

Intimate Care Policy

December 2018

RESPECT – EQUALITY – EFFORT

ETHOS AND VALUES

Adelaide Primary School is an exciting inner-city school that provides a first class educational experience to its children. We aim to ensure all our children are safe, enjoy coming to school, achieve highly and are very well prepared for life in modern Britain. To achieve this, all members of the Adelaide school community are expected to take responsibility and make a valuable contribution. Our core values of respect, equality and effort underpin all aspects of our work.

Rationale

It is our intention to develop independence in each child, however there will be occasions when help is required. Our Intimate Care policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our Safeguarding of pupils. The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Definition:

“Intimate care is care which involves contact with parts of the body that we usually consider to be private.” Barnado’s Carers’ Handbook.

The term ‘intimate care procedures’ includes toileting and cleansing routines, catheterisation and colostomy care.

School Responsibilities

All members of staff working with children are checked and vetted to ensure they are safe to do so. Only those members of staff who are familiar with the intimate care policy and all school safeguarding documentation are involved in the intimate care of children. Anticipated intimate care arrangements which are required on a regular basis are agreed between the school and parents and, when appropriate and possible, by the child. In such cases, consent forms are signed and stored in school.

Intimate care arrangements for any pupil who requires this support on a regular basis will be reviewed at least twice an academic year. The views of all relevant parties should be sought and considered to inform future arrangements. Any amendments to the arrangements should be recorded and made available for all parties involved.

Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. This act of intimate care would be reported to a member of staff and parents at the earliest possible time following the event.

If a staff member has concerns about a colleague’s intimate care practice, he or she must report this to the Designated Safeguarding Person

Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based. Every child has the right to:-

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

Guidelines for Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children. Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. ~~Members of staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation.~~

1. Involve the child in the intimate care - Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation - Care should be carried out by two members of staff in a private, appropriate place.

3. Make sure practice in intimate care is consistent. - As a child may have multiple carers, a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.

4. Be aware of your own limitations - Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

5. Promote positive self-esteem and body image - Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

6. If you have any concerns you must report them - If you observe any unusual markings, discolouration or swelling, report it immediately to the Child Protection Coordinator. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the Safeguarding Lead. Report and record any unusual emotional or behavioural response by the child.

Working with Children of the Opposite Sex

Every child and parent should have the choice for intimate care provider, but the current ratio of female to male staff means that all intimate care will currently be provided by a female member of staff.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- when intimate care is being carried out, all children have the right to dignity and privacy, ie they should be appropriately covered, the door closed or screens/curtains put in place;
- if the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
- report any concerns to the Designated Teacher for Child Protection and make a written record;
- parents must be informed about any concerns.

Communication with Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress, children may communicate using different methods – words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level;
- use simple language and repeat if necessary;
- wait for response;
- continue to explain to the child what is happening even if there is no response;
- treat the child as an individual with dignity and respect.

Procedures & Guidance

The need for school staff to manage intimate care for pupils is likely to be exceptional and as a result of:

- an accident (e.g. wetting, soiling)
- additional needs (e.g. toilet training has been delayed, medical, physical difficulties, SEND)

When staff are required to manage intimate care there should always be **two members of staff** present. This should take place in one of the Foundation Stage toilet areas or in the first aid room, as these locations are accessible and have the necessary resources available.

School staff should consult with senior leaders where any variation from agreed procedure is necessary. Any changes should be justified, discussed, agreed and recorded.

In the case of an one off accident

If a child soils him/herself in school, a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In either circumstance, the child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses:

- The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- The child may need instruction from staff on how to carry out this task. Staff to remain outside of the toilet cubical and to direct child on how to change and clean themselves. Wherever possible staff should provide verbal support and guidance in order for the child to manage their own intimate care. Only in exceptional circumstances should there be the need for any physical contact between the adult and child, and this should always be followed by on-going communication with the child.
- If a child is not able to complete this task with adult direct, school staff will attempt to contact their emergency contact to inform them of the situation.
- If the emergency contact is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
- If the emergency contact cannot attend, school will seek verbal permission for staff to change the child. If none of the contacts can be reached a senior member of staff is to be consulted and the decision taken on the basis of loco-parentis and our duty of care to meet the needs of the child. If physical contact is necessary, the adult should explain to the child what needs to be done. Intimate care may then need to be provided.
- Following any intimate care procedure, a record should be completed on the appropriate form (attached) **or in the individual child's record book**, and stored in the Medical Needs file which is kept securely in the school office. Parents should be notified and wet/soiled clothes returned. (Records are kept for any intimate care procedure, defined as - care which involves contact with parts of the body that we usually consider to be private)

- When no contact has been made with the child, parents can be informed of the incident verbally.

In the case of a nappy/pull up needing to be changed

- For pupils requiring intimate care on a regular basis an 'Intimate Care Plan' should be drawn up.
- When staff are required to manage intimate care there should always be **two members of staff** present. This should take place in one of the Foundation Stage toilet areas or in the first aid room, as these locations are accessible and have the necessary resources available.
- When intimate care is being carried out, all children have the right to dignity and privacy, ie they should be appropriately covered, the door closed or screens/curtains put in place.
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- If the child is wearing a pull-up, he/she may need instruction from staff on how to change. Staff could remain outside of the toilet cubical and direct the child on how to change and clean themselves. Wherever possible staff should provide verbal support and guidance in order for the child to manage their own intimate care.
- If the child is wearing a nappy, the child will need to be laid down on a changing mat.
- Facilities – sufficient disposable resources should be to hand – disposable gloves; latex powder-free gloves; changing mats; wipes for changing mat and disinfectant. Surfaces should be wiped down after each procedure and hands washed thoroughly including the child's hands. Equipment needs to be left in a safe, clean condition.
- Disposal procedures – all waste is double bagged and placed in the designated medical waste bin.
- Following any intimate care procedure, a record should be completed on the appropriate form (attached) **or in the individual child's record book (Foundation Stage)**, and stored in the Medical Needs file which is kept securely in the school office. Parents should be notified and wet/soiled clothes returned.

Guidance relating specifically to pupils with an Intimate Care Plan

1. In order to ensure that intimate care is provided with dignity and respect, school staff should plan carefully liaising with the pupil and family.
2. When drawing up the Intimate Care Plan, the views of the pupil, parents/carers and staff will be taken into account and recorded on the appropriate form (attached).
3. Any appropriate equipment necessary for the Intimate Care Procedure will be identified and resourced by the appropriate agency (e.g. parents/LA/School/Health Agencies).

4. Staff working with pupils requiring intimate care procedures will have enhanced DBS disclosures, and access to training in child protection procedures as well as in moving and handling training where appropriate.
5. Staff should not attempt to carry out any procedure for which they have not received training and/or advice. The school should ensure that sufficient staff have the necessary training to cover for staff absence.
6. It is expected that sufficient personal articles e.g. nappies/pads will be provided by the parents/carers.
7. The Intimate Care Plan should be reviewed regularly depending upon the development of the pupil or if there have been any changes in therapeutic or medical needs. It should be reviewed at least twice within the academic year.
8. Consideration will be given to the pupil's intimate care needs when planning a school trip or residential. The school will identify the pupil's needs and requirements and the facilities available. It will also consider what equipment/resources will need to be transferred or transported. When planning school trips all reasonable steps will be made to include pupils who require intimate care. This will be demonstrated through the risk assessments for the school trip.

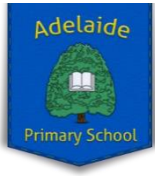
OTHER RELEVANT POLICIES

Below is a list of all other relevant policy documents. These documents can be found in: **Google drive – shared staff – staff handbook** file.

- HET Safeguarding policy
- Adelaide Primary School Safeguarding Practices
- Staff code of conduct
- Safer working practices guidance
- Data protection policy
- Whistle blowing policy

Date completed: December 2018

Date to be reviewed: December 2019



Intimate Care Plan

Child's name:	Child's date of birth:
Date care plan was written:	Date of next review:
Adults present when writing care plan:	
Reason for the need for an intimate care plan:	
Nature of intimate care required (i.e. nappy/pull-up/colostomy):	
Agreed procedures for the administering of care:	
Recourses required (to be provided by the parent/carer):	

Parental Permission

Should it be necessary, I give permission for _____ to receive intimate care (e.g. help with changing or following toileting). I understand that staff will endeavour to encourage my child to be independent. I understand that I will be informed discretely should the occasion arise.

Signed (parent) : _____ Date: _____

Signed (representative of school) : _____ Date: _____

