Intimate Care Policy

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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
- 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 considered
- Have 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, consent forms are signed and stored in the child's file.

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.

The Gatehouse responsibilities: Staff need to ensure there is an adequate number of toilets and hand basins available. That there are suitable hygienic changing facilities for changing the children who are still in nappies. To ensure that children's privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting. To make sure there is an adequate supply of clean bedding, towels, spare clothes, and other necessary items. (EYFS 2025)

If a staff member has concerns about a colleague's intimate care practice, they must report this to the Designated Safeguarding Person – Jo Evans or the head teacher – Lynne Duffy.

Working with Children of the Opposite Sex

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, i.e. 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.

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. Care should not be carried out by a member of staff working alone with a child.
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. When changing nappies, there must always be two staff present. All nappy changes must be recorded in the nappy changing folder (in the bathroom). Both staff to initial, and any notes to be written down.
7. If you have any concerns, you must report them. If you observe any unusual markings, discolouration, or swelling report it immediately to the Designated Safeguarding Lead or Headteacher. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL or Headteacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

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

Appendix 1

Procedure for Changing a Nappy – Child Lying Down

1. Consider whether the child can be changed in a toilet cubicle (standing up)
2. Wash your hands
3. Assemble the equipment
4. Place the child on the changing mat/ table
5. Put on gloves
6. Remove wet/ soiled nappy
7. Fold the nappy inwards to cover faecal material and placed into a nappy sack then into the designated covered bin
8. Used wipes and gloves are to be disposed of in a bin with a disposable liner
9. The bin should be emptied at least once a day and the liner replaced
10. Once the child has been changed and returned safely to the, e.g. nursery area, clean the changing area with a detergent spray or soap and water
11. Hands should be washed thoroughly whether gloves have been used or not
12. The nappy change needs to be recorded, signed by staff, then put into the nappy changing file (Gatehouse)

Appendix 2
Personal Care Plan for children wearing nappies/ pull-ups

Child's Name:	DOB:
Name of School:	
Gloverspiece Staff Member Completing Form:	
Start Date of Plan:	Review Date of Plan:
Who will change the child?	
How will be the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the floor. *Copies of procedure s to be provided to parent/carer.*	
Who will provide the resources? e.g. wipes, nappies, disposable gloves.	
How will the changing occasions be recorded and how this will be communicated to child's parent/ carer? *Consider using the Record of Intimate Care Intervention Table*	
How will wet/ soiled clothes be dealt with?	

What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed. *Consider referring to the school's child protection policy and procedures*
Agree a minimum number of changes
How will the child be encouraged to participate in the procedure?
Any other comments/ important information: *e.g. medical information*
This plan has been discussed with me and I agree to change my child at the last possible moment before he/ she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Parent / Carer Full Name:	Date:
Parent / Carer Signature:	

Appendix 3
Risk Assessment

Child' Name:	
Name of School:	
Date of Risk Assessment:	

Risk to Consider	Is the risk relevant? Y / N	Notes
Does weight /size/ shape of pupil present a risk?		
Does communication present a risk?		
Does comprehension present a risk?		
Is there a history of child protection concerns?		
Are there any medical considerations? Including pain / discomfort?		
Has there ever been allegations made by the child or family?		
Does moving and handling present a risk?		
Is staff capability a risk? (back injury / pregnancy)		
Are there any risks concerning individual capability (Pupil) • General Fragility • Fragile bones • Head control • Epilepsy • Other		
Are there any environmental risks? Heat/ Cold		

If 'Yes' to any of the above, complete a detailed personal care plan.

Full Name:	**Date:**
Signature:	

Appendix 4
Record of Intimate Care Intervention

Child's Name:		Class / Year Group	
Name of Support Staff Involved			

Date	Time	Procedure	Staff Signature	Second Signature

Appendix 5
Working Towards Independence Record

Child's Name:	DOB:
Name of Support Staff Involved:	
Date of Record:	Review Date:
I can already…	
Aim: I will try to…	
Parents / Carers Signed	
Member of Gloverspiece Staff Signed	
Second Member of Gloverspiece Staff Signed	
Child Signed *(If Appropriate)*	

Appendix 6
Toilet Management Plan

Child's Name:		DOB:
Name of Support Staff Involved:		
Date of Record:		Review Date:
Area of Need		
Equipment Required		
Location of Suitable Toilet Facilities		
Support Required *including frequency*		
Working Towards Independence		
Child will try to…	Personal Assistant will…	Target Achieved (date)
Parents / Carers Signed		
Member of Gloverspiece Staff Signed		
Second Member of Gloverspiece Staff Signed		
Child Signed *(If Appropriate)*		

Appendix 7
Agreement Between Child and Personal Assistant

Child's Name:	Class / Year Group:
Name of Support Staff Involved:	
Date of Record:	Review Date:

Support Staff

As the personal assistant helping you in the toilet you can expect me to do the following:

- When I am the identified person, I will stop what I am doing to help you in the toilet. I will avoid all unnecessary delays.
- When you use our agreed emergency signal, I will stop what I am doing and come and help.
- I will treat you with respect and ensure privacy and dignity at all times.
- I will ask permission before touching you or your clothing.
- I will check that you are as comfortable as possible, both physically and emotionally.
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.
- I will look and listen carefully if there is something you would like to change about your
- Toilet Management Plan

Child

As the child who requires help in the toilet you can expect me to do the following:

- I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me.
- I will try to use the toilet at break time or at the agreed times.
- I will only use the agreed emergency signal for real emergencies.
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change.

Member of Gloverspiece Staff Signed

Child Signed *(If Appropriate)*

Appendix 8
Permission for School to Provide Intimate Care

Child's Full Name	
Male / Female	
Date of Birth	
Parent / Carer's Full Name	
Address	

I understand that;

- I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.
- I will advise the headteacher of any medical complaint my child may have which affects issues of intimate care.

Signed (Parent / Carer)	
Full Name (Parent / Carer)	
Relationship to Child	
Date	