



## **Hilltop First School and Foundation Stage**

### **Intimate Care Policy 2025**

<b>Document author</b>	LB
<b>Approved by</b>	FGB
<b>Review cycle</b>	Annual
<b>Approval date</b>	October 2025
<b>Review date</b>	September 2026

# **Intimate Care Policy**

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## **Rationale**

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. It is one of a range of specific policies that contribute to our Safeguarding of pupils. The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults, and staff involved with any aspect of pastoral or physical care need to be sensitive to their individual needs.

## **Definition of Intimate Care**

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities can include:

Intimate care tasks specifically identified as relevant include:

- dressing and undressing (underwear)
- helping someone use a toilet
- changing pull-ups/nappies
- cleaning / wiping / washing intimate parts of the body
- administering First Aid to an area of the body which would involve removing clothing

## **Definition of Personal Care**

Although it may involve touching another person, it is less intimate and usually has the function of helping with personnel presentation. Personal care tasks specifically identified as relevant include:

- feeding
- administering oral medication
- hair care
- dressing and undressing (outer 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. Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

## **Principles of Intimate Care**

The following are the fundamental principles of intimate care upon which our policy guidelines are based. Every child has the right to:-

- be safe
- personal privacy
- be valued as an individual
- be treated with dignity and respect
- be involved and consulted in their own intimate care to the best of their abilities
- express their views on their own intimate care and to have such views taken into account

- have levels of intimate care that are appropriate and consistent

All members of staff working with children are checked and vetted to ensure they are safe to do so. Only those members of staff who are familiar with the intimate care policy and all school safeguarding documentation are involved in the intimate care of children.

### **Guidelines for Good Practice**

Staff who provide intimate care should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Anticipated intimate care arrangements which are required on a regular basis, such as a child in the Foundation Stage who is not yet toilet trained or a child with significant SEND, are agreed between the school and parents, and when appropriate and possible, by the child. In such cases, a Personal Care Plan will be agreed. The plan should be reviewed as necessary but at least each half term. The plan should also take into account procedures for educational trips.

Where a Personal Care Plan is **not** in place, parents/carers will be informed on the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself).

A record should be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for him/herself as possible.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their age and level of understanding.

Every child's right to privacy and modesty will be respected however in the interest of protecting both the child and the member of staff, no adult should provide intimate care alone in a closed room.

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

It is not permitted for a single member of staff to support a child with intimate care needs behind a closed door. Where it is not possible for a second member of staff to be directly available, the activity should take place in a way which respects the child's privacy whilst still ensuring a spirit of transparency in relation to the member of staff and their behaviour. Examples of this include using the area to the side of the main corridor for changing Reception children, the open plan toilet area for Nursery or helping children in Dandelion SEND Unit whilst leaving the toilet cubical door open. In all cases, the child should be encouraged to do as much for themselves as they are able.

Health & Safety guidelines should be adhered to regarding waste products.

**No member of staff may carry a mobile phone on them during the course of their school duties. Digital devices containing cameras may not be present on an individual whilst providing intimate care.**

If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. The member of staff should try to ascertain why the child is distressed and provide reassurance. Any concerns should be reported to the Designated Safeguarding Lead and the incident recorded in CPOMS. Parents must be informed about any concerns.

**This policy should be read in conjunction with the following policy documents:**

- Child Protection and Safeguarding Policy
- 'Whistle-Blowing' Policy
- Health and Safety policy and procedures
- Special Educational Needs and Disabilities policy
- Managing medical Conditions and First Aid Policy