

# REGENT HOUSE PREPARATORY DEPARTMENT



## Intimate Care Policy

**Policy created: September 2019**  
**Ratified by Governors: June 2019**  
**Review date: September 2020**

## **Introduction.**

The Intimate Care Policy and Guidelines Regarding Children have been developed to safeguard children and staff.

Staff involved in providing intimate care need to be sensitive to the individual needs of the child.

## **Definition.**

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child and staff have a responsibility to work in partnership with children and parents.

## **Principles of Intimate Care.**

The following are the fundamental principles upon which this policy and the guidelines are based.

- 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 as consistent as possible

## **Responsibilities**

- All staff working with children must be vetted in accordance with DENI guidelines.
- All staff undertaking the intimate care of children should be familiar with and understand the Intimate Care Policy and Guidelines.
- All staff must be trained in the specific types of intimate care that they carry out and fully understand the Intimate Care Policy and Guidelines within the context of their work.
- Intimate care arrangements must be agreed by the Principal, Head of Prep., parents/carers and child (if appropriate).
- Intimate care arrangements must be recorded in the child's personal file and consent forms signed by the parents/carers and child (if appropriate).
- Staff should not undertake any aspect of intimate care that has not been agreed between the school, parents/carers and child (if appropriate).
- The school must make provision for emergencies e.g. a staff member on sick leave. Additional trained staff should be available to undertake specific intimate care tasks.
- Intimate care arrangements should be reviewed regularly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.
- If a staff member has concerns about a colleague's intimate care practice they must report this to the designated teacher, Head of Prep. or Principal.

During their time at the Preparatory Department, some pupils will have an experience which may require staff to provide care at a very personal level e.g. a child badly soiling herself/himself.

This policy sets out the procedures to be followed should such an occurrence happen.

- The child will be moved to a less public place in order to preserve his/her dignity and privacy.
- Parents/guardians will be contacted immediately or as soon as possible.
- Staff will only provide intimate care if:
  - The child is very distressed or suffering unduly.
  - Parents/guardians cannot be contacted.
  - Parents/guardians are unable to come to school or to the location of a school/class trip.
  - Intimate care will only be provided to older children in extreme circumstances. It is presumed that older children will be able to manage any such circumstances when given guidance or assistance.

In the event of such an occurrence happening, every effort will be made to contact the parents/guardians of the child. Any decision to provide intimate care will be made by the teacher, Head of the Preparatory Department or by the deputising teacher.

If it is necessary for staff to provide intimate care the following procedure will be followed:

- Two members of staff, one of whom should be a teacher, will be present at all times.

#### Individual Intimate Care Plans.

At times it may be necessary to make alternative arrangements when providing intimate care for a pupil.

The alternative arrangements will be made in accordance with individual intimate care plans.

## **Intimate Care**

### **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 in the intimate care of children.

Staff involved with the intimate care of children need to be sensitive to the individual needs of each child.

Staff also needs 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 tasks/treatments can be open to misinterpretation therefore adhering to guidelines of good practice is of the utmost importance.

- Involve the child in their intimate care. Try to encourage a child's independence as far as possible in his/her intimate care. Where the child is fully dependent talk with them about what is going to be done and give them choice where possible. Obtain parental/guardian consent.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- Make sure practice in intimate care is consistent. As a child can have multiple carers a consistent approach to care is essential. Effective communication between parents/carers/school ensures practice is consistent.
- Be aware of your own limitations. Only carry out care activities you understand and feel competent and confident to carry out. If in doubt, ask. Some procedures must only be carried out by staff who have been formally trained and assessed e.g. enteral feeding.
- Promote positive self-esteem and body language.
- If you have any concerns, you must report them. If you observe any unusual markings, discolourations or swelling you should report these to the designated teacher/Head of Prep/Principal.
- Report and record any unusual emotional or behavioural responses by the child.
- A written record of concerns must be made and kept in the child's file.