



## Intimate Care Policy

Believing in Excellence means that the Trust has key values that all members of our schools' community live by.

These are:

- Respect;
- Resilience;
- Responsibility.

Date of Policy	November 2022
Date agreed by CEO	December 2022
Date of next review	December 2025

Cavendish Education Trust (Eastbourne) is an exempt charity and a company limited by guarantee, registered in England and Wales with Company Number 8135372. Its registered office is at Eldon Road, Eastbourne, East Sussex BN21 1UE

## **Introduction**

The pastoral care of our children is central to the aims, ethos and teaching across the Cavendish Education Trust and we are committed to developing positive and caring attitudes in our children.

We value every member of our school community and our aims are for every child, whatever their background or circumstances, to have the support they need to achieve their full potential. No child is excluded from participating in our schools, who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent whatever their age. We work with parents towards toilet training children at the appropriate age, unless there are medical or other developmental reasons why this may not be possible at this time. Toileting is a self-care skill that we will support children to acquire in partnership with their parents.

It is our intention to develop independence in each child, however there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children across our schools. In school, this may occur on a regular basis or during a one-off incident. At times, individual children with Special Educational Needs and Disabilities may require an on-going programme of support to develop self-care skills and independence. In such cases, individually tailored programmes of support will be agreed in discussion between the SENCO and parents and a Health Care Plan drawn up.

Cavendish Education Trust 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, adults and staff must be sensitive to each child's individual needs.

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

- Assisting a child to change his/her clothes
- Nappy changing and assisting with toileting issues
- Changing or washing a child who has soiled him / herself
- Supervising a child involved in intimate self-care
- Providing first aid assistance

## **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; and
- Every child has the right to have levels of intimate care that are appropriate and consistent with their levels of individual need.

### **Our approach to best practice**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist / occupational therapist as required.

The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves.

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible, one adult will cater for one child, but a second adult should be made aware that intimate care is taking place.

Wherever possible the same child will not be cared for by the same adult on a long-term basis. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Intimate care arrangements will be discussed with parents/carers and recorded in a care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staff and equal opportunities legislation.

### **The Protection of Children**

Safeguarding procedures will be adhered to and 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 manager / Designated Safeguarding Lead for child protection.

Advice will be sought through the School Nurse Service and other professionals when required.

### **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. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc.

To ensure effective communication:

- 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; and
- Treat the child as an individual with dignity and respect.

### **Nappy changing and toilet training**

The parent should provide nappies and should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

### **Procedures**

To ensure safe practice and hygiene procedures.

- PPE ( gloves and an apron) for use during intimate care
- Nappy/soiled underwear changing is undertaken in the appointed toilet using appropriate equipment t.
- Parents/carers are informed of all nappy changes/soiling accidents.
- A new set of gloves and apron to be worn for every nappy/soiled underwear changing.
- The changing mat if used must be cleaned using anti-bacterial cleaner prior to any changing.
- Child to be placed on a mat during a nappy/underwear change if appropriate.
- Soiled nappies to be placed in double polythene waste disposal bags which can be securely sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste (located in the medical room). Staff should be aware of the school's Health and Safety Policy.
- Any soiled clothes to be sent home in separate double polythene waste disposal bags.
- All cleaning wipes to be placed in double polythene waste bags for disposal.
- Before dressing the child, dispose of all personal protective equipment in a double polythene waste disposal bag in the appropriate bin.
- Staff member and the child must wash their hands for at least 20 seconds before returning to class.
- Changing area/mat should be thoroughly cleaned using anti-bacterial spray and cleaning cloths.

### **Assisting a Child to Change Their Clothes**

This is more common in our reception classes. 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.

In school, staff will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for, asked to assist their child, and informed if the child becomes distressed.

### **Changing a Child Who Has Soiled Him/Herself**

If a child soils him/herself in school, a professional judgement has to be made whether it is appropriate to change the child in school. The child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

- The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- School will have a supply of wipes, clean underwear and spare uniform for this purpose. (A supply of clean underwear and spare uniforms are available in the medical room).
- If a child is not able to complete this task unaided, a courtesy call will be made to the parents/carers to explain that school staff will assist the child to change and clean themselves up.
- The member of staff who has assisted a child with intimate care will record the intimate care on medical tracker. The record of intimate care should only be completed when intimate care has been provided to a pupil in reception class and above

### **Dealing With Blood and Body Fluids**

Blood, vomit, urine and faeces will be cleaned up immediately and disposed of safely by double bagging the waste and removing it from the premises.

When they are dealing with body fluids, staff will wear personal protective clothing (disposable plastic gloves and aprons) and will wash themselves thoroughly afterwards.

Soiled children's clothing will be bagged to go home – staff will not rinse it.

Children will be kept away from the affected area until the incident has been dealt with fully.

Staff will maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

After staff have supported during intimate care, then hands should be washed with soap to protect themselves and the child/ other children from cross-contamination.

### **Providing Comfort or Support to a Child**

Children will naturally seek support and reassurance from adults at school. Example of this include where a child is distressed when leaving their parent or has fallen over or is tired and may need to be carried for their nap. Such responsive care in the school will always be based on the child's needs and on the adult's knowledge of that individual child. Whatever the age of child is being cared for, clear professional boundaries will be maintained at all times in line with our safeguarding policy and procedures.

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 that communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Safeguarding Lead, as this could be an indicator of safeguarding concerns.

## **Assisting a Child Who Requires a Specific Medical Procedure and Who Is Not Able To Carry This Out Unaided**

Our Supporting Pupils with Medical Conditions 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, please see our supporting pupils with medical conditions policy

A small number of children will have significant medical needs and will have an Individual 'Care Plan'. The relevant medical body will formulate this care plan. If required, school staff will receive appropriate training.

All care plans are recorded on the Trust's medical system.

## **Menstruation**

Girls who are in the early stages of puberty may need support from a female member of staff. Where such assistance is required girls will be provided with sanitary towels and treated sensitively.

## **Physical Education and Other Skills Coaching**

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in PE, demonstrating an exercise or the use of equipment.

Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

## **Swimming**

Some classes participate in a swimming programme. 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. 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.

## **Residential Trips**

Residential educational visits are an important part of our pupils learning and experiences. . 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 trust policies such as Child Protection and Safeguarding. Some specific Intimate Care issues may arise in a Residential context.

## **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. For older children, it may be appropriate to introduce single-gender changing for PE lessons.

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.
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 many 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 swellings report it immediately to the Designated Safeguarding Lead.

If a child is accidentally hurt during intimate care, misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. 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.