




Intimate Care Policy	
Date of Next Review: Spring 2027	Responsibility: Governing Body
Date of Policy Creation / Review: Spring 2021/ May 2024	
Date of Policy Adoption by Governing Body: June 2024 	
Signed Chairman of Governing Body	

Intimate Care Policy

Marwood School is a Church of England Voluntary Controlled Infant School where the Christian Ethos is central to the life of the school community. Our Vision Statement reflects those Christian values.

Intimate Care Policy

This school is committed to safeguarding and promoting the wellbeing of all our children, and expects our staff and volunteers to share this commitment.

1. Introduction

1.1 Intimate care is any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body, such as cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.

1.2 This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed. At Marwood CE Infant School all staff are checked with the Disclosure and Barring Service (DBS) and we are 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 believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. 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. We recognise the 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.

1.3 We aim to:

- 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 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.

2. Our approach to Best Practice

2.1 Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

2.2 Any child who requires intimate care is treated with respect at all times; we recognise that the child's welfare and dignity is of paramount importance. We will work with parents and children

to establish a preferred procedure for supporting the child in our care with their personal and intimate needs.

- 2.3 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.
- 2.4 Where possible the child's key-person is responsible for undertaking their care. When this is not possible, a staff member who is known to the child will take on that responsibility. The staff member who is involved will always ask the child for permission to assist them. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities and staff will encourage them to do as much for him/herself as he/she can. Children will be cared for with dignity and respect for their privacy. 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. The adult supporting your child could be male or female.

3. Working with Parents

- 3.1 We believe that our partnership with parents is an essential principle in our setting and is particularly necessary in relation to children needing intimate care. We acknowledge that cultural and diversity influences may affect what is deemed 'intimate' and ensure we pay regard to social, ethnic and cultural perspectives through open dialogue with parents.
- 3.2 Parents should be encouraged and empowered to work with staff to ensure that their child's needs are identified, understood and met. This may include Health Care plans and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.
- 3.3 We appreciate that sometimes children have toileting 'accidents'. In the event of this, and in the absence of a personal intimate care plan, the child would be fully encouraged and supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage the child to do as much for his/herself as possible and parents will be informed the same day. On the rare occasion that a child is soiled to a point where they are unable to clean themselves to a comfortable state, parents would be contacted immediately so that the child could be taken home for bathing.

4. The Protection of Children

- 4.1 Child Protection procedures will be adhered to.
- 4.2 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. Confident and assertive children who feel their body belongs to them are less vulnerable to abuse.
- 4.3 If a member of staff has a concern about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection.
- 4.4 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.
- 4.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed. (See Child Protection Policy and Procedures)

5. Allegations of Abuse

- 5.1 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 the personal assistant. Where there is an allegation of abuse, the guidelines in the Child Protection procedures will be followed. If staff are concerned about a child's demeanour during or following intimate care, or has responded to or said something that has caused concern during the intimate care, they will report such incidents immediately to one of the Designated Safeguarding Leads who will follow the correct safeguarding procedures.

6. Health and Safety

- 6.1 Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. The school will provide gloves, a bin and liners to dispose of any waste.
- 6.2 Any soiled waste should be placed in a polythene waste disposal bag which can be sealed. This bag should then be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste (sited in the disabled toilet). The bin should be emptied on a daily basis and it can be collected as part of the usual refuse collection service as this is not classed as clinical waste.

7. Policies

- 7.1 These guidelines should be read in conjunction with policies:
 - Health and Safety Policy
 - Child Protection Policy

7.2 The governing body reviews this policy every three years. The governors may, however, review the policy earlier than this, if the government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved.

Intimate Care Plan

Child or young person's name:	
Date of birth:	Educational setting:
Date of plan:	
Planned review date: <i>(This plan should be reviewed at least annually or more frequently if the situation changes.)</i>	
Name and role of person(s) completing this plan:	

Family Contact Information

Parent/Carer 1:	Parent/Carer 2:
Relationship to child:	Relationship to child:
Telephone number:	Telephone number:
Email:	Email:
Siblings' names:	

Health Care Contacts

Specialist nurse:

Consultant:

GP:

Health visitor/School nurse:

Education Contacts

Class teacher:

SENDCo:

Key worker:

Any other support staff:

Introduction to child/young person

Interests:

Behaviours:

Relevant conditions: *Speech and language, mobility etc.*

Details of continence issues and goals:

Details of medications:

If any medication needs to be administered at the setting, ensure you are following the medical policy and relevant procedures.

Management and description of relevant routines:

Consider details of eating, drinking, toileting and changing routines: What support is required? Does any specific language need to be used for consistency with home? Are any reward incentives used?

Details of help required for personal care:

Who will provide this, where and how?

Arrangements for sporting activities, school visits, trips etc:**Details of staff training required/undertaken:**

Consider who has been trained, the training given, by whom, with dates and signatures of trainer and staff member, along with any further training requirements going forward.

Use and disposal of continence products and aids:

Include where to locate new/spare equipment (catheters, sanitary pads, etc.) and arrangements for soiled underwear/clothes.

Dealing with emergency situations:

Describe what would constitute an emergency situation for the child/young person and what action should be taken. Ensure this is in line with your setting's safeguarding, medical and first aid policies.

Name of parent/carer:	
Signature of parent/carer:	Date:
Name of setting representative:	
Role/job title of setting representative:	
Signature of setting representative:	Date:
Name of child/young person:	
Signature of child/young person:	Date: