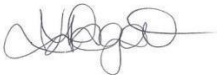


# Intimate Care Policy

Reviewed By	Approved By	Date of Approval	Date of Next Review
Ed Whitehead	 Jo Pagdin	11.07.2024	01.09.2025



### **3. Rationale**

Oakworth Primary School is responsible for the care of all children, whatever their needs or difficulties, including children with learning and physical difficulties who have an increased dependency and require practical support with their intimate care needs at school.

We have defined intimate care as direct care of the child in terms of any personal care activity a child would normally be able to do for him/her self. These needs are no different to the needs of a child who is not disabled but there are differences in the nature, method and principles of fulfilling those needs.

Intimate care is a high risk activity, in terms of abuse, and it is particularly important that there are guidelines on intimate care, both to protect those being cared for and the staff who care for the children's needs.

We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible. The staff at Oakworth Primary School have recognised the need to design guidelines that encompass all aspects of procedures. They apply to every member of staff involved in the intimate care of the children and they aim to support good practice.

### **Definitions**

For the purpose of this policy, intimate care is defined as any care which may involve the following:

- Washing
- Changing a child who has soiled themselves/ wet themselves
- Providing oral care
- Feeding
- Assisting in toilet issues

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals.

Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads, nappies or medical bags such as colostomy bags, menstrual hygiene, helping someone use the toilet, or washing intimate parts of the body.

Pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

### **Guidelines**

#### **1. Children and their parents should have confidence in the staff**

All staff involved in intimate care routines will have been police checked and will receive appropriate training to carry out this aspect of their work. Parents will receive a copy of the school's Intimate Care Policy and will be offered an opportunity to discuss their child's needs with an appropriate member of staff.

#### **2. Safeguarding for Children and Adults**

One person is needed for the change and one person is needed to be in the vicinity to ensure the safeguarding of both child and adult.

#### **3. Carers should be aware of the abilities of the child**

The child should be enabled and encouraged, as far as is reasonably possible, to contribute to his/her own intimate care.

#### **4. Ensure privacy, appropriate to the child's age and gender**

The school takes the view that the issue of privacy is important. All children will be changed in a discreet area with all of the necessary equipment to hand i.e. hygiene paper roll, protective gloves, wipes, clean nappies, change of clothes etc.

#### **5. Children have the right to be respected**

Respect of the child's body and integrity should be included in all care procedures. Ideally, someone who has a positive long-term relationship with the child should carry out intimate care tasks. New members of staff should get to know the children in the classroom context before getting involved in intimate care tasks.

#### **6. A strong focus should be evident on choice and decision making skills**

Wherever appropriate, decision making should be an integral part of the process – e.g. Do you want to go to the toilet or not? Should we wash your hands or face first? Can I help fasten your trousers?

#### **7. Pupils will be prepared and involved in what is going to happen**

Staff will raise the child's awareness of the process. Objects of reference, symbols, signs, gesture and verbal explanation will be given as appropriate.

#### **8. Intimate Care tasks are not an interruption to the timetable**

These practices should be valued as part of each child's essential curriculum. They are an opportunity to develop independent and age-appropriate skills, increase dignity and to raise self-esteem.

#### **9. Never do any task unless you are confident in your ability to do it**

Never guess; ask a colleague to help.

#### **10. If you are concerned – report it**

Intimate care tasks should never be approached light heartedly. If a child has soreness or something to cause you concern, follow the school's Safeguarding and Child Protection Procedures.

#### **11. Health and Safety Issues**

Barrier materials will always be used e.g. disposable gloves. Appropriate Lifting and Handling Procedures will be followed when necessary. All soiled items (nappies, wipes etc) will be disposed of in a sanitary bin (disabled toilet).

#### **Parental responsibilities**

Parents/carers will change their child, or assist them in going to the toilet, at the latest possible time before coming to school.

Parents/carers will provide spare nappies, incontinence pads, medical bags, wet wipes and a change of clothing in case of accidents.

Parents/Carers will work with the school and update them with any changes to their child, in relation to intimate care.

#### **Guidance on Intimate Care**

Lack of toilet training should not be a barrier for children attending Early Years settings.

The Disability Discrimination Act makes specific requirements regarding children with disabilities/additional needs, which has implications for our practice for all children. The Disability Discrimination Act makes it clear that:

- If a child cannot be toilet trained in time for playgroup/nursery because of a disability/additional need, the setting has a duty to look into the situation and consider how they can make 'reasonable adjustments' to enable the child to attend. This means they have to think about what can be done within the setting to allow the child to be changed when necessary and for a toilet training programme to be supported as and when appropriate.

- The setting also has a legal duty to anticipate adjustments to accommodate disabilities/additional needs and not simply to respond to them on arrival.
- There must be no 'blanket policies' in any setting. For example, "We don't take children unless they are toilet trained/we don't take children in nappies". Settings must anticipate having to make 'reasonable adjustments' to meet the needs of all children with disabilities/additional needs who may come into the setting in the future. The setting may make a decision regarding reasonable adjustments in consultation with the responsible body for that setting – governing body, LA, voluntary, private, independent group etc. Any decision about how reasonable adjustments are due to cost, health and safety or resource issues should be taken in the light of the Disability Discrimination Act. There would have to be 'material and substantial' reasons not to make these adjustments. Parents wanting their child to be educated in the setting would have the right to challenge this decision through the Special Educational Needs and Disability Tribunal (SENDAT).