

**Intimate Care Policy**

2020-2022



**We aim to:**

* Safeguard the rights and promote the welfare of all children and young people, including those who may be more vulnerable to abuse.
* Provide guidance and reassurance to staff whose duties may include intimate care.
* Assure parents and carers that staff are knowledgeable about personal care and that their individual needs and concerns are taken into consideration.
* Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

It is our intention to develop independence in each child, however there will be occasions when assistance may be required.

This policy applies to everyone involved in the intimate care of children within school.

‘Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and/or the child.’

In school this may occur on a regular basis or during a one-off incident.

*This policy has been updated in light of the current restrictions in place due to Covid-19. Where at all possible children will be assisted to change or clean themselves, with staff members providing support and care from a safe distance (ensuring a child’s privacy is respected and they are treated with dignity).*

*In cases where this is not possible and adult assistance is required, staff will wear appropriate Personal Protective Equipment (PPE) to support the child.*

*For children who require daily intimate care, due to a medical or special educational need, full PPE equipment will be worn by the member of staff.*

*Any waste material generated following the intimate care will be double bagged before being discarded in a bin with a lid. Bins will be emptied twice a day in line with the Covid-19 risk assessment.*

*In cases where further support is needed for the child, one parent or carer will be asked to attend school, (adhering to the Covid-19 visitor procedures in place).*

**All staff at King’s Meadow Academy must be sensitive to each child’s individual needs.**

**What Intimate Care Includes**

Intimate care is any care that involves one of the following:

1. Assisting a child to change their clothes

2. Changing or washing a child who has soiled/wet themselves

3. Supervising a child to apply sun cream

4. Providing first aid assistance

5. Providing comfort to an upset or distressed child

6. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.

Any child who requires intimate care is treated with respect at all times; we recognise that the child’s welfare and dignity is of paramount importance. We will work with parents and children to establish a preferred procedure for supporting the child in our care with their personal and intimate needs.

In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

Where possible the child’s key-person is responsible for undertaking their care. When this is not possible, a staff member who is known to the child will take on that responsibility. The staff member who is involved will always ask the child for permission to assist them.

**Working with parents**

We believe that our partnership with parents is an essential principle in our setting and is particularly necessary in relation to children needing intimate care. We recognise that the information required to carry out intimate care is available from parents and prior permission must be obtained from parents before intimate care procedures are undertaken (see Appendix 1).

We acknowledge that cultural and diversity influences may affect what is deemed ‘intimate’ and ensure we pay regard to social, ethnic and cultural perspectives through open dialogue with parents.

**Parents have the responsibility to advise the school of any known intimate care needs relating to their child.**

Those children with an identified need for daily intimate care will have an individual care plan in place, which has been agreed and signed by parents / carers.

**Principles of Intimate Care**

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

* Every child has a 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;
* All children have the right to be involved and consulted in their own intimate care to the best of their abilities;
* All children have the right to express their views on their own intimate care and to have their views taken into account; and
* Every child has the right to have levels of intimate care that are appropriate and consistent.

**Assisting a child to change his / her clothes**

This is more common in our Foundation Stage.

On occasions, an individual child may require some assistance with changing if, for example, they have had an accident at the toilet, get wet outside, or has vomit on their clothes.

Staff will always encourage children to attempt undressing and dressing unaided. However, if they do need assistance this will be given.

Staff will always ensure that a colleague has been alerted when supporting dressing/ undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way, parents will be contacted and asked to assist.

**Changing a child who has soiled/wet themselves**

If a child soils/ wets themselves whilst in school, a professional judgement will be made as to 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 they 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 their underwear in private and carry out this process themselves.
* School will have a supply of wipes, clean underwear and spare uniform for this purpose.
* If a child is not able to complete this task unaided, assistance will be given. Staff will always ensure that they have made a colleague aware when supporting dressing/undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so.
* Parents will be sent for and asked to assist their child if they become distressed
* If the parent/carer is unable 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.
* The member of staff who has assisted a pupil with intimate care will complete the appropriate record which parents / carers should then be asked to sign.

When changing a child who has wet / soiled themselves, staff must:

* Ensure that the action they are taking is necessary. (Where possible the child should do things for themselves).
* Ensure the child is happy with who is assisting with changing them.
* Communicate with the child in a calm manner.
* Be responsive to any distress shown.
* Always wear protective disposable gloves and apron.
* Seal any soiled clothing in a plastic bag for return to parents.

**Assisting a child to apply sun cream**

Parents and carers will be advised to apply sun cream to their child **before they come to school** if the weather is particularly hot. During the school day, it may be necessary for the sun cream to be reapplied. Children should bring sun cream in a named bottle. The sharing of sun cream between children is not permitted. If a child has not brought sun cream and it is felt necessary that they require sun cream applying, a phone call will be made to parents / carers. Children should bring ‘spray’ sun cream as the application of this can be easily supported by an adult. The staff member can spray the cream onto the child’s arms / hands without unnecessary physical contact and allow them to apply it to themselves. Time will be given in class before playtimes/lunchtimes for the application of sun cream so that children can be advised and given the time to apply it. Where possible in the case of extreme hot weather the children will be encouraged to access shade or brought into school out of the direct sun.

**Providing first aid assistance**

Providing first aid to children is a daily occurrence and often requires physical contact or intimate care. If this is necessary the staff member carrying out the first aid should ask permission from the child, e.g:

* Can I look at your leg?
* Can I feel your head?

They should talk to the child about what they are doing, e.g. *I am just going to wipe your knee.*  If removal of clothing is required to check an injury, permission from the child should be sought and a second colleague must be informed. All care provided will be recorded in the accident book.

In the case of more significant injuries children should not be lifted up or moved unless deemed absolutely necessary by a more qualified paediatric first aid, in order to prevent them from coming to any other significant harm. If a child is not able to get up to a standing position themselves then a first aid trained member of staff must attend to them until a time when they can get up or a time when it is deemed necessary to call an ambulance.

**Providing comfort to an upset or distressed child:**

There are situations and circumstances where children seek physical comfort from staff.

Where this happens staff need to be aware that any physical contact must be kept to a minimum. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context.

**Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.**

Our Administration of Medications Policy outlines arrangements for the management of the majority of medications in school. Parental permission must be given before any medication is dispensed in school. A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medications Policy will have an Individual ‘Care Plan’. This Care Plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.

**Guidelines For Good Practice**

All children have the right to be safe and 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. Adhering to the following guidelines of good practice should safeguard both children and staff:

* 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.
* Treat every child with dignity and respect and ensure privacy appropriate to the child’s age and situation.
* 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.
* 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.
* 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 many 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.
* If you have any concerns, you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to a Designated Safeguarding Lead.
* 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 a Designated Safeguarding Lead.**
* **Report and record any unusual emotional or behavioural response by the child on CPOMS and alert the DSL.**

*Appendix 1*

Dear Parents,

I am writing to you regarding occasions when your child may need support with intimate care routines. We have drawn up the attached guidelines to ensure that your child’s needs are met in a professional and dignified manner at all times.

I would be grateful if you could sign and return the slip below once you have read the guidelines and agree to the school carrying out ‘intimate care’ procedures when necessary.

Yours sincerely,

Headteacher

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I have read a copy of the School’s ‘Personal and Intimate Care Policy.’

I agree to the school carrying out ‘intimate care’ on my son/daughter when necessary.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOILET TRAINING/CHANGING RECORD**

(*to be completed after each ‘intimate care’ activity*)

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date | Time | Comment e.g. what action was taken |
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