## Pear Tree Primary School incorporating Pips Before and After School Club

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### INTIMATE CARE POLICY

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| Date agreed | September 2023 |
| Date for review | September 2025 (or earlier if needed) |
| Acting Headteacher | Ruth Hadfield |
| Chair of Governors | Simon Holden |
| Signed on behalf of the Governing Board by:  Name: | Signature:  Date: |
| Signed on behalf of the school by:  Ruth Hadfield  Acting Headteacher | Signature:  Date: |

**INTIMATE CARE POLICY**

**RATIONALE**

This policy has been developed to safeguard children and staff. These guidelines apply to everyone involved in the intimate care of children.

**DEFINITION**

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demands direct or indirect contact with, or exposure of the genitals. Examples include support with dressing and undressing (underwear), changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body, cleaning a pupil who has soiled him/herself or vomited. It is also associated with other accidents that may require a child to remove their clothes. These include changes required as a result of water play, messy play, sickness and weather. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

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 may include:

 feeding

 oral care

 washing

 dressing/undressing

 toileting

 menstrual care

 specialised medical procedures

 supervision of a child involved in intimate self-care.

**PRINCIPLES of INTIMATE CARE**

The following fundamental principles underpin the policy and guidelines:

 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.

 Every child has the right to be involved and consulted in their own intimate

care to the best of their abilities.

 Every child has the right to express their views on their own intimate care and

to have such views taken into account.

 Every child has the right to have levels of intimate care that are as consistent as

possible.

**RESPONSIBILITIES**

Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Except in an emergency, only those members of staff who have been identified in advance will undertake the intimate care of children.

All staff must be trained in the specific types of intimate care that they carry out and fully understand the Intimate Care Policy and guidelines within the context of their work.

Intimate care arrangements must be agreed in advance between the school (SENCO, Designated Teacher for Child Protection), parents/guardians and child (if appropriate).

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. This policy is intended to protect that right and also to safeguard all adults involved.

Children who require adult assistance with intimate care are likely to be especially vulnerable and staff involved need to be particularly sensitive to their individual needs.

**1 Involve the child in their intimate care**

Try to encourage a child’s independence as far as possible in his / her intimate care. Where the child is fully dependent, talk with them about what is going to be done and give them choices where possible. Check your practice by asking the child or parent about preferences while carrying out intimate care.

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

There may be occasions where routine, one-to-one intimate care is appropriate, if this has been agreed in advance. It is not always practical for two members of staff to assist with an intimate procedure as this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care. Best practice in this school is that two members of staff will support each other. One may be dealing with the incident, the other supporting

**3 Make sure practice in intimate care is consistent**

As a child can have multiple carers, a consistent approach to care is essential. Effective communication between all parties will help to ensure that practice is consistent.

**4 Be aware of your own limitations**

Only carry out care activities you understand and feel competent/confident to carry out. Some procedures must only be carried out by staff who have been formally trained and whose competence has been 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 which you take to intimate care can have a significant effect on a child’s sense of body worth. Your attitude to a child’s intimate care is therefore very important.

**6 If you have any concerns you must report them**

Any unusual markings, discolouration or swelling should be reported immediately to the designated teacher. If during the intimate care of a child you accidentally hurt them, or the child reacts unusually or inappropriately, reassure the child, ensure their safety and report the incident immediately to the designated teacher. Report and record any unusual emotional or behavioural response by the child. Parents must be informed about concerns.

**WORKING WITH CHILDREN OF THE OPPOSITE SEX**

There is a positive value in both male and female staff being involved with children. Ideally, every child should have the choice of carer for all their intimate care. However, this may not be possible in all circumstances.

Intimate care can be carried out by a member of staff of the opposite sex with the following provisos:

 All staff involved must follow the agreed procedures.

 When intimate care is being carried out, all children have the right to dignity: they should be appropriately covered, the door should be closed or screens/curtains put in place.

 If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.

 Report concerns to the designated teacher and make a written record.

 Parents must be informed about any concerns.

 Staff can request that another member of staff deals with a child or is within the vicinity of them whilst any intimate care is undertaken in order to protect staff from any risk of false allegations.

**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 the context, children may communicate using different methods including: words, signs, symbols, body movements, eye pointing.

To ensure effective communication:

 Make eye contact at the child’s level.

 Use simple language and repeat if necessary.

 Wait for a 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.

**MONITORING AND REVIEW**

This policy will be monitored continuously by the Senior Leadership Team in order to ensure that it remains fit for purpose.