



OUR LADY AND ST BENEDICT CATHOLIC ACADEMY

INTIMATE CARE POLICY

Our Mission Statement:

‘Loving, Learning and Looking forward with Christ.’

Following the example of Our Lady and St. Benedict we are rooted to Christ in all that we say, do and think. Within our safe Catholic family we love, learn and ensure children are ready for their next step in society with Christ as their purpose.

Our Lady and St Benedict Catholic Academy is committed to safeguarding and promoting the wellbeing of all our children.

Introduction

At Our Lady and St Benedict, intimate care is defined as any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body, such as cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.

This Intimate Care Policy has been developed to safeguard children, staff and ensure good practice is followed. At Our Lady and St Benedict Catholic Academy all staff have an enhanced check with the Disclosure and Barring Service (DBS) and we are committed to ensuring that all staff undertaking intimate care of children undertake their duties in a professional and caring manner at all times. We believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene. We welcome all children to participate in our school and provide appropriate support for each child on an individual basis. We recognise the 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.

We aim to:

- Safeguard the rights and promote the welfare of all children including those who may be more vulnerable to abuse.
- Provide guidance and reassurance to staff whose duties may include intimate care.
- Assure parents and carers that staff are knowledgeable about personal care and that their child's individual needs and concerns are taken into consideration.
- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

Our approach to Best Practice

Individual intimate care plans will be drawn up for identified children as appropriate to suit the circumstances of the child. We will work alongside parents of a child who requires intimate care to establish a preferred procedure for supporting their child. Where these procedures may require specialist training, we will seek out training for all the staff who will be involved in a child's care, ensuring that the child's key-person and at least one other member of staff accesses the training. Staff members who are known to the child will take on that responsibility for changing children. The staff member who is involved will always ask the child for permission to assist them. The child will be supported to achieve the highest level of autonomy and independence that is possible given their age and ability. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. It is the parent's responsibility to provide nappies, disposal bags, wipes, changing mat.

Working with Parents

We believe that our partnership with parents is an essential principle in and is particularly necessary in relation to children needing intimate care. We recognise that the information required to carry out intimate care is gained from parents as is prior permission (see Appendix 1). We acknowledge that cultural influences may affect what is deemed 'intimate' and ensure we pay regard to social, ethnic and cultural perspectives through open dialogue with parents. Parents should be encouraged and empowered to work with staff to ensure that their child's needs are identified, understood and met. When any intimate care is carried out on children with individual care plans, it will be recorded on their own personal record (see appendix 2). All information concerning intimate care procedures is recorded and stored securely.

We appreciate that sometimes children have toileting 'accidents' which are out of character for them. In the event of this, and in the absence of a personal intimate care plan, the child would be fully encouraged and supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage the child to do as much for his/herself as possible and parents will be informed the same day. On the rare occasion that a child is soiled to a point where they are unable to clean themselves to a comfortable state, parents would be contacted immediately so that the child could be taken home for bathing.

All children will be taught personal safety skills in line with safeguarding procedures and carefully matched to their level of development and understanding to build their confidence and assertiveness about their own body and its worth. Confident and assertive children who feel their body belongs to them are less vulnerable to abuse.

If a member of staff has a concern about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. they will follow our safeguarding procedures. 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. If a child makes an allegation against a member of staff, all necessary procedures will be followed. We recognise that staff working in intimate situations with children can feel particularly vulnerable to allegations. This policy aims to help reassure both staff involved and the parents of vulnerable children. Action will be taken immediately should there be a discrepancy of reports between a child and the personal assistant. Where there is an allegation of abuse, the guidelines in the Safeguarding procedures will be followed.

Health and Safety Guidelines for Changing Children

- If possible children should be changed standing up or using the variable height changing table (hygiene suite) to avoid staff lifting children. We will use the larger disabled toilet facility to undertake nappy changing.
- The child's skin should be cleaned with a disposable wipe.
- Nappy creams/lotions should be labelled with the child's name and used only if prescribed for that child (by their parents) they must not be shared.
- Disposable gloves should be worn when changing nappies. The nappy should be folded inward to cover faecal material and double wrapped in a nappy bag. Soiled nappies should be disposed of into the bin provided. The disposal bin should be lined and emptied daily, replacing the used bin liner.
- Any soiled or damp clothing should be placed in a plastic carrier bag in the bin provided in the hygiene suite.
- Once the child has been changed and removed from the changing area, the surface should be cleaned with an antibacterial detergent spray or wipe and left to dry.
- Gloves, apron and any items used for cleaning the changing area will be wrapped and disposed of via domestic waste.
- Hands should be thoroughly washed afterwards.
- Complete the intimate care record.

These guidelines should be read in conjunction with the following policies:

- Health and Safety Policy
- Child Protection and Safeguarding Policy
- Administering Medicine Policy
- Complaints Policy

The governing body reviews this policy every two years. The governors may, however, review the policy earlier than this, if the government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved.

Reviewed and agreed: June 2025

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