

Clayton Village Primary School



Children's Intimate Care Policy 2022

Rationale

Clayton Village Primary School is committed to safeguarding and promoting the welfare of all its pupils. The purpose of this policy is to clarify the situation for all teaching and support staff working with children and young people, to inform them what is acceptable in relation to children's intimate care. Staff who work with young children or young people will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Aim

To provide clear policy, guidance and procedures to ensure safe practice when managing children's personal care at Clayton Village Primary School. Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Clayton Village Primary School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible. Clayton Village Primary 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. Clayton Village Primary School 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.

Definition of Intimate Care

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 washing or showering.

Intimate Care Good Practice Guidelines

These guidelines should be viewed as the minimum expectations upon staff, which are designed to protect both children and staff alike. In situations where a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner.

If staff are not comfortable with any aspect of the agreed guidelines, they should seek advice from Rebecca Craddock (Headteacher) or Heidi Rahim (Assistant Headteacher). For example, if they do not wish to conduct intimate care on a 1:1 basis, this should be discussed, and alternative arrangements considered. For example, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.

This policy applies to all staff undertaking personal care tasks with children but particularly to those who are in the Early Years Foundation Stage. 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

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 when appropriate) and are fully aware of best practice. Equipment 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.

Children who require an Intimate Care Plan

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 staff 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 staff might need to be present when a child needs help with intimate care. Where possible one child will be cared for by two adults. Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be named staff members 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 staff. Parents/staff 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. Each child/young person will have an assigned 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.

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. he/she will immediately report concerns to the appropriate named person for child protection Rebecca Cradock(Headteacher)/Heidi Rahim(Assistant Headteacher). A clear record of the concern will be completed and referred-see Child Protection 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. 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 as detailed in the Child Protection / Safeguarding policy.

Recording

A pupil changing record sheet should be signed by all staff involved in any intimate care tasks. Copies will be kept in a file in the main office, and completed sheets stored in pupil's individual confidential files. There is also a section on the sheet to record any comments or observations. eg – skin impairment – changed bowel or urinary pattern

If you are concerned that during the intimate care of the child:-

- You accidentally hurt the child
- The child seems sore or unusually tender in the genital area
- The child appears to be sexually aroused by your actions
- The child misunderstands or misinterprets something
- The child has a very emotional reaction without apparent cause (sudden crying or shouting)

Report any incident as soon as possible to another person working with you and make a brief written note of it. Then please discuss immediately with Rebecca Cradock (Headteacher) or Heidi Rahim (Assistant Headteacher). This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care e.g. sudden distress or withdrawal, this should be noted on CPOMS and discussed with Rebecca Cradock (Headteacher) or Heidi Rahim (Assistant Headteacher). Involve the child as far as possible in his or her own intimate care. Try to avoid doing things for a child that s/he can do it alone, and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.

Be responsive to a child's reactions. It is appropriate to 'check' your practice by asking the child – particularly a child you have not previously cared for – Is it OK to do it this way? Can you wash there? How does mummy do that? Sometimes a child may have a preferred adult who they wish to change them or they may express dislike of a certain person carrying out her or his intimate care, try to accommodate their preference but also discuss the reason why they may not want a particular person to change them.

Make sure practice in intimate care is as consistent as possible. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals.

Liaison with other professionals is essential where there are a number of carers and settings.

Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories, or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

Staff should be trained to be alert to the potential indications of abuse or neglect in children and be aware of how to act upon their concerns in line with the school's policies and procedures.

Encourage the child to have a positive image of her or his own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is 'worth'. Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

The above is taken largely from the publication Abuse and Children who are Disabled; a training and resource pack for trainers in child protection and disability, 1993.

When out of the usual environment it is good practice to maintain the same standards of privacy and dignity. Prior knowledge of location, for example, layout of toilets is to be sought wherever possible.

Consideration is to be taken when disposing of children's/young persons soiled clothing. Prior agreement with parents/carers is to be sought wherever possible. Soiled clothing should be placed in a plastic laundry bag for the parent/carer to take home to wash. Machine wash is recommended. No soaking of soiled clothing should take place. Any faecal matter should be disposed of down the toilet before placing clothing in a plastic bag.

Toileting plan

Record of discussion with parents/carers

Pupil's name:..... DoB:.....

Date of meeting:.....

Persons present:.....

	Details	Action
Working towards independence Eg. taking pupil to toilet at timed intervals, rewards		
Arrangements for nappy/soiled clothing changing Eg. who, where, privacy		
Level of assistance needed Eg. undressing, hand washing, dressing		
Moving and handling needs Eg. equipment, training needs, hoisting equipment		
Infection control Eg. wearing gloves, apron, storage of soiled clothes		
Sharing information Eg. nappy rash, infection, family/cultural customs		
Resources needed Eg. toilet seat, step, nappies, creams, nappy sacks, change of clothes, gloves		
Other		

Permission for school to provide intimate care

Pupil's name:.....

DoB:.....

Parent/Carer name(s):.....

Address:.....

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I/We give permission for school to provide intimate care to my/our child.

I/We will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example)

I/We understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

Signature:.....

Name:.....

Relationship to child:.....

Date:.....

