

Intimate Care Policy

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1 Introduction

- 1.1 Staff who work with young people who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.
- 1.2 Intimate care can be 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 drying, changing or dressing following physical activity. It could also include the supervision of children involved in intimate self-care.
- 1.3 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 from The Academy will often work in partnership with parents/carers to provide continuity of care to young people wherever possible.
- 1.4 The Academy 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 and recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain. Intimate care will only be carried out by school staff, all of whom have had an enhanced DBS check, no volunteers will be present or carry out any intimate care tasks.
- 1.5 The following principles are a basis for this policy and guidelines:
 - 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.

2 Application

- 2.1 All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- 2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist/school nurse as required.
- 2.3 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 in the intimate care of young people will not usually be involved with supporting the child in lessons during the delivery of sex and relationship education as an additional safeguard to both staff and the young people involved.

- 2.4 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.
- 2.5 As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can.
- 2.6 Occasionally some children will present with additional needs that may require assistance with toileting or a medical condition requiring regular intimate treatment. In this circumstance an individual intimate care plan will be drawn up collaboratively between the school, parents/carers and the child to meet their needs in an inclusive, respectful and safe manner. We will liaise with the school nurse and/or other external agencies where appropriate in the production of a plan.
- 2.7 In the event of a toileting accidents children will be encouraged where possible to independently change/clean themselves and parents will be informed of the incident.
- 2.8 For younger children having a toileting accident:
- They will be supervised to change to ensure they can manage adequately and assisted where necessary.
 - The staff member will inform another adult that they are supervising changing.
 - If the child is changing independently then only one member of staff is required to be present.
 - Younger children will be encouraged to be as independent as possible, maintaining their dignity at all times.
 - The event will be logged within the Intimate Care Log folder.
 - In the event that a child requires significant assistance, 2 adults will be present, PPE provided by the school will be worn (gloves, apron). Children will be encouraged to undertake as much of the task as possible independently, minimising staff involvement on a practical level but maintaining the required amount of support, assistance and reassurance.
 - For any child who requires nappy changing (Individual intimate care plan would be in place), suitable nappy changing facilities are made available in each academy.
 - Where possible shower facilities are available on site.
- 2.9 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be actively involved when a child needs help with intimate care. Wherever possible one child will be cared for by one adult, unless there is a sound reason, for having two adults in attendance. A second adult will be present at all times for safeguarding purposes.
- 2.10 Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, 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.
- 2.11 Parents/carers will be 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 will be carefully

considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

- 2.12 Each child/young person will have an assigned member of staff, for example, their Form Tutor/Class Teacher/Member of Inclusion staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

3 Protection of children

- 3.1 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 3.2 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 appropriate manager/ designated person for child protection. A clear record of the concern will be completed and referred to appropriate staff as necessary, in the first instance this should be a member of the safeguarding team. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.
- 3.3 If a child makes an allegation against a member of staff, all necessary procedures will be followed.

