

St Clare's Catholic Primary School



Intimate Care Policy

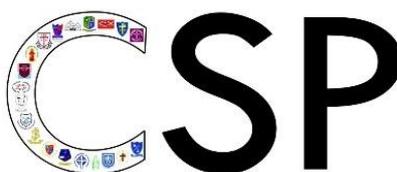
"I have come that they may have life and have it to the full"

(John 10:10)

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The
Catholic Schools Partnership



A Teaching School Alliance
of Bradford & Keighley

Introduction

St Clare's Catholic Primary School is committed to ensuring that all staff responsible for the intimate care of children will always undertake their duties in a professional manner. We recognise that there is a need to treat all children with respect and dignity when intimate care is given and will follow the good practice guidelines from Chailey Heritage, a nationally recognised centre for the education, assessment, treatment and support of children with physical and multiple disabilities. We believe that no child should be attended to in a way that causes distress, embarrassment or pain and will, where possible, involve the child as far as possible in his or her own intimate care.

Children's dignity will be preserved, and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure.

Responsibilities

- The Governing Body has overall responsibility for the implementation of the Intimate Care Policy, and it does not discriminate on any grounds, including but not limited to ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- The Governing Body has responsibility for handling complaints regarding this policy as outlined in the School Complaints Policy.
- The headteacher will be responsible for the day-to-day implementation and management of the Intimate Care Policy.
- Staff, including teachers, support staff and volunteers, will be responsible for following the Intimate Care Policy.
- If a member of staff is concerned that during intimate care of a child:
 - They have accidentally hurt the child
 - The child seems sore or unusually tender in the genital areas
 - 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)

Report any such incident as soon as possible to Carmel Utting and record on CPOMS.

If a staff member is not comfortable with any aspect of the agreed guidelines, they should seek advice from their Designated Safeguarding Lead.

In situations where a member of staff potentially breaches these expectations, other staff members should notify the headteacher immediately.

General principles

- The School is not responsible for toilet training in the Early Years Foundation Stage
- The School is not responsible for providing disposable nappies, wipes or creams. Parents are required to provide these each day where necessary
- If a pupil, known to be toilet trained, begins having accidents on a regular basis, parents will be informed

Procedures and Health and Hygiene

- Parents must give permission for their child to be changed. Written permission is given by parents when their child enters reception, or it may be obtained through a care plan that is in place
- Where possible an adult who the child is familiar with may be asked to change a child
- Intimate care is normally carried out by one member of staff alone with the child, which ensures that the health, safety, independence and welfare of children is promoted, and their dignity and privacy are respected, unless the child's care plan specifies an alternative reason for this
- Where possible the staff member will be the same gender as the child

- Where possible the changing must take place with the child standing up in a toilet cubicle. If this is not possible a changing mat should be used on a suitable surface
- Pupils must be encouraged to wipe themselves, where appropriate
- Pupils are always entitled to respect and privacy and especially when in a state of undress. However, there needs to be an appropriate level of supervision in order to safeguard pupils, satisfy health and safety considerations and ensure that bullying or teasing does not occur. This supervision should be appropriate to the needs and age of the children concerned and sensitive to the potential for embarrassment
- If a child is unduly distressed or if marks or injuries are noticed staff must inform the DSL immediately
- Any variation from agreed procedures/care plan must be in consultation with the DSL and justifications for the variation will be shared with the pupil and parents/carers
- Arrangements for intimate and personal care should be open and transparent and accompanied by recording systems
- A signed record should be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times left and returned
- An explanation of what is happening will be provided to the pupil before a care procedure begins
- Where there are changing rooms staff will announce their intention of entering
- Parents must be informed at the end of the day that their child has been changed

Health and hygiene

- To prevent the spread of infection, staff will wear disposable gloves when dealing with a toileting incident
- The changing area will be cleaned after use
- Children will be changed in a cubicle away from other children
- Hot water and liquid soap are available to wash hands as soon as the task is completed
- A hot air dryer/paper towels are available for drying hands
- Soiled clothes will be placed in a plastic bag

Health conditions

- If a pupil requires cream to be administered, this will be dealt with under the school's Supporting Pupils with Medical Conditions Policy, but the general principle is that parents must sign the Personal/Intimate Care and Toileting Parental Consent (below) for the administering of intimate medicines, including creams.

Monitoring and Evaluation of the Policy

The Governing Body will review this policy every three years as part of the school's normal cycle of policy reviews.

Personal/Intimate Care and Toileting Parental Consent

Name of child:	DOB:
Class/Teacher Name:	
Care required and how often during the school day:	

Member(s) of staff who will carry out the tasks - all staff need to be aware of the Intimate Care Policy in place and need to sign that it has been read and understood.

Name:	Signature:
Where will the tasks be carried out:	
What equipment/resources will be required to safely carry out the procedures:	
What infection control procedures are in place:	
What disposal procedures are in place:	
Actions that will be taken if any concerns arise:	
Parent's responsibility to provide:	

I/We have read the Intimate Care Policy provided by St Clare's Catholic Primary School. I/We give permission for the named member(s) of staff to attend to the care needs of my/our child and are in agreement with the procedures proposed.

Name of Parent	Signature	Date
Headteacher/SENCO	Signature	Date

Guidelines for good practice (adapted from the Chailey Heritage centre)

1. *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. The West Yorkshire Safeguarding Children Board Consortium believes this practice should be actively supported unless the task requires two people. 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 – quite apart from the practical difficulties. 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. The West Yorkshire Safeguarding Children Board Consortium recognise that there are partner agencies that recommend two carers in specific circumstances. Where possible, the member of staff carrying out intimate care should be someone chosen by the child or young person. For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice. Agencies should consider the implications of using a single named member of staff for intimate care or a rota system in terms of risks of abuse.
2. *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.
3. *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. Conversely, if a child has a "grudge" against you or dislikes you for some reason, ensure your line manager is aware of this.
4. *Make sure practice in intimate care is as consistent as possible.* Line managers have a responsibility for ensuring their staff have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals. For example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing? Is care during menstruation consistent across different staff?
5. *Never do something unless you know how to do it.* If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.
6. *If you are concerned 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)

Report any such incident as soon as possible to another person working with you and make a brief written note of 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.

Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your designated person for child protection.

7. *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 important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. The West Yorkshire Safeguarding Children Board Consortium recognise 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 "invasion" of body space for physical or medical 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.

The above is taken largely from the publication 'Abuse and children who are disabled: a training and resource pack for trainers in child protection and disability, 1993'.