



Intimate Care Policy

Reviewed: Autumn 21
Review Date: Autumn 23

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Chair of Governors

Date

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Headteacher

Date



RATIONALE

It is our intention to develop independence in each child, however there will be occasions when help is required. Our intimate care policy has been developed to safeguard children and staff. The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults. 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 can include:

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

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

SCHOOL RESPONSIBILITIES

All staff working with children are DBS checked.

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 agreements are written with the school and parents and, if appropriate, by the child. Care plans/agreements are signed by the parent and stored in the child's file. Only in 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 will be reviewed at least annually. 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 Teacher for Child Protection.

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 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.**

It is not normally practical, from the point of view of staffing resources, for there to be two members of staff involved in intimate care of one child, and also this will not assist the privacy of the child. We will, wherever possible though, advise our staff to inform another member of staff when they are going to undertake intimate care of 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 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 the Designated Teacher for Child Protection. 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 the designated teacher. Report and record any unusual emotional or behavioural response by the child. A

written record of concerns must be made available to parents and given to the Designated Teacher for Child Protection.

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 assistance will more often be given by a female.

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 Designated Teacher for Child Protection 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; and
- treat the child as an individual with dignity and respect.

DEALING WITH TOILET ACCIDENTS

Accidents and unexpected soiling will occur occasionally in Foundation Stage but may also occur with older children. On these occasions, there may be no personalised intimate care plan in place.

Children, parents and staff all have responsibilities linked to this issue.

- Children must make their need for the toilet clear and go quickly before an accident happens. They must tell their parents before school if they are unwell or teacher if they become unwell in school.
- Parents must keep children who are unwell away from school to reduce the chance of tummy bugs from spreading. They must also come to school quickly to care for their child who is unwell or had an accident.
- Staff must let children go to the toilet regularly and encourage the use of the toilet during playtimes, so establishing good habits. Young children should obviously be allowed to use the toilet in lesson time if needed. Staff will be sympathetic to any child who does have an accident and contact the parents as soon as possible.

ACTION FOLLOWING A TOILET ACCIDENT

1. Child is reassured.

2. The child will be helped to clean themselves and be supervised during the process in an age appropriate and sympathetic way.
3. Parents will be notified that their child has been changed.
4. Spare clothes are available. Parents will wash and return these as soon as possible and usually within 3 days.
5. All staff involved should use plastic/surgical gloves.
6. Changing/cleaning areas are to be cleaned after use.
7. Soiled clothes will be double wrapped and given to parents.

REVIEW

The Governing Body will review this policy in line with its cycle of review.

Linked policies

Child Protection policy

Code of Conduct

Supporting Pupils with Medical Conditions policy

Appendix 1

Guidelines for Changing Nappies

Who should change nappies?

Any member of staff who is CRB checked has a responsibility to change a child's nappy should it be soiled. Children will be changed at any time during the school day should it be necessary.

Where should nappies be changed?

Nappies or soiled clothing should be changed in the first-aid room or in the toilets in the classroom. Privacy and dignity should be maintained at all times.

What resources will be used?

Parents should provide nappies, nappy sacks, wipes and spare clothing for children who may require it throughout the school day. Parents should be reminded when supplies are running low.

How will the nappy be disposed of?

Soiled nappies should be placed in the self-sealing hygienic disposal unit which is emptied daily.

What infection controls are in place?

Staff should wear disposable gloves and aprons when dealing with soiled clothing or nappies. The changing area should be cleaned down after use. Hot water and soap should be available to wash hands after the task has been completed. Paper towels should be available for drying hands.

What should staff do if the child is unduly distressed by the experience?

If a child is unduly distressed about having their nappy changed, parents should be contacted to discuss the matter. A plan should be put into place for individual children should the need arise.

What staff should do if marks or injuries are noticed on a child

Staff should follow the procedure as outlined in the Child Protection Policy.

Senior Designated Person : Louise Shuttleworth – Headteacher

Deputy Senior Designated Person: Deputy Head- Sarah Haynes, Assistant Head- Paula Franklin, Kelly Shurmer-Elliott