



As a church school, our vision is for each child to love learning and to have hope, confidence, wisdom and respect for all.

***'Life in all its fullness'*** (John 10:10)

## **Intimate Care Policy**

### **INTRODUCTION**

The Intimate Care Policy and Guidelines Regarding Children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

The Intimate Care Policy and Guidelines should be read in conjunction with the Area Child Protection Committee's Regional Policy and Procedures April 2005.

### **DEFINITION**

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. 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.

Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Photographs
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

### **PRINCIPLES OF INTIMATE CARE**

The following are the fundamental principles upon which the Policy and 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.
- 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.

### **Guidelines 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 any member of staff working directly with the children.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be 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 care tasks / treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard children and staff.

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

Staff will ask the child permission to help them with their intimate care. Staff will 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 choice where possible. Check your practice by asking the child / parent any likes / dislikes while carrying out intimate care and obtain consent (new starter pack).

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

A lot of care is carried out by one staff member / carer alone with one child. The practice of providing one-one intimate care of a child alone is supported, unless the activity requires two persons for the greater comfort / safety of the child or the child prefers two persons.

#### **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 parents / carers / agencies ensures practice is consistent.

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

Only carry out care activities you understand and feel competent and confident to carry out. If in doubt ASK. Some procedures must only be carried out by staff who have been formally trained and assessed.

#### **5. If you have any concerns you must report them.**

If you observe any unusual markings, discolourations or swelling including the genital area, report immediately to your designated manager / teacher. If during the intimate care of a child you accidentally hurt them, or the child appears to be sexually aroused by your actions,

or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to your designated manager / teacher. Report and record any unusual emotional or behavioural response by the child. Safeguarding procedures must be followed and a written record of concerns must be made and kept on CPOMs.

#### **6. Consider the location**

Staff should alert other staff by calling/walkie talkie that they are helping a child with intimate care. The location should not be public or behind closed doors.

#### **7. Staff hygiene**

All staff will thoroughly wash their hands before and after intimate care. If soiling is involved and where appropriate, an apron and gloves will be worn.

### **Role of Headteacher**

- Leaders must ensure all staff working with children must be DBS checked. This includes students on work placement and volunteers
- Leaders must ensure that all staff undertaking the intimate care of children are familiar with, and understand the Intimate Care Policy and procedures
- Provide training for staff as required.
- Leaders must ensure intimate care arrangements must be agreed by the school, parents / carers and child (if appropriate)

### **Role of Governors**

- Governors will ensure this policy is adhered to and support leadership to promote effective safeguarding of intimate care

### **Role of Staff**

- Only named staff identified by the school should undertake the intimate care of children.
- Staff to provide support for other staff providing intimate care.
- 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 recorded in the child's personal file and consent forms signed by the parents / carers and child (if appropriate).
- Staff should not undertake any aspect of intimate care that has not been agreed between the school, parents / carers and child (if appropriate).
- Provisions for emergencies i.e. a staff member on sick leave. Additional trained staff should be available to undertake specific intimate care tasks.
- Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.
- If a staff member has concerns about a colleague's intimate care practice, they must report this to their designated leader.

**Monitored by:** Full Governing Body

**Date adopted:** March 2025

**Next review:** March 2028

**Review Cycle:** 3 Yearly



## **Intimate Care: parent/carer consent form**

Permission form for children who may need help with intimate care

<b>Permission for school to provide intimate care</b>	
Name of child	
Date of birth	
Name of parent/carer	
Address	

I give permission for the school to provide appropriate intimate care to my child (e.g. changed soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (if medication changes or my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and I will contact the school immediately if I have any concerns	<input type="checkbox"/>
I do not give consent for my child to be washed and changed in case of a toileting accident.  Instead, the school will contact me or my emergency contact and I/they will organise for my child to be washed and changed.  I understand that if the school cannot reach me or my emergency contact, staff will need to wash and change my child, following the school's intimate care policy, to ensure comfort and remove barriers to learning.	<input type="checkbox"/>
Parent signature	
Name of parent	
Relationship to child	
Date	