

# CASTLE ACADEMY

## Intimate Care Policy and Guidelines Regarding Children



**INTIMATE CARE POLICY and GUIDELINES REGARDING CHILDREN**

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Next Scheduled Review	January 2022

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## **1.0 INTRODUCTION**

The Intimate Care Policy and Guidelines Regarding Children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children. Children with additional needs and young children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

The Intimate Care Policy and Guidelines should be read in conjunction with the Northamptonshire County Council Toileting Guidelines for early years settings and schools 2015.

## 2.0 DEFINITION

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

- \* Feeding
- \* Oral care
- \*Washing
- \*Dressing/undressing
- \*Toileting
- \* Menstrual Care
- \* Catheter and stoma care
- \* Supervision of a child involved in intimate self-care

### **3.0 PRINCIPLES OF INTIMATE CARE**

The following are the fundamental principles upon which the Policy and Guidelines are based:

- \* Every child has the right to be safe.
- \* Every child has the right to personal privacy.
- \* Every child has the right to be valued as an individual.
- \* Every child has the right to be treated with dignity and respect.
- \* Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- \* Every child has the right to express their views on their own intimate care and to have such views taken into account.
- \* Every child has the right to have levels of intimate care that are as consistent as possible.

## 4.0 SCHOOL RESPONSIBILITIES

\*All staff working with children must be vetted by the school. This includes students on work placement and volunteers.

Vetting includes:

- \* DBS checks
- \* Pre-employment checks
- \* Two independent references

**Only** named staff identified by the school should undertake the intimate care of children.

\* Managers must ensure that all staff undertaking the intimate care of children are familiar with and understand the Intimate Care Policy and Guidelines together with associated safeguarding policies and procedures.

\* All staff must be trained in the specific types of intimate care that they carry out and fully understand the Intimate Care Policy and Guidelines within the context of their work.

\* Intimate care arrangements must be agreed by the school, parents / carers and child (if appropriate).

\*Intimate care arrangements must be recorded in the child's personal file and consent forms signed by the parents / carers and child (if appropriate).

\* Staff should not undertake any aspect of intimate care that has not been agreed between the school, parents / carers and child (if appropriate).

\* The school needs to make provisions for emergencies i.e. a staff member on sick leave. Additional trained staff should be available to undertake specific intimate care tasks. Do not assume someone else can do the task.

\* Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.

\* If a staff member has concerns about a colleague's intimate care practice, they must report this to a DSL.

## **5.0 GUIDELINES FOR GOOD PRACTICE**

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Children with additional needs and young children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard children and staff.

### **5.1 Involve the child in their intimate care**

Try to encourage a child's independence as far as possible in his / her intimate care. Where the child is fully dependent talk with them about what is going to be done and give them choice where possible. Check your practice by asking the child / parent any likes / dislikes while carrying out intimate care and obtain consent.

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

For the safety of the child and staff members, two staff should be present whenever possible when dealing with issues relating to intimate care.

## **5.3 Make sure practice in intimate care is consistent**

As a child can have multiple carers a consistent approach to care is essential. Effective communication between parents / carers ensures practice is consistent.

## **5.4 Be aware of own limitations**

Only carry out care activities you understand and feel competent and confident to carry out. If in doubt ASK. Some procedures must only be carried out by staff who have been formally trained.

## **5.5 Promote positive self-esteem and body image.**

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be relaxed, enjoyable and fun.

## **5.6 If you have any concerns you must report them.**

If you observe any unusual markings, discolourations or swelling including the genital area, report immediately to a DSL. If during the intimate care of a child you accidentally hurt them, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to a DSL. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made on My Concern.

It is important to follow the schools reporting and recording procedures and record any concerns on My Concern. Parents / carers must be informed about concerns.

## **6.0 WORKING WITH CHILDREN OF THE OPPOSITE SEX**

### **6.1 Principles:**

- \* There is a positive value in both male and female staff being involved with children.
  
- \* Ideally, every child should have the choice of carer for all their intimate care.
  
- \*The individual child's safety, dignity and privacy are of paramount importance. The practical guidelines set out below, are written in the knowledge that the current ratio of female to male staff means we are far less likely to be able to offer the choice of same sex carer to male children.

### **6.2 General Care**

- \*Male and female staff can be involved with children of either sex in:
  - (a) Keyworking and liaising with families.
  
  - (b) Co-ordinating of and contribution to a child's review.
  
  - (c) Meeting the developmental, emotional and recreational needs of the children.
  
  - (d) Escorting the children between sites and on outings unless intimate care is needed.

## 6.2 Intimate Care

Wherever possible, boys and girls should be offered the choice of carer and second carer. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates. It may be possible to determine a child's wishes by observation of their reactions to the intimate care they receive. Do not assume that a child cannot make a choice. The intimate care of boys / girls can be carried out by a member of staff of the opposite sex with the following provisions:

- (a) The delivery of intimate care by professionally qualified staff will be governed by their professional code of conduct in conjunction with school policy and procedures.
- (b) When intimate care is being carried out, **all** children have the right to dignity and privacy i.e. they should be appropriately covered, the door closed or screens / curtains put in place.
- (c) If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- (d) Report concerns to a DSL and make a written record on My Concern.
- (e) Parents / carers must be informed about concerns.

## 7.0 COMMUNICATION WITH CHILDREN

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Children communicate using different methods e.g. words, signs, symbols, body movements, eye pointing. We have to be especially mindful that our younger children have little or no English.

To ensure effective communication:

- \* Ascertain how the child communicates e.g. consult with child, parent / carer and, if appropriate, communication needs must be recorded. (please refer to Appendix 1, Communication Proforma for Intimate Care: How I Communicate).
- \* Make eye contact at the child's level.
- \* Use simple language and repeat if necessary.
- \* Wait for response.
- \* Continue to explain to the child what is happening even if there is no response.
- \* Treat the child as an individual with dignity and respect.

## Appendix 1 Communication Proforma for Intimate Care How I Communicate

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I communicate using words / signs / body movements.

I indicate my likes / preferences by \_\_\_\_\_

I indicate my dislikes by \_\_\_\_\_

I show I am happy by \_\_\_\_\_ and

unhappy by \_\_\_\_\_

If appropriate please complete the following

When I need to go to the toilet I \_\_\_\_\_

When I need changing I \_\_\_\_\_

Additional information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed by:

Parent/carer

Staff member