



Thames View Infants Intimate Care Policy

Rationale

The Social, Emotional and Mental Well-being of the children and families are central to the vision and ethos at Thames View Infants. We are committed to developing positive and caring attitudes in our children.

Our Intimate Care Policy is an integral part of our collective Safeguarding policies. This policy is in line with multi-agency guidance as found in the Area Child Protection Committees' (ACPC) Regional Policy and Procedures. It is our intention to develop independence in each child, however there will be occasions when help is required. The principles, procedures and guidelines within this document apply to everyone involved in the intimate care of children.

'Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child.' (9.26, ACPC Regional Policy and Procedures). At Thames View Infants this may occur on a regular basis or during a one-off incident.

The responsibility lies with parents/carers to share their knowledge of a child's needs regarding intimate care at the time of admission or as needs develop. If the needs of the child are such that intimate care will be required frequently or consistently children may require a Health Care Plan, an Educational Health Care Plan or Toileting Plan. These will be accessed as appropriate and in consultation with parents and professionals. For example:

- Health visitor or school Nurse
- Child Development Referral
- Community Nursery Nurse
- Parent Support Advisor
- Children's Services
- Early Help Team

Thames View Infants 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 our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and adults and staff must be sensitive to the individual needs of the child.

In most cases, intimate care will involve cleaning for hygiene purposes as part of a staff member's duty of care. It may include hands-on physical, observation, verbal instructions and encouragement. In more detail, 'Intimate Care' is **any** care which involves one of the following:

- Requesting a child change, adjust, or partially remove their clothes
- Assisting a child to change, adjust, or partially remove his/her clothes
- Body bathing other than to arms, face and legs below the knee

- Changing or washing a child who has soiled him/herself including wiping and care in the genital and anal areas
- Assisting with toileting needs/issues
- Supervising/being present a child involved in intimate self-care
- Providing first aid assistance
- Providing physical comfort to an upset or distressed child
- Feeding a child
- Providing oral care to a child
- Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided including the application of medical treatment, other than to arms, face and legs below the knee.*

*In the case of a specific medical procedure, only a person suitably trained as detailed in child's approved Health Care Plan should undertake the procedure, (e.g. the administration of rectal diazepam/insulin etc.) The responsibility for alerting the school to any known intimate care needs relating to a child remains with the parents/carers.

Principles of Intimate Care

A child's welfare is of paramount importance and the diversity of the individuals and communities at Thames View Infants are respected within this. The following are fundamental principles of intimate care upon which our policy guidelines are based:

- Every child has a 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;
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities;
- All children have the right to express their views on their own intimate care and to have their views taken into account;
- Every child has the right to have levels of intimate care that are appropriate and consistent;
- Every child has the right to be cared for by staff who are experienced, professional, capable, confident and sensitive in their manner at all times;
- Every child has the right to be supported to achieve an developmentally appropriate level of self-care;

Staff responsibilities

All staff engaged in the intimate care of children have a duty of care and responsibility to work in close partnership with parents/carers and other professionals to ensure that children's individual needs are being met and to provide continuity of care and are:

- Responsible for having a high awareness of Safeguarding and Child Protection issues and making sure they have read and understand the DfE document "[Keeping Children Safe in Education Part 1](#)"
- Ensuring that intimate care is performed in the appropriate/agreed spaces within the school;
- Expected to give careful consideration to each child's situation when determining how many people might need to be present, having in mind the child's right to personal privacy. **Where possible, one child**

will be cared for by one adult unless there is a sound reason for having more adults present. If this is the case the reasons should be clearly documented;

- Expected to complete the required documents in full and in a timely manner;
- Expected to Whistle-blowing actions and events appropriately in line with school policy;
- Expected to contact parents/carers regarding the implementation of the intimate care policy in all circumstances and as directed by this policy; and
- Ensure that feedback to the parent takes place appropriately, discretely and in confidence to protect the dignity of the child and their family.

1. Assisting a child to remove, change or adjust their clothes

This is more common in the Early Years Foundation Stage (EYFS), especially in Nursery. However, on occasion any individual child may require some assistance with changing if, for example he/she:

- wets or soils themselves (a toilet accident)
- has vomit, blood or other bodily fluid on his/her clothes
- has a reported or suspected injury, illness, mark, rash etc hidden by clothes
- is reporting or demonstrating distress or discomfort in areas where clothing is worn
- gets wet or dirty indoors, outdoors or on a school visit
- requires assistance during swimming lessons in Year 2
- requires assistance during PE lessons, especially during the first experiences in Reception

Staff will always encourage children to attempt adjusting clothes, undressing and dressing unaided. However, if assistance is required it will be given.

2. Changing and/or cleaning a child who has soiled themselves

The child's needs, including their emotional well-being are paramount and they should be comforted and reassured throughout the process. The underlying principles of this policy seek to balance the needs of the children, the 'severity' of the soiling incident, the discomfort of the children and the availability of the parents.

If a child wets or soils themselves (urine/faeces/other bodily fluids) in school a **professional judgement** has to be made whilst considering the following:

- Is it appropriate to change the child in school?
- Should the parents/carers attend and assist the child?
- Should parents/carers or collect the child for changing at home?

In all of the above circumstances (both 1 & 2 above) staff will contact the parents/carers as detailed within the school's information database (INTEGRIS) informing them of the need to implement any

aspect of the 'Intimate Care Policy'. This call may take place *before or after* the incident and will depend on the context and the needs of the child. The incident will also be recorded in the "Intimate Care Log" (see appendix 2 and 3) stored in the following areas:

- In the **Nursery** for children attending the Nursery (a separate building), Nursery staff should call the office staff who will contact the parents/carers;
- In the **School Office** for all Reception/Year 1/Year 2 children;
- In **Bumble Bee's**, where children with a range of needs may have specific and recorded "Intimate Care Needs";
- *Where a child has an individual "Toileting Plan", (see appendix 4) the child's class will have a personal "Intimate Care Log" as incidences may be frequent and planned as in the case of assisting a child to develop continence.*

If a child is severely or very intimately soiled (for example, a case of extreme diarrhoea), then staff will call parents/carers to seek verbal consent to physically support the child in cleaning themselves. This ensures that staff act in 'loco-parentis' as when very young children are ill and distressed they often need not just 'cleaning' but also emotional care. Parents may wish to attend at this point however, staff have a duty of care to inform parents that, by waiting before beginning the process of intimate care, further distress and discomfort may be caused for the child which could be perceived as a 'neglect'. Decisions are dependent on the severity of the "soil" and the child's individual needs whether long term, pervasive, diagnosed, known or in the moment.

If the emergency contact is requested or requests to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves their dignity:

- If in the meantime, the child calms and is able to change themselves independently or with the support of the member of staff, parents/carers will be informed at the earliest opportunity and allowed to re-think their attendance

If the parent, carer or emergency contact cannot attend when they are specifically requested to the school will seek their verbal consent to change the child or their advice on next steps and actions. Parents/Carers are able to talk to their child on speaker phone if this will help reassure the child or the parent/carers. It is worth noting that refusal to attend or inability to make contact in a reasonable time frame could raise safeguarding concerns which will be shared with the appropriate Designated Safeguarding Lead or services who will give support in deciding next steps.

In the case of an emergency, should none of the contacts be reached, staff should act themselves with the consultation with the Headteacher (HT) and/or Designated Safeguarding Lead (DSL). Staff should follow the school policies in relation to Safeguarding and Child Protection as staff are required within their professional duty of care to make age and developmentally appropriate professional judgements based on their knowledge of the child and the context.

Guidelines

- The child will always, in the first instance, be given the opportunity to change their own underwear in private and carry out this process themselves;
- The school will have a supply of wipes, clean underwear and spare uniform for this purpose. Stored centrally in agreed and appropriate spaces;
- In the case of children within the EYFS and individuals with identified 'Intimate Care Needs', families will be requested to supply a full set of spare clothes including wipes any "pull up", "nappies" or other "continence aids" to be stored on their peg, this supports children's comfort and dignity in wearing their own clean clothes.

If a child is not able to complete this task completely independently, a decision should be made under the principle of 'loco-parentis' and the duty of care of staff in school to meet the needs of the child. Staff will take account of the following:

- Prior consent of the parent/carer at the time of admission or during consultations
- Where in place, the child's Education, Health Care Plan (EHC), Individual Education Plan (IEP) or Health Care Plan (HCP)
- Their knowledge and professional "teacher/pupil" connection with the individual child
- The child's needs and ability both in terms of age and developmental level
- How the child is presenting in terms of the Social, Emotional, Mental Health and Well-being

Principles for providing Intimate Care

Only employees at Thames View Infants and the child's own parents/carers are able to provide intimate care:

- *Students on any form of placement, work experience, "buddy" system at any grade or level of qualification, with any form of previous experience are not able to provide any form of intimate care*
- *Parent/carer helpers are not able to provide any form of intimate care*
- *New and less experienced staff are not able to provide any form of intimate care and upon passing their induction and/or probation and all references, checks and SCR requirements being fulfilled should shadow experienced members of staff in the short term before undertaking intimate care duties*
- *Supply or agency members of staff are not able to provide any form of intimate care*
- *Outside providers, agencies or professionals on site whether requested, employed or otherwise may not perform any form of intimate care**

**This does not include health checks performed by medical professionals for example, in Reception and other medicals directed by Children's Services/CDT/Doctors etc where signed parental/carer consent is given in advance and the During this time, should a child require intimate care in terms of changing/soiling etc then a member of staff should be called.*

Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.

Whilst implementing the Intimate Care Policy staff will ensure that:

- All actions taken during Intimate Care are necessary;
- Children are involved in their own intimate care;
- A child's independence is encouraged as far as possible in his or her intimate care;
- Every child is treated with dignity and respect and ensure privacy appropriate to the child's age and situation;
- They know the children in their care across a range of contexts gaining an appreciation of their moods and verbal/non-verbal communication;
- Communication with each child who needs help with intimate care is in line with their preferred means of communication (verbal, symbol, sign etc);
- They demonstrate respect for the child's body;
- They check by asking the child or parent about any preferences while carrying out the intimate care, especially in the case of children with additional needs and individual 'Toileting Plans';
- Effective communication ensures that instances of intimate care are consistent. Especially where a child may have multiple carers;
- A child's preference for a particular carer and sequence of care is respected;
- The child is spoken to personally by name, are aware of being the focus of the activity and are given explanations of what is happening in a straightforward and reassuring way;
- They promote positive self-esteem and body image. Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach taken to intimate care can convey lots of messages to a child about their body worth. Another's attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed;
- They view 'changing' time as a positive learning experience (aiming to gradually increase the child's independence and self-worth);
- They are aware of their own limitations. Carrying out only those activities they understand and feel competent with. If in doubt, staff should request support. Some procedures must only be carried out by members of staff who have been formally trained and assessed as is the case for the administration of diazepam in the event of an epileptic seizure;
- They report immediately, any concerns, unusual markings, discolouration or swelling are observed to the Designated Safeguarding Lead (DSL) in line with the Child Protection and Safeguarding Policy;
- If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, that the child is reassured and the incident is reported immediately to the Designated Safeguarding Lead.
- Any unusual or disproportionate emotional or behavioural response by the child recorded and reported to the Designated Safeguarding Lead who will discuss with parents. A written record of concerns must also be made available to parents and kept in the child's personal file/Intimate Care Log (see the Log as mentioned previously in Appendix 2 and 3);

- The child's needs both physically and emotionally are considered when making a professional judgement on the location within the school in which the 'Intimate Care' takes place. The context, the effect of moving the child from the situation to the "allocated intimate care area" will form part of the decision making process regarding a "suitable" space. For most children their preferred space would be in private within the class room toilets. A member of staff can be easily and discretely present to offer advice, support and encouragement to the child as they clean and change themselves. This is especially the case in the demountable buildings and the Nursery;
- Changing will take place in one of the following spaces dependent upon their geographical location within the school:
 - The Nursery Toilets
 - Demountable Toilets
 - Disabled Toilet in the Year 1 corridor
 - Disabled Toilet in the office corridor

Staff should wear disposable gloves and aprons while dealing with the incident. They should use disposal 'wet wipes' to clean the child. Soiled nappies or clothes to be double wrapped in the supplied nappy bags, or placed in the 'nappy bin'. Afterwards, the changing area should be cleaned after use with the provided antibacterial sprays/wipes. Staff should use hot water and liquid soap available to wash hands and the paper towels for drying them as soon as the task is completed

When washing, always use a sponge, flannel or wet wipe and where possible encourage the child to attempt to wash private parts of the body themselves.

Where necessary, the child should be dressed in clean, spare clothing – also available in the disabled toilet if children don't have their own supplied (EYFS). When calling parents/carers to inform them of the incident an agreement should be reached regarding the clothes and the wishes of the parents/carers followed:

- Washed and returned
- Disposed of
- Bagged and returned

All required equipment will be stored in the designated areas. It is everyone's responsibility to ensure areas remain well stocked and to alert office staff when the need for purchasing further resources is required.

Other instances where Intimate Care Occurs

When administering medicines, administering first aid, checking reported and perceived discomfort, illness, injuries please also refer to the Medicine and Health and Safety Policies alongside this policy.



Thames View Infants Intimate Care Policy

In the case of swimming and end of year visits to “Stubbers” in Year 2 the majority of children at this age are developmentally able to dress and undress independently. They require minimal help if any. Children who do require additional support will have an agreed plan in place and the support of a familiar adult to which the intimate care policy remains relevant. Children are entitled to privacy and respect when changing and with this in mind boys and girls change in separate rooms at both Barking Leisure Centre and the Stubbers Outdoor Centre. However by law there must be the required level of supervision in the space to safeguard young people with regard to health and safety considerations and to ensure that unacceptable behaviour for instance, body shaming does not occur. When showering at the pool and on changing at the Stubbers centre, children do so with their swimming costumes/trunks on. Girls are required to wear full one-piece bathing suits and boys wear formal swimming trunks in line with guidance from the provision attended.

Safeguarding and Child Protection

All children have the right to be safe and to be treated with dignity and respect. The Intimate Care Policy is to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

As an Infant Academy our staff have a duty of care to respond not only to the physical needs of a child who is distressed but more often their emotional well-being and mental health. This is especially the case within the EYFS but also in KS1. Young children naturally seek physical contact from their key workers, familiar staff and adults around them.

When this happens, staff need to be aware that any physical contact should be proportionate to the moment. If physical contact is deemed to be appropriate, staff **must** provide care which is professionally appropriate to the age and the context. Staff must ensure that at no time can the act be considered intimate.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

The normal process of changing a child should not raise child protection concerns. Safer Recruitment practises are followed during the recruitment process in line with the statutory and legal requirements within the Safeguarding Policy, Child Protection Policy and Induction Policy. Enhanced DBS checks take place and all checks are referenced and stored as legally required on the Single Central Record.

If a child touches a member of staff in a way that makes them feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. This should then be discussed in line with the school Safeguarding Policies with the HT/DSL.



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Members of staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the Intimate Care Policy should safeguard both children and staff.

If there is a known risk of false allegation by a child then a single practitioner should not undertake any intimate care.

If the child is unduly or disproportionately distressed by the situation or when receiving intimate care, or if the staff member notices marks or injuries, then the Headteacher/DSL Lead (or the Deputy Headteacher) should be informed immediately. In the instance of noticing marks or injuries, staff should refer to the school's Child Protection Policy.

If a child makes an allegation against a staff member, all necessary procedures will be followed.

All Staff at Thames View Infants are able to act in "loco parentis" (see appendix for definition) **and** have a duty of care to support children within the principles and guidelines of this policy. The Intimate Care Policy sits alongside the following policies that all staff have an individual and professional responsibility for reading and understanding as part of their employment duties:

- Admissions Policy
- Attendance Policy
- Anti-Bullying Policy
- Behaviour Policy
- Child Protection Policy
- Code of Conduct (Staff)
- Equal Opportunities Policy
- Equality Plan
- EYFS Framework
- Health and Safety Policy
- Induction Policy
- Medicine Policy
- Positive Handling Policy
- PSHE Policy (including Sex Education)
- Safeguarding Policy
- SEN and Inclusion Policy
- Whistle Blowing Policy

Please follow the hyperlinks (ctrl and click) to read the relevant documents on the school website.

Further Reading and Statutory Documents

[Keeping children safe in education: Statutory guidance for schools and colleges September 2022](#)



Thames View Infants Intimate Care Policy

[Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children March 2015](#)

[Area Child Protection Committees' \(ACPC\) Regional Policy and Procedures \(2005\)](#)

[NSPCC Website](#)

[NSPCC Female Genital Mutilation](#)

London Borough of Barking and Dagenham Website:

[Young People and Families](#)

[School and Learning](#)

[London Safeguarding Children Board](#)

[Statutory framework for the early years foundation stage: Setting the standards for learning, development and care for children from birth to five April 2017](#)



Thames View Infants Intimate Care Policy

Appendix One

Definition of “loco parentis”:

‘In loco parentis’ is Latin for ‘instead of a parent’ and in English law it applies in several circumstances.

Examples Of The Duty Of Care

When you leave your child at the school gates you are in effect agreeing to allow the teachers and other staff at the school to act ‘in loco parentis’. You also act in loco parentis when your child’s friends come to stay, or if you take your children and other people’s children on a trip to a local park. Babysitters, childminders, nursery assistants, crèche supervisors and holiday camp supervisors also assume a duty of care during the course of their employment.

Relevant Legislation

So what does this legal definition actually mean in practical terms? There are two statutory provisions that relate to the role of teachers acting in loco parentis: first, the Children Act 1989 provides that teachers have a duty of care towards the children under their supervision, as well as promoting the safety and welfare of the children in their care. The level of this duty of care is measured as being that of a ‘reasonable parent.’

Taken from the following website:

<http://www.lawandparents.co.uk/what-in-loco-parentis-means-you.html>

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Intimate Care Policy: Incident Log

Appendix 2 – Example of completed Intimate Care Log

Intimate Care Log:		Specified Changing Space: Disabled Toilet Year 1 Corridor		
Date and Time:	Child's Full Name:	Purpose of Intimate Care Policy:	Attending Staff Member(s):	Parents/Carers contacted (& by):
<i>Example Line Only: 31/1/18 2:15pm</i>	<i>Tom Smith Robbins</i>	<i>Wet himself whilst playing outside – changes of clothes supplied by parents – I supported independent change.</i>	<i>Claire Smith</i>	<i>DB called Mum after event to inform, clothes washed and handed over.</i>
<i>1/2/18 10:15am</i>	<i>Joanna Smart Wolves</i>	<i>Diarrhoea very distressed about the “mess” and getting in trouble, phone call to inform parents who are working about the extreme level of the soil. Agreed for staff to support and assist with intimate care. Wipes to inner and outer legs, back and bottom, child self cleaned and allowed staff to “check” visually genital areas were sufficiently clean. Whilst cleaning child presented as more relaxed and calm and was happy to be “fresh” and dressed in clean clothes</i>	<i>Claire Smith requested support from class TA – Gulshan Methoo</i>	<i>CS called Mum and Dad. Mum called back to agree pick up by Aunty and for staff to assist with intimate care. Parents requested clothes to be binned.</i>
<i>1/2/18 10:55am</i>	<i>Anna Lean Polar Bears</i>	<i>Came to the office having fallen, had trousers on and complained of a pain at the top of his leg after falling against the climbing frame (see accident book), asked if he wanted us to have a look, he pulled his trousers down quickly to his knees in the office, instructed to pull up, moved to the office corridor disabled toilet where he showed us the top of his leg, no marks observed.</i>	<i>Claire Smith</i>	<i>HD called Parents to inform of the accident as also bumped head and the leg check. Informed to monitor.</i>
<i>3/2/18 2:15pm</i>	<i>Paula Oke Cats</i>	<i>Came to office with a temperature of 38.9 and said she was itchy all over. Pulled up her jumper exposing her tummy which showed a red bumpy rash. Asked if I could look at her back, she allowed me to lift her jumper and t-shirt to expose to shoulders – showing extensive red bumpy rash.</i>	<i>Claire Smith (Hazel Denny also present in the office).</i>	<i>Parents called to collect her and informed on the phone regarding the physical check details as stated.</i>
<i>3/2/18 2:30pm</i>	<i>Tille Smith Nursery</i>	<i>Following PE accident with a ball to the face Tillie’s shirt required changing, t-shirt supplied by school, Tillie went to change in the Office disabled toilet, I followed and remained outside with a bag to receive the dirty t-shirt. She called out as she caught her nose with her t-shirt and it started bleeding, I went into the disabled toilet, assisted her in removing her t-shirt and applied a swab to her nose. Her vest also dirty now required removing, I removed her vest whilst she held the swabs in place, then I helped put her t-shirt back on. Door remained ajar, I called Hazel for more swabs and help with the bag. Tillie remained tearful due to the blood and the discomfort and was clear that she required help.</i>	<i>Claire Smith (Hazel Denny joined to assist)</i>	<i>Parents called by CS to inform off accident and change as detail, called again to collect Tillie due to her injury and the closeness to the end of school. Clothes handed over with nose bleed letter.</i>



Thames View Infants

Intimate Care Policy: Incident Log

Appendix 3 Blank - Intimate Care Incident Log

Intimate Care Log:		Specified Changing Space:		
Date and Time:	Child's Full Name:	Purpose of Intimate Care Policy:	Attending Staff Member(s):	Parents/Carers contacted (& by):

Appendix 4: Toileting Plan: within the Intimate Care Policy:

Child's Name:	
Class:	
Date signed:	
I have a copy of the intimate care policy:	
My child's toileting needs:	
<p>I confirm where appropriate and following consultation, support the school/staff with helping my child become independent in meeting their toileting needs</p>	
Parent/Carer name:	
Parent/Carer signed:	
Staff name/signed:	



We're a PAPERLESS School – so you must download & register your ParentMail App to receive e-newsletters, to book after-school clubs & Parents' meetings or to confirm consent for educational visits.



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