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**Intimate Care Policy**

Date Created: 15th October 2019

Review Date: October 2020

Chair of Governors – David Brookes

Signed: 

Date: 15.10.2019

Headteacher – Yvonne Jones

Signed: 

Date: 15.10.2019

This policy is based on Rhondda Cynon Taf Intimate Care Model Policy produced by the Safeguarding Co-ordinator Education April 2011.

**Introduction**

Porth Community 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 children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment, discomfort or pain. The child’s welfare and dignity is of paramount importance and every child’s privacy will be respected.

**Rationale**

The purpose of these guidelines is to set out procedures that:

* safeguard children and staff by providing a consistent approach within a framework, and
* recognise the roles and responsibilities of all those involved in providing intimate care for children.

We believe that all children should be able to participate in all aspects of community life consequently intimate care procedures will be carried out in a variety of settings. It is therefore important that appropriate facilities and equipment are available wherever possible.

We recognise that intimate care raises complex issues; whilst it may not be possible to eliminate all risks the balance should be on the side of dignity, privacy, parental and where appropriate pupil choice and safety. All employees regardless of their position are obliged to take reasonable care to ensure their own and others health and safety and to work within policy and procedural guidelines.

**Definition of Intimate Care**

Intimate care involves helping pupils with aspects of personal care, which they are not able to undertake for themselves, either because of their age and maturity or because of developmental delay or disability.

Children with disabilities may require help with moving and handling, eating and drinking and all aspects of personal care including:

* Washing
* Dressing and undressing
* Toileting
* Cleaning up after a child has soiled him/herself
* Applying Sun Cream

This level of care will be determined by a Health Care Plan that should be provided by a Health Service Practitioner. Specialist training should be provided by a health care professional.

* Supported Eating (including tube feeding)
* Administering medication (e.g. rectal diazepam )
* Physiotherapy Exercise Programme/Manual handling
* Massage/Intensive interaction
* Care of Tracheotomy
* Applying topical medicines (e.g. eczema creams)
* Tube Feeding

**Aims**

* To safeguard the rights and well-being of children with regard to dignity, privacy, choice and safety.
* To ensure that children are treated consistently when they experience intimate personal care in two or more settings.
* To assure parent/carers that all staff are knowledgeable about intimate care and that individual concerns are taken into account and when possible are acted upon.
* To enable parent/carers to be involved in any decision about the Intimate Care of their children.
* To provide appropriate guidance, training, supervision and reassurance to staff and to ensure good practice
* To ensure that parents/carers and children (where appropriate) are actively involved in the development of agreed Intimate Care protocols.
* To ensure the school shares details of an agreed individual Intimate Care protocol with other agencies that support the pupil.
* To provide staff with information and **appropriate** training in Intimate Care.

**Approach to Best Practice**

* The management of all children and young people with intimate care needs to be carefully planned.
* All staff that provides intimate care needs to be trained in Child Protection.
* Staff working with older children with disabilities will require training in Moving & Handling under Health & Safety guidelines.

**Principles of best practice:**

The child who requires intimate care is treated with respect at all times; the child’s welfare and dignity is of paramount importance.

* Allow the child to care for him/herself as far as possible, to encourage independence and to encourage him/her to carry out aspects of intimate care as part of his/her personal and social development. Targets may be set in developing these life skills.
* 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.
* Provide facilities appropriate to the child or young person's age and individual needs.
* Consideration should be given to ethnicity, culture, beliefs and religion, and any special requirements relating to intimate care should be identified and documented.
* Show awareness of and be responsive to the child or young person’s reactions, their verbal and non-verbal communication and any agreed signals.
* Use the opportunities during intimate personal care toteach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem.
* 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 child will be catered for by one adult unless there is a sound reason for having more adults present e.g. when physical disability necessitates more than one member of staff to provide care, or when there is a need to safeguard staff. If this is the case, the reasons should be clearly documented. To discourage over familiar relationships, best practice would recommend a rota of staff that are able to undertake this task with the child. This will depend on staff ratios in the school.
* There is positive value in both male and female staff being involved in the care of children. However, consideration should be given to the appropriateness of the gender of the member of staff to undertake the intimate care tasks.

# **Letter of Permission**

Permission must be sought from the parent/carer before any form of Intimate Care can be undertaken. All those staff working with the child or young person should know that permission has been given before undertaking any Intimate Care. (Appendix: A)

**The Protection of Children**

The All Wales Child Protection Procedures 2008 and the School Child Protection Policy will be adhered to.

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 person for child protection.

If a child, young person becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be considered and outcomes recorded. Parents/carers will be contacted 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 makes an allegation against a member of staff, The All Wales Child Protection Procedures 2008 will be followed alongside the School’s Child Protection Policy.

This policy was written in consultation with staff and Porth Community School governing body.