Intimate Care Policy

Name of School	Petersgate Infant School
Date of review	December 2025
Date of next review	December 2026
Reviewed by	Wendy Mitchell Headteacher

School Vision

"for all children to grow into responsible, caring individuals who actively and positively contribute to the community."

At Petersgate Infant School, our vision outlined above is strengthened by our values of safety, caring, achievement, resilience and friendship. These values symbolise warmth, community and cohesion to ensure we are "working together to achieve our best".

As a school, we can apply these values through the following aims:

Aims

- Ensuring everyone stays healthy and safe.
- Ensuring everyone feels valued and has a sense of belonging.
- Providing a high quality learning environment.
- Helping everyone enjoy learning and achieving their best.
- Nurturing and developing the whole child.
- Ensuring everyone makes a positive contribution to the school and wider community.

Safeguarding at Petersgate Infant School is carried out in line with the statutory guidance in 'Keeping Children Safe in Education' published by the Department for Education.

Introduction

Staff who work with young children or children who have special educational needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene, which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence as well as more ordinary tasks such as help with washing or bathing.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection and safeguarding issues. Staff behaviour is open to scrutiny and staff work in partnership with parents/carers to provide continuity of care to children wherever possible.

Staff deliver a personal safety curriculum, as part of Personal, Social and Health Education (PSHE), to all children as appropriate to their developmental level and degree of understanding.

Petersgate Infant 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 when intimate care is given. No child should be attended to in a way that causes distress or pain.

Our approach to best practice

All children who require intimate care are treated respectfully at all times; the child's welfare, privacy, respect and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Safeguarding and Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children as an additional safeguard to both staff and children involved.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child’s needs and preferences. The child is aware of each procedure that is carried out and the reasons for it. Practice is checked with the parents and child about any preferences they may have whilst carrying out intimate care.

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Where possible, we try to encourage a child's to be as

independent as far as possible in his or her intimate care. This may mean, for example, giving the children responsibility for washing themselves. Where a situation renders a child fully dependent, we talk about what is going to be done and give choices where possible.

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

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, two adults will provide the intimate care for a child. Staff can administer intimate care alone however we will be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.

Wherever possible the same 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 care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

The protection of children

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead (DDSL). A clear record of the concern will be completed and referred to Children's Services, where needed and/or the Police, if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.

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 the

DSL. 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 child protection record.

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/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 issue(s) 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 against a member of staff, all necessary procedures will be followed.

Procedure—During Intimate Care:

- Speak to the child personally by name so that s/he is aware of being the focus of the activity
- Seek another adult to support the provision of the intimate care.
- Enable the child to be prepared for and to anticipate events while demonstrating respect for his/her body
- Encourage the child to take responsibility for cleaning themselves as much as possible and guide them verbally if necessary. If the child is unable to do this themselves, with gloves, use tissue or wet wipes to clean them, letting another member of staff know you are doing this.
- Always keep the door open when the child is in the toilet cubicle shielding them from other children, but positioning yourself so that you are always in view
- Where possible, provide facilities which afford privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening; bathing changing one child at a time
- Respect a child's preference for a particular carer and sequence of care.
- When washing, use wet wipes and where possible encourage the child to attempt to wash private parts of the body him/herself
- Keep records, which note responses to intimate care and changes in behaviour

PETERSGATE INFANT SCHOOL

CHILDS INDIVIDUAL INTIMATE CARE PLAN

Child's name …….. Class……..

Nature of intimate care required:

Agreed procedures for administering the required care:

Resources required (to be provided by the parent/carer):

Signed ……..Parent/Carer

Signed ……School Representative