



## Intimate Care Policy

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Governor Lead: Heather Archer (Safeguarding)

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## **School Values: A culture of achievement where all can succeed.**

At Guildford Grove, we

- are responsible and respectful members of our diverse community
- are empowered to make safe, informed choices
- have high aspirations and a “can do” attitude to learning and we
- develop and foster our individual abilities and interests.

### **1. Aims:**

- to safeguard the rights and promote the welfare of children
- to provide guidance and reassurance to staff whose role includes intimate care
- to assure parents that staff are knowledgeable about personal care and that their individual concerns are taken into account.
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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. The principles and procedures apply to everyone involved in the intimate care of children.

### **2. Legislation and statutory guidance**

This policy complies with [statutory safeguarding guidance](#).

It also complies with our funding agreement and articles of association.

#### **Definition of Intimate Care:**

‘Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual parts of the body’

Intimate care tasks specifically identified as relevant include:

- dressing and undressing (underwear)
- helping someone use a potty or toilet
- changing nappies
- cleaning / wiping / washing intimate parts of the body.

#### **Definition of Personal Care:**

‘Although it may involve touching another person, it is less intimate and usually has the function of helping with personal presentation’

Personal care tasks specifically identified as relevant include:

- feeding

- administering oral medication
- hair care
- dressing and undressing (clothing)
- washing non-intimate body parts
- prompting to go to the toilet.

Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life. All children have the right to be safe and to be treated with dignity and respect.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

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 care tasks / treatments can be open to misinterpretation. Adhering to the settings policy and procedure guidelines should safeguard children and practitioners.

### **3. Role of parents**

#### **3.1 Seeking parental permission**

For children who need routine intimate care (e.g if toilet training or if the child has complex needs), an intimate care plan will be created in discussion with parents (see section 3.2 below).

Where there isn't an intimate care plan in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.

#### **3.2 Creating an intimate care plan**

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals (if necessary).

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed during the year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 3 for a blank template plan to see what this will cover.

### **3.3 Sharing information**

The school will share information with parents as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

### **4. Role of staff**

All staff working with children will have a current DBS check in place.

Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are involved in the intimate care of children.

Where anticipated intimate care arrangements are agreed between the school and parents and, if appropriate, by the child.

**An individual intimate care plan will be agreed between parent and child and school as necessary, for example, for a child with special educational needs.**

Intimate care arrangements should be reviewed as/ when required.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the DSL.

### **5. Intimate care procedures**

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.

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.

#### **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 give choices where possible.

#### **2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.**

All staff providing care will ensure they communicate it with others in their team. They must position themselves so the child's dignity is protected however it must be clear to onlookers that they are there to change the child.

#### **3. 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.

#### **4. Be aware of your own limitations.**

Only carry out activities you understand and feel competent with. If in doubt, ASK.

**5. Promote positive self-esteem and body image.**

Confident self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. Keeping in mind the child's age, routine care can be efficient and relaxed.

**6. If you have any concerns you must report them.**

If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Safeguarding Lead.

See Appendix 1 for more details.

### **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 with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy.
- 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.
- Parents must be informed about any concerns.

### **Toilet Training:**

Starting at an early years setting is always an important and potentially challenging time for both children and their parents. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in the time at which children master the skills involved in being fully toilet trained. For a variety of reasons children may:

- be fully toilet trained
- have been fully toilet trained but regressed for a little while due to the excitement and stress of starting at a setting
- may be fully toilet trained at home but have accidents in the setting, or visa versa
- may be nearly there but needs some reminders and encouragement
- not toilet trained, but responds well to a structured toilet training process
- be fully toilet trained but has a serious disability or learning difficulty
- may have development delays but with additional support will master these skills
- have SEND and might require help with some or all aspects of personal care.

We encourage all children to be toilet trained prior to starting in Nursery or Reception and this forms part of our induction process. We understand that in some cases this may not be possible, therefore parents of children who are being toilet trained will have regular meetings with the early years leader to ensure that school and home are working together to use the best approach for the individual child. This will form part of their intimate care plan.

## **6. Monitoring arrangements**

This policy will be reviewed by the Deputy Headteacher or Assistant Headteacher every two years. At every review, the policy will be approved by the Headteacher.

## **7. Links with other policies**

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Supporting pupils with medical conditions

## APPENDIX 1: Procedures for changing a child in the Foundation Stage Unit

### Procedures for changing a child in the Foundation Stage Unit

1. All adults providing care must communicate this with their colleagues so other staff are aware of where they are and what they are doing.
2. All adults must wear gloves, and preferably a protective apron.
3. Reassure and encourage the child to do as much as they can independently.
4. All soiled clothes to be placed into a securely tied nappy sack.
5. Use hypo allergenic wipes to clean any soiled areas on the child. These should be disposed of in a securely tied nappy sack and placed in the bin. Any soiled nappies need to be disposed of in a securely tied nappy sack in the bin. The bins are emptied daily.
6. After you have finished changing the child all areas should be wiped down with anti-bacterial spray.
7. Wash hands and dispose of gloves and apron in a sealed bag in the bin.
8. Bins are emptied on a daily basis.
9. Staff must complete the toileting record with the time, date and their initials.

**If necessary, take the child to the nappy changing area.**



## **APPENDIX 2: Procedures for disposing clinical waste**

### **Clinical waste**

#### **Bodily waste**

Due to the nature of the job, in Foundation staff will come into contact with bodily fluids on a daily basis. The Foundation staff take the welfare of staff and children as a priority, and as such protocols have been put in place to protect everyone.

To protect staff and children the following procedures have been put in place:

- Waste bins can be found in the bathroom and nappy changing area. Soiled nappies must be double bagged and put into the bin immediately after changing.
- Staff are provided with protective gloves and antibacterial sprays to ensure that all areas are clean and hygienic.
- Nappy sacks are provided for the safe disposal of contaminated items.
- A sanitiser unit is installed in the staff toilet for all feminine hygiene products.

#### **What to dispose of where:**

1. Bodily fluids including faeces/vomit/blood to be disposed of in the bins provided. They must be double bagged.
2. Tissues to be disposed of in the normal bins or toilets.

#### **Staff expectations**

Staff are to ensure that they follow procedures at all times and dispose of bodily fluids appropriately and hygienically. Staff are to ensure that surfaces and hands are washed thoroughly after dealing with any bodily waste.

APPENDIX 3: Intimate Care Plan

Guildford Grove Primary School

Intimate Care Plan

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Support Staff/CT Involved:

\_\_\_\_\_

Area of Need: \_\_\_\_\_

Equipment Required:

\_\_\_\_\_

Location of Suitable Facilities: \_\_\_\_\_

Frequency of Support:

\_\_\_\_\_

Other details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Working towards Independence

The child will try to:

Staff assisting will support by:

Review date:

Agreed and signed

Parents/Carer: \_\_\_\_\_ Date:  
\_\_\_\_\_

Child (if appropriate) \_\_\_\_\_ Date:  
\_\_\_\_\_

Staff involved \_\_\_\_\_ Date:  
\_\_\_\_\_

SENDCO \_\_\_\_\_ Date:  
\_\_\_\_\_

**APPENDIX 4: Parent/ Carer consent form**

**Parental/ carer consent for Guildford Grove staff to Provide Intimate Care**

I understand that:

- I give permission to the School to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting;
- I will advise the staff of any medical reason my child may have which affects issues of intimate care;
- I understand that the intimate care provided for my child at Guildford Grove Primary School will be given by familiar members of staff;
- I understand that the members of staff providing the care for my child have had appropriate training, including in Child Protection.

Parent/Carer Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### **Useful resources and websites:**

The following are available at [eycspractitioners@surreycc.gov.uk](mailto:eycspractitioners@surreycc.gov.uk)

Safeguarding Children Policy

Allegations Against a Member of Staff

Safe Working Practice guidance

Code of conduct guidance

Working Together to Safeguard Children 2013

Available to download from [www.education.gov.uk](http://www.education.gov.uk) search DCSF-00305-210

Surrey Safeguarding Children Board manual of child protection guidelines

Available online at <http://sscb.proceduresonline.com/index.html>

Surrey Safeguarding Children Board

[www.surreycc.gov.uk/safeguarding](http://www.surreycc.gov.uk/safeguarding)

Advisory, Conciliation and Arbitration Service (ACAS)

[www.acas.org.uk](http://www.acas.org.uk)

NSPCC

[www.nspcc.org.uk](http://www.nspcc.org.uk)