



Intimate Care Policy

School Responsibility	Mr L Gilhooly
Headteacher	Mr L Gilhooly
Governor	Mrs Rebecca Vaughan
Adopted	February 2023
Review	February 2026

ETHOS STATEMENT

The School was founded by and is part of the Catholic Church. The School is to be conducted as a Catholic School in accordance with the canon law and teachings of the Catholic Church and in accordance with the Trust Deed of the Diocese of Leeds in particular:

1. Religious education is to be in accordance with the teachings, doctrines, discipline and general and particular norms of the Catholic Church;
2. Religious worship is to be in accordance with the teachings, doctrines, discipline and liturgical norms of the Catholic Church;

And at all times the school is to serve as witness to the Catholic faith in our Lord Jesus Christ.

MISSION STATEMENT

St Joseph is our patron saint and he inspires and guides us in our school mission:

- *Each one of us is part of God's family and we are all special*
- *As God's children and family we love one another, pray together, play together and walk hand in hand with God*
- *God is our teacher and we are his gifts. He helps us learn together, work hard and do our best to make our world a better place*
- *With fun, laughter and friendship we celebrate God's love*
- *We respect and care for everyone and for God's wonderful world*

The Intimate Care Policy is based on the Catholic ethos of the school in which all members of the community are respected and valued.

Aim

The Intimate Care Policy has been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children in school. Disabled 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 School's Child Protection Policy.

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:

• Washing	• Toileting
• Menstrual Care	• Supervision of a child involved in intimate selfcare

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.
- 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).
- If a staff member has concerns about a colleague's intimate care practice they must report this to the school's Designated Safeguarding Leads (K Choma, K Hulbert and V Wilkinson).

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. Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. 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 care tasks / treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard children and staff.

Involving 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.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation A lot of care is carried out by one staff member / carer alone with one child. The practice of providing one-one intimate care of a child alone is supported, unless the activity requires two persons for the greater comfort / safety of the child or the child prefers two persons.
- 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 / agencies ensures practice is consistent.
- 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 and assessed e.g. enteral feeding, rectal diazepam.
- 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.
- If you have any concerns, you must report them. If you observe any unusual markings, discolouration or swelling including the genital area, report immediately to the Designated Safeguarding Lead. If during the intimate care of a child you accidentally hurt them, or the child appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the Designated Safeguarding Lead. Report and record on CPOMS any unusual emotional or behavioural response by the child. Use the body map to record the size and position of any marks/bruises/swellings of concern. Parents / carers must be informed about concerns.

Working with Children of the Opposite Gender

Principles:

- There is a positive value in both male and female staff being involved with children.
- Where possible children preferences of staff will be considered.
- 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.

General Care:

Male and female staff can be involved with children of either sex in key-working and liaising with families and co-ordinating of and contribution to a child's review. Meeting the developmental, emotional and recreational needs of the children.

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:

- The delivery of intimate care by professionally qualified staff will be governed by their professional code of conduct in conjunction with school's policy and procedures.
- 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.
- 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.
- Report concerns to your Designated Safeguarding Lead and make a written record on CPOMS.
- Parents / carers must be informed about concerns. 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. 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. (The policy will be reviewed every 2 years.)

Facilities

- Facilities are to be easily accessed by the child and designed with the appropriate advice from relevant professionals where necessary, for example, Occupation Therapist, Physiotherapist, School Nurse, or appropriately trained professionals.
- Hand washing facilities are to be provided within the room for the child/young person and staff. Liquid soap and paper hand towels are to be available.
- All waste bins are to be fitted with a lid to be foot operated. A secure area for clinical waste awaiting collection must be available.
- The importance of privacy is maintained by ensuring the room can be seen to be in use and be secured from intrusion.
- All equipment is to be stored safely but easily accessible to the child where this is necessary. It is important to take into consideration the privacy of the individual children/young people and the safety of others.
- Facilities must be regularly inspected and maintained. All notices must be laminated.

Equipment

The list of equipment detailed below is not exhaustive but gives examples of types of equipment available for use.

1. Gloves – if direct contact with blood or body fluids is anticipated, staff to wear seamless, non-sterile gloves (e.g. latex and non-latex which are powder free)
2. Aprons – disposable plastic aprons. The use of cotton is not recommended.
3. Disposable paper towels.
4. Disposable wipes – the product as agreed in the 'Care Plan'.
5. Cleansing agent – appropriate for use and as agreed on the 'Care Plan'.
6. Continence care products.
7. Yellow Clinical Waste Bags for waste that has come into contact with body fluids. Large amount of waste to be disposed of using yellow plastic bags. Green bins for weekly collection by Leeds City Council. All bags should be labelled, secured with self-locking tie and stored in an appropriate secure area awaiting collection for incineration.

Monitoring

The effectiveness of this policy will be monitored in line with the school's monitoring and reviewing of school policy procedures.

Any questions regarding this policy should be directed to Mr Gilhooly who is the school's lead teacher on this issue.

INTIMATE CARE PLAN

Name	
Date	
Date of Birth	
Assessor	
Relevant Background Information	
Setting	
Consent given	
Identified need – specific individual requirement e.g. cream applied	
Communication	Use of symbols? Signs? Verbal prompts? Object of reference etc?
Self care skills	Fully dependent/aided Supported/independent
Mobility	Independent/steady/grab rail Unsteady/wheelchair user
Fine motor skills	Can do – tapes/zips/buttons/taps/towels/adjust own clothing
Moving and handling Assessment Step by step guide to what happens	Tracking/mobile hoist or S, M, L or own sling in chair transfer using mobile hoist. Walking frame/support to table/physical turntable
Facilities	Environment to provide dignity safety Curtain Handwashing
Equipment	Gloves, wipes, aprons, waste bins foot operated Rise and fall bed. Changing mat/moving and handling equipment. Continence produce/nappy size/paper towels/liquid soap/spray cleaner
The disposal of soiled articles of clothing as agreed with parents/carers	Solid waste into the toilet. Clothes sent home in tied plastic bag. Indicate in bag or in diary contents of bag.
Frequency of procedure required	On arrival/mid morning/lunchtime/mid afternoon/ whenever necessary/on request
Review date	

ADVICE ONLY

If your child needs cleaning, plain water will be used with a few drops of liquid cleanser added to the water. Name of liquid cleanser –

I/we have read, understood and agree to the plan for Intimate Care

Signed

Name

Relation to child

Date

CHANGING RECORD

PUPIL _____

WEEK BEGINNING _____

W(wet), D(dry), B(bowels open), M(menstruation), U(urinated), S(soiled)

DAY/ DATE	TIME	SIGNATURES	W, D B, M U, S	COMMENTS/OBSERVATIONS Eg – skin impairment – changed bowel or urinary pattern

Please remember – if you have any concerns, then please discuss immediately with a senior member of staff or child protection co-ordinator