Intimate Care Policy

# Policy statement

Where intimate personal care is delivered this will always be done sensitively and appropriately. Staff will be aware of the need to maintain privacy and dignity when dealing with intimate personal care needs.

Intimate personal care should be delivered within the process of needs assessment/care planning and detailed within the care plan. The staff directly involved with the child, and parents, will be involved to ensure the personal care is appropriate for the specific individual.

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 child protection issues. Staff behaviour is open to scrutiny and staff at Hamilton School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

# Definition of terms

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, bathing and dressing.

Intimate personal care includes:

* body bathing other than to arms, face, and legs below the knee
* toileting, wiping and care in the genital and anal areas
* incontinence care
* placement, removal and changing of incontinence pads
* menstrual hygiene
* dressing and undressing

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Hamilton 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. Hamilton School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

# Our approach to best practice

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

We will endeavour to ensure that all staff who provide intimate care are trained to do so (including Child Protection and Health and Safety issues) and are fully aware of best practice. (See personal care plans.) The majority of children will follow the care plan as identified. For some, it may be necessary to adapt and add to it.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to their children/young people as an additional safeguard to both staff and children/young people involved.

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. The child is aware of each procedure that is carried out and the reasons for it – at an appropriate level for the child.

 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. Individual personal care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. Where there are issues such as moving and handling, personal safety of the child and the carer and health, this information will be included on a child’s RRP (Risk Reduction Plan) and reference to this will be made within the personal care plan.

Each child's right to privacy will be respected as far is possible. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

**The exception to this will be during extended residential visits where children will need to be bathed or showered. At all times two adults will be in attendance whilst the child is being bathed/showered. Children will be encouraged to do as much for themselves as they can.** There may also be times within the school that a child may need to access the shower as a self-regulation for behaviours or if any medical reasons occur, e.g. severe allergic reactions caused by hay fever. In these cases a detailed personal care plan is created in conjunction with relevant school staff and with their parents/guardians. These times will be supported by the appropriate symbol support where possible.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers 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.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child’s personal care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate, where appropriate, if there are any issues or concerns that they may have about the quality of care they receive.

# The protection of children

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

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 the appropriate senior manager with responsibility for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded.

Parents/carers will be contacted as appropriate at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child/parent/another staff member makes an allegation against the member of staff, all necessary procedures will be followed (Child Protection Procedures).

# Safety

Meeting the intimate personal care needs of a child carries a measure of risk to both staff and the child. The risks can include the following:

* injury to child or staff due to accidents/poor work practices
* hot water
* epilepsy and bathing
* moving and handling
* Infection from bodily fluids.

It is therefore important that safeguards are put in place to minimise the risk to staff and the service user.

Due to Covid-19, all staff carrying out personal care on students must wear a surgical face mask alongside an apron and gloves.

**Staff support**

Staff will have the opportunity to say if they are uncomfortable with a particular area of practice, or if they feel vulnerable in carrying it out. This does not mean that individual staff can abdicate responsibility for meeting individual children’s needs that have been clearly identified and planned for. The class teacher will offer staff the opportunity to discuss and clarify such matters in class meetings, where strategies, support and implementation plans can be discussed and agreed upon.

When recruiting new staff school leaders will ensure they understand the intimate care expectations in the school. Where a member of staff indicates that they are not comfortable with carrying intimate care out on a child then this will be taken into consideration when looking at the class in which they are placed.

Any volunteers under the age of 18 should not be undertaking intimate care.

Signed: 

Chair of Governors

6th October 2022