

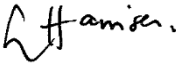
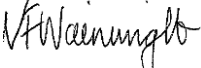




**St Mary Magdalene C of E School**  
**with**  
**Christ Church C of E Primary School**

# Intimate Care Policy

<b>This policy was:</b>	Written in	December 2019		
	Updated in	September 2022		
	Review date	Autumn Term		
	Approved by	Mr Patrick Elliott	Mrs J Eastaugh	
		<i>Co-Chairs of Governors</i>		
				
		Mrs C Harrison	Mrs V Wainwright	
		<i>Federation Co-Headteachers</i>		
				

## **INTRODUCTION**

The Koinonia Federation is committed to ensuring that all staff responsible for the intimate care of children and young people will undertake their duties in a professional manner at all times. The Koinonia Federation takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. The Governing Body recognises its duties and responsibilities in relation to the Equality Act 2010 which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against. We recognise that there is a need for children and young people to be treated with respect when intimate care is given. No child shall be attended to in a way that causes distress, embarrassment or pain. Staff will work in close partnership with parents and carers to share information and provide continuity of care.

## **DEFINITION**

Intimate care may be defined as 'any activity required to meet the personal care needs of each individual child'. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Photographs
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

## **PRINCIPALS OF INTIMATE CARE**

The following are the fundamental principles upon which the policy and guidelines are based:

- 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

## **GUIDELINES TO 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. Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

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 care tasks / treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard children and staff.

### **Involve the child in their intimate care**

Try to encourage a child's independence as far as possible in his/her intimate care. Where the child is fully dependent talk with them about what is going to be done and give them a choice where possible.

Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation. A lot of care is carried out by one staff member / carer alone with one child. The practice of providing one-one intimate care of a child alone is supported, unless the activity requires two persons for the greater comfort / safety of the child or the child prefers two persons.

### **Make sure practice in intimate care is consistent**

As a child can have multiple carers a consistent approach to care is essential. Effective communication between parents / carers / agencies ensures practice is consistent.

### **Be aware of own limitations**

Only carry out care activities you understand and feel competent and confident to carry out. If in doubt, ask. Some procedures must only be carried out by staff who have been formally trained and assessed.

### **Promote positive self-esteem and body image**

Confident, self-assured children and young people who feel their body belongs 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 relaxed. If you have any concerns, you must report them. If you observe any unusual markings, discolorations or swelling including the genital area, report immediately to your Designated Safeguarding Lead. If during the intimate care of a child you accidentally hurt them, or the child appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to your Designated Safeguarding Lead. Report and record any unusual emotional or behavioural response by the child or young person on our CPOMs system. A written record of concerns must be

made and kept in the child's nursing / medical notes/on CPOMs. It is important to follow our reporting and recording procedures. Parents / carers must be informed about concerns.

Please refer to:

- Regional Area Child Protection Committee Child
- Protection Procedures – April 2005
- DENI Child Protection & Pastoral Care Guidance 1999
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007

CARE PLANS - not all of our schools are equipped with places to clean a child in a major accident (eg. bath or shower) therefore the child will need to be taken home to be cleaned properly

Where a pupil has particular needs (e.g. wearing nappies or pull-ups regularly, or has continence difficulties which are more frequent than the odd 'accident') staff will work with parents/carers (and health visitors/school nurse, if appropriate) to set out a care plan to ensure that the child is able to attend daily. The written care plan will include:

- Who will change the child including back-up arrangements in case of staff absence or turnover
- Where changing will take place
- What resources and equipment will be used (cleansing agents used or cream to be applied) and clarification of who is responsible (parent or school) for the provision of the resources and equipment.
- How the product, if used will be disposed of, or how wet or soiled clothes will be kept until they can be returned to the parent/carer
- What infection control measures are in place
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries
- Training requirements for staff
- Arrangements for school trips and outings
- Care plan review arrangements

### **Care Plan Agreements**

In these circumstances it may be appropriate for the school to set up an agreement that defines the responsibilities that each partner has, and the expectations each has for the other. This will include, the parent:

- agreeing to ensure that the child is changed at the latest possible time before being brought to the school
- providing the school with spare nappies or pull ups and a change of clothing
- understanding and agreeing the procedures that will be followed when their child is changed at school –including the use of any cleanser or wipes
- agreeing to inform the setting/school should the child have any marks/rash
- agreeing to a 'minimum change' policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home.
- agreeing to review arrangements should this be necessary

We will:

- agree to change the child during a single session should the child soil themselves or become uncomfortably wet
- agree how often the child would be changed should the child be staying for the full day
- agree to monitor the number of times the child is changed in order to identify progress made
- agree to report should the child be distressed, or if marks/rashes are seen
- agree to review arrangements should this be necessary.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting is taking a holistic view of the child's needs. Should a child with complex continence needs be admitted, the school will consider the possibility of special circumstances and/or provision being made. In such circumstances, an appropriate health care professional (School Nurse or Family Health Visitor) will be closely involved in forward planning.

## **WORKING WITH CHILDREN OF THE OPPOSITE SEX**

There is a positive value in both male and female staff being involved with children. Ideally, every child should have the choice of a carer for all their intimate care. The individual child's safety, dignity and privacy are of paramount importance. The practical guidelines set out below, are written in the knowledge that the current ratio of female to male staff means we are far less likely to be able to offer the choice of same sex carer to male children.

### **General Care**

Male and female staff can be involved with children of either sex in:

- (a) Key working and liaising with families
- (b) Co-ordinating of and contribution to a child's review
- (c) Meeting the developmental, emotional and recreational needs of the children
- (d) Escorting the children between sites, on outings and to clinics unless intimate care is needed

### **Intimate Care**

Wherever possible, the children and young people should be offered the choice of a carer and a second carer. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates. It may be possible to determine a child's wishes by observation of their reactions to the intimate care they receive. Do not assume that a child cannot make a choice.

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

(a) The delivery of intimate care by professionally qualified staff will be governed by their professional code of conduct in conjunction with our policy and procedures.

(b) When intimate care is being carried out, all children have the right to dignity and privacy i.e. they should be appropriately covered, the door closed or screens / curtains put in place.

(c) If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.

(d) Report concerns to your Designated Safeguarding Lead at your campus and record it.

(e) Parents / carers must be informed about concerns

### **COMMUNICATION WITH CHILDREN AND YOUNG PEOPLE**

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. Children communicate using different methods e.g. words, signs, symbols, body movements, eye pointing.

To ensure effective communication:

- Ascertain how the child communicates e.g. consult with child, parent / carer and, if appropriate, communication needs must be recorded. If further information is required, please consult with the child's Speech and Language Therapist
- 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

APPENDIX A

**Intimate Care Plan Agreements**

The parent:

- I agree to ensure that the child is changed at the latest possible time before being brought to the setting/school
- I will provide the setting/school with spare nappies or pull ups and a change of clothing
- I understand and agree the procedures that will be followed when my child is changed at school – including the use of any cleanser or wipes
- I agree to inform the setting/school should the child have any marks/rash
- I agree to a 'minimum change' policy i.e. the school will not undertake to change the child more frequently than if s/he were at home.
- I agree to review arrangements should this be necessary

Signed: ..... (parent/carer)

The school:

- We agree to change the child during a single session should the child soil themselves or become uncomfortably wet
- We agree to monitor the number of times the child is changed in order to identify progress made
- We agree to contact the parent/carer should the child be distressed, or if marks/rashes are seen
- We agree to review arrangements should this be necessary.

Signed: ..... (school member of staff)

Name: ..... (school member of staff)

Date: .....

APPENDIX B

**Intimate Care Plan**

<b>Name of Child:</b>	
<b>Name of person(s) to change child:</b>	
<b>Name of person(s) to change the child if main adult is unavailable:</b>	
<b>Where will changing take place:</b>	
<b>What resources and equipment will be used:</b>	
<b>Who will provide the resources and equipment that will be used:</b>	
<b>Training requirements for staff:</b>	
<b>Disposal of product in:</b>	
<b>Infection control measures:</b>	
<b>Special arrangements for trips/outings:</b>	
<b>When will the plan be reviewed:</b>	
<b>Review comments:</b>	

**If the child is distressed, a member of staff will contact the parent/carer**

Signed by.....



**Name**.....

**Date**.....