



Intimate Care Policy

Date last reviewed:	Autumn 2022
Frequency of review:	Biannually
Date next review due:	Summer 2024
Version:	1.4

Aims

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- Every child has a 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 their views taken into account; and
- Every child has the right to have levels of intimate care that are appropriate and consistent.

The pastoral care of our children is central to the aims, ethos and teaching programmes in Doddinghurst Infant School and we are committed to developing positive and caring attitudes in our children.

It is our intention to develop independence in each child, however there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children.

Intimate personal care includes hands-on physical care in personal hygiene, and physical presence or observation during such activities.

Doddinghurst Infant School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and adults and staff must be sensitive to each child's individual needs.

Intimate care is any care which involves one of the following:

- Assisting a child to change his/her clothes
- Changing or washing a child who has soiled him/herself
- Assisting with toileting issues
- Supervising a child involved in intimate self-care
- Providing first aid assistance
- Providing comfort to an upset or distressed child
- Feeding a child
- Providing oral care to a child
- Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided*

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*In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure. Parents have the responsibility to advise the school of any known intimate care needs relating to their child.

Assisting a child to change his/her clothes

This is more common in Foundation Stage. On occasions an individual child may require some assistance with changing if, for example, he/she has an accident at the toilet, gets wet outside, or has vomit on his/her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.

Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing and will always give the child the opportunity to change in private, unless the child is in so much distress that it is not possible to do so. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.

Changing a child who has soiled him/herself

If a child soils him/herself in school, a professional judgment has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

- The child will be given the opportunity to change his/her underwear in private and carry out this process themselves.
- School will have a supply of wipes, clean underwear and spare uniform for this purpose. A supply of clean underwear and spare uniform are available in the office area.
- If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
- If the emergency contact is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
- If the emergency contact is unable to attend school, we will seek verbal permission and if possible, confirmation via email for staff to change the child. If none of the contacts can be reached the head teacher is to be consulted and the decision taken on the basis of loco-parentis and our duty of care to meet the needs of the child.
- The member of staff who has assisted a child with intimate care will complete IHCP (Intimate Health Care Plan)

Child Protection/Safeguarding Guidelines

- Ensure that the action you are taking is necessary. Get verbal agreement and where possible email the parent.

Pastoral Care Procedures

- Ensure the child is happy with who is changing him/her
- Be responsive to any distress shown

Basic hygiene routines

- Always wear protective disposable gloves
- Seal any soiled clothing in a plastic bag for return to parents

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In the case of Foundation Stage children, in order to avoid unnecessary distress, a member of staff may assist the child, with a colleague in attendance, unless a parent has requested otherwise or if the child is reluctant. Parents will be contacted as soon as it is practical to do so.

Providing comfort or support to a child

There are situations and circumstances where children seek physical; comfort from staff (particularly in Foundation stage). Where this happens, staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Safeguarding Lead.

Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided

Our Administration of Medication Policy outlines arrangements for the management of the majority of medication in school.

Parental permission must be given before medication is dispensed in school; this form is also available on our website.

A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medication Policy will have an individual 'Care Plan'. This care plan will be formulated by the SEND team, if required; school staff will receive appropriate training.

Showering

Children are entitled to respect and privacy when changing their clothes or taking a shower. However, there must be the required level of supervision to safeguard young people with regards to health and safety consideration, and to ensure that bullying, teasing or other unacceptable behaviour does not occur.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct. It is best practice in our school that when an incident has taken place that has necessitated a member of staff to be present when children are changing that an incident report is made.

School responsibilities

All members of staff working with children are appointed following 'Safer Recruitment' expectations. This includes students on work placement and volunteers who may be left alone with children. Vetting includes DBS checks and two references.

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 the parents.

Consent forms are signed by the parents and stored in a child's file. Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents will then be contacted immediately. 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/she must report this to the Designated Safeguarding Lead.

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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.

Members of 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 both children and staff

- Involve the child in the intimate care. Try to encourage a child's independence as far as possible in his/her intimate care. Where a situation renders a child fully dependant, talk about what is going to be done and, where possible, give choice.
- Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation. Care should not be carried out by a member of staff working alone with a child.
- 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. 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.
- Promote positive self-esteem and body image. Confident, self-assured children who feel their bodies belong 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, routine care can be efficient and relaxed.
- If you have any concerns, you must report them. If you observe any unusual marks, discoloration or swelling, report it immediately to the Designated Safeguarding Lead. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child; ensure their safety and report the incident immediately to the Designated Safeguarding Lead. Report and record any unusual emotional or behaviour response by the child. Any written record of concerns must be made available to parents and kept in a 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 be given by a woman.

- When intimate care is being carried out, all children have the right to dignity and privacy, they should be appropriately covered, the door closed or screen/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.
- Parents must be informed of any concerns.

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Communication with children

It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Depending on their maturity and level 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 a response,
- continue to communicate to the child what is happening even if there is no response,
- treat the child as an individual with dignity and respect.

Risk Assessment

Child's Name	
Date of risk assessment	

	Yes	No	Notes
Does weight/size/shape of child present a risk?			
Does communication present a risk?			
Does comprehension present a risk?			
Is there a history of Child Protection concerns?			
Are there any medical considerations? Including pain/discomfort?			
Has there ever been allegations made by the child or family?			
Does moving and handling present a risk?			
Is staff capability a risk? (back injury/pregnancy)			
Are there any risks concerning individual capability (Child) <ul style="list-style-type: none"> • General fragility • Fragile bones • Head control • Epilepsy • Other 			
Are there any environmental risks? Heat/Cold			
If yes to any of the above, complete a detailed person care plan			

Risk assessment completed by	
Position	
Date	