



BREWSTER AVENUE INFANT AND NURSERY SCHOOL

INTIMATE CARE POLICY

This policy was informed by the Cambridgeshire County Council Guidance and Model Policy for Intimate Care

This policy was ratified by the Full Governing Body on: 12th December 2024

Date for review (this policy will be reviewed every three years): Autumn 2027

Introduction

Brewster Avenue Infant School is committed to ensuring that all staff responsible for the intimate care of children will 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 should be attended to in a way that causes distress, embarrassment or pain.

What is Intimate Care?

Intimate care is any personal care that most people usually carry out for themselves.

Our Approach to Best Practice

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

Staff who provide this care are trained to do so (including Safeguarding and Child Protection and Moving and Handling Training where relevant) and are fully aware of best practice, including having read the Guidance for Safer Working Practice for Adults who Work with Children and Young People in Education Settings (2022). Suitable equipment and facilities can be identified to assist with children who need special arrangements by an assessment from an Occupational Therapist (OT).

It is the school's responsibility to support staff that are carrying out intimate care procedures. Advice can be given by contacting the occupational therapy service, school nurse or the Education Safeguarding Team as required. Whenever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of relationships and sex education to the children in their care as an additional safeguard to both staff and children involved.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes.

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.

Children will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will ensure each child does as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up as appropriate and shared and agreed by the child and their parents/carers.

Each child's right to privacy will be respected. Careful consideration will be given to each situation to determine how many staff need to be present when the child/young person is

being cared for. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. In this case, the reasons should be clearly documented and reassessed regularly.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan. The needs and wishes of children/young people and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Safeguarding Children

Cambridgeshire and Peterborough Safeguarding Children Partnership Board Interagency Procedures will be adhered to alongside the school's safeguarding and child protection policy and procedures.

All children will be taught personal safety skills as part of Personal Social and Health Education (PSHE) relative to their age, ability and understanding. Research indicates that children with an awareness of personal safety and the ability to be assertive are more resilient to abuse. These skills will be shared with parents/carers to enable them to be consolidated within the home/community.

If a member of staff has any concerns about physical or behavioral changes in a child/young person's presentation, e.g. marks, bruises, soreness or reluctance to go to certain places/people etc. s/he will immediately pass their concerns to the Designated Safeguarding Lead in the school.

If a child is displaying inappropriate sexual behavior/language, advice should be sought from the appropriate source (e.g. in schools this might be: Designated Safeguarding Lead, School Nurse, Social Care, Education Safeguarding Team)

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, following the Interagency Procedures will be taken from outside agencies as necessary.

If a child makes an allegation against a member of staff the procedures for Allegations Against Staff will be followed as outlined in the school's Safeguarding and Child Protection policy. All staff involved in intimate care are required to have read the School's Policy and Guidance for Intimate Care and the Guidance for Safer Working Practice as previously mentioned.