



# **Intimate Care Policy**

**Diocese of Coventry  
Multi Academy Trust**

**Intimate Care Policy**

Document Date:

March 2022

*Together, pursuing life in all its fullness*

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Changes</b>
v1.0	May 2018	St Michael's	Initial Issue
v2.0	May 2018	Louise Beale	Sentence removed from section 2.3

## **1.0 Introduction**

- 1.1 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.
- 1.2 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.
- 1.3 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 Stretton C of E Academy work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.4 Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.
- 1.5 Stretton C of E 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. Stretton C of E Academy 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.

## **2.0 Our Approach to Best Practice**

- 2.1 All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- 2.2 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.
- 2.3 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.
- 2.4 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 and where possible consent from the child is sought.

- 2.5 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. 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. These may come directly from the child's medical team.
- 2.6 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.
- 2.7 There will be named staff members known to the child who will take turns in providing care where possible. This will ensure, 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. When a child's care needs require medical training, where possible 2 adults will train and take turns to provide the care.
- 2.8 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.
- 2.9 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.
- 3.0 **The Protection of Children**
- 3.1 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.
- 3.2 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 3.3 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 manager/designated person for child protection (Susan Samra, Headteacher, Katherine Watson, Deputy Headteacher, Holly Inwards, Learning Mentor). A clear record of the concern will be completed and referred to social care and/or the CAIU (Police - Child Abuse Investigation Unit) if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm - see the Education Child Protection Procedures.

- 3.4 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.
- 3.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed - see The Education Child Protection Procedures.



## Appendix 1

### STATEMENT OF HEALTH NEEDS

Childs Name:

Address:

School:

Health Professionals currently involved:

For this child to access education and achieve their full potential within the school setting, they will require the following support while at school:

1. Carers to provide a 'change of kit' for the child to use while in school. The 'change of kit' should include:
  - Clean pants
  - Clean socks/tights
  - Clean trousers/skirt/dress
  - Wet wipes
  - Scented plastic bags for soiled pants/clothing
  - Plastic bag for larger items of soiled clothing
  - Specific medical equipment as directed by the child's medical team
2. The child should be changed as soon as they are noticed to have soiled themselves.
3. The child should be given whatever help they need to get changed. No negative consequences or sanction should be imposed on the child for having soiled themselves.

***(this is in line with schools Intimate Care Policy)***

4. Parents or other relatives should not be called in to change the child if they soil at school, since this may set a precedent.
5. The child should be allowed to return to their previous activity once they have changed out of their soiled clothes.

6. The child should be given open access to a toilet across the school day. This should be secure with running water within the immediate toilet cubicle.
7. Other specific management advice may be given by the involved clinicians, e.g. medication, toileting routines.

Signed:

Date:

(member of staff responsible for completing this form)

I have discussed the content of this form and I am happy for copies to be shared with SENCO and other Health Professionals known to be involved.

Signed:

Date:

(carer)