

Intimate Care Policy



Christ the King Catholic Voluntary Academy

Intimate Care Policy

**Introduction**

The pastoral care of our children is central to the aims, ethos and teaching programmes at Christ the King Catholic Voluntary Academy and we are committed to developing positive and caring attitudes in our children. The Intimate Care Policy has been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children. It is our intention to develop independence in each child, however there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children. This policy is line with multi-agency guidance as found in the Area Child Protection Committees’ (ACPC) Regional Policy and Procedures (2005).

‘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 the child.’ (9.26, ACPC Regional Policy and Procedures). In school, this may occur on a regular basis or during a one-off incident.

Christ the King Catholic Voluntary 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. 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.

- Intimate care is any care, which involves one of the following:

1. Assisting a child to change his/her clothes

2. Changing or washing a child who has soiled him / herself

3. Assisting with toileting issues

4. Supervising a child involved in intimate self-care

5. Providing first aid assistance

6. Providing comfort to an upset or distressed child

7. Feeding a child

8. Providing oral care to a child

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

\* In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam.) Parents have the responsibility to advise the school of any known intimate care needs relating to their child.

**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, 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 then 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 judgment 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 supply of clean underwear and spare uniforms are available in school).
* 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 period, 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 Head teacher or SENCO 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 intimate care form.

**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, 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.

**School Responsibilities**

All members of staff working with children are vetted following school procedures. This includes students on work placement and volunteers who may be left alone with children. Vetting includes criminal record (DBS) checks and two references.

Only those members of staff who are familiar with the intimate care policy are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, when appropriate and possible, by the child. Consent forms are signed by the parent and stored in the child’s file. Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague’s intimate care practice he or she must report this to the Designated Teacher for Child Protection.

**Guidelines For Good Practice**

All children have the right to be safe and to 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.

1**. 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.

2. **Treat every child with dignity and respect and ensure privacy appropriate to the child’s age and situation.** Care should not be carried out by a member of staff working alone with a child.

3. **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.

4. **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.

5. **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.

6. **If you have any concerns you must report them.** If you observe any unusual markings, discoloration or swelling report it immediately to the Designated Teacher for Child Protection.

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 the designated teacher. Report and record any unusual emotional or behavioral response by the child. A written record of concerns must be made available to parents and kept in the child’s personal file.

**Communication With Children**

It is the responsibility of all staff caring for a child to ensure that they are aware of the child’s method and level of communication. Depending on their maturity and levels of stress, children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

* Make eye contact at the child’s level;
* Use simple language and repeat if necessary;
* Wait for response;
* Continue to explain to the child what is happening even if there is no response; and
* Treat the child as an individual with dignity and respect.

**Good practice in supporting children with SEN**

The child’s statement will outline their needs and objectives and the educational provision to meet those needs and objectives. Funding is provided to meet the child’s needs.

When a child’s independence and self-help skills are delayed these will be identified in the statement and programmes will be recommended to develop these skills.

**Appendix 1**

**Parental permission for Intimate Care**



Should it be necessary, I give permission for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive intimate care (e.g. help with changing or following toileting). I understand that staff will endeavor to encourage my child to be independent. I understand that I will be informed discretely should the occasion arise.

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

Adult with parental responsibility for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix 2

**Record of Intimate Care**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Child | Date | Time | Comments | Staff Involved | Signature |
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