



KING'S OAK PRIMARY SCHOOL

Intimate Care Policy

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Policy reviewed and approved by: Teaching and Learning Committee

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This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment

Introduction

King's Oak Primary School is committed to ensuring that all adults responsible for the intimate care of children undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child will be attended to in a way that causes distress, embarrassment or pain. This is in line with the guidance from the DFE of Keeping Children Safe in education.

If a child is known to need touch or the school and the caregiver preempt touch as likely and necessary, the school will proactively meet with the pupil and the caregiver, in addition to any relevant professionals, to agree a plan on how the touch will be carried out under what circumstances. This ensures the pupil remains aware of what appropriate and inappropriate touch is.

Physical contact between pupils and staff members should be about meeting the needs of the child. We recognise that safe touch is an important part of child development. Safe touch is defined as physical contact that if otherwise avoided would be potentially emotionally or physically damaging for the pupil. There are circumstances when physical contact will be necessary to de-escalate a situation and for the safety of all pupils and staff - see Positive Handling Policy. All members of staff are responsible for ensuring that no pupil feels threatened or unsafe at our school as a result of inappropriate touch and must be aware of the boundaries involving physical contact. The following are potential examples of instances of safe touch which may occur between staff and pupils - this list is not designed to be exhaustive:

- Comforting an upset or distressed pupil,
- Congratulating or praising a pupil,
- Holding the hand of a pupil to guide them, such as when crossing a road,
- Giving first aid to a pupil,
- Demonstrating exercises or techniques during PE lessons or OT sessions, administering medicine, or when using musical instruments.
- Appropriate support for early years pupils in meeting their needs,
- Supporting a pupil to make appropriate behavioural choices,
- Providing intimate care e.g. changing a nappy,
- Support for pupils with sensory needs e.g. compression.

In order to prevent any allegations of inappropriate physical contact, if a staff member finds themselves in a position whereby their physical contact with a pupil could be misinterpreted or the pupil had an adverse reaction to it, they should report this to the headteacher immediately. The same reporting process applies if another member of staff suspects or witnesses inappropriate physical contact. Any concerns about the headteacher should be referred to the Chair of Governors.

Definition of Intimate Care

Intimate care encompasses aspects of personal care which most people usually carry out for themselves but some are not able to undertake for themselves, because of their age and maturity or because of developmental delay or disability, such as:

- Dressing and undressing (Appendix 2)
- Supported eating (Appendix 3)
- Washing, toileting and menstruation (Appendix 4)
- Physiotherapy exercise programme/manual handling (Appendix 5)
- Administering medication (see Administering Medicines Policy)
- Changing children in the Early Years (Appendix 6)

Aims

The aims of this policy are:

- To set out procedures that safeguard children and staff through a consistent approach within a framework that recognises the rights and responsibilities of all those involved in providing intimate care for children.
- To safeguard the rights and well-being of children with regard to dignity, privacy, choice and safety.
- To provide appropriate guidance to staff and to ensure safe practice.
- To ensure that parents/carers and children (where appropriate) understand and are actively involved in the development of any agreed Intimate Care Plans (Appendix 1).

Four fundamental guiding principles are paramount and should be evident whenever intimate care involving children is considered:

- The Intimate Care Policy should be followed for delivery of all intimate care, whether this is ongoing or an isolated need.
- The exchange between all those involved in any intimate care procedures must be one of respect.
- The number of adults engaged in the care should reflect the minimum needed to perform the task safely and respectfully.
- Every plan supporting intimate care must demonstrate how the child can be enabled to develop his/her autonomy.

Procedures

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

- Staff who provide intimate care are to read the policy (including Safeguarding, Child Protection, Whistleblowing and Confidentiality) and be given the opportunity to shadow

another professional, staff or parent and are fully aware of best practice and their responsibilities. The same professional standards will always be applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.

- New staff will receive an induction; refresher training will be provided for all staff as necessary.
- A risk assessment will be carried out and relevant and suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment by the relevant health professional.
- On-going intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on an Individual Intimate Care Plan. The needs and wishes of children and parents/carers will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation. This will be reviewed as agreed.
- Unexpected and isolated intimate care needs (e.g. a child soiling him/herself) will be carried out in line with this policy.
- The child will be supported to care for him/herself as far as possible, to encourage independence; children with ongoing intimate care needs will be supported to carry out aspects of intimate care as part of his/her personal and social development. Targets may be set in developing these life skills. A Home-School Diary may be used to encourage a dialogue between home and school.
- Staff will show awareness of and be responsive to the child's reactions, their verbal and non-verbal communication and signifiers.
- Staff will use the opportunities during intimate personal care to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem.
- Staff will continually monitor and review their practice and ensure they follow the guidance contained in this document.
- Staff will ensure that, where a child works with outside agencies, there is consistency in dealing with aspects of intimate care.
- Staff will always maintain appropriate professional boundaries and will record and report to the Headteacher any incident which may be open to misinterpretation by others.

Good practice in intimate care

It is essential that care is given gently, respectfully and sensitively and that every child is treated as an individual. The religious and cultural values of children and their families will also be taken into account and any personal issues applicable to the child. The following positive approaches will assist in promoting good practice for intimate care:

- Staff will get to know the child well beforehand and be familiar with his/her moods and methods of communication.
- Staff will speak to the child personally by name so that he/she is aware of being the focus of the activity.
- Staff will have knowledge and understanding of any religious and cultural sensitivities

related to aspects of intimate care and take these fully into account.

- Staff will enable the child to be prepared for or anticipate events while demonstrating respect for her/his body, e.g. by giving a strong sensory or verbal cue such as using a sponge or pad to signal intention to wash or change.
- Staff will ensure that the child's privacy and modesty is respected and protected.
- Staff will agree with the child's family appropriate terminology for private parts of the body and functions. Best practice in personal safety work would be to use the correct anatomical names for intimate body parts.
- Staff will always communicate in an age appropriate way taking into account the child's developmental level and his/her preferred communication method.
- Staff will keep records, which note a child's responses to intimate care and any changes in behaviour.
- If a member of staff has concerns about physical changes in a child's presentation, e.g. unusual anxiety, bruising, soreness etc. they will immediately report their concerns to the CPO.
- An appropriate written plan for on-going intimate personal care will be agreed with the child (where appropriate) and his/her family.

Links to other policies:

- Positive Handling Policy
- Safeguarding and Child Protection
- Confidentiality
- Whistleblowing

Appendix 1

Developing an intimate care plan

Where a routine procedure is required, an intimate care plan will be agreed in discussion with the child (where appropriate), staff, parents/carers and relevant health personnel. The plan will be signed by all who contribute and reviewed on an agreed basis.

In developing the plan the following will be considered:

- a) Wider implications:
 - The importance of working towards independence
 - Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming etc.
 - Who will substitute in the absence of the appointed person/s
 - Strategies for dealing with pressure from peers e.g. teasing/bullying particularly if the child has an odour
 - Management of the plan: writing it, managing it, handling confidentiality, reviewing it etc.

- b) Classroom management:
 - The child's seating arrangements in class
 - A system for the child to leave class without disruption to the lesson
 - Avoidance of missing the same lesson due to routines
 - Awareness of a child's discomfort which may affect learning
 - Implications for PE, swimming etc. e.g. discreet clothing, additional time for changing

Intimate care plans will be available to the member of staff giving the care and not displayed for all to view, thus helping to support the child's dignity. All plans will be clearly recorded to ensure clarity of expectation, roles and responsibilities.

Links with Other Agencies

Positive links with other agencies will enable plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well-being and development remains paramount.

Appendix 1

Intimate Care Plan

Child:			School/Setting:	
DOB:		Male/Female	Date:	

Description of Intimate Care Needs

Task: Identify one part of this process, which could be developed so that greater independence/involvement can be achieved.

Action Plan - Describe the steps needed to achieve this task

- 1.
- 2.
- 3.
- 4.

The following people will be assisting in the above activities:

Named Person:
.....

Additional people who may be involved, to cover when the named person is absent:

.....
.....

I am in agreement with the above procedures being undertaken: (Please sign as appropriate)

Person for whom the plan is for:

Parent/Carer:

SENCO/Inclusion officer:

Teaching Assistant(s):

Teaching Assistant (s):

Date:

Date for review:

Appendix 2

Dressing/undressing

- Ensure facilities provide privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening.
- Children should be encouraged to dress/undress themselves independently.
- There should be a clear plan for (un)dressing for those who require assistance.
- When using public facilities, staff should be aware in advance of the nature of the facilities to ensure the dignity of the child.
- Remove clothing from lower body first.
- Ensure lower body is covered before removing garments from upper body.
- Encourage the child to assist as much as possible.
- Refer to moving and handling procedure as necessary.

Appendix 3 (a)

Supported eating

It is important that children are correctly positioned at mealtimes. They need to feel stable and secure whilst sitting on a chair and need the table to be at the correct height for them when possible. Following the basic principles of good positioning will not only help good cutlery skills but will also promote good concentration skills when eating.

- Ensure that the child is sitting close to the table - make sure that the table is at the right height (e.g. elbows rest comfortably on the table).
- If you are assisting the child to eat, ensure that you sit next to him/her on his/her preferred side (e.g. if s/he is right handed sit on his/her right side).
- Allow plenty of time for eating and give regular praise for achievement.
- Encourage the child to hold the cutlery appropriately - this does not have to be perfect in the first instance, but it does need to be effective e.g. knife the correct way up.
- Cut up the food into small pieces, unless the child can attempt this him/herself.
- Encourage the child to load the spoon with food. If s/he is having difficulty, place your own hand over his/hers and help the child to load the spoon.
- To assist with hand to mouth feeding, gently support the child's feeding arm at the elbow as this will assist with the effort required to elevate the arm.
- Encourage the child to practise cutting the food and think about each stage of cutting separately (e.g. stab with the fork and then cut with the knife).
- If the child will accept physical help, stand behind him/her and help the hand with the fork in it to stay still whilst the knife moves back and forth across the food.
- To increase the pressure being used, encourage the child to place the first finger on top of the cutlery, rather than wrapping the whole hand around the handle.
- Children can find it difficult to monitor the appropriate amount of force to exert when cutting and when applying too much force, it may be difficult to cut and press at the same time. The combination of balancing movement and pressure can be difficult. To help, experiment with different food textures ranging from very hard to soft. Talk about different textures of food and how difficult it is to cut and how hard you need to press.
- Try to work on cutlery skills when there is ample time.
- Sit the child next to adults or other children who can model good cutlery skills.

Appendix 3 (b)

Spoon Feeding

If a child requires spoon feeding, an Intimate Care Plan will be in place and this should be followed.

Ensure that the child is well positioned in his/her chair in a stable, upright position and that his/her head is in the mid-line and aligned with his/her body.

- Allow the child to smell the food he/she is about to taste.
- Take the spoon to child's mouth and hold it still just in front of his/her mouth so that he/she is aware of where it is. Let him/her choose to touch it and see it.
- Allow child to come forward and taste the food of the spoon and move away from it as he/she pleases.
- Do not force him/her to eat the food. Let it be on his/her own terms.
- Given time, the pupil may bring his/her own hand to the spoon and guide it to his/her mouth.
- Hold the spoon still and wait for the child to move forwards to take the food.
- As the child takes the spoon into his/her mouth, look for child's upper lip to come downwards over the spoon.
- Gently remove the spoon at a horizontal angle and try not to scrape the food off his/her teeth and upper lips.
- Allow the child plenty of time to finish one spoonful completely before offering him/her another spoonful.
- If the child tightens his/her lips and clenches his/her teeth on presentation of the spoon, do not try to force him/her. Acknowledge that he/she has communicated that he/she is finished.

Appendix 4

Washing, toileting and menstruation

- Provide facilities, which afford privacy and modesty, with a separate toilet for girls and boys. These should be clearly marked. Screening should be provided where necessary e.g. when an individual requires nappy changing.
- There should be sufficient space, heating and ventilation to ensure the individual's safety and comfort.
- There should be appropriate and specialised toilet seats provided for the size and physical needs of the child. A step may be necessary for younger children.
- Staff must receive training in good working practices, which comply with health and safety regulation, such as wearing of appropriate disposable gloves and aprons for certain procedures and methods of dealing with body fluids.
- Ensure that adequate facilities are provided such as wipes, toilet paper, liquid soap, paper towels, bin for disposal of soiled pads.
- Supplies of suitable cleaning materials must be provided for cleaning and disinfecting areas.

- Items of protective clothing such as disposable gloves and aprons must be provided and readily accessible.
- Supplies of fresh clothes should be available when required.
- The dressing/undressing procedure should be followed.
- A shower should be used if necessary.
- Some children may only have a single or infrequent occurrence of soiling. Where a child has the need to be assisted regularly there should be an Intimate Care Plan in place. This should be written in collaboration with parents/carers and professionals involved and, where ever possible, with the child. This plan should be based on a risk assessment of all aspects of the task to be carried out. Any issues, such as staffing required for the task should be based on that risk assessment. This plan should be reviewed regularly especially when any circumstances change.
- Some children may prefer to be changed by a single member of staff for reasons of privacy and dignity. Where an individual expresses a clear preference this must be respected if possible. It is acceptable for a single member of staff to change a child providing they ensure that:
 - another member of staff is aware of what is happening.
 - the event is recorded and initialled by the member of staff who changes the child. Any issue or problem, such as bad nappy rash, which may have arisen or been noticed should also be recorded. This should be shared with the parent/carer and a copy of the written record supplied.
 - the task has been risk assessed as being safe for one person to carry out
- It may be necessary, however, to have more than one member of staff to help while toileting a child because of health and safety or other considerations. Children who are heavier and with physical disabilities may require hoists and a hydraulic changing table and these should be provided. Staff must be trained in the use of these aids and equipment.

Appendix 5

Physiotherapy/Exercise Programmes/Manual Handling Procedures

If a child requires physiotherapy or manual handling, an Intimate Care Plan will be in place and this should be followed.

For some children, physiotherapy/exercise and manual handling procedures are advised by qualified physiotherapists and regularly delivered by school staff. Parents/carers and Health and Education personnel involved should agree all aspects of the programme. Many exercises involve touch and should be carried out in line with the professional advice. It is recommended that this advice be given in writing.

Regular consultation with all parties is recommended, in order to identify any changes required and ongoing training to be given as and when required. Any agreed moving and handling procedures should be followed at all times. It is the responsibility of individual staff to monitor his/her own safety at all times and continually assess the risks involved.

Appendix 6

Intimate Personal Care for Children in Early Years

If a child is to be changed on a regular basis there should be an intimate care protocol in place which has been agreed by staff and parents. This document should include a risk assessment of the tasks to be carried out and staffing allocated to assist with this task should be based on that assessment. Any protocol should be reviewed regularly or amended when circumstances change. This protocol must be shared with all adults likely to carry out tasks to ensure consistency of practice. Wherever possible this protocol should include and be influenced by the wishes of the child.

- Parents/carers should always be informed if a child is changed.
- It is acceptable for a single member of staff to change a child providing they ensure that:
 - Another member of staff is aware of what is happening.
 - The event is recorded and initialled by the member of staff who changes the child. Any issue or problem, such as bad nappy rash, which may have arisen or been noticed should also be recorded. This should be shared with the parent/carer/ childminder at the end of the session and a copy of the written record supplied.
 - The task has been risk assessed
- The child's privacy and dignity should be maintained at all times e.g. talk to the child, not over the child to a colleague; do not comment about the child's body or body parts.
- The nappy changing area must be separate from food preparation and eating areas. The changing surface should be smooth, non-absorbent and easy to clean.
- If no table changing station is available a changing mat on the floor is acceptable providing the child's privacy is ensured.
- The school will provide gloves, aprons, antibacterial wipes and changing mat liners, but it is the parent's responsibility to provide nappies, nappy liners, wipes and any creams they wish to be used and to clearly label these with the child's name.
 - Place a disposable covering (paper roll) on the area where you will place the child's bottom.
 - Put on gloves after assembling all equipment and preparing the child.
 - Dispose of the soiled nappy into a tightly covered container that is lined with a disposable liner and operated by a foot pedal.
 - Non-disposable nappies should be placed directly into a plastic bag to give to parents. Solid faecal matter should be disposed of into the toilet.
 - Never rinse or wash non-disposable nappies because the risk of splashing may cause germs to spread to staff or children.
 - If a child needs to be washed completely, use a sink with running water, thoroughly clean and disinfect the sink after use.
 - Remove gloves after disposing of nappy and cleaning bottom.
 - Put on clean nappy.
 - Dispose of paper towel
- Soiled clothes should be double bagged and given to the parent/carer/childminder at the end of the session.
- Where possible, parents/carers should provide a spare set of labelled clothing.