

## Forres Sandle Manor (Non-Academic) Policy

<b>Policy Title</b>	<b>Intimate Care</b>
<b>Policy Lead (Appointment (&amp; Initials))</b>	<b>Head Matron (NB)</b>
<b>Date of Last Review</b>	<b>February 2019</b>
<b>Date of Next Review</b>	<b>February 2020</b>

### INTIMATE CARE

The pastoral care of our children is central to the aims, ethos and teaching programmes at FSM School and we are committed to developing positive and caring attitudes in our children. Our Intimate Care Policy is part of our collective pastoral care policies. 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.

'Intimate care' may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child.

In school this may occur on a regular basis or during a one-off incident. FSM 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.

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

- Assisting a child to change his/her clothes.
- Changing or washing a child who has soiled themselves.
- Assisting with toileting issues.
- Supervising a child involved in intimate self-care.
- Providing first aid assistance.
- Providing comfort to an upset or distressed child.
- Feeding a child.
- Providing oral care to a child.
- 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 (e.g. the administration of rectal

diazepam). 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 our Foundation Stage. 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 ensure, where possible, that they have a colleague in attendance when supporting dressing/undressing and 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 a child soils him/herself in school, 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 from Pre Prep staff or Matrons).
- All decisions are taken on the basis of 'in loco-parentis' and our duty of care to meet the needs of the child.

### **Child Protection/Safeguarding Concerns**

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.

### **Basic Hygiene Routines**

- Always wear protective disposable gloves.
- Seal any soiled clothing in a plastic bag for return to parents or clothing will be washed in the school laundry and returned to parents.

In the case of Foundation Stage children and in particular a Nursery child, in order to avoid any unnecessary distress, a member of staff may assist the child, with a colleague in attendance, unless a parent has requested otherwise or if the child is reluctant. Parents will be contacted as soon as it is practical to do so.

### **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. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Safeguarding Lead (DSL).

### **SWIMMING**

All our pupils 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 school experience. Particular care is required when supervising pupils in this less formal setting. Staff

are still guided by our Safeguarding and Child Protection procedures and the staff Code of Conduct. Some specific Intimate Care issues may arise in a Residential context.

## **SHOWERING**

Children are entitled to respect and privacy when changing their clothes or taking a shower. 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.

This means that 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.

Much intimate care is carried out by one staff member alone with one child. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present – quite apart from the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the child or young person. Staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. Staff must also be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children.

It is best practice at FSM that when an incident has taken place that has necessitated a member of staff to be present when children are changing that an incident report is made.

## **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.

See also: ***Boarding at FSM***

There are occasions when incidents take place during the night and the need arises to:

- Assist a child to change his/her clothes.
- Change a child who has soiled him/herself.
- Provide comfort to an upset or distressed child.

- 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 staff working with children undergo an enhanced DBS check and List 99. For full details, please see the Safer Recruitment Selection and Disclosure Policy. This includes students on work placement and volunteers who may be left alone with children. Vetting includes criminal record checks and two references. Only those members of staff who are familiar with the Intimate Care Policy and other Pastoral Care Policies of the school are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between FSM 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 an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school.** Parents would then be contacted immediately. 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 DSL

## **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.

- Involve the child in the intimate care. Try to encourage a child's independence as far as possible in his or her intimate care. Try to avoid doing things for a child that s/he can do alone and if a child is able to help ensure that s/he is given the chance to do so. 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.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- 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.

- If a child dislikes a certain person carrying out her or his intimate care, try to establish why.
- Be aware of your own limitations. Only carry out activities you understand and feel competent with. If you need to be shown more than once, ask again. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
- 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.
- If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling, report it immediately to the DSL.
- If you are concerned that during the intimate care of a child
  - You accidentally hurt the child.
  - The child seems sore or unusually tender in the genital area.
  - The child appears to be sexually aroused by your actions.
  - The child misunderstands or misinterprets something.
  - The child has a very emotional reaction without apparent cause (sudden crying or shouting).

Report and record any unusual emotional or behavioural response by the child and inform the DSL. A written record of concerns is important for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done. The written record must be made available to parents and kept in the child's personal file.

- Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with the DSL.

## **WORKING WITH CHILDREN OF THE OPPOSITE SEX**

There is positive value in both male and female staff being involved with children. Where possible, the member of staff carrying out the intimate care should be someone chosen by the child or young person. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman. The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- 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 tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- Report any concerns to the DSL and make a written record.
- Parents must be informed about any 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. 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.

## **INTIMATE CARE AND RISK OF ABUSE**

Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. Children who experience intimate care may be more vulnerable to abuse:

- Children with additional needs are sometimes taught to do so as they are told to a greater degree than other children. This can continue into later years. Children who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child may come to believe they are passive or powerless.
- Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult.
- Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being along with and justify touching the child inappropriately.
- Repeated 'invasion' of body space for physical or medical care may result in the child feeling ownership of their bodies has been taken from them.
- Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer.

## Parental Permission for Intimate Care

Dear Parents,

From time to time, as you are aware, due to toileting accidents, sickness, becoming wet due to weather etc., it may become necessary for your child's clothing to be changed. The following principles underpin our policy and practice for intimate care:

- 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.

Please could you sign and date the permission slip below

Yours Sincerely

Nicola Brown, Head Matron

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Should it be necessary, I give permission for \_\_\_\_\_ to receive intimate care (e.g. help with changing or following toileting).

I understand that staff will endeavour to encourage my child to be independent.

I understand that I will be informed discretely should the occasion arise.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Adult with parental responsibility for: \_\_\_\_\_

**Intimate Care Form**

Name of Child: .....

Date: .....

Circumstance in which Intimate Care was deemed necessary:

.....  
.....  
.....

Child's consent obtained (Please circle):            Yes            No

If no give reasons: .....

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Action taken: .....

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Intimate care given by: .....

Additional adult in attendance/vicinity: .....