



Intimate Care Policy

Reviewed: January 2024

Next Review Date: January 2025
(Unless statutory guidance changes.)

Introduction

Woodlands Primary School is committed to ensuring that all staff responsible for the intimate care of children will always undertake their duties in a professional manner.

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.

It is important to ensure that we use the best possible care and that any concerns during care should be dealt with appropriately, referring to the safeguarding policy across school for advice and all concerns recorded immediately to a designated officer in school.

Definition

Intimate care is any care which involves washing, touching, or carrying out a sensitive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas.

In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure, (e.g., the administration of medication)

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is always treated with respect; the child's welfare and dignity are of paramount importance.

At Woodlands, we consider intimate care procedures to be key teachable moments between a child and educator that might provide intimate care. We ensure that all relationships with children are authentic and built upon mutual respect as part of our daily practise and educators recognise that respectful relationships and interactions are paramount during an intimate care procedure.

Staff who provide intimate care are trained to do so (including Child Protection, Moving, and Handling, etc.) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist and medical practitioners.

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 and menstruation. Wherever possible staff who is involved in the intimate care of children will not usually be involved with the delivery of sex education to the children in their care as an additional safeguard to both staff and children involved.

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 he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.

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 is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present.

If this is the case, the reasons should be clearly documented.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be considered wherever possible within the constraints of staffing and equal opportunities legislation.

The ratio for intimate care will be 1:2 to ensure safeguarding of child and staff members who provide intimate care

The Protection of Children

Child Protection Procedures and Multi-Agency Child Protection procedures will be adhered to. Where there are any concerns for a child's welfare or well-being staff will refer to the School Safeguarding Policy for guidance.

All children will be taught personal safety skills carefully matched to their level of ability, 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.

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 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, as detailed in the schools Safeguarding Policy.

Nappy/ Clothes Changing/ Intimate Care Procedure to ensure good hygiene and safety.

Parents and educators are responsible for sharing information about children that may need intimate care whilst at school. If a child needs to be changed due to soiled or wet clothing, the relevant key educator will gently communicate with child to check whether they understand that they need a change.

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- Depending upon the individual child's needs, the educator will guide them to either change themselves, maintaining as much independence from the child as possible.
- If a nappy change or intimate change procedure is needed, the educator must ensure child has a key space to lay down for intimate change.
- Gloves are used and a disposable apron may be used, if necessary.
- Soiled nappies or wipes are disposed of into a nappy bin which is cleared bi-weekly.
- When the intimate care procedure is completed, the educator must use spray to wipe down the surface after each change and ensure that any soiled clothing is put into child's bag.
- Child and adult must wash their hands with hot, soapy water.
- Cleaning products for wiping down the changing space are stored away in the setting.
- The space where changes take place is un-cluttered so that child can safely use the change table.
- Spare clothes are stored in clipped boxes or sealed bags.
- The child's change of clothes or nappy is dated, signed, recorded on a chart and parents are informed either at drop off or via Dojo.
- Children's intimate care plans are shared to all educators that may provide an intimate care procedure and are then shared with parents (see appendix)

Possible Agencies involved

Name/Role Address/phone/email

Parent/Carer

School Nurse/Health visitor

Continence Advisor

Physiotherapist

Occupational Therapist

Hospital Consultant

Hospital School Service

Physical/Sensory Service

GP

EP

Social Worker

Childs Intimate Care/ Toilet Plan

Child Name:	Class:	Class Teacher:	Designated Key Workers: (person/ people who will complete changes)
<p>Child contextual information:</p> <p><i>Where is the child at in terms of independence/ self-care/ intimate care skills, record any agencies involved here</i></p>			
<p>Childs next steps/ targets:</p> <p><i>(For self-care)</i></p> <p>.</p>			
<p>How will parents help to support next steps:</p> <p><i>To be shared/ agreed with parents</i></p> <p>.</p>			
<p>School Actions:</p> <p><i>What will school do to support child's next steps e.g., encouraging use of the toilet, changing/ checking nappies when needed etc. Encouraging child to tune into self-care/ independence building skills.</i></p> <p>.</p>			

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Childs Name	Intimate care procedure used	Signed 1	Signed 2
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Date to review:	Parents Signature & Date shared:	Educator/ key worker's signature:
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[illegible]

Example...

Changed soiled nappy/ supported
an independent clothes change

Intimate Care Record- kept in EYFS Hygiene Room