



Intimate Care Policy

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Principles

The Governing Body will act in accordance with Section 175 of the Education Act 2002, 'Safeguarding Children and Safer Recruitment in Education' 2012, The Government guidance Keeping Children Safe in Education and the Equality Act 2010 to safeguard and promote the welfare of pupils at this school.

St Margaret's Academy takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.

This intimate care policy should be read in conjunction with the schools' policies as below;

- safeguarding policy and child protection procedures
- staff code of conduct and guidance on safer working practice
- 'whistle-blowing' and allegations management policies
- health and safety policy and procedures
- Special Educational Needs policy
- Supporting pupils with medical conditions

Rationale

It is our intention to develop independence in each child, however we recognise that there will be times when help is required. Our Intimate Care Policy has been developed to safeguard children and staff. It forms part of the school's Safeguarding Policy; the principles and procedures apply to everyone involved in the intimate care of children. Children are generally more vulnerable than adults, therefore staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Intimate care may be regarded 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 may include:

- Toileting
- Feeding
- Oral care
- Washing
- Changing clothes
- First aid and medical assistance

- Supervision of a child involved in intimate self-care

Parents have the responsibility to advise the school of any known intimate care needs relating to their child. Medical advice will be taken into consideration where appropriate.

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 involved and consulted in their own intimate care to the best of their abilities
- Express their views on their own intimate care and to have such views taken into account
- Have levels of intimate care that are appropriate and consistent
- Be treated with dignity and respect

School Responsibilities

All members of staff working with children are vetted by the DBS. This includes students and volunteers. Only those members of staff who are familiar with the intimate care policy should be involved in the intimate care of children. Adults who assist pupils with intimate care should be employees of the school, **not students or volunteers**, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

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 consent forms are signed and stored in the child's record file. Intimate care arrangements for any child who requires this support on a regular basis should be reviewed every six months.

The views of all relevant parties should be sought and considered to inform any future arrangements. Any amendments should be recorded for all parties involved.

Parents of children starting in Nursery or Reception are asked to give permission for staff to attend to the intimate care of their child (with particular reference to toilet accidents or illness) should the need arise (see Appendix A).

Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. The act of intimate care would be reported to a member of staff and parents at the earliest possible time following the event. It would also be recorded on Medical Tracker.

If a staff member has concerns about a colleague's intimate care practice, he or she must report it to the Designated Safeguarding Lead or the Deputy Designated Safeguarding Leads.

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.

Members of 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 some forms of assistance can be open to misinterpretation.

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, where possible, give choices.

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. Members of staff should at least inform a colleague that they are going to undertake an intimate care procedure and where this will be carried out.

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 the practice is consistent.

4. 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.

5. Promote positive self-esteem and body image

Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take with 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. If you have any concerns you must report them

If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Safeguarding Lead or Deputy Designated Safeguarding Leads for Child Protection. Follow this up promptly with a written account, using a body map if appropriate, which is signed and dated.

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident to the DSL or a Deputy DSLs

immediately. Report and record (on CPOMs) any unusual emotional or behavioural response by the child and follow given advice.

Hygiene

All staff must be familiar with normal precautions for avoiding infection and should ensure the use of appropriate protective equipment when necessary, for example, protective, disposable latex/vinyl gloves. Gloves, wet wipes, nappy sacks etc should be available in each classroom in Reception and Key Stage 1.

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 woman.

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, have the right to dignity and privacy i.e., they should be appropriately covered, the door partially closed or screen/curtains put in place;
- If the child appears to be 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 DSL or a Deputy DSL and make a written record on CPOMs;
- 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 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
- Treat the child as an individual with dignity and respect

It is important to note that in addition to the information in the Intimate Care Policy, reference should also be made to the school's policy on Safeguarding.



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 staff will endeavour to encourage my child to be
independent.

I understand that I will be informed discretely via Medical Tracker
should the occasion arise.

Signed

(Adult with parental responsibility)

Date.....