



St Peter's C of E Primary School

Intimate Care Policy

Vision Statement

'Faith, Family, Future'

Jesus built his church upon the strength of St Peter – who was his rock. At St Peter's, we provide a solid foundation on which our community thrives through our rich, aspirational curriculum. As a family, we nurture and unlock individual potential through mutual love and respect; enabling all to flourish now and in the future.

'Each of you should use whatever gift you have received to serve others'

1 Peter 4 v10

1 Introduction

1.1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam)

1.2 The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

1.3 St Peter's C of E Primary School 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. St Peter's C of E Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

2 Best Practice

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

2.2 Staff who provide intimate care have up to date safeguarding and child protection training and are fully aware of best practice.

2.3 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 who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

2.4 The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children, if appropriate, to suit the circumstances of the child.

2.5 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

2.6 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

2.7 Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys, as no male staff are available. **At St Peter's we do not always have male staff on site, therefore intimate care of boys would usually be carried out by female staff.**

2.8 Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan (if a care plan is necessary). The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

2.9 We will use a record sheet to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task. Examples of such good practice provide reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow.

4 Equipment Provision

4.1 Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste. Parents are responsible for providing a change of clothes and any wipes that may be necessary.

5 Health and Safety

5.1 Some schools are concerned about health and safety issues when staff are changing children or dealing with a child who has had an accident and is bleeding.

5.2 Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in the waste disposal bins

near the carpark which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety policy

6 First Aid and intimate care

6.1 Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

6.2 Regular requirements of an intimate nature should be planned for.

Agreements between the school/organisation, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

7 Safeguarding and intimate care

Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. It is recognised that children who experience intimate may be more vulnerable to abuse. This is because:

- Children with additional needs are sometimes taught to do as they are told to a greater degree than other children.
- Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult;
- Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately;
- Repeated "invasion" of body space for physical or medical care may result in the child feeling ownership of their bodies has been taken from them;
- Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer.

7.1 Staff that administer intimate care should report on CPOMs if they are concerned that any of the following occur:

- You accidentally hurt the child;
- The child seems sore or unusually tender in the genital area;
- The child appears to be sexually aroused by your actions;
- The child misunderstands or misinterprets something;
- The child has a very emotional reaction without apparent cause (sudden crying or shouting);

It is important that any such incident is reported as soon as possible for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done.

7.2 If a member of staff notices that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing on CPOMs and discussed with the designated person for child protection.

7.3 Encourage the child to have a positive image of her or his own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun;

Adopted December 2022

Last Reviewed: 22nd October 2024

Next Review October 2026

INTIMATE CARE POLICY PARENTAL AGREEMENT FORM

1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas.

2 The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

3 St Peter's C of E School 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. St Peter's C of E School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

4 The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

5 The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children, if appropriate, to suit the circumstances of the child.

6 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible, one child will be catered for by one adult unless there is a sound reason for having more adults present.

7 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care.

8 Wherever possible staff should only care intimately for an individual of the same sex. **At St Peter's this is extremely difficult as there are rarely male staff on site and they are not well known to the children. Therefore intimate care will be undertaken by female members of staff.**

9 St Peter's C of E School has introduced a record sheet to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task.

10 Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste. Parents are responsible for providing a change of clothes and wipes if appropriate. These should be in a named bag.

11 Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled. 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 which is specifically designated for the disposal of such waste.

12 Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.



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INTIMATE CARE POLICY - PARENTAL AGREEMENT FORM

I agree to support the Intimate Care Policy and practice of St Peter's C of E Primary School.

Child's Name

Signature of Parent / Carer.....

Print Name.....

Date.....

Signature of School Representative

Print Name.....

Position.....

Date.....