



Ernehale Infant School and Ernehale Junior School

School Intimate Health Care policy

Approved by: Ernehale Governing body **Date:** March 2022

Last reviewed on: January 2022

Next review due by: January 2025



Ernehale Infant and Ernehale Junior School have developed this policy and associated guidance in line with NCC Children and Young People's Department's Personal and Intimate care policy. Ernehale Infant and Junior school is committed to providing personal and intimate care where it has been recognised as an assessed need and indicated in the personal and intimate care plan, in ways that embrace 'Every Child Matters', the Equality Act 2010 and the United Nations Convention on the Rights of the Child. Every child and young person should be encouraged to care for themselves as much as they are able.

Aims:

This policy aims to:

- Ensure that children and young people with either a permanent or temporary disability, have the same rights of access to services as their non- disabled peers.
- To ensure that children and young people are consulted and encouraged to participate in decisions about their personal and intimate care. Particular attention must be given to those children and young people who have disabilities/ conditions who may need additional support to be able to do this.
- To ensure that children and young people's personal and intimate care needs are met with dignity and their right to privacy.
- Ensure good working practice and procedures are followed.
- Provide guidance and reassurance to staff and promote best practice in line with current legislation.
- To safeguard the rights of children and young people, and staff who are involved in their personal and intimate care.
- To ensure there is a system for producing intimate care plans for children and young people who require intimate and personal care.
- To ensure that all staff who are involved in personal and intimate care have access to training enabling them to implement the child and young person's intimate care plan and all relevant procedures.
- To remove barriers to learning and participation, protect from discrimination and ensure inclusion for children and young people.
- To ensure the continuity of care through the sharing of information between parents/ carers/ legal guardians and involved professionals.

Definitions of Personal and Intimate Care

Personal Care:

Is defined as those tasks which involve touching, which is more socially acceptable as it is non personal and not intimate. Personal care usually has the function of helping with personal presentation and enhanced social functioning. This includes shaving, skin care, applying external medication, feeding, administering, oral medication, hair care, brushing teeth, applying deodorant, dressing and undressing, washing non personal body parts, prompting to go to the toilet.

Intimate Care:

Is defined as those tasks associated with bodily function, body products and personal hygiene which demand direct or indirect contact or with exposure to the genitals including dressing or undressing, helping with the use of toilet, changing continence pads (faeces and or urine), bathing/ showering.

Washing personal and intimate areas and parts of the body, changing sanitary towels or tampons, inserting suppositories, giving enemas.

Staff Training

Staff who carry out intimate and personal care will receive training to support individual care plans which will promote:

- Dignity, respect and privacy
- A positive image of the child/ young person's body
- An awareness that intimate tasks must be carried out in an age appropriate way.

Additionally, staff will be required to undertake training in the wider context including:

- Safeguarding
- Health and safety
- Moving and Handling when required.

All staff who provide intimate care will receive training to promote good practice. No one should ever undertake a task unless they have been trained and have read the care plan. Just because staff have done something with their own child/ young person it must not be assumed that they can do it with a child/ young person for who they are providing care.

Equality and Diversity

Children and young people with impaired personal development have the same rights of access to services as other children and young people and are protected from discrimination under the Equality Act 2011.

This policy has been developed with due regard to these equality rights.

Protection of Pupils and Staff

Ernehale Infant and Junior School will ensure that all of their pupil's personal and intimate care needs are met.

Parents/ carers/ legal guardians have the prime responsibility for their child's health and must provide Ernehale Infant and Junior school with information about the needs of their child. This information will be incorporated into the children's personal and intimate care plan with review dates.

The personal and intimate care plan will be written in consultation with parents/ carers/ legal guardians, children and young people and appropriate consent given for the procedures within it. Every effort will be made to assist those children and young people who are not able to communicate easily to participate in their care planning.

Where a personal and intimate care plan exists this information may be shared with relevant services in accordance with the Ernehale Infant and Junior school procedure.

Where a personal and intimate care plan does not exist, Ernehale infant and junior school will ensure that an assessment and plan are completed upon admission and where the child or young person's needs or circumstances change.

There is no legal or contractual duty that required all school staff to undertake personal and intimate care procedures. However, this may already be a specific requirement in an individual job description or staff may formally elect to support children and young people in this way. In these circumstances staff will be informed of the specific types of personal and intimate care that they will be required to carry out and be appropriately trained.

Each child and young person's right to privacy will be respected. Careful consideration will be given to each child and young person's situation to determine how many carers might need to be present and which carers may be involved when a young person needs help with their personal and intimate care. Under normal circumstances, one child or young person will be cared for by one adult, unless there is sound reason for having two or more adults present. If this is the case, the reasons must be clearly documented :The United Nations Convention on the Rights of the Child: Article 12 'Children have the right to say what they think should happen, when adults are making decisions that affect them and have their opinions taken into account.'

The number of staff required will be indicated in the child or young person's plan. The number of staff may also be influenced by the preference of the child or young person or specified in a manual handling or behavioural risk assessment.

Provisions will be made for emergencies i.e. Staff absence or sickness.

When undertaking intimate care, staff should convey messages to the child that their body is respected. This approach provides opportunities to teach children about the value of their own bodies, develop self confidence and positive self esteem. Whilst considering the child's age and understanding routine care should be enjoyable, relaxed and fun.

Utilising and role modelling good practice in intimate care experiences can provide personal safety learning for children. Understanding good touch/ care behaviours in childhood can enable a child to differentiate more easily abusive behaviours.

The gender of staff should be taken into account and also how this links in with developmental stage, cultural beliefs, values and views of child. This should be documented in the plan.

From the age of 8 children begins to develop their sexuality both physically and psychologically. At this stage it is even more crucial that they have a voice in deciding who supports their intimate and personal care.

From the age of 8 it is recommended that the same gender staff would be most appropriate. However, if non availability meant no care this good practice could be waived.

These circumstances would be explained to the child/ parents/ carers when writing the plan.

Dignity, Respect and Privacy.

All intimate and personal care should be provided with dignity, respect and privacy.

Care should be administered gently and take into account cultural beliefs and individual needs.

All information regarding intimate and personal care is private and confidential. Sharing this information should be for a legitimate reason and with the consent of child and parents/ carers. Privacy is key and suitable areas and procedures of changing clothes and providing cleaning/ washing must be identified and named on the plan.

Privacy can be supported by having only one adult involved. If further support is needed in handling, then the second adult can help but should remove themselves once support needed is finished.

Intimate care plans should be completed following a person-centred approach. Child view is very important and should help formulate the plan. Full risk assessments must be in place for handling and moving. Any historical concerns including abuse must be noted and taken into account.

Elements of consistency for each child should include:

- Language- agreed terminology
- Physical touch- always washing body parts with a wash tool not bare hands
- Documentation- Following the child's care plan

All plans and changes must be agreed with child/ parents and carers. All plans must be consistently followed.

Involving a child in their own care:

If a child needs intimate care support they should be encouraged to participate if able. Staff should annotate the process and where able to children should be encouraged to express preferences and make choices.

Terminology for body parts should be agreed. It is the responsibility for all staff involved to check this and understand the method and level of communication. Clear and consistent communication is vital to ensure any indication of fear or discomfort can be picked up quickly.

Any touch which is intended as 'help' should be as enabling and empowering as possible and the child should be permitted to do as much by themselves as possible. Children should always be consulted about their view regarding touch and physical contact. Their understanding and acceptance of touch needs to be explicit.