



**THE ORATORY**  
PREPARATORY SCHOOL

# **Intimate Care Policy and Guidelines whole school (KS1 & KS2)**

**September 2021**

# Intimate Care Guidelines – whole school (KS1 & KS2)

## Introduction

Intimate care is any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body, such as cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.

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, menstrual care, photographs, catheter and stoma care and supervision of children involved in intimate self-care.

This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed. At the Oratory Preparatory School all staff are checked with the Disclosure and Barring Service (DBS) and we are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in our school and provide appropriate support for each child on an individual basis. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

In the **Early Years Foundation Stage**, the staff follow the 'Personal Care Policy' that sets out clear principles and guidelines on supporting children in the Early Years with intimate care.

These guidelines are designed to safeguard both children and staff and apply to every member of staff involved with the intimate care of children.

### **Aims**

- Safeguard the rights and promote the welfare of all children and young people including those who may be more vulnerable to abuse.
- Provide guidance and reassurance to staff whose duties may include intimate care.
- Assure parents and carers that staff are knowledgeable about personal care and that their individual needs and concerns are taken into consideration.
- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

This intimate care policy should be read in conjunction with the following:

- The school's child protection policy
- Health and Safety policy and procedures
- Policy for the administration of medicines
- Special Educational Needs policy
- Use of Force to Restrain or Control Pupils
- Procedures and policy on use of force and restraint
- Staff code of conduct or guidance on safe working practice

### **Intimate Care Good Practice Guidelines**

1. All the children we work with have a right to be treated with dignity and respect. They aim to support good practice in intimate care.
  - 1.1 Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.
  - 1.2 Children, particularly those with disabilities, can be very vulnerable. All staff involved with their intimate care need to be sensitive to the child's needs and also be aware that some care tasks or treatments could be open to possible misinterpretation. False allegations of sexual abuse are extremely rare, but certain basic guidelines will safeguard both children and staff. Everyone is safe if expectations are clear and approaches are consistent as far as possible. If you cannot work within these guidelines for any reason please consult with your line manager.
  - 1.3 Every child has a right to personal privacy and be valued as an individual.
  - 1.4 Every child has the right to be involved and consulted in their own intimate care to the best of their ability.
  - 1.5 Every child has the right to express their views on their own intimate care and to have such views taken into account.

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

- 2.1 Privacy is an important issue. Much intimate care is carried out with one staff member alone with one child. This practice is *actively supported* unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present - quite apart from the practical difficulties. So, staff are supported in carrying out the intimate care of children alone unless the task requires the presence of two people.
- 2.2 Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported to the DSL.

**3. Involve the child as far as possible in their intimate care.**

- 3.1 Try to avoid doing things for a child that he/she can do alone, and if a child is able to help then ensure they are given the chance to do so. Support the child in doing all that they can for themselves. If the child is fully dependent upon you, talk with them about what you are doing and give them choices where possible.

**4. Be responsive to a child's reactions.**

- 4.1 Check your practice by asking the child, particularly a child you have not previously cared for - e.g. "is this OK to do it this way?" or "can you wash there?", "How does mummy do this?" If a child expresses dislike of a certain person carrying out their intimate care, try and find out why. If a child appears to have a grudge against you, ensure your line manager is aware of this.

**5. Make sure practice in intimate care is as consistent as possible.**

- 5.1 Line managers have a responsibility to ensure staff have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches are not markedly different between different staff.
- 5.2 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

## **6. The Protection of Children**

6.1 Child Protection procedures will be adhered to.

6.2 All children will be taught personal safety skills carefully matched to their level of development and understanding to build their confidence and assertiveness about their own body and its worth. Confident and assertive children who feel their body belongs to them are less vulnerable to abuse.

6.3 If a member of staff has a concern about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection.

6.4 If a child becomes distressed or 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 resolution.

6.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed. (See Safeguarding and Child Protection Policy)

## **7. If you are concerned, report it.**

7.1 If during intimate care of a child any of the following occur, report the incident as soon as possible to another person working with you and make a brief written note. Always report the concern to the DSL

- You accidentally hurt them;
- The child seems unusually sore or tender in the genital area;
- There are physical changes in a child's presentation, e.g. marks, bruises, soreness etc.
- The child appears to be sexually aroused by your actions;
- The child misunderstands or misinterprets something, or has a very emotional reaction without apparent cause.

Some of these could be cause for concern about the child, or alternatively the child or another adult might possibly have misunderstood what has happened.

## **8. Encourage the child to have a positive image of their own body.**

8.1 Confident, assertive children, who feel their body belongs to them, are less vulnerable to sexual abuse. As well as basics such as privacy, the approach you take to a child's intimate care can convey lots of messages to them about what their body means. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care should be enjoyable, relaxed and fun.

## **9. Allegations of Abuse**

- 9.1 Personnel working in intimate situations with children can feel particularly vulnerable. This school policy can help to reassure both staff involved and the parents of vulnerable children. Action will be taken immediately should there be a discrepancy of reports between a child and the personal assistant. Where there is an allegation of abuse, the guidelines in the Child Protection procedures will be followed. If staff are concerned about a child's demeanour during or following intimate care, or has responded to or said something that has caused concern during the intimate care, they will report such incidents immediately to one of the Designated Safeguarding Leads who will follow the correct safeguarding procedures.

## **10. Physiotherapy**

- 10.1 Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the INP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes. Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of the school.
- 10.2 Medical Procedures 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 IEP or care plan and will only be carried out by staff who have been trained to do so.
- 10.3 Any members of staff who administer first aid should 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.

## **10. Health and Safety**

- 10.1 Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. (The school will provide gloves, a bin and liners to dispose of any waste)

10.2 Any soiled waste should be placed in a polythene waste disposal bag which can be sealed. This bag should then be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a daily basis and it can be collected as part of the usual refuse collection service as this is not classed as clinical waste.

## **11. Record Keeping**

It is good practice for a written record to 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. These records will be kept in the child's file and available to parents/carers on request.