

Working with Parents/Carers and other Professionals

Specific issues around intimate care needs should be discussed at a private meeting with the parent/carers. This should take place prior to admission into school or as the child/student's needs arise. The meeting will also provide an opportunity to involve other agencies as appropriate, such as a Health Visitor, School Nurse or Children's Centre Staff.

Should a child/student with complex personal care needs be admitted, the child/student's medical practitioners will need to be closely involved and a separate more specialised individual intimate/personal care plan may be required.

A personal care plan should make clear the partnership with parents when children/students are coming to school. Discussions should also identify if training is required. Such an agreement helps to avoid misunderstandings and also helps parents/carers feel confident that the school will meet their children's needs. See appendices.

It is good practice if all parties clearly understand at the outset, what physical contact is necessary and appropriate in undertaking specific activities. Keeping parents/carers and children/students informed of the extent and nature of any physical contact may also prevent allegations of misconduct or abuse arising. (Reference Safeguarding/Whistle Blowing Policies).

If children are entering primary school with intimate/personal care needs which have not be addressed, staff are advised to contact the nursing service.

Supporting dressing/undressing

Sometimes it will be necessary for staff to aid a child/student in getting dressed or undressed, particularly in Early Years and Nursery. Staff will always encourage children to attempt undressing and dressing unaided.

Providing comfort or support

Children/students may seek physical comfort from staff (particularly children in Nursery and Reception). Where children/students require physical support, staff need to be aware that physical contact must be at an appropriate level. If physical contact is deemed to be appropriate, staff must provide care which is suitable to the age, gender and situation of the child/student.

If a child/student touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child/student, is unacceptable.

Medical procedures (See Policy on Medicines)

If it is necessary for a child/student to receive medicine during the school day, parents must fill out a permission form from the school office and discuss their child's needs with a member of staff before the school agrees to administer medicines or medical care. It must be made clear to parents that staff administration of medicines is in accordance with policy (see the Supporting Pupils with Medical Needs Policy).

How this policy will be monitored: Monitoring of the effectiveness of Care plans

Appendix 1

Personal Care Plan

Child/Student's Name:

Year:

Class/Tutor Group:

Care needs:		
Assistance required:		
Additional information: For example: What are the preferred strategies for the child/student?		
Key Worker: Deputy Key Worker:		
Timetable:		
Location/equipment:		
Alternative arrangements:		
	Signatures:	Date:
Parent:		
Pupil:		
Key Worker:		
Headteacher:		

Appendix 3

Permission for Intimate Care

Full Name:
Date of Birth:
Address:

I/We give permission for school to provide intimate care to my/our child.

I/We will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example)

I//We understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

Signature:

Name:

Relationship to child:

Date: