



## INTIMATE CARE POLICY

**Approved by:** LGB

**Date:** Feb 2022

**Last reviewed on:** Jan 2022

**Next review due by:** Jan 2024

### 1. Rationale

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. It is one of a range of specific policies that contribute to our provision of pastoral care. The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

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:

- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance
- the 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.

### 2. 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.

### 3. School Responsibilities

All staff working with children are subject to the appropriate Disclosure and Barring Checks. This includes student teachers on work placement and volunteers. 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 the school and parents and, if appropriate, 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. Intimate care arrangements should be reviewed at least six monthly. 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 Designated Leader for Safeguarding and Child Protection (DSL) or their deputy (DDSL).

**DSL** Sarah Luff, Deputy Head

**DDSL** Nicky Teixeira, Exec Head

#### **4. 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.

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 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.
- 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. Two staff members should always be present.
- Make sure practice in intimate care is consistent. A child may have multiple carers and a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
- Ensure any non-planned/emergency incidents where a child has received intimate care are reported to parents.
- If the intimate care is a regular, planned event, there should be regular communication between home and school. This may be in the form of a home-school book, or a more formal record kept in the case of pupils with specific medical needs. In this case, the School Nurse will be involved and may support staff and parents by advising what sort of information should be recorded and monitoring the provision in school.
- 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.
- 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/DDSL.
- 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/DDSL.
- 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 and Safeguarding Log.

#### **5. Working With Children Of The Opposite Sex**

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

- Two members of staff must be present.
- When intimate care is being carried out, all children have the right to dignity and privacy, ie 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 a DSL/DDSL and make a written record.
- Parents must be informed about any concerns.

#### **6. 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
- Pause for a 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.

## **7. Health and Safety Procedures**

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures:

- Staff to wear disposable gloves and aprons while dealing with the incident
- Soiled continence product used to be double wrapped, or placed in a hygienic disposal unit (identified bin in disabled toilet) if the number produced each week exceeds that allowed by Health and Safety Executive's limit.
- Changing area to be cleaned after use
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Paper towels available for drying hands.

## Appendix 1

### Intimate Care Plan

Name of child:	
Name of person(s) to change the child:	
Name of person(s) to change the child if main adult unavailable:	
Where changing will take place:	
What resources and equipment will be used:	
Who will provide the resources and equipment that will be used:	
Training requirements for staff:	
Disposal of product in:	
Infection control measures:	
Special arrangements for trips/ outings:	
When will the plan be reviewed:	
Review comments:	

If the child is unduly distressed, a member of staff will contact the parent/carer.

\*If the above named members of staff are not available due to illness or staff training, then another person, familiar to the child will attend to the child's needs.

SENCO/ Inclusion Leader approval:

Date:

## Intimate Care Plan Agreement

The parent:

- I agree to ensure that the child is changed at the latest possible time before being brought to the school
- I will provide the school with spare nappies or pull ups, wet wipes and a change of clothing
- I understand and agree the procedures that will be followed when my child is changed at school – including the use of any cleanser or wipes
- I agree to inform the school should the child have any marks/rash
- I agree to a 'minimum change' policy i.e. the school will not undertake to change the child more frequently than if s/he were at home.
- I agree to review arrangements should this be necessary

Signed: ..... (parent/carer)

The school:

- We agree to change the child during a single session, should the child soil themselves or become uncomfortably wet
- We agree to monitor the number of times the child is changed in order to identify progress made
- We agree to report should the child be distressed, or if marks/rashes are seen
- We agree to review arrangements should this be necessary.

Signed: ..... (school member of staff)

Name: ..... (school member of staff)

Date: .....