

# The Vineyard

## Intimate Care Policy



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**Approved by:**

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## The Vineyard School

### Intimate Care Policy

#### Policy Statement

The Vineyard Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

This policy takes reference from Section 175 of the Education Act 2002, Keeping Children Safe in Education, Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children 2018 and the Equalities Act 2010. It is linked to our Staff Code of Conduct, Health and Safety, Safeguarding and SEND policies.

The accessible toilet has been identified and equipped to support all intimate care needs providing a changing bench and shower. Guidelines to support the management of bodily fluids, soiling and nappy changing are displayed to ensure good practice.

This policy is available to families and prospective families on the school's website and by request from the School Office. If you require a copy of this document in large print or audio format, please contact the School Office.

#### Aims

The aims of this policy are:

- to safeguard the rights and promote the best interests of the children;
- to ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one;
- to safeguard adults required to operate in sensitive situations;
- to raise awareness and provide a clear procedure for intimate care;
- to inform parents/carers in how intimate care is administered;
- to ensure parents/carers are consulted in the intimate care of their children.

#### Principles

- Every child has the right to be safe;
- Every child has the right to personal privacy;
- Every child has the right to be valued as an individual;

- Every child has the right to be treated with dignity and respect;
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities;
- Every child has the right to express their views on their own intimate care and to have such views taken into account;
- Every child has the right to have levels of intimate care that are as consistent as possible.

### **Definition**

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas, which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with medical aid, continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or cleaning/ wiping intimate areas.

### **Supporting dressing/undressing**

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Reception. Staff will always encourage children to attempt undressing and dressing unaided. This does not necessarily fall into the definition of 'Intimate care'; however staff discretion and professional judgement is required whether this does fall within this policy.

### **Providing comfort or support**

Where children require or seek physical support, staff will be made aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate, staff must provide care which is suitable to the age, gender and situation of the child. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

### **Soiling**

Intimate care for soiling should only be given to a child after the Designated Safeguarding Lead, Deputy Designated Safeguarding Lead or the Early Years Phase Leader have given verbal permission for staff to clean and change the child. Families who have children who require nappy changing or regular intimate care e.g. medical procedures on entry to the school will complete and sign an Individual Care Plan (ICP) with the teacher to enable staff to clean and change their child. When touching a child, staff should always be aware of the possibility of invading a child's privacy and will respect the child's wishes and feelings.

If a child needs to be cleaned, staff will make sure that:

- protective gloves are worn;

- the procedure is discussed in a friendly and reassuring way with the child throughout the process;
- the child is encouraged to care for him/herself as far as possible;
- physical contact is kept to the minimum possible to carry out the necessary cleaning;
- privacy is given appropriate to the child's age and the situation;
- all spills of vomit, blood or excrement are wiped up and flushed down the toilet;
- any soiling that can be, is flushed down the toilet;
- soiled clothing is put in a plastic bag (unwashed) and sent home with the child;
- a record will be made on CPOMs using the intimate care category;
- Parents will be contacted (if an individual care plan is not in place) prior to pick-up time to inform them that there was a need to clean and change their child;

### **Individual care plans**

Pupils who require regular assistance with intimate care have written Individual Care Plans (ICP) agreed by staff, families and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips. Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

### **Record keeping**

- ICPs for pupils who have known care and medical needs will be kept in the pupil's file;
- A written record will be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage. This will be kept in the pupil's file.
- Accurate records will be recorded on CPOMS when a child requires assistance with intimate care;
- These will include full date, times, who was present and any comments such as changes in the child's behaviour. These records will be kept in the child's file and available to families on request.

## **Staff Protection**

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. These include:

- gaining a verbal agreement from the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead that the action being taken is necessary, or the verbal agreement of the Early Years Phase Leader;
- allowing the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable;
- allowing the child a choice in the sequence of care;
- being aware of and responsive to the child's reactions.

## **Safeguards for children**

Adults who assist pupils with intimate care will be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. Best practice will be promoted and all adults will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice. We recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse. Sensitive information will be shared only with those who need to know.

## **Specialist Resourced Provision (SRP)**

The children, who attend the SRP, will have intimate care plans (if needed) and all adults will have appropriate intimate care training and will follow the agreed approach set out in this policy.

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### **Staff training**

Staff who provide regular intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes, such as the onset of puberty and menstruation.

### **Policy monitoring and review**

This policy will be reviewed every 3 years or earlier if necessary. The implementation will be monitored by the Senior Leadership Team. The opportunity to evaluate practice and raise issues and concerns will be provided in all staff meetings and leadership meetings under the standing child protection agenda item.



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