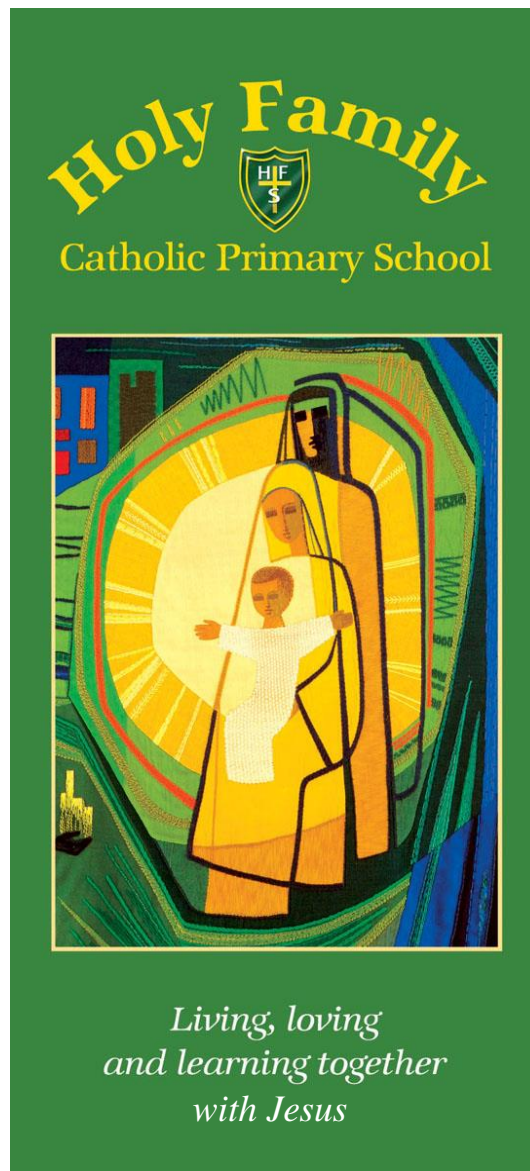


# Holy Family Catholic Primary School

The Rosary Trust



## Intimate Care Policy



## INTIMATE CARE POLICY

### Mission Statement

This policy has been written in line with the School's Mission Statement.

*'In our Catholic School, with God at the centre of our lives,  
we offer every child a high standard of education.  
We meet individual needs, in a caring and loving community,  
which celebrates our faith'.*

*.....Living, Loving, Learning, Together with Jesus.....*

### Rationale

It is our intention to develop independence in each child, however there will be occasions when help is required. 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. 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:

- Toileting.
- Feeding.
- Oral care.
- Washing.
- Changing clothes.
- 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.
- 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.
- Have levels of intimate care that are appropriate and consistent.

### School Responsibilities

All members of staff working with children are checked and vetted to ensure they are safe to do so. Only those members of staff who are familiar with the Intimate Care policy and all school safeguarding documentation are involved in the intimate care of children.

Anticipated intimate care arrangements which are required on a regular basis are agreed between the school and parents and, when appropriate and possible, by the child. In such cases, consent forms **are signed and** kept in the medical book **which is** held in the office.

Intimate care arrangements for any pupil who requires this support on a regular basis will be reviewed annually. The views of all relevant parties should be sought and considered to inform future arrangements. Any amendments to the arrangements should be recorded and made available for all parties involved.

**Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. This act of intimate care would be reported to a senior member of staff and parents at the earliest possible time following the event.**

If a staff member has concerns about a colleague's intimate care practice **they** must report this to the Designated Safeguarding Person (DSL) – who is the Headteacher or the Deputy Head Teacher (Deputy DSL)

### **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.

1. Involve the child in intimate care. Try to encourage a child's independence as far as possible in **their** 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. Care should not be carried out by a member of staff working alone with a child, there must **ALWAYS** be two members 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.
4. Be aware of your own limitations **and** 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.
5. 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.
6. If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to the DSL. 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 DSL. 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:

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 DSL and make a written record.

Treat the child as an individual with dignity and respect.

One member of staff (Key Worker when possible) will change the child.

The nappy/underwear change will be recorded on the child's daily communication sheet.

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

One member of staff will change the child (Key Worker when possible) the other member of staff will be there as part of our safeguarding.

The child will be changed in the toilet area.

Soiled/ wet clothes will be placed inside a bag with the bag handles tied. It will be passed on to parents/carers as soon as possible.

Staff will wear disposable gloves, aprons and masks (if the child is soiled) whilst changing.

These items will be disposed of in the hygienic nappy disposal bin.

Blue roll paper will be placed on top of the changing mat.

The changing mat and area will be cleaned after use with antibacterial 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.

Policy Implemented **September 2024**

Review Date: Summer **2027** (or earlier if required)

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