



Intimate Care Policy

Written by: Mr H Keighley-Elstub, Head	September 2023
This Policy is the responsibility, Head of Nursery in conjunction with the Head.	
Next review:	September 2024

1.0 Introduction

1.1 The Staff at Devonshire Preparatory School realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

1.2 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 and menstrual management as well as more ordinary tasks such as help with washing or bathing.

1.3 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 issues. Staff behaviour is open to scrutiny and staff at Devonshire Preparatory School and Nursery work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

1.4 Staff deliver a full personal safety curriculum, as part of Personal, Social, Health, Moral & Citizenship Education, to all children as appropriate to their developmental level and degree of understanding. Parents who are encouraged to reinforce the personal safety messages within the home.

1.5 Devonshire Preparatory School are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Devonshire Preparatory School 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.

2.0 Our approach to best practice

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



2.2 Staff who provide intimate care are trained to do so (including Safeguarding 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.

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

2.5 As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. 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 suit the circumstances of the child. These plans will include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

2.6 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.

2.7 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.

2.8 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 (where relevant). The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.



2.9 Staff will adhere to the required procedures when changing the nappies of children in Nursery, Reception (or other forms within the school). When possible (and if the child prefers), children will be changed while standing up in the toilet area. Otherwise, children will be changed on the designated changing table which will be disinfected after each use. Staff wear gloves and aprons for every change. There must be hot running water, nappy sacks and a bin available. Parents are requested to bring nappies/pull-ups, wipes, etc. These are kept in the child's own basket and replenished when necessary. If a child is exceptionally distressed during a nappy change, staff will use their initiative and may request front of house phone the parent/nanny.

3.0 The protection of children

3.1 Education Safeguarding Procedures and Inter-Agency Safeguarding procedures will be accessible to staff and adhered to.

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

3.3 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 appropriate manager/ designated person for child protection. A clear record of the concern will be completed and referred to social services 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.

3.4 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.

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