

INTIMATE CARE POLICY

REVIEW DATE:

AUTUMN 2022

NEXT REVIEW DATE:

AUTUMN 2024

1. Aims

- to safeguard the rights and promote the welfare of children
- to provide guidance and reassurance to staff whose role includes intimate care
- to assure parents that staff are knowledgeable about personal care and that their individual concerns are taken into account.

Definition of Intimate Care:

'Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual parts of the body'

Intimate care tasks specifically identified as relevant include:

- dressing and undressing (underwear)
- helping someone use a potty or toilet
- changing nappies
- cleaning / wiping / washing intimate parts of the body.

Definition of Personal Care:

'Although it may involve touching another person, it is less intimate and usually has the function of helping with personal presentation'

Personal care tasks specifically identified as relevant include:

- feeding
- administering oral medication
- hair care
- dressing and undressing (clothing)
- washing non-intimate body parts
- prompting to go to the toilet.

General practice principles:

Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

Intimate care can also take substantial amounts of time but should be a positive experience for the child/young person and for their parents/carer(s). It is essential that every child/young person is treated as an individual and that care is given as gently and as sensitively as possible. The child/young person should be encouraged to express choice and to have a positive image of their body.

Staff should bear in mind the following principles (refer to Appendix 2):

- Children/young people have a right to feel safe and secure.
- Children/young people have a right to an education and schools have a duty to identify and remove barriers to learning and participation for pupils of all abilities and needs.
- Children/young people should be respected and valued as individuals.
- Children/young people have a right to privacy, dignity and a professional approach from staff

when meeting their needs.

- Children/young people have the right to information and support to enable them to make appropriate choices.
- Children/young people have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
- Children/young people have the right to express their views and have them heard. Schools must have complaints procedures that children and young people can access.
- A child/young person's Intimate/Personal care plan/Education Health Care Plan should be designed to lead to independence.

Working with parents and carers:

Parents / carers will be involved with their child's intimate care arrangements on a regular basis. The needs and wishes of children and parents / carers will be carefully considered alongside any possible constraints and best practice guidelines provided by Surrey County Council. Where doubt or questions arise, further advice will always be obtained from the school nurse or other appropriate Surrey County Council Professional.

School staff must meet with parents/ carers and the pupil prior to school start date, to discuss the care plan and staff most likely to be involved in providing the intimate / personal care aspects.

Toilet Training:

Starting at an early years setting is always an important and potentially challenging time for both children and their parents, it is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in the time at which children master the skills involved in being fully toilet trained. For a variety of reasons children may:

- be fully toilet trained
- have been fully toilet trained but regressed for a little while due to the excitement and stress of starting at a setting
- may be fully toilet trained at home but have accidents in the setting, or vice versa
- may be nearly there but needs some reminders and encouragement
- not toilet trained, but responds well to a structured toilet training process
- be fully toilet trained but has a serious disability or learning difficulty
- may have development delays but with additional support will master these skills
- have SEND and might require help with some or all aspects of personal care.

If a pupil soils themselves, the teacher, parents and carers will be informed.

Every staff member who changes a child who soils themselves will be trained in safeguarding procedures. They will inform another member of staff that they are going to change a child. They will wear gloves when changing a child.

Cross gender care

Male and female staff members may be involved in intimate/ personal care tasks. Parents, carers and/ or pupils may request the same gender staff to attend to toileting or other intimate needs; an emergency plan needs to be agreed if there are human resource restrictions that prevent their requests from happening.

Links with other agencies

Children and young people with specific care needs or disabilities will be known to a range of other agencies. It is the SENDCo's role to liaise with external agencies involved in the care or welfare of individual children/ young people, with support from parents.

The protection of children

- South Farnham Educational Trust's Safeguarding/Child Protection procedures will be accessible, and Adhered to by all staff.
- 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 Designated Safeguarding Leads (DSL).
- If a member of staff is concerned about a child's actions or comments whilst carrying out the personal care procedure, this should also be recorded and discussed with the DSLs.

The guidelines from this policy will be adhered to in cases where a child might have had an isolated 'accident' at school or where there is a need for daily care. In all cases, staff will administer Intimate Care and the parent / carer will be informed.

Sources:

This policy has been created using the below sources.

- *Surrey County Council's Guidance for Intimate Toileting* (2014 to 2015) (Available at https://www.surreycc.gov.uk/data/assets/pdf_file/0018/50238/Intimate-care-and-toileting-policy.pdf;
- *Supporting pupils at school with medical conditions, December 2015.* (Available at <https://www.surreycc.gov.uk/schools-and-learning/teachers-and-education-staff/school-management/advice-and-guidelines-for-schools>;

APPENDIX 4

Further examples of points considered when supporting a child with intimate care tasks

- Get to know the child beforehand in other contexts to gain an appreciation of his / her mood and systems of communication.
- Have a knowledge of and respect for any cultural or religious sensitivities related to aspects of intimate care.
- Speak to the child by name and ensure they are aware of the focus of the activity.
- Address the child in age appropriate ways.
- Give explanations of what is happening in a straightforward and reassuring way.
- Agree terminology for parts of the body and bodily functions that will be used by staff and encourage children to use these terms appropriately.
- Respect a child / young person's preference for a particular sequence of care.
- Give strong clues that enable the child to anticipate and prepare for events e.g. show the clean nappy / pad to indicate the intention to change, or the sponge / flannel for washing.
- Encourage the child to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing / undressing.
- Seek the child's permission before undressing if they are unable to do this unaided.
- Provide facilities that afford privacy and modesty.
- Keep records noting responses to intimate care and any changes of behaviour.