



Intimate Care Policy

Rationale

The Intimate Care Policy at St Anne (Stanley) C of E Primary School has been developed to safeguard both children and staff. Though it is our intention to develop independence in each child, there may be occasions when help is required. The following 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 intimate 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:

- Toileting;
- Feeding;
- Oral care;
- Washing;
- Changing clothes;
- First aid and medical assistance;
- Supervision of a child involved in intimate self-care.

Occasionally a child may attend school and require specific care. When these circumstances arise, parents/carers have a responsibility to advise the school of any known intimate care needs relating to their child. A meeting would be arranged to draw up a plan for personal care.

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 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; and
- receive levels of intimate care that are appropriate and consistent.

School Responsibilities

- All members of staff working with children are vetted using careful arrangements (see Safeguarding Policy).

- 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.
- Anticipated intimate care arrangements which are required on a regular basis are agreed between the school and parents/carers and, when appropriate and possible, by the child.
- In such cases, consent forms are signed and stored in the child's file.
- Intimate care arrangements for any child who requires this support on a regular basis should be reviewed at least annually.
- The views of all relevant parties should be sought and considered to inform future arrangements. Any amendments to the arrangements should be recorded and made available for all parties involved.
- Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parent/carer. This act of intimate care would be reported to a member of staff and parents/carers 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 school's Designated Safeguarding Lead.

Guidelines for Good Practice

All children have the right to be safe and 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.

Children with Special Educational Needs and Disabilities 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 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.

Involving the child in the intimate care

Children's independence will be encouraged as far as possible in their intimate care. Where a situation renders a child fully dependent, the member of staff will talk about what is going to be done and, where possible give choices. Check your practice by asking the child re any likes or dislikes while carrying out intimate care and whenever possible gain verbal consent.

Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation

Intimate care is often carried out by one person alone with one child. The practice of providing one to one intimate care of a child alone is supported. If the activity requires two persons for the greater comfort or safety of the child then this should be explicit in the care plan.

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

Staff will only carry out care activities they understand and feel competent and confident to do so and when necessary have received the appropriate training. 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 staff take to intimate care can convey lots of messages to a child about their body worth. The attitude towards a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

Concerns about intimate care being given

If any unusual markings, discolouration or swelling is observed, including in the genital area, it must be reported immediately to the school's designated safeguarding lead.

If during intimate care a child is accidentally hurt or a child appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure them, ensure their safety and record and then report the incident immediately to the designated safeguarding lead and on CPOMS.

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 or 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 safeguarding lead and make a written record on CPOMS;
- Parents/carers 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, symbol, 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;
- 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 other safeguarding policies at the school.



Intimate Care Plan

This care plan is to be used in conjunction with the Intimate Care Policy for St Anne (Stanley) C of E Primary School

Name:

D.O.B.

Address:

Emergency contact details:

GP details:

Description of medical needs:

Medication required:

Daily Care requirements including any personal care:

Person/s identified to assist/ carry out personal care:

Above personal care agreed with parents/carers:

Parent/carer name: _____

Parent/carer signature: _____

Date: _____

Staff name: _____

Staff signature: _____

Date: _____

Review date: _____