



Enriching children's lives through practical learning and outdoor activities

Intimate Care policy

Introduction

It is our intention to develop independence in each child, however there will be occasions when help is required. Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a child after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

The issue of intimate care is a sensitive one and will require staff to be respectful of a child's needs and any child protection issues. A child's dignity should always be preserved with a high level of privacy, choice and control. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

Flourish at The Farm 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. Our provision 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.

What is intimate care in our provision?

'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 provision this may occur on a regular basis or during a one-off incident. All children are always encouraged to be independent therefore the child should be encouraged to do as much cleaning and removal of clothes as is practical. If a child needs intimate care parental permission must be obtained and an agreement signed (). The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken. This must be recorded in the intimate care log (appendix 2)

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. Supervising a child involved in intimate self-care
4. Providing comfort to an upset or distressed child and limited touch

5. Periods

6. Positive handling

7. Providing first aid assistance

8. 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. Parents have the responsibility to advise the provision of any known intimate care needs relating to their child.

1. Assisting a child to change his / her clothes

On occasions an individual child may require some assistance with changing if, for example, 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. The intimate care log must be completed if a child has been supported or observed (appendix 2)

2. Changing a child who has soiled him/herself

If a child soils him/herself in provision a professional judgement has to be made whether it is appropriate to change the child in provision, 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. ☐ Provision will have a supply of clean underwear and spare uniform for this purpose. (A supply of clean underwear and spare uniforms are available in the first aid room). ☐ If a child is not able to complete this task unaided, provision staff will contact the emergency contact to inform them of the situation. ☐ If the emergency contact is able to come to provision 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, provision 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 locoparentis and our duty of care to meet the needs of the child. The intimate care log must be completed if a child has been supported or observed (appendix 2).

3. Supervising a child involved in intimate self-care

Some children may still to be supervised while using the toilet. Children are encouraged to toilet themselves independently, however at times they may need assistance. Parental support should already have been obtained and the intimate care log must be completed (appendix 2).

4. Providing comfort to an upset or distressed child and limited touch.

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well-intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation. Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Particular care must be taken in instances which involve the same pupil over a period of time.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Ensuring that a witness is present will help to protect staff from such allegations.

5. Periods.

They should be supported and encouraged to keep their own supply of sanitary protection without having to request it from staff/carers. However it should be recognised that some children will not know how to deal with menstruation and they will need guidance and support to manage their periods appropriately. This should be provided by female staff or carers in a positive manner. If a child needs further assistance seek advice from a Director.

6. Positive handling

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property. In all cases of Positive Handling the incident must be documented and reported. Staff must be fully aware of the provision's Care and Control Policy.

7. Providing first aid assistance

Staff who administer first aid should ensure wherever possible that another adult or other children are present.

The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

8. Assisting a child who requires a specific medical procedure

Our Supporting children with medical needs Policy outlines arrangements for the management of the majority of medications in provision. Parental permission must be given before any medication is dispensed in provision- this form is also available on our website. A small number of children will have significant medical needs and will have an Individual 'Care Plan'. If required, provision staff will receive appropriate training.

Nobody should be delivering intimate care on their own. If intimate care has taken place parental permission () should have been obtain and an intimate care log completed (appendix 1).

Individual Health Care Plan

Individual Health Care plans will be drawn up for children requiring ongoing intimate care to suit their individual circumstances (appendix 4). It is vital that these plans are prepared prior to admission, and where possible opportunities are made for the child and family to meet the staff who will be providing intimate care. The plan should be signed by all who contribute and reviewed on a regular basis. When writing a plan, whole provision and classroom management considerations should be taken into account, for example: ☐ The importance of working towards independence ☐ Arrangements for home/provision transport, sports days, provision visits, swimming etc ☐ Substitutes in case of staff absence ☐ Strategies for dealing with bullying/harassment (if the child has an odour for example) ☐ A system to leave class with minimum disruption ☐ Avoiding missing the same lesson ☐ Awareness of discomfort that may disrupt learning ☐ Implications for PE (changing, discreet clothing etc.) Any plan should be clearly recorded to ensure clarity of roles, responsibilities and expectations. A procedure should be included to explain how concerns arising from the intimate care process will be dealt with. This is the responsibility of the child's teacher. These will be reviewed on a termly basis and discussed with the parents/carers.

Responsibility of staff

The management of all children with intimate care needs will be carefully planned. Staff will be supported to adapt their practice in relation to the needs of individual children. The child will be supported to achieve the highest level of independence that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can.

Any member of staff may provide intimate care, provided it does not require unusual procedures or techniques (e.g. lifts or hoists). Volunteers are not to provide intimate care, but they may be used as a witness. 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 the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. Wherever possible staff should only care intimately for an individual of the same sex. However, this principle may need to be waived where failure to provide appropriate care would result in negligence for example, the constraints of staffing e.g. female staff supporting boys in a primary provision, as few or no male staff are available.

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment. Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation. Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

Meetings with pupils away from the provision premises where a chaperone will not be present, are not permitted unless specific approval is obtained from the head teacher or another senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child. If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from the directors or other appropriate person.

Resources

The dignity and privacy of the child is of paramount concern. An area will be made private when a child is to be changed. If a changing mat is being used, it should not be situated in a thoroughfare, as it will have to be used on the floor when a child is to be changed. This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury.

Provisions will need to ensure that they have: ☐ hot running water and soap ☐ paper towels ☐ aprons and gloves ☐ nappy bags ☐ cleaning equipment ☐ bin ☐ a supply of spare nappies and wipes (provided by the child's parent/ carer) ☐ spare clothes

Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be

collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the provision's Health and Safety policy.

The Protection of Children

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. they will immediately report concerns to the appropriate manager/ designated person for child protection. 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.

Monitoring and review This policy will be monitored by the Directors

The policy will be reviewed regularly.

Updated January 2020

Intimate Care log

Name of child: _____

Has the parent/carer given written consent? Yes/ No - Date of consent _____

If no consent has been obtained:

1. Ring the parent for verbal consent
2. If no consent obtained DO NOT UNDERTAKE INTIMATE CARE
3. If in doubt seek advice

DO NOT UNDERTAKE INTIMATE CARE IF YOU ARE ON YOUR OWN

Date Time Changed Witnessed:

Print Sign Print Sign: