



## Intimate Care Policy

**St Anne's Fulshaw CE Primary School**  
**Intimate Care Policy**

**Rationale**

It is our intention to develop independence in every child that attends St Anne's Fulshaw, however there will be occasions when help and assistance is required. Our intimate care policy has been developed to safeguard both the children in our care and our 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
- 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 subject to a DBS check, as well as having their qualifications and eligibility to work in the UK verified. 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. Wherever possible, intimate care will be provided by a known, regular carer to protect the child's privacy as much as possible.

Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child. Consent forms, if applicable, are signed by the parent and stored in the child's file. Only in an 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 at least yearly and in some cases more often than that. 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.

Mutual respect needs to be established between the child, members of staff and parents. No child should ever be made to feel victimized or that any of the care needed is their "fault".

Staff need to be wary of their actions and the language they use when involved in intimate care. The child should always be fully aware of what is going on and what the person is doing. Wherever possible, the carer should discuss what needs to be done in advance. The language used needs to be respectful of the individual involved

and the child should never be made to feel inadequate, uncomfortable or that it is their fault. Wherever possible, the child's privacy needs to be respected, so unless there is a handling requirement that would involve two members of staff, only one member of staff should be present. To ensure that the member of staff is not open to accusations of malpractice, a log should be kept of when intimate care has been given. If the child has some degree of independence and only requires lifting to the toilet for example, they should be left to relieve themselves alone, returning only when the children has signaled that they have finished. The carer can simply stand outside the closed, unlocked door until the child requires assistance again.

Older girls who have started their periods are advised of the presence of sanitary waste disposal bins in the toilets and staff are alerted to their needs so that they can support if necessary.

### **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.**

To keep the dignity of the child, there should be only one carer involved in the intimate care unless the needs of the child require a second adult. If the intimate care is to be a longer process than normal, e.g. showering, then a second adult would be required to safeguard the child and member of staff.

#### **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. Wherever possible, the intimate carer should be consistent with that child and only during unforeseen circumstances, e.g. staff absence, should this be different. When this is the case, a member of staff who knows the child and intimate care policy should be on hand.

#### **4. Be aware of your own limitations**

Only carry out activities you understand, feel competent and capable 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 designated teacher for child protection. If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, 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. 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:

- discussion with the child and the parents, as well as the member of staff, to ensure that everyone involved is comfortable with the process.
- 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 teacher for child protection 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.

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