

# Intimate care Policy

## Hill View Primary



**Policy Approved by Governors**

|  |                             |
|--|-----------------------------|
| <b>Version: 5</b>                      | <b>Date: September 2021</b> |
| <b>Approved by Board of Governors:</b> | <b>Date:</b>                |
| <b>Next Review Date:</b>               | <b>September 2022</b>       |
| <b>Written by:</b>                     | <b>Inclusion Team</b>       |

## **Definition of Intimate Care**

*'Intimate care is any physical care that involved an invasion of bodily privacy, and which may be a potential source of exposure or embarrassment to the student or their carer. Intimate care is any care which involves bodily contact during procedures such as washing or carrying out an invasive procedure such as cleaning up a student after they have soiled themselves, to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.'*

This school is committed to safeguarding and promoting the wellbeing of all our children.

### Introduction

Intimate care is any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body, such as cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.

This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed. At Hill View Primary Academy all staff are checked with the Disclosure and Barring Service (DBS) and we are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional and caring manner at all times. We believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in our school and provide appropriate support for each child on an individual basis. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

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 child's 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.

## **Our approach to Best Practice**

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

We will work with parents of a child who requires intimate care to establish a preferred procedure for supporting the child.

Where these procedures may require specialist training, we will seek out training for the staff who will be involved in a child's care, ensuring that the child's key-person and at least one other member of staff accesses the training.

Staff members who are known to the child will take on that responsibility for changing children. The staff member who is involved will always ask the child for permission to assist them. The child will be supported to achieve the highest level of autonomy and independence that is possible given their age and ability. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. It is the parent's responsibility to provide nappies, disposal bags, wipes, changing mat.

### **Positive approaches to intimate care:**

Refer to good practice guidelines displayed in bathrooms / changing areas

- Get to know the student beforehand in other contexts to gain an appreciation of his/her moods and verbal and non-verbal communication; have a knowledge and understanding of any religious and/or cultural sensitivities regarding aspects of intimate care related to the individual student and take full account of these;
- Speak to the student personally by name so that he/she is aware of being the focus of the activity;
- Give explanations of what is happening in a straightforward and reassuring way; be aware of others around who may be able to hear what is being said.
- Enable the student to be prepared for and to anticipate events whilst demonstrating respect for his/her body, for example, by giving a strong sensory clue such as the cloth or pad to signal intention to wash or change;
- When washing, always use a disposable cloth and where possible encourage the student to attempt to wash private parts of the body him/herself; (females should be washed front to back)
- Provide facilities which afford privacy and modesty;
- Respect a student's preference for a sequence of care;
- Keep records which note responses to intimate care and any changes in behaviour;
- Agree appropriate terminology for private parts of the body and functions to be used by staff and encourage student to use these terms as appropriate;
- Speak to older students in a way that reflects their age;
- Undertake intimate care with tact, sensitivity and in an unhurried manner;
- Ensure that the student is the focus of attention. Any conversation should involve and be appropriate to the student.

During the delivery of intimate care, should the member of staff have cause for concern regarding possible student abuse, the recognised safeguarding procedures should be followed, notifying the designated member of staff with responsibility for safeguarding.

### **Hygiene**

- All staff must follow infection control guidelines and be up to date with these guidelines.
- Staff must have access to protective disposable gloves and disposable apron, and take the necessary care when dealing with spillage of blood or other bodily fluids and disposing of dressings or other equipment.
- Staff must wash their hands before and after carrying out intimate care.

### **Partnership and Participation**

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 gained from parents as is prior permission (see Appendix 1). We acknowledge that cultural influences may affect what is deemed 'intimate' and ensure we pay regard to social, ethnic and cultural perspectives through open dialogue with parents.

- Parents/carers should be closely involved in the preparation of student' care plans; arrangements should be discussed on a regular basis and recorded on the student's care plan.
- Intimate care should be a positive experience. It is essential that every student is treated as an individual and that care is given as sensitively and gently as possible.
- It is important for staff to bear in mind how they would feel in the student's position.
- Students should be encouraged to be as independent as possible.
- Care to be delivered should be explained to the student according to their age and understanding prior to & during carrying out personal care, and when possible their permission sought.
- As far as possible, the student should be allowed to exercise choice, furthermore should be encouraged to have a positive image of his/her own body.
- When any intimate care is carried out on children with individual care plans, it will be recorded on their own personal record (see appendix 2). All information concerning intimate care procedures is recorded and stored securely.

We appreciate that sometimes children have toileting 'accidents' which are out of character for them. In the event of this, and in the absence of a personal intimate care plan, the child would be fully encouraged and supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage the child to do as much for his/herself as possible and parents will be informed the same day. On the rare occasion that a child is soiled to a point where they are unable to clean themselves to a comfortable state, parents would be contacted immediately so that the child could be taken home for bathing.

### **Care Plans**

- The main purpose of the care plan is to identify the support that is needed for the student at school. It is written in consultation with the parents and where relevant, appropriate medical professionals.
- This plan clarifies for staff, parents and the student the help that the school can provide.
- Any special requirements or concerns relating to the intimate care should be identified and documented.
- Individual care plans should be reviewed on a regular basis. This will be done as part of the annual review process, but changes must be made as they occur.

### **The Protection of Children**

Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding to build their confidence and assertiveness about their own body and its worth. Confident and assertive children who feel their body belongs to them are less vulnerable to abuse.

If a member of staff has a concern about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will follow our safeguarding procedures.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

If a child makes an allegation against a member of staff, all necessary procedures will be followed. (See Safeguarding and Child Protection Policy and Procedures)

### **Allegations of Abuse**

Personnel working in intimate situations with children can feel particularly vulnerable. This school policy can help to reassure both staff involved and the parents of vulnerable children. Action will be taken immediately should there be a discrepancy of reports between a child and the personal assistant. Where there is an allegation of abuse, the guidelines in the Child Protection procedures will be followed.

### **Policies**

These guidelines should be read in conjunction with policies:

- Health and Safety Policy
  - Child Protection and Safeguarding Policy
    - Administering Medicine Policy
  - Complaints Policy
- SEND policy

The governing body reviews this policy every two years. The governors may, however, review the policy earlier than this, if the government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved.

**Appendix 1**

(Letter to parent(s) outlining policy/procedures and their consent to carry out 'intimate care')

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 -----

I have read a copy of the School's 'Intimate Care Policy.'

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

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

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

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

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

DRAFT

**Appendix 2**

TOILET TRAINING/CHANGING RECORD (To be completed after each 'intimate care' activity) Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

| Date | Time | Adult | Comment e.g. What action was taken |
|------|------|-------|------------------------------------|
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |
|      |      |       |                                    |