



Intimate Care Policy

At Chad Vale Primary School we follow:

- Birmingham City Council's Guidelines on admissions.
- The policies and procedures from Birmingham City Council and Birmingham Safeguarding Children Partnership which includes the Government's Prevent Strategy

Policy Written by:	Paul Sansom
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Last review:	Dec 2024
Next review date:	Dec 2027

Version control	
Sep 21	RRSA links added
Oct 23	Minor edits (simplification), recording system introduced
Dec 24	Formatting changes and numbering

This policy should be read in conjunction with the following policies and procedures: Keeping Children Safe in Education, Safeguarding Policy, Whistleblowing Policy, SEND Code of Practice, Medical Needs in School Policy

CHAD VALE RESPECTING RIGHTS

This policy is written with consideration to our commitment to the Rights of the Child (UNRC) and our achievement of becoming a Rights Respecting School. This policy has been written with full awareness of our responsibility and commitment to this purpose.

As a school we have decided that the following rights link to this policy:

Article 3: The best interests of the child must be a top priority in all decisions and actions that affect children.

Article 12: Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.

Article 16: Every child has the right to privacy.

Article 23: A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community.

Policy Aims

It is our intention to develop independence in each child however there will be occasions when additional help is required.



Our Intimate Care Policy has been developed to safeguard children and staff. It is one of a range of policies that contribute to our pastoral care. The principles and procedures apply to everyone involved in the intimate care of children. Children are more vulnerable than adults and all staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

1. 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 include:
 - feeding
 - oral care
 - washing
 - changing clothes
 - toileting
 - first aid and medical assistance
 - the supervision of a child involved in intimate self-care.
2. Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

3. Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- a. every child has the right to be safe
- b. every child has the right to personal privacy
- c. every child has the right to be valued as an individual
- d. every child has the right to be treated with dignity and respect
- e. all children have the right to be involved and consulted in their own intimate care to the best of their abilities
- f. all children have the right to express their views on their own intimate care and to have such views taken into account
- g. every child has the right to have levels of intimate care that are appropriate and consistent

4. School Responsibilities

- a) All staff working with children are subject to the appropriate Disclosure and Barring Checks and pre-employment checks
- b) 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.
- c) Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child.
- d) Consent forms are signed by the parent and stored electronically on My Concern. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.
- e) Intimate care arrangements should be reviewed annually. The views of all relevant parties should be sought and considered to inform future arrangements and if necessary the personal care plan updated.



- f) If a staff member has concerns about a colleague's intimate care practice he or she must report this to a Designated Leader for Safeguarding and Child Protection (DSL).

5. Named DSLs are:

- Paul Sansom (Headteacher/Lead DSL)
- Stephen Dubberley (Deputy Headteacher)
- Naomi Burnett (Assistant Headteacher)
- Helen Shipley (SENCo)
- Additionally the before-school and after-school club managers are fully trained as DSL's in case of any disclosures during club times.

6. Guidelines for Good Practice

- a) 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. They apply to every member of staff involved with the intimate care of children.
- b) 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.
- c) 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 forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard children and staff:
- i) Involve the child in the intimate care.
 - ii) 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.
 - iii) Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
 - iv) Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
 - v) Care should not be carried out by a member of staff working alone with a child.
 - vi) 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.
 - vii) Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
 - viii) Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.



- ix) If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to a DSL.
- x) If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to a DSL.
- xi) Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file and Safeguarding Log

7. Working With Children of the Opposite Sex

- a. 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.
- b. The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:
- c. There are always 2 members of staff present
- d. For female pupils, where possible, 2 female members of staff supervise, for male pupils, where possible, 2 male members of staff supervise
- e. Where mixed gender staff are used, the opposite gender should be the 'observer'
- f. All staff should seek permission from the child to assist if they physically cannot do it themselves
- g. When intimate care is being carried out, all children have the right to dignity and privacy, i.e they should be appropriately covered, the door closed or screens/curtains put in place
- h. 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
- i. Report any concerns to the DSL and make a written record
- j. Parents must be informed of all incidents where children are given intimate care

8. Communication with Children

- a) It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc.



To ensure effective communication:

- b) Make eye contact at the child's level
- c) Use simple language and repeat if necessary
- d) Wait for response
- e) Continue to explain to the child what is happening even if there is no response
- f) Treat the child as an individual with dignity and respect.

This policy should be reviewed in conjunction with the School Nurse and Safeguarding Governors.

9. Additional Guidance for Toilet Training

Changing nappies or pull-ups in school

To ensure good hygiene for children and staff at Chad Vale Primary School will:

- a. Change a child's nappy or pull-ups when necessary (a changing table is available for this purpose in the medical room/ disabled toilet)
- b. Dispose of nappies and pull-ups in the waste bin provided in the medical room/ disabled toilet.
- c. Place all used nappies, pull-ups, wipes and PPE (Personal Protection Equipment) in a nappy sack that is tied twice before being placed into the waste bin.
- d. Staff must wear PPE - gloves and apron when changing a child's nappy or pull-ups.
- e. The child will have their nappy or pull-ups changed in the Medical Room/ Disabled toilet.
- f. The child will have their nappy changed on the changing table, on a mat on the floor of the of the toilet area or within the toilet if wearing pull-ups.
- g. The changing mat should be clean before use and cleaned after use.
- h. Blue roll changing table paper must be used
- i. The child should be encouraged to lay down on the mat themselves with lifting from the adult at a minimum.
- j. The child will be supported throughout the nappy or pull-up changing experience and the child will be helped to feel comfortable.
- k. The parents must provide appropriate nappies, pull-ups and wipes to be used by staff.
- l. Staff must not over-use wipes or use a child's wipes on another child. However, we do have school wipes available if necessary.
- m. Chad Vale Primary School will keep spare nappies, pull-ups and wipes within the toilet area.
- n. Spare clothing can be found in the mixed toilet changing space
- o. If a child's nappy or pull-up has leaked onto their clothing then their clothing must be changed.
- p. Soiled clothing will be placed into two bags, tied and placed into a child's bag and family will be informed at the end of the day.
- q. A child will never be made to feel ashamed for wearing a nappy or pull-up.
- r. In Reception, where possible a child's key person will change their nappy or pull-up.
- s. Throughout the rest of the school, it will be a familiar adult.
- t. A member of staff must inform at least one other staff member that they are about to change a child's nappy or pull-up and both will be present.
- u. If nappy rash cream is needed then this is dealt with through the medical policy.



10. Residential visits

- a. On residential visits, children may need to wear night-time pull-ups. This will be discussed with the family prior to the visit and a support plan will be put in place.
- b. When children have toileting accidents, adults dealing with the incident must wear personal protective equipment as well as gloves and dispose of any soiling in the same way as they would for nappies and pull-ups.
- c. The child to be changed and clothes washed if appropriate.
- d. On an occasion where a severe upset tummy or sickness occurs then the family is contacted and permission is sought to shower the child whilst waiting for the family to pick them up.
- e. Some children are on medication for constipation and may have soiling accidents regularly. For medical intervention, a separate support plan will be in place so that the child is able to cope positively within school and feel fully supported.

11. Personal Protective Equipment (PPE)

Protective gloves are available throughout the school in First Aid Kits and plastic aprons are available in the Medical Room/ Disabled Toilet area. Adults are responsible for ensuring these are disposed of correctly.

Staff should wear full PPE when completing intimate care activities. This should include: apron, gloves and mask. PPE supplies are available in the medical room/ disabled toilet area for staff use. Once used PPE should be discarded by double bagging it in plastic rubbish bags and placing it inside the nominated bin inside the medical room.

Date Agreed by Governors:

Signed:



Chad Vale Primary School

Intimate/Personal Care Plan

Child's name	Date plan agreed:
Nominated staff:	
Main Areas of need	
Detailed Plan- how/what/where/who/when	
Actions for parents	
Signed:Head Teacher	
Signed:Nominated Staff	
Signed: Nominated Staff	
Signed: Nominated Staff	
Signed: Nominated Staff	
Signed: Parent/carer	