



ENGLEFIELD CE PRIMARY SCHOOL INTIMATE CARE POLICY

Sowing the seeds for a flourishing future

Rationale

It is our intention to develop independence in each child through 'nurture and nourishment', however there will be occasions when additional help is required to enable our pupils to flourish. 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 safeguarding of pupils at Englefield CE Primary School. We are committed to ensuring that all staff will undertake their duties in a professional manner at all times, treating all children with respect when intimate care is given.

Children are generally more vulnerable than adults, and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Definition of Intimate Care

This may be defined as care tasks of an intimate nature associated with bodily functions, either on a regular basis or during a one-off incident. Such activities can include:

- toileting;
- feeding;
- oral care;
- washing;
- changing clothes;
- first aid and medical assistance; and
- supervision of a child involved in intimate self-care.

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 given every chance to flourish;
- 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; and
- have levels of intimate care that are appropriate and consistent.

Parent/Carer Responsibilities

Parents/carers have a responsibility to advise the school of any known intimate care needs relating to their child.

School Responsibilities

All members of staff working with children are checked and vetted to ensure they are safe to do so. Our staff receive safeguarding training, which is updated regularly; they have a high awareness of child protection issues. We have a comprehensive Child Protection Policy in place which is reviewed on an annual basis. Our staff work closely in partnership with parents/carers to provide continuity of care to our pupils wherever possible.

Our school delivers a personal safety curriculum to all our pupils as part of Personal, Social & Health Education, appropriate to their developmental level.

PROCEDURES FOR STAFF

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.

If a staff member has concerns about any intimate care practice, he or she must report this to the Designated Safeguarding Lead, Mrs H Latimer, or the Deputy Safeguarding Lead, Mrs F Carney.

Intimate care arrangements required on a regular basis

In such cases, a personal care plan must be agreed between the school and parents/carers to suit the child's individual needs. These plans include a full risk assessment to address issues such as the child's general health, moving and handling and personal safety of the child and the member of staff:

- The views of all relevant parties must be sought and considered;
- Once finalised the PCP must be signed by the child's parents/carers, where appropriate and possible, by the child itself, and by the Designated Safeguarding Officer and appropriate member(s) of staff;
- The PCP will then be stored in the child's file and will be reviewed at least every six months. Any amendments to the arrangements should be recorded and made available for all parties involved.
- Wherever possible and practicable the child will not always be cared for by the same adult, there will be a rota of a small number of staff known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing.

Intimate care required in an emergency

Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. In cases such as this the incident must be reported to the Designated or Deputy Designated Safeguarding Officer, and parents must be informed at the earliest possible time following the event.

Working with children of the opposite sex

There is value in both male and female staff being involved with children's learning and development. Ideally, every child should have the choice for intimate care but we currently have an all-female staff. Whoever is supporting the intimate care, the following must be considered:

- when intimate care is being carried out, all children have the right to dignity and privacy, ie 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 Safeguarding Lead and make a written record;
- 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;
- treat the child as an individual with dignity and respect.

Management of Policy

School:	This policy has been prepared by Governors and the Senior Leadership team. It will be implemented and managed by the Headteacher in liaison with staff.
Governing Body:	The Governing Body has delegated the oversight, review and update of this policy to its Development Committee
Approval:	Summer 2023
Next review due:	Summer 2025

Associated policies/documents

Safeguarding/Child Protection Policy
Special Educational Needs
Equalities Statement

Guidelines for Good Practice

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, where possible, give choices.

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

Where possible, care should not be carried out by a member of staff working alone with a child. If this is not possible, another staff member should 'check in' with the child after care has been given.

As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.

3. Be aware of your own limitations

Only carry out activities you understand and feel competent with. If in doubt, ask.

4. 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 the child's age, routine care can be both efficient and relaxed.

5. If you have any concerns, you must report them

If you have any concerns about any physical changes in a child, e.g. marks, bruises, soreness, swelling etc, report it immediately to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead. A clear record of the concern must be completed and procedures followed.

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 behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

Practical Guidelines for Dealing with Specific Instances

Where possible, two members of staff should be present. If not, another member of staff should 'check-in' with the child after care has been given.

Procedures for the prevention of infection:

- Staff will wear disposable gloves, aprons and masks (if the child is soiled) whilst changing.
- These items will be disposed of in the nappy disposal bin.
- The area will be cleaned after use with antibacterial spray/wipes.
- Hot water and hand wash is available to wash hands immediately after a child has been changed.
- Paper towels are available for drying hands.
- Antibacterial hand gel is available in the changing area.

Procedures for changing a child in pull-ups:

- One member of staff will help to change the child.
- Staff will use a mask (if the child is soiled), aprons, gloves, nappy sacks and baby wipes.
- Pull-ups will be disposed of in the nappy disposal bin.
- The change will be reported to parents.

Procedures for changing a child who has wet/ soiled themselves:

- One member of staff will change the child
- The child will be changed in the toilet area.
- Staff will wear a mask (if the child is soiled), apron and gloves.
- These items will be disposed of in the nappy disposal bin.
- Soiled/ wet clothes will be placed inside a bag with the bag handles tied.
- The change will be reported to parents.

Procedures for applying skin creams and ointments:

- One member of the first aid staff will administer the cream.
- Staff will wear disposable gloves.
- The child will have the cream/ointment applied to bare skin, following the guidance provided by parents or a medical practitioner.
- Where the skin is covered by clothing, the children will remove or lift the item of clothing to enable the cream to be applied. This will be in the toilet or a room that allows for privacy.
- The application will be recorded onto the child's medication form including the date it was applied, the time, where on the body it was applied and how much was applied.

Procedures for checking a child's genital area in the event of an accident to that area.

- One staff member will accompany the child to the toilet area.
- Another staff member will remain at the door to ensure other children do not walk in but also to support during this particularly sensitive time.
- KS2 children will be asked to check their own genital area and report back to the staff of any injuries.
- Where possible, younger children will be encouraged to remove/lower their underwear and check their genitals themselves. If necessary, the adult will assist.
- Parents will be notified immediately by telephone and invited into school to check their child.
- An accident form will be completed and a copy given to parents.