Cookridge Primary School

Intimate Care Policy

Reviewed by Governing Body – September 2023

Review –September 2025

The Intimate Care Policy will be published

on the school website.

'Together We Achieve the Extraordinary'

We aim to meet the needs of all our children and promote their welfare. We recognise and assist children with intimate care where needed, and ensure that the children are treated with courtesy, dignity, and respect at all times.

Intimate Care

Intimate care is defined as care involving washing, touching or carrying out a procedure to intimate personal areas, which some children may need support in doing because of their young age, physical difficulties or other special needs. Where a child has intimate care needs, an intimate care plan will be written in conjunction with families and designated members of staff take responsibility to provide their care. We address issues on an individual basis and where necessary tailor intimate care plans to meet individual needs.

Accidents

From time to time, some children will have accidents and need to be attended to. Parents/ carers are asked to supply a bag of clean clothes for their child in a drawstring bag to be hung on their child's peg. A supply of spare clothing is available if necessary and parents/ carers are asked to return this as soon as possible, if a child has needed help with meeting intimate care needs (had an accident). These are taken into the toilet facilities prior to changing, and children are assisted in cleaning themselves and changing into clean and dry clothing. This is treated as confidential and parents/carers notified in person at the end of the day. On occasion, if a child has soiled themselves to such an extent that they are not able to resume their normal day or where we feel the accident may be as a result of a tummy upset, parents/carers will be contacted and asked to collect their child. If a child is prone to repeated accidents, the SENDCo may contact parents / carers to arrange a meeting to discuss if there are any historical or current medical needs and how we can provide continued support for your child at school.

Staff training

All staff are knowledgeable about intimate care/personal care. They are aware of their responsibilities, relevant policies and procedures in place (including adhering to Child Protection, Health and Safety and Confidentiality). The designated employed adult is DBS checked and, where relevant, staff will receive training for very specific intimate care procedures. They follow the child's care plan and they undertake their duties in a professional manner at all times. They are fully aware of best practice including hygiene.

Intimate care / personal care plan

If a child requires regular assistance with intimate care, staff meet with the parents/ carers to discuss the child's needs and devise an agreed intimate / personal care plan. Relevant health personnel are involved if needed. We monitor and review the plan on a regular basis.

Vulnerability to abuse

Leeds Safeguarding Children Partnership recognise that children who experience intimate care may be more vulnerable to abuse: -

Children with additional needs are sometimes taught to do as they are told to a greater degree than other children. This can continue into later years. Children who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless. Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult.

Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child

inappropriately. Repeated intimate care may result in the child feeling ownership of their bodies has been taken from them. Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer.

Abuse and children who are disabled: a training and resource pack for trainers in child protection and disability, 1993. When developing intimate care policies and / or individual intimate care plans practitioners should be aware of these increased vulnerabilities and seek to address these.

Should a child disclose abuse or harm as a result of intimate care this should be responded to in line with the school's child protection procedures.

Due to the nature and degree of contact intimate care may also leave staff more vulnerable to accusations of abuse. Any allegations against a member of staff should be considered in line with the agency's procedures and LADO procedures. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures, and where possible and appropriate for children, young people and or parents / carers to be involved in the development of their intimate care plan so they know where it may have been deviated from. There should also be clear escalation routes should a practitioner, parent/carer or child or young person believes that intimate care is not being undertaken in line with the agency's intimate care policy, the individual care plan or with dignity and respect.

Practice

The designated practitioner who provides the care forms a strong, trusting relationship with the child. They ensure that it is a positive experience that is safe and comfortable for all. Whilst the child is having their needs met, it is treated as a time to converse and promote their personal development. The child is encouraged to undertake as much of the procedure for themselves as possible, including washing intimate areas, dressing/undressing and hygiene. The care suite may be used to attend to a child's needs and every effort is made to ensure privacy and modesty. Careful consideration is given to the child's individual circumstances to determine how many practitioners might need to be present when a child needs help with intimate care

Working with parents / carers

We work closely with parents/ carers to identify and ensure we meet the child's needs. Cultural and religious values are respected when planning for their care. We seek to engage in regular communication with parents/ carers, and monitor and review the plan together.

Working with outside agencies

We work closely with outside agencies and utilise their knowledge and expertise where necessary. The SENDCo, coordinates this approach.

Disposal of nappies, aprons and gloves safely

We have in place good hygiene practices when disposing waste to stop infection. We follow stringent nappy changing procedures to ensure the safe disposal of waste and dispose of our waste in accordance with the Department of Health and Leeds City Council.

Changing a nappy

Adults changing a nappy must ensure:

Hands are washed thoroughly, before and after the change

A clean disposable apron and gloves is worn every time a child is changed

Whilst changing, children's skin is cleaned with disposable wipes

Nappy creams and solutions are not routinely applied, unless they are prescription medication

Nappies/ 'pull ups', gloves, aprons and wipes are disposed of hygienically and safely by double bagging and placing in a special bin.

Parents/cares are asked to supply resources needed to ensure a child's intimate/personal care needs can be fully met. This policy has been written in accordance with the Disability Discrimination Act (amended 2005).

Guidelines for good practice (adapted from the Chailey Heritage Centre).

1. Involve children, young people and parents / carers in devising intimate care plans

Parents / carers and the child or young person should be involved in individual discussions and decisions in relation to how intimate care will be managed in order to draw up an agreed plan. The wishes and feelings of both the child and the parents/carers including cultural and religious beliefs should be sought and plans should be respectful and responsive to these, reflecting where possible usual home routines. A copy of this should be given to the parents and the child or young person as well as being held within the child's records. The agency's intimate care plan should be reviewed regularly (at least annually) and any individual intimate care plans should have an agreed regular review to ensure needs or requests have not changed. Any changes should be communicated to staff, children, young people and parents/carers.

2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation Privacy is an important issue.

Much intimate care is carried out by one staff member alone with one child. Leeds SCP believes this practice should be actively supported unless the task requires two people (for example lifting or moving), however the need for a chaperone should be considered, and offered, on a case by case. Intimate examinations should adhere to the medical agencies chaperone policy. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. Leeds SCP recognises that there are partner agencies that recommend two carers in specific circumstances. Where possible, the member of staff carrying out intimate care should be someone chosen by the child or young person. For older children (eight years and above) it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice. Agencies should consider the implications of using a single named member of staff for intimate care or a rota system in terms of risks of abuse.

3. Involve the child as far as possible in his or her own intimate care.

Try to avoid doing things for a child that s/he can do alone and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.

4. Be responsive to a child's reactions.

It is appropriate to "check" your practice by asking the child – particularly a child you have not previously cared for – "Is it OK to do it this way?"; "Can you wash there?"; "How does mummy do that?". If a child expresses

dislike of a certain person carrying out her or his intimate care, try and find out why and record this in their notes / care plan. Conversely, if a child has a “grudge” against you or dislikes you for some reason, ensure your line manager is aware of this, that it is recorded and escalated if appropriate. In such circumstances every effort should be made to find an alternative person to undertake the care.

5. Make sure practice in intimate care is as “care planned” as possible

Line managers have a responsibility for ensuring their staff have a “care planned” approach. This means that there is a planned approach to intimate care across the agency, but which is also flexible enough to be planned to meet the specific needs (and wishes as appropriate) of individuals. It is important that approaches to intimate care are not markedly different between individuals, but also reflect individual needs and wishes. For example, do you use a flannel to wash a child’s private parts rather than bare hands? Do you pull back a child’s foreskin as part of daily washing? Is care during menstruation consistent across different staff?

6. Never do something unless you know how to do it

If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Medical procedures, such as giving rectal valium, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

7. Report and record any concerns

If you are concerned that during the intimate care of a child:

• You accidentally hurt the child

• The child seems sore or unusually tender in the genital area

• The child appears to be sexually aroused by your actions

• The child misunderstands or misinterprets something

• The child has a very emotional reaction without apparent cause (sudden crying or shouting)

• You suspect FGM has taken place

Report any such incident as soon as possible to the manager or designated person in charge, inform parents/carers and record it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done. If a member of staff notices that a child’s demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be recorded in writing and discussed with the designated person for child protection who will advise on the next steps. If a member of staff has concerns about the way in which another practitioner is undertaking intimate care these should be recorded and escalated to the organisations manager, giving consideration for LADO procedures. Should a child disclose abuse or harm as a result of intimate care this should be responded to in line with the agency’s child protection procedures.

8. Encourage the child to have a positive image of her or his own body

Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child’s intimate care can convey lots of messages about what her or his body is “worth”. Your attitude to the child’s intimate care is very important.

Date Agreed	Written By	Review date
September 2023	C Kerr and A Maldonado	September 2025
Signed (Headteacher) **Chair of Governors)**		

Intimate Care Plan

Child/Young Person:				**School/Setting:**	
DOB:		**Male/Female**		**Date:**	

Description of Intimate Care Needs		
Named Person:	**Additional People:**	**Additional Information:**

I am in agreement with the above procedures being undertaken: (Please sign as appropriate)

Parent/Carer ……

SENCO/Inclusion officer ……..

Teaching Assistant(s) …… Teaching Assistant (s) ……

Date …….. Date for review ……