

Intimate Care Policy

'Together we unlock potential and learn for life'



Chair of Governors

Print: **Sign:**

Head Teacher:

Print: **Sign:**

Review Frequency

Next full review: October 2027

Every 3 years – full review but update annually with SEND policies

Revision updates (between Oct 2024 and Oct 2027)	
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Intimate Care Policy

Definition

Intimate care is any physical care that involves an invasion of bodily privacy and which may be a potential source of exposure or embarrassment to the child. Intimate care is any care which involves bodily contact during procedures such as washing or carrying out an invasive procedure, such as cleaning up a child after they have soiled themselves. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of specific procedures, only the staff suitably trained and assessed as competent should undertake these procedures.

Introduction

At Moor First School, it is our intention to develop independence in each child, however there will be occasions when help is required regarding intimate care. Moor First 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 and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in our school and provide appropriate support for each child on an individual basis.

Staff that provide intimate care to children have a high awareness of safeguarding issues and all staff are checked with the Disclosure and Barring Service (DBS). We are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional and caring manner at all times. Staff will work in partnership with parents/carers to provide continuity of care.

Our Aims:

- Safeguard the rights and promote the welfare of all children and young people including those who may be more vulnerable to abuse.
- Provide guidance and reassurance to staff whose duties may include intimate care.
- Assure parents and carers that staff are knowledgeable about personal care and that their child's individual needs and concerns are taken into consideration.
- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

Our Approach to Best Practice

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. We will work with parents of a child who requires intimate care to establish a preferred procedure for supporting the child. Where these procedures may require specialist training, we will seek out training for the staff who will be involved in a child's care, ensuring that the child's key-person and at least one other member of staff accesses the training. Staff members who are known to the child will take on that responsibility for changing children. The staff member who is involved will always ask the

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child for permission to assist them. The child will be supported to achieve the highest level of autonomy and independence that is possible given their age and ability. 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 child will be catered for by one adult unless there is a sound reason for having more adults present. It is the parent's responsibility to provide nappies, disposal bags and wipes.

Positive approaches to intimate care:

- It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, it is advised that a second member of staff is present.
- Refer to good practice guidelines.
- Get to know the child beforehand in other contexts to gain an appreciation of his/her moods and verbal and non-verbal communication.
- Have a knowledge and understanding of any religious and/or cultural sensitivities regarding aspects of intimate care related to the individual student and take full account of these.
- Speak to the child personally by name so that he/she is aware of being the focus of the activity. Give explanations of what is happening in a straightforward and reassuring way; be aware of others around who may be able to hear what is being said.
- Enable the child to be prepared for and to anticipate events, whilst demonstrating respect for his/her body, for example, by giving a strong sensory clue such as the cloth or pad to signal intention to wash or change.
- When washing, always use a disposable cloth and where possible encourage the child to attempt to wash private parts of the body him/herself; (females should be washed front to back). Provide facilities which afford privacy and modesty.
- Respect a child's preference for a sequence of care.
- Agree appropriate terminology for private parts of the body and functions to be used by staff and encourage children to use these terms as appropriate.
- All staff must follow infection control guidelines and be up to date with these guidelines.
- Staff must have access to protective disposable gloves and disposable aprons and take the necessary care when dealing with spillage of blood or other bodily fluids and disposing of dressings or other equipment.
- Staff must wash their hands before and after carrying out intimate care.
- Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes such as the onset of puberty or menstruation. 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 they are able.

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Care Plans

The main purpose of an intimate care plan is to identify the support that is needed for the child at school and this will be reviewed on a regular basis. It is written in consultation with the parents and where relevant, appropriate medical professionals. This plan clarifies for staff, parents and the child the help that the school can provide. Any special requirements or concerns relating to the intimate care should be identified and documented. This will be done as part of the secretarial annual review process but changes must be made as they occur. The Protection of Children Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding to build their confidence and assertiveness about their own body and its worth.

Early Years

At the New Parent/Carers Evening held in the summer term, the Head Teacher will inform parent/carers of this policy and Moor First's procedures. If they do not want staff to change their child then they must put it in writing and the school will contact them so that they may come and see to their child personally.

Upset Child

- Staff will endeavour to comfort any child who is upset in school, but will ensure that this is not done in isolation on a one-to-one basis. Staff at Moor first do allow a cuddle in this situation.
- For younger children (EYFS and Year 1) it may be appropriate to comfort the child sitting on the adults' knee if the child seeks or initiates this.
- Where appropriate staff will sit alongside the child and offer a comforting arm as they would to their own child.

The Protection of Children

Safeguarding Procedures and Multi-Agency Protection procedures will be adhered to. Where parents do not co-operate with intimate care agreements, concerns should be raised with the parents in the first instance. A meeting may be called that could possibly include the health visitor or school nurse and Head Teacher to identify the areas of concern and how all present can address them. If these concerns continue, there should be discussions with the school's safeguarding lead/Head Teacher about the appropriate action to take to safeguard the welfare of the child.

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. If a child makes an allegation against a member of staff, all necessary procedures will be followed. (See Safeguarding and Child Protection Policy and Procedures)

If any member of staff has concerns about physical changes to a child's presentation, e.g.

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marks, bruises, soreness etc. they will immediately report concerns to the appropriate designated person for safeguarding.

Allegations of Abuse

Personnel working in intimate situations with children can feel particularly vulnerable. This school policy can help to reassure both staff involved and the parents of vulnerable children. Action will be taken immediately should there be a discrepancy of reports between a child and a member of staff. Where there is an allegation of abuse, the guidelines in the Child Protection procedures will be followed.

Policy Links

Educational Visits Policy
Safeguarding Policy and linked documents
Code of Conduct for School Employees
Supporting Pupils at School with Medical Needs
SEND Policy and information report
Equalities and Equal Opportunities Policy
Health and Safety Policy