**Lawley Primary School**

**Intimate Care Policy**

**Introduction**

It is our intention to develop independence in each child; however there will be occasions when additional help is required. Our Intimate Care Policy has been developed to safeguard children and staff.

Staff who work with young children or children who have special needs will realise that the issue of intimate care is a difficult one that requires staff to be respectful of children's needs. Children's dignity will be preserved and all available privacy, choice and control will be provided to them.

Staff who provide intimate care to children have all received Child Protection training and have a high awareness of child protection and safeguarding issues. Staff behaviour is open to scrutiny and staff at Lawley Primary School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

At Lawley Primary School, we are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Intimate care needs will usually be managed by Teaching Assistants/Teachers during teaching times, and Lunchtime Supervisors during lunch hours. We recognise 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.

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities include:

* washing
* changing clothes
* toileting
* medical assistance
* supervision of a child involved in intimate self-care.

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

School may contact parents to discuss on-going toileting issues and may request that parents make themselves available to undertake intimate care for their own child in certain circumstances.

**Principles of Intimate Care**

The following are the fundamental principles of intimate care upon which our policy 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
* 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 such views taken into account
* every child has the right to have levels of intimate care that are appropriate and consistent

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 intimate care plans will be drawn up for particular children with medical needs as appropriate to suit the circumstances of the child. These plans will include a full risk assessment to address issues such as moving and handling, personal safety and health of the child and the carer.

Parents/carers will be involved with their child's intimate care arrangements; a clear account of the agreed arrangements will be recorded on the child's care plan alongside any possible constraints; e.g. staffing and equal opportunities legislation.

If a staff member has concerns about a colleague’s intimate care practice he or she must report this to a Designated Leader for Safeguarding and Child Protection (DSL).

Named DSLs are:

Carol McQuiggin - Headteacher

Melissa Allcock - SLT

Katie Robinson – Pupil & Family Support Officer

Ingrid Wolf – SLT

Clair Pollitt - SLT

Sam Hill- SLT

**Our Approach to Best Practice**

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. 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 children and staff.

* Involve the child in the intimate care.
* 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.
* Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
* 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.
* 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.
* Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures, e.g. use of specific equipment, must only be carried out by members of staff who have been specifically trained.
* 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 both efficient and relaxed.
* If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to a DSL.
* 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 a DSL.
* Report and record any unusual emotional or behavioural response by the child.

**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
* treat the child as an individual with dignity and respect.

**Children Wearing Nappies in Foundation Stage**

**It is the responsibility of parents/carers to ensure that their child is toilet trained before entry into the Foundation Stage, unless there are exceptional medical circumstances that have prevented toilet training from taking place.**

If, due to exceptional medical circumstances, children are still in nappies we ask parents/carers to sign a simple agreement form and an agreed Personal Care Plan as outlined in Appendix 1.

See also Appendix 2: Procedure for Changing a Nappy

**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 designated person for child protection and child protection procedures will be followed.

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 at the earliest opportunity as part of this process in order to reach a resolution. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see safeguarding and Child Protection Policy).

**Approved by Melissa Allcock:**

**Date:** 02/07/2024

**Review:** 02/07/2025

**Appendix 1**

**Personal Care Plan**
**For children wearing nappies/ pull-ups in school**

Child’s name:                                                        DOB:

Completed by:

Date of plan:                                                          Review date:

|  |
| --- |
| Medical reason for the child wearing nappies: |
| Who will change the child:  |
| How will the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the floor?  |
| Resources - To be provided by parent/carer e.g. wipes, nappies, disposable gloves:  |
| How will wet/soiled clothes be dealt with?  |
| How will the child be encouraged to participate in the procedure?  |
| Any other comments / important medical information   |

This plan has been discussed with me and I agree to change my child at the last possible moment before he/she comes to school, provide the resources indicated above and encourage my child’s participation in toileting procedures at home as appropriate as discussed and where possible.

Signature:                                               Parent’s/Carer’s full name

Date:

Dear Parent / Carer,

Due to a medical need, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ currently wears nappies/ has difficulty with toileting.

We will work with you to support your child in developing independence in changing/cleaning themselves, in line with advice from medical professionals.

Attached is our Intimate Care Policy for you to read. Please sign and return the slip.

Yours sincerely

C McQuiggin
Headteacher

Child’s Name:                                                     DOB:

I have read the Intimate Care Policy and I agree to my child being supported to develop independence in changing/cleaning themselves in line with advice from medical professionals.

Signature:

Parent’s/Carer’s full name:

**Appendix 2**

**Procedure for Changing a Nappy**
**(child lying down)**

1. Consider whether the child can be changed in a toilet cubicle standing up
2. Wash your hands
3. Assemble the equipment
4. Place the child upon the changing mat / bench
5. Put on gloves
6. Remove wet/soiled nappy
7. Fold the nappy inwards to cover faecal material and place in designated covered bin
8. Used wipes and gloves are to be disposed of in a bin with a disposable liner
9. Once the child has been changed and returned safely to the classroom, clean the changing area with a detergent spray.
10. Wash hands thoroughly
11. Complete record of intimate care

**Appendix 3**

**Record of Intimate Care Intervention**

Child’s Name:                                                  Year Group:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time | Procedure | Staffsignature | Secondsignature |
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**Appendix 4**

Dear Parent/Carer,

Your child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ had a soiling/wet incident today.

       They changed their clothes independently.
       They changed their clothes with adult support.
       They were changed by an adult.

In accordance with our policy the incident has been recorded.

In your child’s bag you will find soiled/wet clothes.

Please return:

   Your child’s clothes (that they keep in school)
   The school’s clothes loaned to your child **after they have been laundered**

Thank you.