



Academy Policy

Intimate Care Policy

CEO approval:	Sean Kelly	Date: December 2022
LGB Cluster ratification	SEND Cluster	Date: September 2021
Last reviewed on:	November 2022	
Next review due by:	December 2023	

Contents

1. Purpose and Scope.....	3
2. Introduction.....	3
3. References, Legislation and Policies.....	3
4. Definition of Intimate Care.....	3
5. Definition of Personal Care	4
6. Principles of Intimate Care and Personal Care	4
7. Our Policy	4
8. The Protection of Children	5
9. Guidelines for Good Practice.....	5
10. Children and young people’s records.....	7
11. COVID -19 - Amendment to this policy	Error! Bookmark not defined.

1. Purpose and Scope

1.1. The purpose of this document is to set out a clear framework for all child and young people who receive intimate and personal care. As well as providing a clear policy statement to support children and young people, the document provides guidance for staff who provide intimate and personal care.

2. Introduction

2.1. A small number of our learners require assistance with intimate care tasks, especially toileting. Other children may also experience difficulties with toileting for a variety of reasons. All of the children/young people we work with have the right to be safe, to be treated with courtesy, dignity, and respect.

3. References, Legislation and Policies

- a) The Childcare Act 2006;
- b) The Disability Discrimination Act 1995;
- c) Equality Act 2010;
- d) Safeguarding Policy

4. Definition of Intimate Care

4.1. There is a clear difference between personal and intimate assistance. 'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Dressing and undressing (underwear);

- a) Helping someone use the toilet
- b) Showering
- c) Nappy changing
- d) Changing clothes

5. Definition of Personal Care

5.1. Personal care tasks specifically identified as relevant to Woodlands include:

- a) Nappy changing
- b) Administering oral medication
- c) Hair care
- d) Dressing and undressing (clothing);
- e) Prompting to go to the toilet.

5.2. Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

6. Principles of Intimate Care and Personal Care

6.1. The following are the fundamental principles of intimate and personal care upon which our policy guidelines are based:

- a) Every child has the right to be safe;
- b) Every child has the right to personal privacy;
- c) Every child has the right to be valued as an individual;
- d) Every child has the right to be treated with dignity and respect.

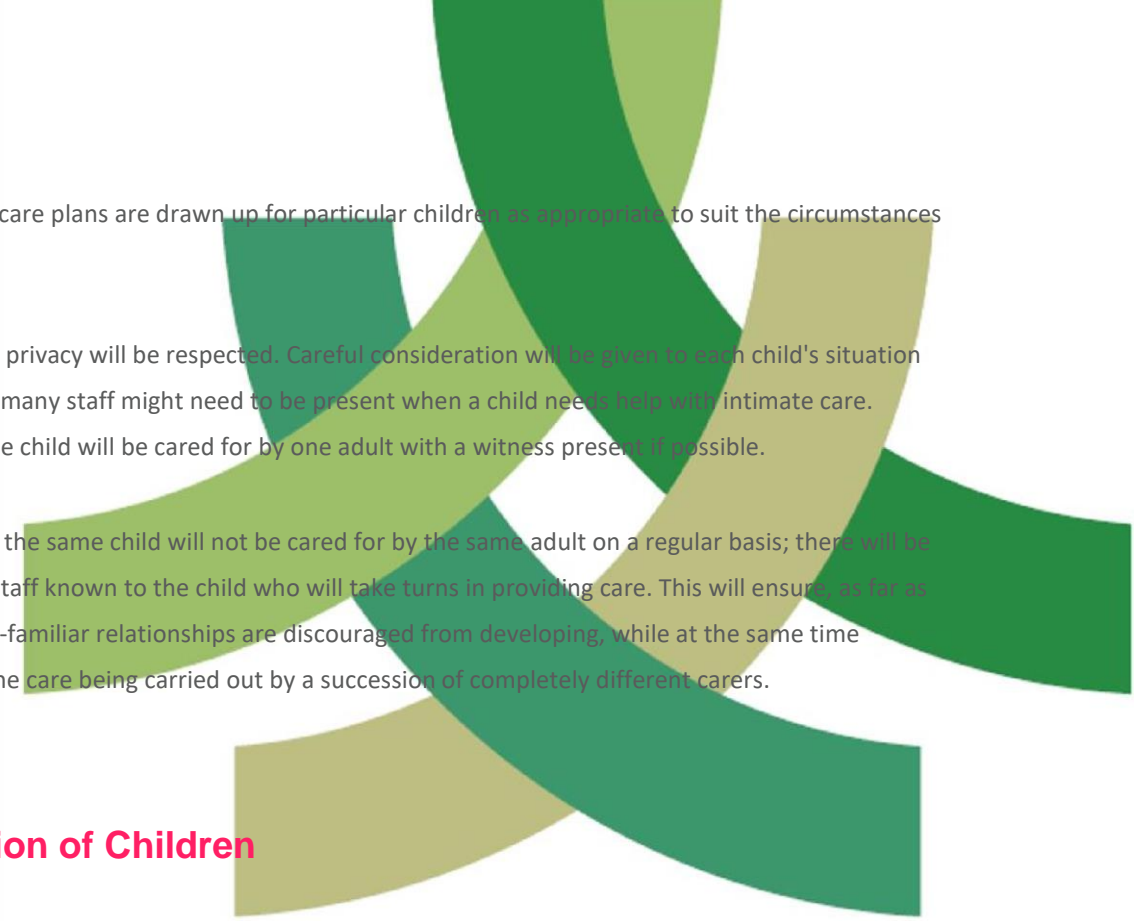
7. Our Policy

7.1. All our children who require intimate and/or personal care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

7.2. Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Staff will be supported to adapt their practice in relation to the needs of individual children

7.3. There is careful communication with each child who needs support 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.

7.4. 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.

- 
- 7.5. Individual intimate care plans are drawn up for particular children as appropriate to suit the circumstances of the child.
- 7.6. 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. Where possible one child will be cared for by one adult with a witness present if possible.
- 7.7. Wherever possible, the same child will not be cared for by the same adult on a regular basis; there will be a minimal rota of staff known to the child who will take turns in providing care. This will ensure, as far as possible, 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 carers.

8. The Protection of Children

- 8.1. Safeguarding Procedures and Child Protection procedures are accessible to staff and adhered to.
- 8.2. All staff involved in the provision of intimate and/or personal care will have all relevant checks completed before allowing them to be left alone with children (e.g. **DBS**) and will be subject to robust internal procedures such as reference checking and monitoring and regular updating of enhanced DBS checks in line school policy.
- 8.3. Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 8.4. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to a DSL. Safeguarding procedures will then be followed and guidance provided to the member of staff.

9. Guidelines for Good Practice

- 9.1. 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.
- 9.2. Treating children and young people with dignity and respect

- a) Involve the child in the intimate care. Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible.
- b) Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation. Staff can administer Intimate Care alone however Woodlands aim to have a witness present as much as possible. School need to be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.
- c) Be aware of your own limitations. Only carry out activities you understand and feel competent with.
- d) If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling, report it to a DSL who will inform you what will happen next.
- e) If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL. Report and record any unusual emotional or behavioural response by the child.
- f) Helping through communication. 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.

9.3. Infection prevention and control is concerned with the prevention of avoidable risks of infection and the control and management of all unavoidable risks of infection to those administering and receiving intimate and personal care. PPE is available for staff to wear when carrying out intimate care.

9.4. Establishing effective working relationships with parents/carers is a key task for Woodlands. Parents/carers should be encouraged and empowered to work with school to ensure their child/young person's needs are properly identified, understood and met. Plans for the provision of Intimate/personal care must be clearly recorded to ensure clarity of expectations, roles and responsibilities. Daily records must be used for nappy changing and records stored for reference.

9.5. Space for privacy. There is an appropriate area for changing. This is in the primary area of school. It may be possible to change some children whilst they are standing. Ensuring that privacy and dignity are maintained during the time taken to change a child or when they are sitting on the toilet or potty is crucial. The time spent changing a child should be a positive experience for the child.

9.6. Suitable hygiene resources

- a) Staff should wear disposable gloves and aprons while changing a nappy, pad or soiled clothing;
- b) Soiled nappies or pads should be double wrapped and disposed of in the bin provided.
- c) Agreed regular emptying of bins;
- d) Changing area to be cleaned after use;
- e) Hot water and liquid soap to wash hands as soon as the task is completed;
- f) Hot hand dryer or paper towels available for drying hands.

10. Children and young people's records

10.1 A record is kept of all personal care procedures. There is an individual record for recording daily nappy changing. Staff need to ensure that they sign this record every time a nappy is changed

10.2 Parent/ carers can request to see this record