



## Policy for Intimate Care

### Introduction

Staff who work with young children who have special needs realise that the use of intimate care requires staff to be respectful of children's needs. Intimate care is defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Leftwich Community Primary work in partnership with parents/ carers to provide continuity of care to children wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal Social Emotional and Health Education to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Leftwich Community Primary is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. The school recognises that there is a need to treat all children with respect when intimate care is given. No child is attended to in a way that causes distress or pain.

### 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. Staff who provide intimate care are trained to do so (including Child Protection and, if needed, Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus is provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

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. Wherever possible staff who are involved with the intimate care of children will not usually be involved with the delivery of Sex and Relationship Education to their children as an additional safeguard to both staff and children involved.

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.

As a basic principle children are supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate 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.

Each child's right to privacy is respected. Careful consideration is given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible, one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented in a care plan. Wherever possible, the same child should not be cared for by the same adult on a regular basis; best practice indicates that there should be a rota of carers known to the child who will take turns in providing care. This will ensure 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.

Parents/ carers are involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents are carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child has an assigned senior member of staff to act as an advocate to whom they are able to communicate any issues or concerns that they may have about the quality of care they receive.

## **Additional Guidance**

### **Children wearing nappies**

Schools may have concerns regarding Child Protection issues when they are asked by parents to admit a child who is still wearing nappies. Child Protection need not present an issue. It is good practice to provide information for parents of the policy and practice in the school. Such information should include a simple agreement form for parents to sign outlining who will be responsible, within the school, for changing the child and when and where this will be carried out. This agreement allows the school and the parents to be aware of all the issues surrounding this task from the outset.

### **Changing Facilities**

Children who have long-term incontinence will require specially adapted facilities. The dignity and privacy of the child should be of paramount concern. Consideration is given to the sighting of this area from a health and safety aspect. At Leftwich Primary the changing area is situated in the disabled toilet facility in the junior corridor where a changing bed has been provided.

### **Equipment Provision**

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, and wipes and the parent should be made aware of this responsibility. The school is responsible for providing gloves, a bin, surface wipes and liners to dispose of any waste.

### **Health and Safety**

Staff should wear gloves when dealing with a child who is bleeding or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin that is specifically designated for the disposal of such waste.

### **Special Needs**

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and IEPs for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the school should be easily understood and recorded. Parents of pupils with regular soiling/ wetting will be encouraged to leave a change of clothes in school for the use of their child.

Regardless of age and ability, the views and/ or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

### **First Aid and Intimate Care**

Members of staff who administer first aid should ensure, whenever possible, that another adult is present. The pupil's dignity must always be considered and where contact of a more intimate nature

is required (e.g. assisting with toileting or the removal of soiled/ wet clothing) another member of staff should be in the vicinity and should be made aware of the task being undertaken.

### **Out of School Visits and Clubs**

Staff should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's policy and all LEA guidance regarding out of school activities. To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, visits etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

## **The Protection of Children**

Education Child Protection Procedures and Multi-Agency Protection procedures are accessible to staff and adhered to. Where appropriate, all children are taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated officer for child protection (Lynn Guy, SENCO and Deputy Head). The normal procedures are then followed. If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter is looked into and outcomes recorded. Parent/ carers are contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules may be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice may be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.

## **Procedure for changing/ cleaning children**

Where?

- Disabled toilet located in junior corridor

Procedure

- Promote independence
- Support independence
- Adult to change and clean child

Equipment to use

- Plastic gloves
- Nappy sacks for soiled wipes
- Nappy sacks for soiled underwear/ clothes
- Soil bin
- Wet wipes
- Surface cleaner

Note to be sent home – record of incident

Reviewed and approved by Governing Body – April 2016

Signed  
Chair of Governors \_\_\_\_\_ Date \_\_\_\_\_

Signed  
Headteacher \_\_\_\_\_ Date \_\_\_\_\_