



All different, all valued

# High Bank Junior Infant and Nursery School

## Intimate Care Policy

**Approved by:** DRAFT – AWAITING APPROVAL **Date:** October 2024

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This policy should be read in conjunction with the school's Medical Needs Policy.

## 1. Introduction

Staff who work with young children or children who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

## 2. Aims and objectives

High Bank Junior, Infant & Nursery School is 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 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's dignity will be preserved and a high level of privacy, choice and control will be provided to them.

Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at High Bank J,I & N School work in partnership with parents/carers/other professionals to provide continuity of care to children wherever possible.

Staff deliver a full personal safety curriculum as part of Personal, Social and Health Education to all children, as appropriate to their developmental level and degree of understanding, including the pants workshop. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

## 3. Our Approach to Intimate Care

We will ensure that the staff who provide intimate care are trained to do so and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as the onset of puberty and menstruation. Wherever possible, staff who are involved in the intimate care of children will not usually be involved with the delivery of sex and relationship education to the children as an additional safeguard to both staff and children involved.

Staff will communicate with each child who needs help with intimate care in line with their preferred means of communication to discuss the child's needs and preferences and to ensure the

child is aware of each procedure that is carried out and the reasons for it. The privacy of children requiring an adult to apply specific creams or lotions will be treated with respect.

As a basic principle, children 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 themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

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 needs help with intimate care. Where possible, one child will be cared for by one adult unless there is a sound reason for having two adults present.

Wherever possible the same child will be cared for by a limited group of adults on a regular basis: there will be a rota of carers 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, while at the same time guarding against the care being carried out by a succession of completely different carers.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis. A clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints e.g. staffing and equal opportunities legislation.

#### 4. The Protection of Children

The relevant safeguarding Procedures will be accessible to staff and adhered to.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of 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 school's Designated Senior Officer (DSO)- Mrs Sarah Tai or Mrs Cathryn Reynolds Browne. A clear record of the concern will be completed and referred to social care, if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. *See the school's Safeguarding Policy for further information.*

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. 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 (see the school's Safeguarding Policy).

## Appendix 1 Permission for school to provide intimate and personal care

Child's Full Name	
Class	
Male/ Female	
Date of Birth	
Parent/ Carer's Name	

I confirm:

- I have received a copy of the Intimate Care Policy and agree with its contents.
  
- I give permission to the school to provide appropriate intimate and personal care to support my child e.g. changing soiled clothing, washing and toileting assistance as necessary.
  
- I will advise the Class Teacher of any medical complaint my child may have which affects issues of intimate care.
  
- I will provide nappies/pull ups, wipes and clean clothes on a daily basis.
  
- I understand staff cannot force my child to be changed or toileted and will attend school to support if my child refuses.

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship \_\_\_\_\_

## Appendix 2 Record of Intimate and Personal Care Intervention

This form should be completed each time a child requires support with intimate or personal care.

In line with safeguarding policies and procedures, two members of staff should be present when intimate or personal care is taking place.

When the log is full, it should be returned to the office staff to retain as a document on the child's electronic record.

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Date	Time	Type of Care (ie nappy change)	Observations	Staff Member's Name (1)	Staff Member's Name (2)