

Intimate Care Policy

Reviewed by	Approved by	Date of Approval	Version Approved	Next Review Date
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INTIMATE CARE POLICY

Rationale

It is our intention to develop independence in each child, however we recognise that there will be times when help is required. Our Intimate Care Policy has been developed to safeguard children and staff. It forms part of the academy's Pastoral Care Policy. The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults therefore, staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Intimate care may be regarded as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities may include: toileting; feeding; oral care; washing; changing clothes; first aid and medical assistance; and supervision of a child involved in intimate self-care.

Parents have a responsibility to advise the academy of any known intimate care needs relating to their child. Medical advice will be taken into consideration where appropriate.

Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based. Every child has the right to: be safe; personal privacy; be valued as an individual; be involved and consulted in their own intimate care to the best of their abilities; express their views on their own intimate care and to have such views taken into account; have levels of intimate care that are appropriate and consistent; be treated with dignity and respect.

Academy Responsibilities

All members of staff working with children are vetted. No students or volunteers will assist with the intimate care of children.

Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the academy are involved in the intimate care of children. It is the responsibility of the staff member to familiarise themselves with this policy.

Anticipated intimate care arrangements which are required on a regular basis are agreed between the academy and parents, and when appropriate and possible, by the child. In such cases consent forms are signed and stored in the child's record file (Appendix A).

Intimate care arrangements for any child who requires this support on a regular basis should be reviewed annually. The views of all relevant parties should be sought and considered to

inform any future arrangements. Any amendments to arrangements should be recorded for all parties involved.

Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. This occasional act of intimate care must be reported to the child's Class Teacher or Personalised Leader. Parents/carers must also be informed the same day. This conversation with parents/carers would be recorded onto CPOMs.

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

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.

All incidents of occasional Intimate Care should be documented onto CPOMs ensuring all required information is recorded. See document 'Making a CPOMs entry after Occasional Intimate Care' (Appendix B).

All incidents of regular or agreed Intimate Care should be documented into the child's Intimate Care Log (Appendix C).

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 some forms of assistance can be open to misinterpretation.

Staff will endeavour to:

- 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.
- 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.
- 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 the practice is consistent.
- 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.
- 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 with intimate care can convey lots of 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.

- If you have any concerns you must report them. If you observe any unusual markings, discolouration or swellings, report it immediately to the Designated Safeguarding Lead. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident to the Designated Teacher for Child Protection. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.
- Staff will ensure they know the signs of Female Genital Mutilation (FGM) and would report any concerns immediately to the Designated Safeguarding Lead.

Hygiene

All staff must be familiar with normal precautions for avoiding infection and should ensure the use of appropriate protective equipment when necessary, for example, protective, disposable latex/vinyl gloves.

Working with Children of the Opposite Sex

There is positive value in both male and female staff being responsible for the care of children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman. The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- when intimate care is being carried out, all children have the right to dignity and privacy, ie. they should be appropriately covered, the door closed or screen/curtains put in place;
- if the child appears to be distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
- report any concerns to designated teacher/named person and make a written record;
- parents must be informed about any concerns.

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 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;
- treat the child as an individual with dignity and respect.

It is important to note that in addition to the information in the Intimate Care Policy, reference should also be made to the Child Protection Policy.

Appendix A

Parental permission for Intimate Care

Child's name _____

Should it be necessary, I give permission for my child to receive intimate care. I understand that staff will endeavour to encourage my child to be independent.

Further notes (add as necessary)

Signed _____

Adult with parental responsibility for

Pupil Name _____

Date _____

Appendix B

Making CPOMs entries after Occasional Intimate Care

Two CPOMs entries must be made:

- 1: Once care has been completed**
- 2: To record conversation with parent/carer once they have been informed**

1: Once care has been completed

Date
Time of care
Location of care
Time and date adult informed
Adult informed
Other adults present
Description of care given
Adult informed once care completed

CPOMs entry example

I helped clean Jack after he had had an accident. Jack had begun wiping poo away from his bottom. Using paper and wipes, I cleaning away the poo that Jack couldn't clean himself. He was given clean underwear and trousers.
John Smith informed.

2: To record conversation with parent/carer once they have been informed

Date
Time
Brief Details of conversation with parent/carer

CPOMs entry example

AK explained to Mum that Jack had had an accident at lunchtime. He had helped Jack clean himself up and given him some spare clothes.
Mum thanked AK for letting her know.

Appendix C

Regular or agreed Intimate Care Log

Using printed book or sheet, ensure the following information is included:

Date
Time
Location of care
Other adults present
Description of care given

Log example

Date	Time	Location	Other adults present	Description of care
13/04/14	12:10	LKS2 Girl bathroom	None	Removed soiled nappy. Cleaned using wipes. Fitted new nappy.

