



# First Tower School Intimate Care Policy 2021

Date:	May 2021
To be reviewed:	May 2023

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which can demand direct or indirect contact with or exposure of the genitals.

Intimate care includes:

- feeding
- oral care
- washing
- changing clothes
- toileting, including cleaning after soiling
- first aid and medical assistance
- menstrual management
- supervision of a child involved in intimate self-care

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 with reference to the *Education Department Intimate Care Policy April 2016* to safeguard both children and staff. Intimate care is a high-risk activity in terms of abuse and it is particularly important that there are guidelines for it, both to protect those being cared for and the staff who care for the children's needs. We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible. The principles and procedures apply to everyone involved in the intimate care of children.

This policy should be read in conjunction with other school policies including Safeguarding, Child Protection, PSHE and Health and Safety.

### **Principles**

The following are the fundamental principles of intimate care that our policy guidelines are based on:

- 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
- every child has the right to be involved and consulted in their own intimate care to the best of their abilities
- every child has the right to express their views on their own intimate care and to have such views taken into account
- every child has the right to have levels of intimate care that are appropriate and consistent

## **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.

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 children and staff.

### **1. Involve the child in the intimate care**

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care where possible.

### **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.

### **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. 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 body belongs 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. 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, discoloration or swelling report it immediately to the designated teacher for Child Protection – the Headteacher or in their absence the Deputy Headteacher. If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the Headteacher. 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.

### Toilet Training

Parents should be encouraged to train their child at home as part of their daily routine, and schools should reinforce these routines whilst avoiding any unnecessary physical contact. Schools are not expected to toilet train pupils. Therefore unless a child has a SEN or disability it is expected that parents/carers will have trained their child to be clean and dry before the start in Early Years Foundation Stage (EYFS).

Starting school or nursery has always been an important and potentially challenging time for children, families and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the EYFS, there is wide variation in the time at which children master the skills involved in being fully toilet trained.

For a variety of reasons children in the EYFS may:

- be fully toilet trained across all settings
- have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning EYFS
- be fully toilet trained at home but prone to accidents in the new setting
- be on the point of being toilet trained but require reminders and encouragement
- not be toilet trained at all but likely to respond quickly to a well structured toilet training programme
- be fully toilet trained but have a serious disability or learning difficulties
- have delayed onset of full toilet training in line with other development delays but will probably master these skills during the EYFS
- have SEN/D and might require help (during the EYFS and beyond) with all or some aspects of personal care such as washing, dressing or toileting

In broad terms, children can be categorised as follows:

Children who need support with continence development	The child might be developing normally but at a slower pace
Children with some developmental delay	The child will be in an early years or mainstream setting but may have delayed continence development. This child may have a diagnosed condition or be undergoing investigations
Children with physical disabilities or complex medical conditions	The child may have a diagnosed condition such as spina difida, cerebral palsy or autism
Children with behavioural or emotional difficulties	The child may exhibit delay in continence, or may develop incontinence

## **School Responsibilities**

All staff and adults working within an unsupervised capacity with children have had a DBS check completed. However, only those members of staff who are familiar with the intimate care policy are involved in the intimate care of children. Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child. Consent forms are signed by the parent and stored in the child's file. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the designated teacher for Child Protection.

## **Parental responsibilities**

Parents have a responsibility to advise the school of any known intimate care needs relating to their child and an intimate care agreement will be implemented.

## **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 following the normal guidelines.

## **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 - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level
- use simple language and repeat if necessary
- wait for response
- continue to explain to the child what is happening even if there is no response
- treat the child as an individual with dignity and respect

## **Health and safety**

Staff should always wear gloves and if necessary an apron when dealing with a child who is bleeding or soiled or when changing a soiled nappy. 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 a liner) 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 guidelines.

### **Resources**

Spare clothing, underwear is available in KS1. Sanitary products (Red Box) are available in the wellbeing room/individual toilets in the corridor near Reception class.

### **Residential trips**

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting and when in loco-parentis. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on residential trips. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

### **Appendix 2&3**

Toilet Management plan & RA to be completed and signed by a member of school staff and parent/carer.

### **Review**

This policy will be reviewed by the Senior Leadership Team every two years.

**Appendix 2: Exemplar Toilet Management Plan**

**Child's Name:** ..... **Class/Year Group:** .....

**Name of Support Staff Involved:** .....

**Date of Record:** ..... **Review Date:** .....

<b>Area of Need</b>	
<b>Equipment required/by whom</b>	
<b>Location of suitable toilet facilities</b>	
<b>Support required</b>	<b>Frequency of support</b>

Working towards Independence

<b>School will</b>	<b>Parents will</b>	<b>Child will try to</b>	<b>Target achieved (date)</b>

**Signed:** .....  
**Parents/Carers**

**Signed:** .....  
**Member of Staff**

### Appendix 3: Risk Assessment

Child's Name: ..... Name of School: .....

Date of Risk Assessment: .....

	Yes	Notes
1. Does weight/size/shape of pupil present a risk?		
2. Does communication present a risk?		
3. Does comprehension present a risk?		
4. Is there a history of child protection concerns?		
5. Are there any medical considerations? Including pain/discomfort?		
6. Has there ever been allegations made by the child or family?		
7. Does moving and handling present a risk?		
8. Does behaviour present a risk?		
9. Is staff capability a risk? (back injury/ pregnancy)		
10. Are there any risks concerning individual capability (pupil)? <ul style="list-style-type: none"> <li>• General fragility</li> <li>• Fragile bones</li> <li>• Head control</li> <li>• Epilepsy</li> <li>• Other</li> </ul>		
11. Are there any environmental risks? <ul style="list-style-type: none"> <li>• Heat/cold</li> </ul>		

If Yes to any of the above complete a detailed personal care plan.

Date: .....

Signed: .....

Name: .....