

# Greenslade Primary School

## Intimate Care Policy

### September 2023

This policy will be fully reviewed in April 2024 when our new SENCO is in post.

#### **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. It is one of a range of specific policies that contribute to our pastoral care policy. 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 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 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; and
- Every child has the right to have levels of intimate care that are appropriate and consistent.

## **School Responsibilities**

All staff working with children are vetted. 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. Intimate care arrangements should be agreed 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 should be reviewed 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 Mr David Ashley.

## **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.

### **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.

Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

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

Care should be carried out by one member of staff; however, they should try to ensure that another appropriate adult is in the vicinity so that they are visible and/or audible in case assistance is required.

### **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 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.

#### **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. If you have any concerns you must report them.**

If you observe any unusual markings, discolouration or swelling report it immediately to the DSL.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety report this immediately to the DSL.

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.

### **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, 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 DSL and make a written record; and
- 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.

A signed record should be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times left and returned.

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