

Intimate Care Policy

INTRODUCTION

Ryedene Primary and Nursery School is committed to providing personal care that has been recognised as an assessed need when working with young children or children/young people* who have special needs and indicated in the care plan for an individual child, in ways that:

- maintain the dignity of the individual child.
- are sensitive to their needs and preferences.
- maximise safety and comfort.
- protect against intrusion and abuse.
- respect the child's right to give or withdraw their consent.
- encourage the child to care for themselves as much as they are able and protect the rights of everyone involved

This policy applies to all staff undertaking personal care tasks with children but particularly to those who are in the Early Years Foundation Stage or children with additional needs. The normal range of development for this group of children indicates that they may not be fully toilet trained. Due to parenting issues it may be that some may not even have commenced toilet training at this age. In addition to this there are other vulnerable groups of children and young people that may require support with personal care on either a short, longer term or permanent basis due to SEN and disability, medical needs or a temporary impairment. This could include:

- ☐ children and young people with limbs in plaster
- ☐ children and young people needing wheelchair support
- ☐ children and young people with pervasive medical conditions

Definition

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. Intimate personal care tasks can include:

- body bathing other than to arms, face and legs below the knee.
- toileting, wiping and care in the genital and anal areas.
- dressing and undressing.
- application of medical treatment, other than to arms, face and legs below the knee
- supporting with the changing of sanitary protection
- Providing comfort to an upset or distressed child
- Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.

The Procedures

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, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc. Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given. Staff will always ensure that they have a colleague in attendance 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 sent for and asked to assist their child and informed if the child becomes distressed.

Changing a child who has soiled him/herself

If a child soils him/herself in school a professional judgement has to be made 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 he/she 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 his / her underwear in private and carry out this process themselves.
- ☐ School will have a supply of wipes, clean underwear and spare uniform for this purpose. (A limited supply of clean underwear and spare uniforms are available).
- ☐ If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
- ☐ If the emergency contact is able 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.
- ☐ If the emergency contact cannot attend, school will seek verbal permission for staff to change the child. If none of the contacts can be reached the headteacher is to be consulted and the decision taken on the basis of loco-parentis and our duty of care to meet the needs of the child.
- ☐ The member of Staff who has assisted a pupil with intimate care will complete the relevant record.

Providing comfort or support to a child:

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Where this happens staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Teacher for Child Protection.

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

Our Supporting Pupils with Medical Conditions 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 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.

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.

Staff who provide intimate care to children have a high awareness of child protection issues.

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 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 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 in the intimate care of children/young people, will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people 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 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. 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 and health.

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 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.

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. Each child/young person will have an assigned senior member of 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.

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.

Child Protection/Safeguarding Guidelines

- ☐ Ensure that the action you are taking is necessary. Get verbal agreement to proceed –

CARE – CONCERN – COMMUNICATE.

Pastoral Care Procedures

- ☐ Ensure the child is happy with who is changing him / her.
- ☐ Be responsive to any distress shown.

Basic hygiene routines

- ☐ Always wear protective disposable gloves.
- ☐ Seal any soiled clothing in a plastic bag for return to parents.

In the case of Foundation Stage children and in particular a Primary 1 child, in order to avoid any unnecessary distress, a member of staff may assist the child, with a colleague in attendance,

unless a parent has requested otherwise or if the child is reluctant. Parents will be contacted as soon as it is practical to do so.

When an adult has performed an intimate care procedure either the intimate care / changing record needs to be completed, or for some pupils an entry in their care book. Parents must always be informed of any intimate care that has taken place, unless it is part of their care plan.

Swimming

Our KS2 classes participate in a swimming programme. Children are entitled to respect and privacy when changing their clothes however, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur. Where a child needs additional support for changing parental permission will be sought and a personal care plan will be drawn up so as to maintain dignity but increase independence.

Residential Trips

Residential educational visits are an important part of our Year 6 experience. Particular care is required when supervising pupils in this less formal setting.

As with Extra-Curricular Activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Child Protection procedures, Pastoral Care and Positive Behaviour Policies. Some specific Intimate Care issues may arise in a Residential context.

Showering

Children are entitled to respect and privacy when changing their clothes or taking a shower. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations, and to ensure that bullying, teasing or other unacceptable behaviour does not occur. This means that staff should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour. Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore Staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children.

It is best practice in our school that when an incident has taken place that has necessitated a member of staff to be present when children are changing that an incident report is made.

Night Time Routines

It is established practice that the children's bedrooms are private spaces and anyone else wanting to enter the room should knock and announce their intention to enter. At bedtime, children are given a set amount of time to change and prepare for bed and will be told when the supervising teachers will visit the rooms to check all is okay and switch off the lights. A reciprocal arrangement is in place in the mornings.

There are occasions when incidents take place during the night and the need arises to:

1. Assist a child to change his / her clothes
2. Change a child who has soiled him / herself
3. Provide comfort to an upset or distressed child
4. Assist a child who requires a specific medical procedure and who is not able to carry this out unaided. Guidance as above will be followed with the support of an additional member of staff in attendance.

THE PROTECTION OF CHILDREN

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

Where appropriate, all children will be 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 appropriate manager/ designated person for child protection. A clear record of the concern will be completed and referred to social care if necessary. 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.

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. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

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

In conclusion...

Ryedene Primary and Nursery School 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. We recognise that there is a need to treat all our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and adults and staff must be sensitive to each child's individual needs.

Updated September 2021

** where 'children' are mentioned in this document, the term will also include young people*



RYEDENE PRIMARY AND NURSERY SCHOOL

INTIMATE CARE/ CHANGING RECORD

Child's name:	
Child's class:	
Time:	
Date:	
Member(s) off staff	
Intimate care/changing requirement: Indicate if child changed themselves or required assistance. Was underwear provided by school?	
Detail any concerns arising:	
Signature(s) of staff member(s) involved:	
Parent(s) informed by (name of staff member):	