Iveson
Primary School
Where aspirations soar

Intimate Care Policy

Approved by:	Governing Body
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Introduction

Iveson Primary School are committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times. It is expected that children will be toilet trained before they begin Reception. It is inevitable however that, from time to time, some children will have accidents and will need to be supported with their intimate care. Children and young people who receive intimate care have the right for this to be provided in a dignified and appropriate way consistent with their level of need, and is agreed by everyone involved (agency/organisation, child or young person and their parents or carers). This policy provides an overview of things to be considered in order to provide consistent and appropriate levels of intimate care.

Definitions

Definition of intimate care

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. In some cases, it may be necessary to administer rectal medication on an emergency basis.

Intimate care tasks include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces and urine)
- Bathing/ showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

Definition of personal care

Personal care generally carries more positive perceptions than intimate care.
Although it may often involve touching another person, the nature of this touching is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes.

Personal care tasks include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts

• Prompting to go to the toilet.

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need.

Definition of intimate examination

This includes examinations of breasts, genitalia and rectum. Cultural and diversity influences may affect what is deemed 'intimate' to a patient and particular regard should be taken of social, ethnic and cultural perspectives.

This document is specifically concerned with providing best practice in relation to intimate care, however it should be recognised that the definitions are potentially interchangeable depending on the needs of the child and their parents.

Vulnerability to abuse

By its definition intimate care may involve touching the private parts of the child / young person's body, increasing the vulnerability of the child / young person. Iveson Primary School recognises that children who experience intimate care may be more vulnerable to abuse:-

- Children with additional needs are sometimes taught to do as they are told to a greater degree than other children. This can continue into later years. Children who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless.
- Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult.
- Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately.
- Repeated intimate care may result in the child feeling ownership of their bodies has been taken from them.
- Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met.
- Their fear may also include who might replace their abusive carer.

Abuse and children who are disabled: a training and resource pack for trainers in child protection and disability, 1993.

This intimate care policy and individual intimate care plans demonstrates the school's awareness of these increased vulnerabilities and seeks to address these.

Should a child disclose abuse or harm as a result of intimate care this should be responded to in line with the agency's child protection procedures.

Due to the nature and degree of contact, intimate care may also leave staff more vulnerable to accusations of abuse. Any allegations against a member of staff should be considered in line with the agency's procedures and LADO procedures.

It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures, and where possible and appropriate for children, young people and or parents / carers to be involved in the development of their intimate care plan so they know where it may have been deviated from. There should also be clear escalation routes should a practitioner, parent/carer or child or young person believe that intimate care is not being undertaken in line with the agency's intimate care policy, the individual care plan or with dignity and respect.

Good Practice Guidelines

Iveson Primary's good practice guidelines are 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 and consider this in a constructive manner, through discussing concerns with senior members of staff and school's whistle-blowing procedures.

Staff are advised that if they are not comfortable with any aspect of the agreed guidelines, they should seek advice from senior leaders. 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.

Staff should wear protective gloves, apron and face mask for nappy changes and cleaning a child who has soiled themselves. The same applies for wiping other bodily fluids such as vomit and blood. Use baby wipes or tissue and water to clean them up.

Guidelines

1. Involve children, young people and parents / cares in devising intimate care plans

Parents / carers and the child or young person should be involved in individual discussions and decisions in relation to how intimate care will be managed in order to draw up an agreed plan. The wishes and feelings of both the child and the parents/carers including cultural and religious beliefs should be sought and plans should be respectful and responsive to these, reflecting where possible usual home routines. A copy of this should be given to the parents and the child or young person as well as being held within the child's records. The intimate care plan should be reviewed regularly (at least annually) and any individual intimate care plans should have an agreed regular review to ensure needs or requests have not changed. Any changes should be communicated to staff, children, young people and parents/carers.

2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation

Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. Iveson Primary School believes this practice should be actively supported unless the task requires two people (for example lifting or moving), however the need for a chaperone should be considered, and offered, on a case-by case basis.

Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people.

Where possible, the member of staff carrying out intimate care should be someone chosen by the child or young person. For older children (eight years and above) it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice.

3. 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 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.

4. 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?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why and record this in their notes / care plan. In such circumstances every effort should be made to find an alternative person to undertake the care. Best practice when changing nappies involves asking the child to roll to their side and not lifting their legs up to clean the soiled area. If the child has additional needs such as ASD which would cause distress as a result of this, this would be indicated in the intimate care plan and an exception can be made to lift the child's legs.

5. Report and record any concerns

You may have concerns that during the intimate care of a 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)
- You suspect FGM has taken place

You should report any such incident as soon as possible to the manager or designated person in charge, inform parents/carers and record it. 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.

If a member of staff notices that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be recorded in writing and discussed with the designated person for child protection who will advise on the next steps.

If a member of staff has concerns about the way in which another member of staff is undertaking intimate care these should be recorded and escalated to the Headteacher, giving consideration for LADO procedures. Should a child disclose abuse or harm as a result of intimate care this should be responded to in line with school's child protection procedures.

6. 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 very important. A summary of these guidelines (Appendix 3) is displayed clearly within the Nursery setting to ensure that all members of staff are familiar with expectations around the provision of intimate care.

Record Keeping

An Intimate Care Plan (see Appendix 1) will be drawn up for any children in Years 1- 6 who require intimate care on a regular basis. A copy of the plan will be given to the parents as well as being held within the child's records. The plan will be reviewed regularly (at least annually) to ensure needs or requests have not changed. Any changes should be communicated to staff, children and parents/carers.

Where there is no Intimate Care Plan in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person or by telephone.

Accurate records should also be kept when a child requires assistance with intimate care. This applies to all classes within school, including out-of-school provision. These records should, as a minimum, include full date, times and care given. It should be clear who was present in every case (See Appendix 2). These records should be treated as confidential.

Policies

These guidelines should be read in conjunction with policies:

· Health and Safety Policy
https://ivesonprimaryschool.sharepoint.com/:w:/g/EZ0kvK5iZixBmvR9fYjfSDkBL2GVKYxpSslukNpKk95uIw?e=dByG0F

· Child Protection and Safeguarding Policy
https://ivesonprimaryschool.sharepoint.com/:w:/g/Ebp9EV0doxBt3A8qqqoFAkBCvGwg1T8fDZzor9NHnvEw?e=wPWRbo

· Supporting Medical Conditions Policy
https://ivesonprimaryschool.sharepoint.com/:w:/g/EcLgpgkQFT9GugWFeZ453mMBYu-ezfaoxUyuwKxlPL8msg?e=LBXdfH

· Complaints Policy
https://ivesonprimaryschool.sharepoint.com/:w:/g/EQamELOvw_hHlsj31wbL8v4BNkPtuRhawpLjVwS9FkUoig?e=t2u20P

Appendix: 1 Intimate Care Plan

Intimate Care Plan

Name	
Date	
Date of Birth	
Assessor	
Relevant Background Information	

Setting	
Consent Given	
Identified need – specific individual requirements	
Communication	
Self-care skills	
Mobility	
Fine motor skills	
Moving and handling	
Assessment	
Step by step guide to what happens	
Facilities	
Equipment	
Disposal of soiled articles of clothes as agreed with parents	
Frequency of procedure as required	
Review date	

Appendix 2: Intimate Care Record

Child's Name:_____

Class: _____

Intimate Care Record

Date	Time	Details (E.g. Nappy – wet/change of clothes etc.)	Name of Staff	Signature

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Appendix 3: Intimate Care Guidelines for EYFS

These guidelines for dealing with intimate care are designed to protect both children and staff alike. If a member of staff is not comfortable with any aspect of the guidelines they should talk to the class teacher or a senior member of staff and alternative arrangements considered.

Intimate care is defined as care tasks of an intimate nature, associated with bodily functions, body products & personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. This could include dressing and undressing (underwear), helping someone use the toilet, wiping intimate parts of the body and changing nappies.

Where parents have expressed concerns about how we deal with intimate care for their child look to devise a personalised care plan to be reviewed annually. This may take into consideration the families religious or cultural views.

• It is essential that we treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation. Intimate care should be carried out by one staff member, ideally someone chosen by the child. "Would you like me to help you?" In some instances it may be appropriate for 2 members of staff to be involved with one member of staff nearby so they are close to hand if needed but in a way they do not compromise the child's sense of privacy. Intimate care should be carried out in an area where there is consideration for privacy. In Nursery and Reception this is usually in/by the toilets or quiet corner of the classroom.
• Involve the child as far as possible in his or her own intimate care. Try to avoid doing things for the child that they can do for themselves. This can be for tasks such as removing clothing or washing private parts of a child's body. Support the children in doing everything that they can for themselves. If a child is dependent on you talk with her or him about what you are doing and give choices where possible.
• Be responsive to the child's reactions. Are they comfortable with what you are doing? "Is this ok?" "How does mummy do it?"
• Only teachers and teaching assistants who are CBS checked are to deal with intimate care. Student teachers can deal with intimate care but should inform the class teacher that they are doing so.
• Where a member of staff has been involved in intimate care this has to be recorded on the intimate care record sheet which is on the wall by the entrance to the toilets and parents informed.
• Encourage the child to have a positive body image of his/her own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse.
• Make sure the practice of intimate care is as consistent as possible.

• Where possible let another member of the team know when you are about to carry out intimate care.
• Report any incident as soon as possible to a senior member of staff if you are concerned that during the intimate care of a child;
• You accidently hurt the child
• The child seems sore or unusually tender in the genital area
• The child misunderstands or misinterprets something
• The child has a very strong emotional reaction without apparent cause (sudden shouting or crying)
• You suspect FGM has taken place
• Should a child disclose abuse or harm as a result of intimate care this should be responded to in line with the school's child protection procedures.
• Staff should wear protective gloves, apron and face mask for nappy changes and cleaning a child who has soiled themselves. The same applies for wiping other bodily fluids such as vomit and blood. Use baby wipes or tissue and water to clean them up.
• Best practise when changing nappies involves asking the child to roll to their side and not lifting their legs up to clean the soiled area. If the child has additional needs such as ASD which would cause distress as a result of this, this would be indicated in the intimate care plan and an exception can be made to lift the child's legs.

• Always wash hands thoroughly after supporting a child with intimate care and dispose of the nappies, gloves and wipes in yellow sacks. Where a changing mat is used this should be wiped clean after use.