



# Intimate Care Policy

Valid from: March 2026

Next review due: March 2027

## **1. INTRODUCTION**

1.1 The Intimate Care Policy and Guidelines applies to everyone involved in the intimate care of children.

1.2 These guidelines should be read in conjunction with other policies a school may hold, for example:

- Child Protection Policy
- Health & Safety Policy
- Staff Recruitment Policy
- Moving and Handling Policy
- Safeguarding Policy
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1.3 The term parent/s is used to refer to parents, carers and legal guardians.

## **2. DEFINITION OF INTIMATE CARE**

2.1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development. Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication. This would only take place following a meeting with parents, professionals and training.

2.2 In most cases, intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

## **3. AIMS**

3.1 The aims of this document and associated guidance are:

- To provide guidance and reassurance to staff
- To safeguard the dignity, rights and well-being of children
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

## **4. PRINCIPLES**

4.1 This document embraces Ofsted expectations:

- Hygiene practices ensure that the personal needs of children of all ages are met appropriately. Practitioners teach children to become increasingly independent and managing their personal needs.
- All children are treated with respect and understanding

## **5. WORKING WITH PARENTS**

5.1 Partnership with parents is a vital principle in any educational setting and is particularly necessary in relation to children needing intimate care. Parents (including knowledge and understanding of any religious or cultural sensitivities) share much of the information required to make the process of intimate care, as comfortable as possible.

5.2 Prior permission must be obtained from parents before Intimate care procedures are carried out.

5.3 Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Education Health Care Plans and any other plans that identify the need to support of intimate care.

5.4 Exchanging information with parents is essential through personal contact, telephone or correspondence. However, information concerning intimate care procedures is not recorded in home/school books, or in any other way, as it may contain confidential information that could be accessed by people other than the parent and staff member. Recording equipment such as mobile phones or cameras **must** not be taken into areas where intimate care is carried out, and the door must always be left partially open.

## **6. WRITING AN INTIMATE CARE PLAN**

6.1 Where a routine procedure is required, an intimate care plan should be agreed in discussion with the child, staff, parents and relevant health professionals. The plan should be signed by all who contribute and be reviewed on an agreed basis.

6.2 In developing the plan the following should be considered:

- Staff ratios and procedures
- Toilet arrangements and equipment (e.g. spare clothes and disposable gloves)
- Awareness of a child's discomfort which may affect learning
- The importance of working towards independence
- Who will substitute in the absence of the appointed person?
- Strategies for dealing with pressure from peers .e.g. teasing/bullying particularly if the child has an odour

6.3 All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, school and the medical service. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

## **7. LINKS WITH OTHER AGENCIES**

7.1 Positive links with other agencies will enable school based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well being and development remains paramount.

## **8. VOICE OF THE CHILD**

8.1 Allow the child, subject to their understanding, to express a preference regarding the choice of his/her carer and sequence of care.

8.2 Agree appropriate terminology for private parts of the body and functions to be used by staff.

8.3 It may be possible to determine a child's wishes by observation of reactions to intimate care.

8.4 Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

8.5 It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols and body movements.

8.6 To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the agreed Intimate Care Plan.

## **9. RECRUITMENT**

9.1 All staff have been carefully vetted and trained, helping to avoid potentially stressful areas of anxiety and conflict for parents and upholding the Safeguarding policy.

9.2 Recruitment and selection of all candidates for posts follows the DBS procedure, equal opportunities and employment rights legislation, and with regard to guidance and legislation detailed in Safeguarding Children and Safer Recruitment in Education.

9.3 At least one person on each interview panel has attended safer recruitment training

9.4 Candidates should be made fully aware of what will be required and detailed in their job description before accepting the post.

9.5 Enquires should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.

## **10. STAFF DEVELOPMENT**

10.1 Staff receive Safeguarding training every year and regular updates.

10.2 Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.

10.3 Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.

Senior staff members:

- Ensure that sensitive information about a child is only shared with those who need to know, such as parents, members of staff specifically involved with the child. Other members of staff will be given information that helps ensure a child's safety.
- Consult parents about arrangements for intimate care

- Ensure staff are aware of all appropriate procedures, Child Protection Policy & Health & Safety Policy etc
- Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- Ensure staff know of a whole school approach to intimate care

In addition identified staff members should be able to:

- Identify and use a communication system that the child is comfortable with.
- 'Read' the messages a child is trying to convey
- Communicate with and involve the child in the intimate care process
- Offer choices, wherever possible
- Develop, where possible, greater independence with the procedure of intimate care
- Maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue (Child Protection procedures must then be followed).

## **11. ENVIRONMENTAL ADVICE**

11.1 When children need intimate care facilities, reasonable adjustments will need to be made.

11.3 Additional considerations will include:

- Protective clothing including disposable protective gloves - provided by the school
- Labelled bins for the disposal of wet & soiled nappies
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers , Anti-bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes
- Changing mat or changing bench
- An effective system identified to alert staff for help in emergency

## **12. INVASIVE PROCEDURES**

12.2 The school should make arrangements to ensure that there is always a member of staff nearby or within earshot, when intimate care takes place.

## **13. VULNERABILITY TO ABUSE**

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self worth. Staff should be encouraged to listen.

13.1 It is essential that all staff are familiar with the school's Child Protection and Safeguarding Policy and procedures.

13.2 The following are factors that can increase a child's vulnerability:

- Children with disabilities may have less control over their lives than others
- Children may experience multiple carers
- Children may not be able to distinguish between intimate care and abuse
- Children may not be able to communicate

13.3 If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported to the child's key worker or senior member of staff.

## **14. SAFEGUARDING AND ALLEGATIONS OF ABUSE**

14.1 It is essential that all staff are familiar with the school's Child Protection and Safeguarding Policies and procedures. .

14.2 If a child misunderstands or misinterprets an action / instruction, the incident should be reported immediately to the designated line manager.

14.3 Staff working in intimate situations with children can feel particularly vulnerable. The School policy can help to reassure both staff involved and the parents of vulnerable children.

14.4 Action should be taken immediately should there be a discrepancy of reports between a child and a staff member, particularly with reference to time spent alone together.

14.5 It is advised that the support role be changed as quickly as possible, should such a discrepancy occur, and then reviewed on a regular basis.

14.6 Where there is an allegation of abuse, the guidelines in the Child Protection procedures should be followed.

## **15. TOILETING PROCEDURES**

### **15.2 Working with Parents**

Working in partnership with parents is a principle of the EYFS and exchanging information is part of this process. Parents should be encouraged and empowered to work together with staff to ensure a consistent approach.

### **15.4 Staff Development**

Staff receive Safeguarding training every year (Designated Safeguarding Lead training is updated every 2 years).

### **15.5 Environmental Advice**

The school ensures that toilet facilities are easily accessible and well maintained to promote children's awareness of good hygiene practices and developing independence.

## **The Wharf Nursery School Intimate Care Policy**

### **Introduction**

The Wharf 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, embarrassment or pain.

### **Definition**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

### **Our Approach to Best Practice**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Safeguarding) and are fully aware of best practice. The child 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 him/herself as he/she 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.

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 is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

### **The Protection of Children**

Safeguarding Procedures and Child Protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of ability, development and understanding. For example, they are taught to say 'no' if someone does something they do not like.

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 HT (or other Designated Safeguarding Leads). 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 Multi - Agency Child Protection Procedures for details)

All staff will be required to confirm that they have read the document 'Keeping Children Safe in Education' and understand the need to refer to other policies the school may hold for clarification of practices and procedures.