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Next review:	10/7/27
Staff Responsibility:	A Facchin
Linked policies:	SEND, Safeguarding, KCSIE, guidance for safer working practice.
Singed by chair:	Osagie Omonjahio
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## Intimate Care Policy

### Rationale

It is our intention to develop independence in each child, however there will be occasions when help is required. Our Intimate Care policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our Safeguarding of pupils. The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities can include:

- toileting;
- feeding;
- oral care;
- washing;
- changing clothes;
- first aid and medical assistance; and
- supervision of a child involved in intimate self-care.

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

### Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based. Every child has the right to:-

- be safe;
- personal privacy;
- be valued as an individual;
- be treated with dignity and respect;
- be involved and consulted in their own intimate care to the best of their abilities;
- express their views on their own intimate care and to have such views taken into account; and
- receive levels of intimate care that are appropriate and consistent.

### School responsibilities

All members of staff working with children are checked and vetted to ensure they are safe to do so. Only those members of staff who are familiar with the intimate care policy and all school safeguarding documentation are involved in the intimate care of children.

Anticipated intimate care arrangements which are required on a regular basis are agreed between the school and parents and, when appropriate and possible, by the child.

In such cases, a care plan will be agreed and shared with those with responsibility.

Intimate care arrangements for any pupil who requires this support on a regular basis will be reviewed at least every six months.

The views of all relevant parties should be sought and considered to inform future arrangements. Any amendments to the arrangements should be recorded and made available for all parties involved.

**Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. This act of intimate care would be reported to a member of staff and parents at the earliest possible time following the event.**

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

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. Members of staff also need 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 forms of assistance can be open to misinterpretation.

#### **1. Involve the child in the intimate care**

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices.

Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

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

#### **3. Make sure practice in intimate care is consistent.**

As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.

#### **4. Be aware of your own limitations**

Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

#### **5. Promote positive self-esteem and body image.**

Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

#### **6. If you have any concerns you must report them.**

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Safeguarding Lead. If you have any concerns about the child, you must follow the school's safeguarding procedures.

### **Working with Children of the Opposite Sex**

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- when intimate care is being carried out, all children have the right to dignity and privacy, ie they should be appropriately covered, the door closed or screens/curtains put in place;
- if the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
- report any concerns to the Designated Teacher for Child Protection and make a written record;
- parents must be informed about any concerns.

## **Communication with children**

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods – words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level;
- use simple language and repeat if necessary;
- wait for response;
- continue to explain to the child what is happening even if there is no response;
- treat the child as an individual with dignity and respect.

## **Child Protection**

The normal process of changing continence products or wet/soiled clothes should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the changing process to ensure that abuse does not take place. Few settings/schools will have the staffing resources to provide two members of staff for changing and DBS checks are carried out to ensure the safety of children with staff employed in our school. If there is known risk of false allegation by a child then a single practitioner will not undertake changing.

## **Care Plans**

Where a pupil has particular needs (eg wearing nappies or pull-ups regularly, or has continence difficulties which are more frequent than the odd 'accident', staff will work with parents/carers (and health visitors/school nurse, if appropriate) to set out a care plan to ensure that the child is able to attend daily. (Appendix A)

The school will set up an agreement that states the expectation of the child, school and parent.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting/school is taking a holistic view of the child's needs.

Should a child with complex continence needs be admitted, the school will consider the possibility of special circumstances and/or provision being made. In such circumstances, an appropriate health care professional (School Nurse or Family Health Visitor) will be closely involved in forward planning.

## **Personal Care Procedures**

The staff at Boarshaw Primary School will follow agreed procedures (see Appendix B) when attending to the care or continence needs of any pupil within the setting, whether this be a child with a care plan agreement or a child who has had an occasional 'accident'.

Some children may be able to change their own clothes, dependant on age and ability.

## **Health and Safety Procedures**

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures (see Appendix C) to protect both the child and the member of staff.

## **Monitoring and Review**

- The SENCO will take responsibility for monitoring that agreed procedures are being followed and are meeting the needs of children and families.
- It is the SENCO responsibility to ensure that all practitioners follow the school policy.
- Any concerns that staff have about child protection issues will be reported to the Designated Safeguarding Lead (DSL) and subsequently the Head Teacher for further referral if appropriate.
- This policy runs alongside other school policies, particularly Safeguarding Children, SEND, and Health and Safety.



## Intimate Care Plan

### Appendix A

Name of child:	
Name of person(s) to change the child:	
Where changing will take place:	
What resources and equipment will be used:	
Who will provide the resources and equipment that will be used:	
Training requirements for staff:	
Disposal of product in:	
Infection control measures:	
Special arrangements for trips/ outings:	
When will the plan be reviewed:	
Review comments:	

If the child is unduly distressed, a member of staff will contact the parent/carer.

\*If the above named member of staff is not available due to illness or staff training, then another person, familiar to the child will attend to the child's needs.

SENCO/ Head Teacher approval:

Date

### Boarshaw primary School Intimate Care Plan Agreements

**The parent:**

- I agree to ensure that the child is changed at the latest possible time before being brought to the setting/school
- I will provide the setting/school with spare nappies or pull ups and a change of clothing
- I understand and agree the procedures that will be followed when my child is changed at school – including the use of any cleanser or wipes
- I agree to inform the setting/school should the child have any marks/rash
- I agree to a 'minimum change' policy i.e. the school will not undertake to change the child more frequently than if s/he was at home.
- I agree to review arrangements should this be necessary

Signed: ..... (parent/carer)

**The school:**

- We agree to change the child during a session should the child soil themselves or become uncomfortably wet
- We agree to monitor the number of times the child is changed in order to identify progress made
- We agree to report should the child be distressed, or if marks/rashes are seen
- We agree to review arrangements should this be necessary.

Signed: ..... (school member of staff)

Name: ..... (school member of staff)

Date: .....

## **APPENDIX B**

### **Personal Care Procedures**

The staff at Boarshaw Primary will follow agreed procedures:

- Change the child's clothing/continence product as appropriate, as soon as possible
- Use appropriate cleaning products and adhere to health and safety procedures (see Appendix C)
- Report any marks or rashes to parents and Head Teacher if appropriate
- Inform parent/carer that a continence issue has arisen
- Contact a parent/carer only where soiling is severe and/or linked to illness eg. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing.
- Place a 'Do not enter' sign (visually illustrated) on the toilet door to ensure that privacy and dignity are maintained during the time taken to change the child.

Procedures for changing a child wearing a nappy:

- One member of staff (Key Worker when possible) will change the child.
- The child will be changed on the changing table.
- Staff will use the changing table, aprons, gloves, blue roll paper, masks (if the child is soiled), nappy sacks and baby wipes.
- Nappies will be disposed of in the hygienic nappy disposal bin.
- The nappy change will be recorded on the child's daily communication sheet.

Procedures for changing a child who has wet/ soiled themselves:

- One member of staff will change the child (Key Worker when possible).
- The child will be changed in the toilet area or on the changing table.
- Staff will wear a mask (if the child is soiled), apron and gloves.
- Soiled/ wet clothes will be placed inside a bag with the bag handles tied.
- The change will be recorded on the record sheet in the changing room/ toilets.

Procedures for prevention of infection:

- Staff will wear disposable gloves, aprons and masks (if the child is soiled) whilst changing.
- These items will be disposed of in the hygienic nappy disposal bin.
- Blue roll paper will be placed on top of the changing mat.
- The changing mat and area will be cleaned after use with antibacterial wipes.
- Hot water and hand wash is available to wash hands immediately after a child has been changed.
- Paper towels are available for drying hands.
- Antibacterial hand gel is available in the changing area.

## **APPENDIX C**

### **Health and Safety Procedures**

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures:

- Staff to wear disposable gloves and aprons while dealing with personal care
- Soiled continence product used to be double wrapped, or placed in a hygienic disposal unit (identified bin in disabled toilet).
- Changing area to be cleaned after use.
- Hot water and liquid soap available to wash hands as soon as the task is completed.
- Paper towels available for drying hands.