



Intimate Care Policy

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Intimate Care Policy

Hallwood Park Primary School & Nursery 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. Our Intimate Care Policy has been developed to safeguard children and staff. We recognise that children are generally more vulnerable than adults and so staff involved with any aspect of their pastoral care need to be sensitive to their individual needs.

This policy should be read in conjunction with the following:

- Hallwood Park Primary School & Nursery Safeguarding Policy
- Health & Safety Policy and procedures
- Nappy Changing and Toileting policy
- Policy for the Administration of Medicines
- Special Educational Needs Policy
- Staff Code of Conduct
- Lone Working
- Positive Handling

Definition

Intimate care is 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 care may involve:

- Toileting
- Feeding
- Oral care
- Washing
- Changing clothes
- First aid and medical assistance
- Supervision of a child involved in intimate self-care
- Calming or consoling children

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 involved and consulted on 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
- Be treated with dignity and respect

Children who require regular assistance with intimate care have written Health Care Plans agreed by staff, parents/carers and any other professionals actively involved, such

as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all the key staff and the pupil should be present wherever possible/appropriate.

The School's Responsibilities

The management of all children with known intimate care needs will be carefully planned. The child with the need will be treated with respect at all times; the child's welfare and dignity are of paramount importance.

Staff who provide intimate care will be trained to do so (including Child Protection and Moving and Handling) and will be fully aware of best practice. Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from health professionals such as a school nurse, physiotherapist or occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible, staff involved in the intimate care of children will not be involved with the delivery of sex education to the children in their care as an additional safeguard for both staff and children.

The child will be supported to achieve the highest level of autonomy possible. Staff will encourage each child to do as much as they can. This may mean giving responsibility to the child to wash themselves and change clothing. Individual care plans will be drawn up as necessary, and each child's right to privacy respected. Careful consideration will be given to each child's situation to determine how many carers might be needed to be present, e.g. when a child needs to be toileted. Where possible, one child will be cared for by one adult unless there is a sound reason for anything different.

It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care. A second member of staff should be present when attending an older child.

Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys as no male staff are available. Male members of staff should not normally provide routine intimate care for adolescent girls. This is safe working practice to protect children and to protect staff from allegations of abuse. The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan. The needs and wishes of pupils and parents will be taken into account and acted upon if reasonable and possible, within the constraints of staffing and equal opportunity legislation.

The school recognises that any child may occasionally be in need of intimate care. This may happen in school or out on a trip, including residential visits. The principles of best practice, outlined above, will be adhered to by the staff members present and parents will be informed discretely at the first opportunity.

When groups of children are changing (eg at the swimming pool or in the showers on a residential trip), a member of staff will supervise from the doorway of the changing room or just outside, depending on the age of the children. As far as possible, the member of staff will be of the same gender as the children but this may not always be feasible, in which case the member of staff will not enter the changing room. The only exception would be if the children are very young or in the case of an emergency, when the member of staff will announce his/her entrance in a clear voice before walking in.

Child Protection

Adults who assist pupils with intimate care will be employees of the school, not students or volunteers and therefore will have the usual range of safer recruitment checks, including enhanced DBS checks. All staff will be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Child protection procedures and multi-agency child protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc., s/he will immediately report concerns to the lead Child Protection staff member.

If a child becomes unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a solution. Staffing schedules may be altered until the issue is resolved so that the child's needs are met. Further advice will be sought from outside agencies if necessary.

If a child makes an allegation about a member of staff, all necessary procedures will be followed. (See HCYPSP LADO Policy)

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the SDP/Headteacher or to the Chair of Governors if the concern is about the Headteacher in accordance with the school's child protection and whistleblowing procedures.

Pupils may seek physical comfort from staff (particularly in the Early Years). Where children require support, staff will be aware that physical contact must be kept to a minimum and should be child initiated. When comforting a child or giving reassurance the member of staff's hands should always be seen and a child should not be positioned

close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child.

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 that communicates that the touch, rather than the child, is unacceptable. If this persists, parent/carers will be notified.

Communication with Parents

Parents of children entering the Reception or Nursery classes will be made aware of the school's Intimate Care Policy and will be expected to inform the school if their child has particular needs.

A member of staff will inform parents if intimate care has been given and by whom. Information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the home/school diary.

Medical Procedures (see Policy on Supporting Pupils with Medical Conditions)

Children with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the Health Care Plan and will only be carried out by staff who have been trained to do so.

Any members of staff who administer first aid will be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Massage

Massage is now commonly used with children who have complex needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. Massage, undertaken by school staff, will be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and children. Any adult undertaking massage for pupils will be suitable qualified and/or demonstrate an appropriate level of competence. Care plans will include specific information for those supporting children with bespoke medical needs

Record Keeping

A written record will be kept in an agreed format every time a child has physiotherapy or requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present. Children with a medical need have a 'Personal Intimate Care Book' held in the classroom.