



Loughton School

Intimate Care Policy

1. Introduction

Loughton School provides education for children aged 7 to 11 years. The majority of these children will not need additional support but Loughton School recognises that there may be children who may need additional support on a regular basis or on a one-off basis.

Loughton School identifies that if this support is required, staff need to be sensitive to the Child's needs, dignity and privacy.

Children are encouraged to undertake their own intimate care where possible. Staff will only intervene to the least intrusive level.

2. Definition of Intimate Care:

'Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual parts of the body'

Intimate care tasks specifically identified as relevant include:

- dressing and undressing (underwear).
- helping someone use a potty or toilet.
- changing nappies / sanitary wear.
- cleaning / wiping / washing intimate parts of the body.

3. Definition of Personal Care:

'Although it may involve touching another person, it is less intimate and usually has the function of helping with personal presentation'

Personal care tasks specifically identified as relevant include:

- feeding
- administering oral medication
- hair care
- dressing and undressing (clothing)
- washing non-intimate body parts
- prompting to go to the toilet.

Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

All children have the right to be safe and to be treated with dignity and respect. Disabled children can be especially vulnerable. Staff involved with their intimate care need to be 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 care tasks/treatments can be open to

misinterpretation. Adhering to the settings policy and procedure guidelines should safeguard children and practitioners.

4. Considerations

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling when appropriate) and are fully aware of best practice. Equipment will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- 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 and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.
- There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- As a basic principle, children 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 themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

5. Care Plans

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the staff and health.

6. Right to Privacy

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff might need to be present when a child needs help with intimate care. Where possible one child will be cared for by two adults. If not possible then staff member will inform the Designated Safeguarding Lead that intimate care is being provided.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be named staff members 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, while at the same time guarding against the care being carried out by a succession of completely different staff.

7. Parents/Carers as partners in care

Parents/staff will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

8. Safeguarding responsibilities

Each child/young person will be made aware of the safeguarding team and DSL to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

Staff must record what intimate care has been given, date, time, who was present. This information should be shared with the parents on a regular basis.

Note should also be made of how the child presents – Are they distressed? Are there any unusual physical marks? or have they made an allegation?

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. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

Any child protection concerns will be raised with the DSL and the Child Protection Policy followed.

If a child makes an allegation against a member of staff, all necessary procedures will be followed – Please see Managing Allegations and Concerns Policy