

Intimate Care Policy



Lawford C of E Primary School

Approved by FGB - March 2022

Reviewed 1st April 2025

Annual review

Intimate Care Policy

Lawford C of E Primary School is committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times. It is our intention to develop independence in each child, however there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children.

Staff will work in close partnership with parents and carers to share information and provide continuity of care.

Definition:

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves but which some are unable to do. Disabled pupils or pupils with a specific medical need may be unable to meet their own care for a variety of reasons and will require regular support.

We recognise that there is a need to treat all our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and adults and staff must be sensitive to each child's individual needs.

Intimate care is any care which involves one of the following:

1. Assisting a child to **change his/her clothes**
2. **Changing or washing a child** who has soiled him / herself
3. Assisting with **toileting** issues
4. Supervising a child involved in **intimate self-care**
5. Providing **first aid** assistance
6. **Providing comfort** to an upset or distressed child
7. **Feeding** a child
8. Providing **oral care** to a child
9. Assisting a child who requires a specific **medical procedure** and who is not able to carry this out unaided. *

* In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure. Parents have the responsibility to advise the school of any known intimate care needs relating to their child.

Our approach to best practice:

- The management of all children with intimate care needs will be carefully planned.
- Staff who provide intimate care are trained to do so (including child protection and manual handling training where appropriate)
- Staff will be supported to adopt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty.
- Individual care plans will be drawn up for any pupil requiring intimate care.

Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- Every child has a right to be safe;
- Every child has the right to personal privacy;
- Every child has the right to be valued as an individual;
- Every child has the right to be treated with dignity and respect;

- All children have the right to be involved and consulted in their own intimate care to the best of their abilities;
- All children have the right to express their views on their own intimate care and to have their views taken into account; and
- Every child has the right to have levels of intimate care that are appropriate and consistent.

Assisting a child to change his / her clothes

This is more common in our Foundation Stage. On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.

Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.

Changing a child who has soiled him/herself

If a child soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

- The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- School will have a supply of wipes, clean underwear and spare uniform for this purpose.
- If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation. If the emergency contact is able to come to school within an appropriate period, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
- The emergency contact may give verbal permission over the phone for a member of staff to assist the child.
- For a child with a medical issue/disability that may result in frequent soiling/wetting, a care plan will be drawn up in conjunction with the parents that will then be followed at all times.
- Staff will be provided with disposable gloves and aprons when carrying out intimate care.

Child Protection/Safeguarding Guidelines

- Ensure that the action you are taking is necessary. Get verbal agreement to proceed – **CARE – CONCERN – COMMUNICATE.**

Pastoral Care Procedures

- Ensure the child is happy with who is changing him / her.
- Be responsive to any distress shown.

Basic hygiene routines

- Always wear protective disposable gloves.
- Seal any soiled clothing in a plastic bag for return to parents.
- Soiled nappies / pull ups securely wrapped and disposed of appropriately
- Caretaking / cleaning staff to be informed if necessary.

Health and Safety

Induction procedures and continued CPD should be in place within the school to support staff in dealing with issues of intimate care.

The school will need to have specific arrangements to dispose of soiled nappies appropriately.

Facilities and Resources.

A suitable place for changing children should be included in a school's access plan.

The guidance is that whenever possible it is recommended that:

- Mobile children are changed standing up
- If this is not possible the next best alternative is to change a child on a purpose-built changing bed
- Children in FS or KS1 may be changed on a mat on a suitable surface if it is not possible for them to change standing up or on a changing bed.

Children in Year 1 or above should only be changed either on a changing bed or in a toilet cubicle standing up.

In the case of Foundation Stage children, in order to avoid any unnecessary distress, a member of staff may assist the child, with a colleague in attendance, unless a parent has requested otherwise or if the child is reluctant. Parents will be contacted as soon as it is practical to do so.

Providing comfort or support to a child:

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Where this happens staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context. Note comfort should be from the side and not sat on a lap in most circumstances.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with a Designated Safeguarding Lead.

Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.

Our Administration of Medications Policy outlines arrangements for the management of the majority of medications in school.

Parental permission must be given before any medication is dispensed in school- see the 'Supporting children with medical conditions' policy.

A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medications Policy will have an Individual 'Care Plan'. This Care Plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.

Swimming

All children participate in a swimming programme. Children are entitled to respect and privacy when changing their clothes however, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur.

Residential Trips

Residential educational visits are an important part of our school experience. Particular care is required when supervising pupils in this less formal setting.

As with Extra-Curricular Activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Child Protection procedures, and Positive Behaviour Policies. Some specific Intimate Care issues may arise in a Residential context.

Showering

Children are entitled to respect and privacy when changing their clothes or taking a shower. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations, and to ensure that bullying, teasing or other unacceptable behaviour does not occur.

This means that staff should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children.

It is best practice in our school that when an incident has taken place that has necessitated a member of staff to be present when children are changing that an incident report is made.

Night Time Routines

It is established practice that the children's bedrooms are private spaces and anyone else wanting to enter the room should knock and announce their intention to enter.

At bedtime, children are given a set amount of time to change and prepare for bed and will be told when the supervising teachers will visit the rooms to check all is okay and switch off the lights. A reciprocal arrangement is in place in the mornings.

There are occasions when incidents take place during the night and the need arises to:

1. Assist a child to **change his / her clothes**
2. **Change a child** who has soiled him / herself
3. **Provide comfort** to an upset or distressed child
4. Assist a child who requires a specific **medical procedure** and who is not able to carry this out unaided. Guidance as above will be followed with the support of an additional member of staff in attendance.

School Responsibilities

All members of staff working with children are subject to enhanced DBS checks; this includes students on work placement and volunteers who may be left alone with children.

Only those members of staff who are familiar with the intimate care policy and other specific policies of the school are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, when appropriate and possible, by the child. Consent forms are signed by the parent and stored in the child's file. **Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school.** Parents would then be contacted immediately. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Teacher for Child Protection.

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. Adhering to the following guidelines of good practice should safeguard both children and staff.

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. **If you have any concerns you must report them.** If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Teacher for Child Protection.

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 designated teacher. 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.

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, 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.

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 contact at the child's level;
- Use simple language and repeat if necessary;
- Wait for response;
- Continue to explain what is happening even if there is no response
- Treat the child as an individual with dignity and respect.

Agreeing a procedure for personal care in school.

Intimate care in Lawford C of E Primary school will only be provided by those who have specifically (either as part of their agreed job description or otherwise) indicated a willingness to do so.

Schools should have clear written guidelines for staff to follow when changing a child that requires it as part of their care plan so that staff are not put at unnecessary risk.

Written guidelines should specify:

- Who will change the child (to include more than one person to cover for absence)
- Where changing will take place
- What resources will be used and who will provide them
- How a nappy will be disposed of
- How other wet or soiled clothes will be dealt with
- What infection control measures are in place
- What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed
- How changing occasions will be recorded and how this will be communicated to parents (in confidence)

Note intimate care can be recorded online using Medical Tracker. Paper forms only need to be used where there is no access to the internet.

Lawford C of E Primary School
Parental Permission for Intimate Care



Child's name Year group

Should it be necessary, I give permission for my child to receive intimate care while in the care of Lawford C of E Primary School.

I understand that the staff will endeavour to encourage my child to be independent.

I understand that I will be informed discretely should the occasion arise.

Signed: _____



Toilet Management Plan

Child's name..... Year Group.....

Name of support staff involved:

Review Date:

Area of Need	
Equipment required / by whom	
Location of suitable toilet facilities	
Support required	Frequency of support

Working towards independence

School will	Parents will	Child will try to	Target achieved on:

Signed: (Parents / Carers)

Signed: Member of staff

Signed: Child (if appropriate)

Risk Assessment



Child's Name:

Name of School:

Date of risk assessment:

	Yes	Notes
1. Does weight / size / shape of pupil present a risk?		
2. Does communication present a risk?		
3. Does comprehension present a risk?		
4. Is there a history of child protection concerns?		
5. Are there any medical considerations including pain / discomfort?		
6. Has there ever been allegations made by the child or family?		
7. Does moving and handling present a risk?		
8. Does behaviour present a risk?		
9. Is staff capability a risk? (back injury / pregnancy)		
10. Are there any risks concerning the individual capability (pupil) <ul style="list-style-type: none"> • General Fragility • Fragile Bones • Head Control • Epilepsy • Other 		
11. Are there any environmental risks? <ul style="list-style-type: none"> • Heat / Cold 		

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

Date:

Signed:

Name: