

Intimate Care Policy

Date of Review	Reviewed by	Date of Approval	Next Review date
August 2024	Natalie Russ	August 2024	August 2025

Aims

At Tarner 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 across our project, this may occur on a regular basis or during a one-off incident.

At times, individual children with Special Educational Needs and Disabilities may require an on-going programme of support to develop self-care skills and independence. In such cases, individually tailored programmes of support will be agreed in discussion between the Children's Manager and parents, and a Health Care Plan will be created.

Tarner is committed to ensuring that all staff responsible for the intimate care of children will always undertake their duties in a professional manner. 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, adults and staff must be sensitive to each child's individual needs.

Intimate care may be:

- Assisting a child to change his/her clothes
- Nappy changing and assisting with toileting issues
- Changing or washing a child who has soiled him or herself
- Supervising a child involved in intimate self-care
- Providing first aid assistance

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It can also involve other forms of physical care, sometimes referred to as 'personal care', including:

- Feeding
- Changing outer layers of clothing
- Applying or administering external or oral medication
- Hair care
- Washing non-intimate body parts
- Prompting children to go to the toilet.

Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- Every child has a 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.
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities.
- All children have the right to express their views on their own intimate care and to have their views considered.
- Every child has the right to have levels of intimate care that are appropriate and consistent with their levels of individual need.

Our approach to best practice

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.

Staff who provide intimate care are trained to do so and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist / occupational therapist as required.

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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.

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 adult will cater for one child, but a second adult should be made aware that intimate care is taking place.

Regular intimate care arrangements will be discussed with parents/carers and recorded in a care plan. The needs and wishes of children and parents will be considered wherever possible within the constraints of staff and equal opportunities legislation.

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.
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 many 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 swellings report it immediately to the Designated Safeguarding Lead.

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7. If a child is accidentally hurt during intimate care, misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL/DSO/DDSO. Report and record any unusual emotional or behavioural response by the child.

Any intimate care as part of an Individual Healthcare Plan must be logged via the Intimate Care tracker. Any intimate care that is a one-off incident must be logged on an intimate care recording form.

The Protection of Children

Safeguarding procedures will be adhered to and if a member of staff has any concerns about physical changes in a child's presentation e.g. marks, bruises, soreness, etc s/he will immediately report concerns to the appropriate manager / Designated Safeguarding Lead for child protection.

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.
- Make sure the child understands the procedure that is happening to them.

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Assisting a Child to Change Their Clothes

This is more common with EYFS children. On occasions, an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if a child refuses assistance staff will be required to intervene and help the child with changing clothes. It is not within our policy to send children home in wet or soiled clothing.

At Tarner, staff will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for, asked to assist their child, and informed if the child becomes distressed; and treat the child as an individual with dignity and respect.

Dealing With Blood and Body Fluids

Blood, vomit, urine and faeces will be cleaned up immediately and disposed of safely by double bagging the waste and removing it from the premises.

When they are dealing with body fluids, staff will wear personal protective clothing (disposable plastic gloves and aprons) and will wash themselves thoroughly afterwards.

Soiled children's clothing will be bagged to go home – staff will not rinse it.

Children will be kept away from the affected area until the incident has been dealt with fully.

Staff will maintain high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection.

After staff have supported during intimate care, hands should be washed with soap to protect themselves and the child/ other children from cross-contamination.

Providing Comfort or Support to a Child

Children will naturally seek support and reassurance from adults at school. Example of this include where a child is distressed when leaving their parent or has fallen over

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or is tired. Such responsive care in the school will always be based on the child's needs and on the adult's knowledge of that individual child. Whatever the age of child is being cared for, clear professional boundaries will be always maintained in line with our safeguarding policy and procedures.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way that communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Safeguarding Lead, as this could be an indicator of safeguarding concerns.

Children are to be discouraged to sit on staff members laps when being comforted.

Assisting a Child Who Requires a Specific Medical Procedure and Who Is Not Able to Carry This Out Unaided

Our Supporting Pupils with Medical Conditions Policy outlines arrangements for the management of most medications at Tarner.

Parental permission must be given before any medication is dispensed at Tarner, please see our supporting pupils with medical conditions policy.

A small number of children will have significant medical needs and will have an Individual 'Healthcare Plan'. These are overseen by the Children's Manager and if required, Tarner staff will receive appropriate training. All care plans are recorded in individual children's files and hard copies are available via the Children's Manager.

Menstruation

Girls who are in the early stages of puberty may need support from a female member of staff. Where such assistance is required, girls will be provided with sanitary towels and treated sensitively. Supplies of sanitary items are available in the disabled toilet cabinet.

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