

# St Elizabeth's Catholic Primary School



## Intimate care policy

Adopted - January 2024

Review date - January 2026



## St Elizabeth's Catholic Primary School –Intimate care policy

*'We listen, learn and grow with Jesus'*

### **Mission Statement**

Our mission is to strive for fullness of life for everyone. Through education and prayer, we listen, learn and grow with Jesus.

### **Aims**

The pastoral care of our children is central to the aims, ethos and teaching programmes in St. Elizabeth's Catholic Primary School and we are committed to developing positive and caring attitudes in our children. It is our intention to develop independence in each child, however there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children.

'Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child.' In school this may occur on a regular basis or during a one-off incident.

St. Elizabeth's Catholic 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. We recognise that there is a need to treat all our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and adults and staff must be sensitive to each child's individual needs.

Intimate care is any care which involves one of the following:

1. Assisting a child to **change his/her clothes**
2. **Changing or washing a child** who has soiled him/herself
3. Assisting with **toileting** issues
4. Supervising a child involved in **intimate self-care**
5. Providing **first aid** assistance
6. **Providing comfort** to an upset or distressed child
7. **Feeding** a child
8. Providing **oral care** to a child
9. Assisting a child who requires a specific **medical procedure** and who is not able to carry this out unaided. \*

\* 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 insulin.) Parents

have the responsibility to advise the school of any known intimate care needs relating to their child.

### **Procedures**

- Key staff are aware of parental requests with regard to nappy/pull up changing as all parents/carers inform the setting of their child's needs.
- Staff member undertake changing young children in their groups; in regards to Pre-school a back up key person change them if the Key Person is doing another activity.
- Staff are provided with appropriate clothing and protective gloves.
- Changing areas are warm and there are safe areas to lay young children if they need their bottoms cleaned.
- Parents provide pull-ups or nappies in a named bag, plus a change of clothes.
- All staff are aware of hygiene procedures and carry these out when changing a child who has soiled.
- The Key Person/staff member ensures that nappy/pull up changing is relaxed and at a time to promote independence in children.
- Key Persons/staff members are gentle when changing children and do not make negative comments.
- Children are encouraged to take an interest when using the toilet.
- Children should be encouraged to wash their hands using soap. Staff show them how to wash their hands properly and dry them using the hand dryer.
- Any clothes and cloth pants are bagged for the children to take home.
- Pull-ups and disposable nappies are safely disposed of in the yellow bin in the toilet area.
- Sets of spare clothes are kept for use in the class.

### **Child Protection/Safeguarding Guidelines**

- Ensure that the action you are taking is necessary. Get verbal agreement to proceed if appropriate.

### **Pastoral Care Procedures**

- Ensure the child is happy with who is changing him/her.
- Be responsive to any distress shown.

### **Providing comfort or support to a child:**

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Where this happens staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance,

staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context.

**Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.**

Our Administration of Medications Policy outlines arrangements for the management of the majority of medications in school.

**Parental permission must be given before any medication is dispensed in school- this form is available from the school office.**

A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medications Policy will have an individual 'Care Plan'. This Care Plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.

### **Swimming**

All children have the opportunity to take part in swimming lessons at school and will access pop up changing rooms. Children are entitled to respect and privacy when changing their clothes however, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur.

School will provide separate pop-up changing rooms which will be located in a quiet area of the school . This supports effective and discrete supervision and privacy for our children when changing. Where a child needs additional support for changing, parental permission will be sought and a personal care plan will be drawn up so as to maintain dignity but increase independence.

### **School Responsibilities**

All members of staff working with children must undertake a full DBS disclosure procedure.

This includes students on work placement and volunteers who may be left alone with children.

Vetting includes criminal record checks and two references.

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, when appropriate and possible, by the child. Consent forms are signed by the parent and stored in the child's file. **Only in an emergency situation would staff undertake any aspect of intimate care that has not been agreed by parents and school.** Parents would then be contacted immediately. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated safeguarding lead.

### **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. Adhering to the following guidelines of good practice should safeguard both 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, 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.
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 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 Designated safeguarding lead.

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 designated teacher. 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 Designated safeguarding lead and make a written record;
- Parents must be informed about any concerns.

### **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; and
- Treat the child as an individual with dignity and respect.

*Reviewed date January 2024*

