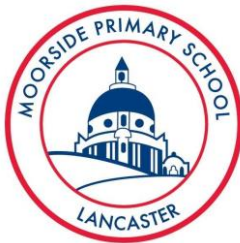


Moorside Primary School		
Document Name	Intimate Care Policy	
Date	September 2016	
Version		
Audience	Staff, Governors, Volunteers, Parents, Website	
Approved by	Governing Body	

Moorside Primary School 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. We recognise that there is a need to treat all our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and adults and staff must be sensitive to each child's individual needs.

This policy should be read in conjunction with our wider set of safeguarding policies:

- Health and Safety
- Child Protection
- Administration of Medicine

Relevant information will also be found in our Special Needs Policy.

Intimate care is any care which involves one of the following:

1. Assisting a child to change his/her clothes
2. Changing or washing a child who has soiled him / herself
3. Assisting with toileting issues
4. Supervising a child involved in intimate self-care
5. Providing first aid assistance (beyond hands, lower arms or facial /head wounds)
6. Providing comfort to an upset or distressed child
7. Feeding a child
8. Providing oral care to a child
9. Assisting with the fitting of hearing aids
9. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. * * In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

Parents have the responsibility to advise the school of any known intimate care needs relating to their child.

Principles of Intimate Care

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

- Every child has a 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
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities
- All children have the right to express their views on their own intimate care and to have their views taken into account
- Every child has the right to have levels of intimate care that are appropriate and consistent.

Assisting a child to change his / her clothes

This is more common in Reception. On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc. Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given. Staff will always ensure that another colleague is aware of the support being provided.

The support should be provided in such a way that a child's dignity is maintained, but that other staff can enter the area. This would normally be in a toilet area, but not behind a closed door. The member of Staff who has assisted a pupil with intimate care will complete an 'Intimate Care Record Sheet' and ensure that a parent is informed.

Child Protection/Safeguarding Guidelines

Ensure that the action you are taking is necessary. Get verbal agreement to proceed.
CARE – CONCERN – COMMUNICATE.

Pastoral care procedures

Ensure the child is happy with who is changing him / her. Be responsive to any distress shown. Ensure that the parents are informed of the need to change their child at the earliest opportunity.

Basic hygiene routines

Always wear protective disposable gloves, sealing any soiled clothing in a plastic bag for return to parents. If a child was wearing nappies, then use the nappy bin provided.

Providing comfort or support to a child

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Where this happens, staff need to be aware that any physical contact must be kept to a minimum. When comforting a child, or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided

Our Administration of Medications Policy outlines arrangements for the management of the majority of medications in school. Parental permission must be given before any medication is dispensed in school- this form is also available on our website. A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medications Policy, will have an Individual 'Care Plan'. This Care Plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.

Swimming

Pupils in Year 3 to 6 go swimming at the University pool. Changing facilities include a mixture of individual cubicles and male and female group changing rooms. No members of public are allowed in the changing areas or pool during school swimming sessions.

Children are entitled to respect and privacy when changing their clothes however, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur.

The level of supervision required will depend on the nature of the group. Normally staff should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour. Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct.

Where a child needs additional support for changing, parental permission will be sought and a personal care plan will be drawn up so as to maintain dignity but increase independence. On a limited number of occasions in the year, the school takes pupils from Reception swimming. When this is the case, levels of supervision are much more intensive with staff needing to access the changing room much more frequently to provide support.

Toilets

As a general rule, staff do not go in toilet areas used by pupils, unless it is to deal with a problem. However, staff working in Reception do need to access the toilet areas more frequently to ensure that pupils are safe and secure. This is particularly the case in the first few weeks that the children are with us, whilst routines are being established.

School Trips (shared use of toilets with other users)

Unlike during a normal school day, on school trips pupils sometimes do not have sole use of toilets. For each school visit, a separate risk assessment is drawn up to explain how visits to the toilet will be monitored. On some occasions this may involve a member of school staff remaining in the toilet area to supervise pupils whilst potentially in contact with members of the public.

First Aid

School staff deal with many cases of first aid each day. Most of these are not serious and involve grazes to knees and hands. Wherever possible, independence is encouraged and pupils are supported to wash the affected area and apply a plaster (if necessary) themselves. It is necessary from time-to-time for staff to be more actively involved. Where first aid is carried out, it is recorded on an accident reporting sheet, with more serious incidents being reported to parents.

Whilst it is important to ensure a child's dignity, first aid must always be provided in an area which can be entered by another adult and someone else must always be informed where that first aid is taking place.

Residential Trips

Residential educational visits are an important part of school experience at Moorside. Particular care is required when supervising pupils in this less formal setting. As with Extra-Curricular Activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Child Protection procedures, and Positive Behaviour Policies. Risk assessments are carried out prior to 'residentials' and are based on the principle of 'remote supervision' of pupils being aware that staff are available to them and staff supervising the general areas used for changing and sleeping, but without needing to spend much time in the pupils' rooms. However, some specific intimate care issues may arise in a residential context. Any care provided would be based on the principles of CARE – CONCERN – COMMUNICATE. Staff should ensure that a child is safe and not distressed, that their dignity is maintained and that another member of staff is aware of the support being provided.

Night Time Routines

It is established practice that the children's bedrooms are private spaces and anyone else wanting to enter the room should knock and announce their intention to enter. At bedtime, children are given a set amount of time to change and prepare for bed and will be told when the supervising teachers will visit the rooms to check all is okay and switch off the lights. A reciprocal arrangement is in place in the mornings. There are occasions when incidents take place during the night and the need arises to:

1. Assist a child to change his / her clothes
2. Change a child who has soiled him / herself
3. Provide comfort to an upset or distressed child
4. Assist a child who requires a specific medical procedure and who is not able to carry this out unaided. Guidance as above will be followed with the support of an additional member of staff in attendance.

School responsibilities

All members of school staff are closely vetted on appointment. This includes students on work placement and volunteers who may be left alone with children. Vetting includes disclosure and barring checks (DBS) and two references. Only those members of staff who are familiar with the intimate care policy and other safeguarding policies of the school are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, when appropriate and possible, by the child. Consent forms are signed by the parent and stored in the child's file. Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted at the earliest opportunity. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Headteacher.

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. Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. Members of staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard both children and staff.

1. 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, where possible, give choices. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation. Care should not be carried out by a member of staff working alone with a child. Another member of staff must always be informed and be aware of where the care is being provided. Care should never be provided behind a locked door.
3. Make sure practice in intimate care is consistent. As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
4. Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
5. Promote positive self-esteem and body image. Confident, self-assured children who feel their bodies belong 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 both efficient and relaxed.
6. If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Senior Lead (DSL) for Child Protection. If a child is accidentally hurt during 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. A written record of concerns must be made available to parents and kept in the child's personal file.

