



Intimate Care Policy

Date last reviewed:	Summer 2024
Frequency of review:	Biannually
Date next review due:	Summer 2026
Version:	2.0

Introduction

The Intimate Care Policy has been developed to safeguard children and staff. All staff in schools are required to work according to the local authority's guidelines for Safe Working Practice; this policy should be read in this context. It applies to all staff involved in the intimate care of children.

Intimate care may be defined as any activity required to meet the personal care needs of an individual child. Intimate care may include feeding, oral care, washing, dressing or undressing, toileting, changing nappies, treatments such as enteral feeds, catheter and stoma care. Intimate care also includes the supervision of a child involved in intimate self-care.

Principles of Intimate Care

The following are the fundamental principles upon which the policy is based:

- *Every child has the right to feel safe and to have their personal privacy respected.*
- *Every child has the right to be involved and consulted about their own intimate care to the best of their abilities, the right to express their views on their own intimate care and to have their views taken into account.*
- *Intimate care should be delivered as consistently and in as caring and respectful a manner as possible.*

Wetting or soiling

All children may have toileting accidents and at some time during the early years there may be a need for an adult to support them with their toileting needs. Parents will be informed in the written information packs given to them on enrolling their child, that staff will provide this support. Parents will be asked to opt out of this if they object to staff providing toileting support to their child. If a child wets themselves, a member of staff will arrange a change of dry clothing for the child and will offer as much supervision or support as needed to enable the child to change their clothes. If a child has soiled themselves, staff will support the child to get clean and change their clothes. Staff will endeavour to promote the child's independence in toileting and wherever possible will offer verbal encouragement to the child before intervening physically to clean or change a child.

If a parent does not give consent for staff to change or clean their child, in the event of the child being soiled, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child. If the parent / carer or emergency contact is able to come within a few minutes, the child will be supervised by a member of staff and kept away from the other children to preserve their dignity until the parent arrives. The child will be dressed at all times and never left partially clothed. If a parent / carer or emergency contact cannot attend, the school will seek to gain verbal consent from parents /carers for staff to clean and change the child. This permission will be sought on each occasion that the child soils themselves. If the parents and emergency contacts cannot be contacted, the headteacher will direct staff

to act in the best interests of the child in the circumstances at the time.

If a child has a tummy upset and develops diarrhoea, then the best outcome for the child is for them to go home and have a shower or bath. Parents / carers will be contacted and asked to take the child home to ensure their comfort. School does not have the facilities to clean a child in these circumstances.

If a child has medical, physical or developmental needs which affect his or her ability to attend to his or own toileting needs without adult support, then an intimate care plan will be written. All children, except those with a specific, identified medical need will be expected to be toilet trained prior to starting school. If any other child, without these needs, soils themselves more than three times, then the school will also contact the parents to investigate any issues.

Intimate Care Plan

An Intimate Care Plan is written for any child who requires any of the types of intimate care listed in the introduction above. The plan is written jointly by a member of staff from school, usually either the class teacher or SENCO, with the child's parents or carers, and if necessary, with support from the school health practitioner, or another medical specialist involved in the child's care. The Intimate Care Plan is signed by all parties. The Intimate Care Plan is kept in the child's named folder in the Rainbow room and the class folder. Intimate care arrangements should be reviewed at least every six months. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.

Staff who routinely provide intimate care for a child are named on the care plan. All staff must be trained in the specific types of intimate care that they carry out. Senior leaders must ensure that all staff undertaking the intimate care of children are familiar with and understand the Intimate Care Policy. School needs to make provision in case a staff member named on an Intimate Care Plan is absent from school; additional trained staff should be available to undertake specific intimate care tasks.

Guidelines for good practice

Adhering to these guidelines of good practice should safeguard children and staff. Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. If a staff member has concerns about a colleague's intimate care practice, they must report this to the headteacher or another Designated Safeguarding Lead.

- *Involve the child in their intimate care. Try to encourage a child's independence as far as possible in his / her intimate care. Where the child is fully dependent talk with them about what is going to be done and give them choice where possible. Check your practice by asking the child or their parent about any likes / dislikes while carrying out intimate care.*
- *Be aware of the child's method and level of communication. Use simple language and repeat if necessary. Continue to explain to the child what is happening even if there is no response.*
- *Ensure privacy appropriate to the child's age and situation. A suitable location for carrying out intimate care should be specified on the care plan.*
- *A lot of care is carried out by one staff member alone with one child. The practice of providing one to one intimate care of a child is supported, unless the activity requires two people for the greater comfort / safety of the child or the child prefers two people.*
- *If a child's intimate care is delivered by several different members of staff, a consistent approach to care is essential. Effective communication between school staff, parents or carers and external agencies ensures practice is consistent.*
- *Staff should only carry out care activities you understand and feel competent and confident to carry out. If in doubt, ask. Some procedures must only be carried out by staff who have been formally trained and assessed e.g. enteral feeding, stoma care.*

- *If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance. If necessary, the Intimate Care Plan should be reviewed, with further advice taken from parents of health care professionals as required.*
- *Report and record any unusual emotional or behavioural responses by the child via CPOMS. Parents / carers must be informed about any concerns a member of staff may have.*

Monitoring

The SENCO will monitor the effectiveness of intimate care plans and will report back to the headteacher. The policy is to be reviewed every two years.

Intimate Care Plan

Use this template for pupils who need regular support with toileting, washing and/or changing.

Parents/ Carers	
Name of child:	
Name of parent/carer:	
Relationship to child:	
Name of staff member(s) responsible for ensuring the care plan is carried out accordingly?	
Type of intimate care needed?	
How often/ frequency of care?	
Any training required?	
Where will the care take place?	
What resources/ equipment are required and who will provide them?	
Additional Information?	
Signature of parent/carer:	
Date of signature:	
Who will review this plan?	
Review Date:	