



Intimate Care Policy

Calcot Infants and Junior Schools

1. Document Control

Adopted / Adopted and Adapted / Schools own: **School's own**

Review period: **2 years**

Responsible committee: **Finance, Health, Safety & Premises**

Statutory: **No**

Required on website: **No**

Ratified by committee: **October 2024**

Review due: **October 2026**

Chair of Governors' signature: **Mrs Julia Kidd**

2. Change History

Version	Date	Amendment or No Change
1	2019 September	Created
2	2020 December	Amended
3	2022 October	No change
4	2024 October	Amended

The Calcot Schools 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 at Calcot Schools. We are committed to ensuring that all staff responsible for the care of children will undertake their duties in a professional manner at all times. 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 or pain.

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

Definition of Intimate Care

This may be defined as care tasks of an intimate nature associated with bodily functions, either 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.

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
- have levels of intimate care that are appropriate and consistent.

Parent/Carer Responsibilities

Parents/carers have a responsibility to advise the school of any known intimate care needs relating to their child. Like all aspects of a child's education we expect parents to work in close partnership with the school to support their child.

School Responsibilities

All members of staff working with children are checked and vetted to ensure they are safe to do so. Our staff receive safeguarding training, which is updated regularly, they have a high awareness of child protection issues. We have a comprehensive Child Protection Policy in place which is reviewed on an annual basis. Staff behaviour is open to scrutiny and staff at Calcot Schools work in partnership with parents/carers to provide continuity of care to our pupils wherever possible.

Our school delivers a personal safety curriculum to all our pupils as part of Personal, Social & Health Education, appropriate to their developmental level. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

PROCEDURES FOR STAFF

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.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Safeguarding Lead -Mrs F. Rostron or the Deputy Safeguarding Lead Mrs N. Bate.

Intimate care arrangements required on a regular basis for those children:

- With special educational needs and disabilities (SEND) who need an intimate care procedure on a regular basis
- With continence conditions
- With injuries that make independent toileting difficult

In such cases an intimate care plan must be agreed between the school and parents/carers to suit the child's individual needs (see Appendix 1).

- The views of all relevant parties must be sought and considered;
- Once finalised the ICP must be signed by the child's parents/carers, where appropriate and possible, by the child itself, and by the Designated Safeguarding Lead and shared with appropriate member(s) of staff;
- The ICP will then be stored in the child's file and will be reviewed at least every six months. Any amendments to the arrangements should be recorded and made available for all parties involved.
- Wherever possible and practicable the child will not always be cared for by the same adult, there will be a rota of a small number of staff known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing.

Intimate care arrangements required on a regular basis for those children:

- Who are not toilet trained yet

In such cases, as a setting with a high proportion of children not yet toilet trained, (i.e. nursery), we will use a general consent form to seek permission from parents or carers. (See Appendix 2)

Intimate care required in an emergency

Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. In cases such as this the incident must be reported to the Designated or Deputy Designated Safeguarding Officer, and parents must be informed at the earliest possible time following the event.

Guidelines for Good Practice

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. 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.

3. 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.

4. 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.

5. If you have any concerns you must report them.

If you have any concerns about any physical changes in a child, e.g. marks, bruises, soreness, swelling etc, report it immediately to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead. A clear record of the concern must be completed and procedures followed.

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 Safeguarding Lead. 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

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.
- 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 Safeguarding Lead and make a written record;
- parents must be informed about any concerns.

Practical guidelines for dealing with specific instances

When assistance is required, this should normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate or personal care procedures should not involve more than one member of staff unless the pupil's care plan specifies the reason for this.

Procedures for changing a child wearing a nappy:

- One member of staff will change the child.
- The child will be changed on the changing table or changing mat.
- Staff will use the changing table, aprons, gloves, blue roll paper, nappy sacks and baby wipes.
- Nappies will be disposed of in the hygienic nappy disposal bin.
- The nappy change will be reported to parents via Tapestry or written on the child's communication log.

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

- One member of staff will change the child
- 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 reported to parents and or recorded on the child's communication log.

Procedures for applying skin creams and ointments:

- One member of the first aid staff will administer the cream.
- Staff will wear disposable gloves.
- The child will have the cream/ointment applied to bare skin, following the guidance provided by parents or a medical practitioner.
- Where the skin is covered by clothing, the children will remove or lift the item of clothing to enable the cream to be applied. This will be in the toilet or a room that allows for privacy.
- The application will be recorded onto the child's medical form including the date it was applied, the time, where on the body it was applied and how much was applied.

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.

Procedures for checking a child's genital area in the event of an accident to that area.

- One staff member will accompany the child to the toilet area.
- Another staff member will remain at the door to ensure other children do not walk in but also to support during this particularly sensitive time.
- Where possible the child will be encouraged to remove/lower their underwear and check their genitals themselves. If needed the adult will assist.
- Parents will be notified immediately by telephone and invited into school to check their child.
- A medical form will be completed and a copy given to parents.

Junior age children will be asked to check their own genital area and report back to the staff of any injuries.

Parents will then be notified via a telephone call and a medical form.

Appendix 1 Intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for making sure care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	
DESIGNATED SAFEGUARDING LEAD	
Signature of DSL	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Appendix 2 Intimate care: parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and I will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>I do not give consent for my child to be washed and changed in case of a toileting accident.</p> <p>Instead, the school will contact me or my emergency contact and I/they will organise for my child to be washed and changed.</p> <p>I understand that if the school cannot reach me or my emergency contact, staff will need to wash and change my child, following the school's intimate care policy, to ensure comfort and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	