



## **Intimate Care Policy and Guidelines for Staff**

### **Rationale**

It is our intention to develop independence in each child, however, there will be occasions when help is needed. Our intimate care policy has been developed to safeguard both children and staff.

Children can be very vulnerable and staff involved with any aspect of intimate care need to be sensitive to their individual needs.

### **Definition**

Intimate care can be defined as any activity that is required to meet the personal care needs of an individual child either regularly or on a one off basis. Such activities can include:

- Feeding
- Toileting
- Nappy changing
- Changing clothes
- First aid and medical assistance
- Supervision of a child involved in intimate self-care

### **Parental/carer responsibility**

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

### **Principles of Intimate Care**

The following are the fundamental principles of intimate on 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 on 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**

**Staff will only change soiled nappies if a medical condition has been diagnosed. Without a medical diagnosis parents will be contacted to come into school and change their child's soiled nappy.**

All staff working with children have DBS checks. This includes students on work placement and volunteers. Only those staff familiar with this policy are involved with the intimate care of children.

Where anticipated, the intimate care arrangements are agreed with the parents and where appropriate with the child. Consent forms are signed and stored in the child's records for any child who requires intimate care beyond nursery (FS1). Only in emergencies would staff undertake any aspect of intimate care that has not been agreed by parents and school for children. Parents/carers would then be informed immediately.

Intimate care arrangements should be reviewed regularly. The views of all 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 Safeguarding Lead.

### **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 both children and staff. They apply to every member of staff involved with intimate care.

Young children and children with Special educational needs can be especially vulnerable. Staff involved with their intimate care should be particularly sensitive to their 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 both children and staff.

1. Involve the child in the intimate care. Try to encourage a child's independence as far as possible in his/her intimate care. When a situation renders a child fully dependent, talk about what is going to happen and give choices where possible. Check your practice by asking parents/carers and children 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.
3. Ensure there is another member of staff present or within the area to act as a witness and support any intimate care as necessary.

4. Make sure that 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 best practice is achieved.
5. Beware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures may only be carried out by members of staff who have been formally trained and assessed.
6. 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 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.
7. If a change of clothing is required, where possible use their child's own clothing.
8. Record any intimate care. Record the date, time, child's full name, reason for intimate care, any support given to the child and sign to say this is a true record, include staff name/s and signature of any witnesses.
9. If you have any concerns you must report them. If you observe any unusual marks, discolouration or swelling you must report it immediately to the Safeguarding Lead.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the situation immediately to the 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/carers 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 ratio of female to male staff means that assistance will be most often 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:

- 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 put in place.
- If a child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop at once. Try to ascertain why the child is distressed and provide reassurance.
- Report any concerns to the Safeguarding Lead and make a written record.
- Parents must be informed of 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- signs, words, symbols, body movements, eye pointing etc. To make 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; and
- Treat the child as an individual with dignity and respect