



Intimate Care Policy

Reviewed June 2024
Next review: June 2025

Rationale

Intimate care is any assistance that involves touching a child while carrying out a procedure that most children do for themselves, but some are unable to manage without help. This may involve help with eating, drinking, dressing, and matters of personal hygiene such as washing or toileting. In some instances, more specialised intimate assistance may be needed for children with physical or medical difficulties.

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. It is one of a range of specific policies that contribute to our Safeguarding and Pastoral Care provision. 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 intimate care need to be sensitive to the needs of the individual. We are committed to ensuring that staff undertake their responsibilities in such a way that the rights, dignity and welfare of the child is protected.

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; and
- supervision of a child involved in intimate self-care.

Parents have a responsibility to advise the school of any known intimate care needs, and must ensure that all relevant information is communicated to the school so that the child can be assisted appropriately.

Medical advice will be taken into consideration where appropriate (refer to Health and Safety Policy).

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;
- personal privacy;
- be valued as an individual;

- be treated with dignity and respect;
- be involved & consulted in their intimate care to the best of their abilities;
- express their views on their own intimate care;
- to have such views taken into account;
- have levels of intimate care that are appropriate & consistent.

School Responsibilities

In St. Mary's on the Hill, staff members who may be involved with the provision of intimate care are fully vetted. The staff are fully trained in Child Protection and are familiar with the suite of Safeguarding policies, including Intimate Care.

Anticipated intimate care arrangements which are required on a regular basis are agreed between the school and parents, and when appropriate and possible, by the child. In such cases, an Intimate Care Plan will be agreed and signed by the parents, staff and the child, where appropriate.

Intimate care arrangements will be reviewed regularly, in light of the specific needs of children.

Parents of children starting Primary One will be asked to give permission for staff to tend to intimate care of their child, with particular reference to toilet accidents or illness, should the need arise. You will find the permission form for this in the annual online consent booklet. (Appendix 1).

Only in an emergency will staff undertake any aspect of intimate care that has not been agreed by parents. This will be reported to a senior member of staff and parents at the earliest possible time following the event.

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. All incidents of *Intimate Care* will be documented using the Record of Intimate Care (Appendix 2).

The programme of assistance will be closely monitored in order to minimize the vulnerability of the child and the supporting adults.

Staff will endeavour to:

1. *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.

2. *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.

3. *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.

4. *Be aware of their own limitations*

Only carry out activities you understand and feel competent with. If in doubt, ask.

5. *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.

6. *Report any concerns they may have*

If you observe any unusual markings, discolouration or swelling, report it immediately to the Designated Teacher or Deputy 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 or Deputy Designated Teacher. Report and record any unusual emotional or behavioural response by the child.

A written record must be made, reported and stored securely in the child's personal file.

Hygiene

All staff must be familiar with normal precautions for avoiding infection and should ensure the use of appropriate protective equipment when necessary. This may include disposable aprons, gloves, wipes and medicated handwashing products.

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 provided 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 or Deputy Designated Teacher for Child Protection and make a written record; and
- inform parents 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 level of stress, children may communicate using different methods – words, signs, symbols, body movements etc. To ensure effective communication:

- 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.

Covid 19

If a child does not make it to the toilet in time and needs changed the staff involved carrying out intimate care must be familiar with current government guidance and in line with this apply precautions for avoiding and minimizing the risk of infection.

Appendix 1



St Mary's on the Hill Primary School

Parental Permission for Intimate Care

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 discreetly should the occasion arise.

I understand that this permission will be applicable through my child's school career in St. Mary's on the Hill, unless I notify the school, in writing, of any change.

Signed.....

Parent/Carer

Date

Appendix 3



Intimate Care Plan

Pupil Name:		D.O.B:			
Diagnosis:					
<u>Assistance required:</u>					
<u>Wetting:</u>					
<u>Soiling:</u>					
Timetable					
Persons Assisting (Two adults)					
Alternative Arrangements:					
Location/ Equipment:					
Designation	Signed			Date	
Parent/s					
Pupil					
Assistant/s					
Principal					