

## **MERE SCHOOL**

### **Intimate Care Policy**

Children have a right to be safe and to be treated with dignity and respect. Because some of our children are more vulnerable, everyone involved with their intimate care must be sensitive to their needs and to be aware that some intimate care tasks would be open to misinterpretation.

- intimate care includes bathing, washing, toileting, changing pads and sanitary wear and administering diazepam.
- personal care tasks are teeth cleaning and hair brushing.

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 carer.

### **Intimate Care of Children with Disabilities**

- Children with disabilities can be very vulnerable. They often need adult help with their personal care, including intimate care, long after non-disabled children of a similar age have developed the skills to do such tasks themselves.
- Having to depend on someone else to do these things for you may feel embarrassing or humiliating. Anyone involved with a person's intimate care needs to be sensitive to the child's needs and also aware that some care tasks could be open to possible misinterpretation.

### **Definition of Intimate Care**

Intimate care may mean different things to different people but it is usually used to describe any or all of the following activities:

- washing any part of the body,
- bathing/showering,
- cleaning teeth,
- cutting nails or hair,
- washing hair,
- brushing/combing hair,
- shaving,
- putting on make-up,
- dressing/undressing,
- changing nappy or sanitary protection,
- assisting to use the toilet,
- changing incontinence bag.

The children we work with have a right to be safe and to be treated with dignity and respect. These guidelines on intimate care will help to safeguard both children and

carers. These guidelines ensure that everyone is clear about the issues that need to be considered before approaching intimate care tasks:

1 Treat every child with dignity and respect and ensure privacy, appropriate to the child's age and situation

Privacy is an important issue. Most intimate tasks, for example bathing or changing a nappy for a child, are carried out by the carer alone with the child. This is entirely appropriate and is encouraged.

Male staff members will not undertake intimate care tasks with girls.  
Female staff members may undertake such tasks with boys.

2 Treat every child as an individual

Do not make assumptions about how things are done with a child. Families all have their own way of doing things, their own names for body parts etc. Cultural, ethnic and religious differences may affect what is or is not appropriate. Ask the child and/or parents and respect their wishes. Check with the teacher if you are unsure about the appropriateness of anything you are asked to do.

3 Involve the children as far as possible in their own intimate care

Try to avoid doing things for a child that he/she can do alone and if the child is able to help, ensure that they are given the chance to do so. Support the child in doing all they can for themselves. If a child is fully dependant on you, talk with them about what you are doing and give them choices wherever possible.

4 Be responsive to a child's reactions and make sure that intimate care is as consistent as possible

You will have had opportunities to talk with the parents and learn from them how they undertake intimate care tasks. However, you should also whenever possible, check things out by asking the child, eg "Is it OK to do it this way?"

5 Don't allow yourself to be rushed into taking on intimate care tasks

If you feel unsure about how to do something ask the parents to tell you how they do it. If you are still unclear, talk to your supervisor who will look with you at ways of getting training and support you in delaying taking on responsibility for these tasks until you feel confident about doing so.

6 If you are concerned let us know

If, during the intimate care of a child you accidentally hurt them, or if the child seems unusually sore or tender in the genital area, or appears to be

sexually aroused by your actions, or misunderstands or misinterprets something, or has a very emotional reaction without apparent cause – let your supervisor know about any such incident as soon as possible and make a brief written note of it. Some of these could be cause for concern about the child, or alternatively the child or the parent might possibly misconstrue something you have done.

7 Encourage the child to have positive image of its own body

Confident, assertive children who feel their bodies belong to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to the child's intimate care can convey lots of messages to them about what their body is "worth". Your attitude to the child's intimate care is therefore very important. Keeping in mind the child's age, routine care should be enjoyable, relaxed and fun. Playing games with children, tickling and cuddling as part of care are all important, but the child also has a right to say no.

### **Care Practices in Respect of the Opposite Sex**

- When working with children there is a difficult balance to be struck between showing the children normal physical affection and comfort at times of distress; and putting oneself in a situation of being open to allegations of abuse.
- For the safety of both staff and child it is considered totally inadvisable for a male member of staff to be involved in the intimate care of a girl of any age, eg bathing. This should be the case whether or not the child has special needs or disabilities. The same limitations may not apply to female staff and boys. Account should be taken of the child's wishes and preference in deciding who should help the child with a particular physical need.
- One of the difficulties is that vulnerable children, and particularly those who have been abused, can respond unpredictably to physical contact. There is often a great deal we do not know about these children – when and where the abuse occurred, and what "triggers" will reawaken memories of the abuse. Members of staff must therefore be wary and sensitive that "normal" teasing and touching may give a very different message to an abused child.

The following points may be helpful to remember when dealing with vulnerable children:

- Children who have been abused can display very sexualised behaviour.
- Children who have been abused may not have experienced "normal" physical contact and may misinterpret attempts by staff to show affection and concern.
- Children should be discouraged from going around the school scantily dressed.
- If there are concerns about a child's vulnerability, staff should, except where it is totally impractical, avoid being left alone with a child.

- Issues about gender and sexuality should be discussed in supervision and staff meetings, and should be a mandatory part of staff training and development.

**The following are some basic guidelines to help safeguard both staff and children:**

- 1 Be familiar with any special names the child uses for body parts.
- 2 Male staff only assists male pupils; female staff can assist both male and female pupils. Supply staffs are not permitted to carry out any personal care for the child, unless the supply staff member has worked sufficient hours in the building to have built up a relationship with the child. Permission for the supply staff to provide personal care must be sought from the Head Teacher for this area of care. On advice from the Head Teacher, staff should know the child before helping with their intimate/personal/invasive care.
- 3 Supply staff should whenever possible give the pupil a choice of who they would like to help them with their intimate care. To this end the Head Teacher must have in place suitable arrangements to inform and induct supply staff into the recognised and agreed procedures for the establishment.
- 4 Lone working – tell another staff member where you are, who you are with and when you are doing something. This is for your own protection. If you feel vulnerable, have another member of staff with you.

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