



Intimate Care Policy

Approved via GovernorHub

Approved Date	January 2025
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Intimate Care Policy

Aims

This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting.

We will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day-to-day activities.
- No child with a named condition that affects personal development will be discriminated against
- No child who is delayed in achieving continence will be refused admission
- No child will be sent home or have to wait for their parents/carer due to incontinence
- Adjustments will be made for any child who has delayed incontinence

Legislation and Guidance

This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) Statutory Framework 2021 and the Disability Discrimination Act 2005:

Definitions

Intimate Care Tasks – cover any tasks that involve the dressing and undressing, washing including intimate parts, helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area.

Partnership with Parents/Carers – Staff/ Child's keyworker work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan.

Introduction

Staff who work with young children or children who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff work in partnership with parents/carers to provide continuity of care to children wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their development level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Our 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 or pain.

Our approach to best practice

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) 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.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account development changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to their children as an additional safeguard to both staff and children involved.

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.

As a basic principle, children 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 themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. 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 and health.

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 needs help with intimate care.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child will have an assigned member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

The Protection of Children

Education Child Protection procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

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 person for child protection. A clear record of the concern will be completed and referred to social services and/or the Police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.

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 will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.

Children Wearing Nappies in EY and above

Any child wearing nappies will have a Health Care Plan which must be signed by the parent/care (Appendix 2). This plan will outline who may be responsible in school for changing the child, and where and when this will be carried out. This agreement allows school and parents to be aware of all issues surrounding the task from the outset.

Health & Safety Guidance

Staff should always wear an apron and gloves when dealing with a child who is soiled or when changing a nappy. Any soiled waste should be placed in a polythene waste disposal bag and sealed. The bag should then be placed in a bin (with a liner) specifically designed for such waste. This bin should be collected on a weekly basis as part of the usual refuse. It is not classed as clinical waste.

Special Needs

Children with special needs have the same rights to privacy and safety when receiving intimate care. Additional vulnerabilities (any physical disability or learning difficulty) must be considered when drawing up care plans for individual children. Regardless of age and ability, the views and emotional responses of children with special needs should be actively sought when drawing up or reviewing a care plan.

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny. The expectation is that when staff make physical contact with pupils it will be:

- For the least amount of time necessary (limited touch)
- Appropriate, given their age, stage of development and background
- In response to the pupil's needs at the time

Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported. Extra caution may be needed where a child has previously suffered abuse or neglect. This may lead to staff being vulnerable to allegations of abuse. In such circumstances staff

should, seek witnesses and document and report the incident in line with the Safeguarding & Child Protection policy.

Links with other policies

Health and Safety

SEND Provision and Inclusive Education

Safeguarding and Child protection

Health Care Plan

Pupil Name	
Date of Birth	
Medical diagnosis/condition	
Plan written by	
Date of plan	
Review Date	

Describe medical condition and symptoms

Daily Routine/Care Requirement/Time

What if...

Follow up procedure

Signatures	
Parent	
DHT	
AHT	
Class Teacher	
Teaching Assistant	
Senior First Aider	