



# HOWE GREEN HOUSE SCHOOL

## INTIMATE CARE POLICY SAFEGUARDING 7

ISI Reference	7a
Issue Number	3
This policy is endorsed by	Governing Board and the Head
This policy is owned by	Paul Bailey and Anna Lipani
Review Body	Education Committee

Most Recent Revision Date	June 2024
Last Reviewed by Governors	June 2023
Period of Review	Annual
Next Review Date	June 2025
Previous Reviews	5

To be made available	YES
To be on website	YES
Internal staff only	NO
Internal students only	NO
Internal staff and students	YES

## Intimate Care Policy – Safeguarding 7

### Howe Green House School and Little Oaks Nursery

**This Policy also includes the Early Years Foundation Stage and Before and After School Provision**

#### **Statement of Intent**

The governors and staff of Howe Green House School fully recognise the contribution it makes to safeguarding and promoting the welfare of children. We recognise that all staff, including volunteers, have a full and active part to play in protecting our pupils from harm.

All staff and governors believe that our school should provide a caring, positive, safe and stimulating environment, which promotes the social, academic, physical and moral development of the individual child.

The Governors and Staff at Howe Green House School realise that the issue of intimate care is a sensitive one and will require staff to be respectful of children's needs.

#### **1. Aims**

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

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

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

#### **3. Role of parents/carers**

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

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure. If the school is unable to get in touch with parents/carers 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/carers 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/carers, the child (where possible) and any relevant health professionals. The school will work with parents/carers 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/carers will be consulted.

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

See appendix 1 for a blank template plan to see what this will cover.

### **3.3 Sharing information**

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

## **4. Role of staff**

### **4.1 Which staff will be responsible**

Teachers, Teaching Assistants, Nursery Practitioners and Lunchtime Support Staff may carry out intimate care.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

### **4.2 How staff will be trained**

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school

- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

## **5. Intimate care procedures**

### **5.1 How procedures will happen**

As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to their circumstances and requirements. These plans will include a full risk assessment to address issues such as moving and handling, and the personal safety of the child and the carer.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible, one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing intimate care. This will ensure, as far as possible, that over-familiar relationships are not developed. However, the staff will make every effort to ensure that the care is not carried out by a succession of completely different carers.

### **5.2 Concerns about safeguarding**

Safeguarding and multi-agency procedures will be accessible to staff and strictly adhered to. If a member of staff has any concerns regarding physical changes in a child's presentation, for example marks, bruises and soreness, he or she will immediately report them to the Designated Safeguarding Lead. A clear record of the concern will be completed and referred to Social Care and/or the Police, in line with our Local Safeguarding arrangements. These concerns will be discussed with parents and carers prior to a referral, unless doing so is likely to place the child at greater risk of harm.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents and carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issues are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation of abuse, procedures outlined in the Safeguarding Children Policy will be followed.

## **6. Monitoring arrangements**

This policy will be reviewed by the Headteachers and Nursery Manger annually. At every review, the policy will be approved by the Education Committee.

## **7. Nappy Changing and Toilet Training Policy – Little Oaks Nursery**

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We make necessary adjustments to our bathroom provision and hygiene practice in order to accommodate children who are not yet toilet trained.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

### **7.1 Nappy Changing Procedures**

- Changing areas are warm and there are safe areas to lay young children if they need to have their bottoms cleaned.
- Each young child has their own nappies and changing wipes to be supplied by parents/carers and stored in Little Oaks
- All staff wear disposable gloves (a separate pair for each child) for nappy changing and toileting accidents. A disposable apron is worn if the child is very soiled.
- All staff are familiar with the hygiene procedures and will carry these out when changing nappies.
- In addition, key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- They should be encouraged to wash their hands and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand wash liquid or soap should not be used for young children.
- Key persons are gentle when changing; they avoid pulling faces and making negative comment about ‘nappy contents’.
- Key persons do not make inappropriate comments about young children’s genitals when changing their nappies
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Nappies and ‘pull ups’ are disposed of hygienically. Any pants and clothing that have been wet or soiled are bagged for the parent to take home.
- NB if young children are left in wet or soiled nappies/’pull ups’ in the setting this may constitute neglect and will be a disciplinary matter. Settings have ‘duty of care’ towards children’s personal needs.

## 7.2 Toilet training

When a child starts to show signs that they are becoming aware of their bodily functions we will arrange a convenient time to meet with parents/carers to discuss their plans on potty/toilet training their child.

## 8. Links with other policies

This policy links to the following policies and procedures:

- Child protection and safeguarding
- Health and safety
- SEND

## Appendix 1: template intimate care plan

Parents/Carers	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	

Parents/Carers child	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

Reviewed by Education Committee: June 2024  
 Chair: Liz Lester  
 Headteachers: Paul Bailey and Anna Lipani  
 Next Review: June 2025