



Parrett and Axe CEVA Primary School

Intimate Care Policy

At Parrett and Axe CEVA Primary School 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 policy takes into account the recommendations from the 'Guidance for Safer Working Practice for Adults who Work with Children and Young People' (Appendix 2)

The purpose of this policy is:

- To safeguard the rights and promote the best interests of the children
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate of care of their children

Definition

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
- providing comfort or support for a distressed pupil
- assisting a pupil requiring medical care, who is not able to carry this out unaided
- cleaning a pupil who has soiled themselves, has vomited or feels unwell

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

Parental Responsibilities

It is generally expected that most children will be toilet trained and out of nappies before they begin school. Parents have a responsibility to advise the school of any known intimate care needs relating to their child and their permission is sought to allow the provision of intimate care.

Where a child has a medical condition which requires regular intimate care parents may be requested to provide school with wipes and appropriate spare clothing.

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 not be undertaken until parents have been contacted. For children who will need regular intimate care then the parent must sign the agreement.

School Responsibilities

All staff working with children have obtained an enhanced Disclosure and Barring Service check (DBS). Students and volunteers are not required to undertake any intimate care duties.

Only those members of staff who are familiar with the intimate care policy and other safeguarding 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, and when appropriate and possible, by the child. In such cases consent forms are signed and stored centrally.

Parents will be provided with a copy of our intimate care policy on request.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Person for Child Protection, **Mr Simon Smith**

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 will be supported to adapt their practice in relation to the needs of individual children, taking into account their developmental changes, level of understanding and ability to communicate.

It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the guidelines of good practice should safeguard both children and staff.

As a basic principle child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Where a child is fully dependent, talk about what is going to be done and, where possible give choices.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many adults might need to be present when a child needs help with regular intimate care. Usual practice will follow: one child cared for by one adult and another adult remain close by.

For pupils with a personal care plan their intimate care should follow the procedures outlined. Intimate care in these instances is carried out by one member of staff. Should a member of

staff feel vulnerable they may request assistance from a second member of staff who the pupil is familiar with.

For children with any additional needs a full risk assessment, with consultation from outside agencies, will be undertaken to address issues such as moving and handling and personal safety of the child and the adult. Training and apparatus necessary will be provided to assist with children who require any special arrangements.

As a child may have multiple carers a consistent approach to care is essential. Effective communication and regular SEN reviews ensure that practice amongst all parties is consistent.

Staff must only carry out activities that they understand and feel confident and comfortable with. If in doubt, they must seek further assistance. Some procedures must only be carried out by members of staff who have been formally trained eg use of hoist.

Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach taken with intimate care can convey lots of messages to a child about their body worth.

If any unusual markings, discolouration or swellings are observed this must be reported immediately to the Designated Person for Child Protection, **Mr Simon Smith**.

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, staff must reassure the child, ensure their safety and report the incident to the Designated Person for Child Protection, **Mr Simon Smith**. Report and record any unusual emotional or behavioural response by the child.

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 and apron. Our school also has shower and washing machine facilities.

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.

Supporting dressing/undressing

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Early Years and Key Stage One. Staff will always encourage children to attempt undressing and dressing unaided.

Providing comfort or support

Children may seek physical comfort from staff (particularly children in Reception and Key Stage One). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child.

Review

This policy was reviewed on 22/10/2024

Date of next review: Oct 2027

Appendix 1

I give permission for _____ (name of child) to receive intimate care should it be necessary. This may include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance
- supervision of a child involved in intimate self-care
- providing comfort or support for a distressed pupil
- assisting a pupil requiring medical care, who is not able to carry this out unaided
- cleaning a pupil who has soiled themselves, has vomited or feels unwell

I understand that staff will endeavour to encourage my child to be as independent as possible.

A copy of the intimate care policy is available to view on the school website or upon request from the school office.

Signed

Date

Appendix 2

Young people are entitled to respect and privacy at all times and especially when in a state of undress, changing clothes, bathing or undertaking any form of personal care. There are occasions where there will be a need for an appropriate level of supervision in order to safeguard young people and/or satisfy health and safety considerations. This supervision should be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment.

Adults need to be vigilant about their own behaviour, ensure they follow agreed guidelines and be mindful of the needs of the children and young people with whom they work.

First Aid and Administration of Medication

When administering first aid, wherever possible, adults should ensure that another adult is aware of the action being taken. Parents will be informed when first aid has been administered.

In circumstances where children need medication regularly a health care plan will be established to ensure the safety and protection of children and the adults who are working with them. Where appropriate, children will be encouraged to self administer medication or treatment including, for example any ointment, use of inhalers.

One to One Situations

It is not realistic to state that one to one situations should never take place. It is however, appropriate to state that where there is a need, agreed with a senior manager and/or parents/carers, for an adult to be alone with a child or young person, certain procedures and explicit safeguards must be in place.