



# Intimate and Personal Care Policy

## SOUTH NORMANTON NURSERY SCHOOL

Adopted at the meeting of the Full Governing Body on  
Minute Number

Chair of Governors

### Record of Policy Amendment / History

| Version/ Issue | Date     | Author | Reason for Change  |
|----------------|----------|--------|--|
| 1              | 01.07.15 | SA     | New policy   |
| 2              | 8.7.16   | SA     | New title and new parts added from new model policy from DCC                                   |
| 3              | 06.07.17 | SA     | RRS charter added<br>New statement added regarding contacting health professionals for advice. |
| 4              | 01.07.18 | SA     | Reviewed, <b>statement</b> added to reflect Data Protection policies and procedures.           |
| 5              | 21/03/22 | PH     | Updated policy.  |
| 6              | 30/06/25 | PH     | Updated policy   |

Children's Services ISSUE 5

June 2025 (DCC May 22)

# Intimate and Personal Care Policy

This policy has been considered and written in conjunction with our Rights Respecting School's charter adapted from the United Nations Convention on the Rights of a Child.

'In our school, we believe that every child has the right to play, learn and grow in an inspiring, empowering and safe environment protected from harm and treated fairly. We believe that each one of us has a responsibility for the world and its inhabitants, both of which deserve respect and nurture.'

South Normanton Nursery School Charter

## Definitions

The definitions described here are new. Previously Derbyshire referred to all care (including personal and intimate) as 'personal care'. All job descriptions, person specifications and contracts previously issued that predate this document which use 'personal care' are referring to both 'personal and intimate' care.

**Personal care** tasks can be defined as those that involve touching which is socially acceptable is non-personal or intimate. Such tasks are generally aimed at helping with presentation or enhancing social functioning and may include:

- administering medication
- helping a child to eat or drink
- brushing a child's hair or teeth
- helping a child to dress or undress
- washing a child's non personal body parts
- encouraging a child to go to the toilet.

**Intimate care** tasks are defined as those associated with bodily functions, body products, and personal hygiene routines which demand direct or indirect contact with or exposure to the genitals, including tasks such as:

- dressing and undressing (underwear)
- helping with the use of the toilet
- changing continence pads/nappies (faeces and/or urine),
- bathing/ showering
- washing personal and intimate parts of the body

## **Guiding principles**

This guidance is underpinned by the following guiding principles:

- Assistance with intimate and personal care must be provided in a manner which is respectful of the child's rights to feel safe and secure, to remain healthy, and to be treated as an individual.
- Children have a right to information, in a format which is understandable, so that they can ask questions or express their concern about personal and intimate care routines.
- Children should be consulted as far as possible and encouraged to participate in decision-making about their intimate and personal care.
- Decisions and plans about intimate and personal care are made in partnership with parents/carers.

Practitioners who work with very young children accept that their roles will involve assisting children with intimate and personal care routines. Some children now attend school from the age of two. In addition, more children with complex learning needs and disabilities are now accessing mainstream provision. Young children have "accidents" and settings must plan for such eventualities and how they will deal with them. The 'Ready for School in Derbyshire' policy, September 2015, describes core skills that children should have mastered, before they begin in Reception. One of the expectations is that before starting in Reception, children should be able to go to the toilet on their own and wash their hands. Schools are not expected to routinely teach children how to use the toilet. Therefore unless a child has a disability or defined medical condition it is expected that parents/carers will have helped their children to be clean and dry by the time they start in Reception.

## **The Equality Act**

The Equality Act 2010 in relation to disability and additional needs provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his or her ability to carry out normal day to day activities. The effect must be substantial and long-term. It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against. Education providers have an obligation to meet the needs of children with delayed personal development in the same way as they meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal activities because of incontinence.

Any admission policy that sets a blanket standard of continence for all children, is discriminatory and therefore unlawful under the Act. Settings and schools must make reasonable adjustments to meet the needs of children with disabilities, including those who are not continent.

Asking a parent or carer to come and change a child is likely to be a direct contravention of the Equality Act 2010 and leaving a child in a soiled nappy for any length of time pending the return of the parent is a form of abuse and wholly unacceptable.

When a child has a disability which includes complex continence or moving and handling needs, it may be appropriate for the relevant health professionals to draw up a health care plan. Any plan should be reviewed every six months or sooner if the child's needs suddenly change.

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## **Links with other policies/Guidance**

This policy should be considered in conjunction with other relevant policies and/or guidance, related to the following aspects:

- Safeguarding
- Administration of medication
- Moving and Handling
- Health and Safety
- Cleaning of Bodily Fluid Spillages
- Inclusion
- Equality and diversity
- Complaints Procedure

## **Our approach:**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate and/or personal care is treated with respect at all times: the child's welfare and dignity is of paramount importance. Staff who provide intimate and/or care 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 (see Disability and Equality policies).

The child 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 him/herself as s/he can. This may mean, for example, giving the child responsibility for wiping themselves. Individual intimate care plans will be drawn up for particular children as appropriate to their medical needs. Children who are toileting as slightly delayed or delayed will be dealt with as above.

Each child's right to privacy will be respected as stated in the United Nations Convention on the Rights of a child. 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. Wherever possible one child will be catered 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.

Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns providing care. This is done as the timetable states who is in that area at that time. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Intimate care arrangements informal and formal will be discussed with parents / carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation (see Equal Opportunities Policy).

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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. The carer 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 (see Child Protection and Safeguarding Policy).

### **Ensuring carer competency**

- Staff need to be given information during the recruitment process about the types of intimate and personal care they may be required to carry out, and this should be included in any job description/role profile.
- All staff working with children and young people must have been through an appropriate safer recruitment process.
- Staff must be given appropriate initial and on-going instruction/training in how to carry out intimate and personal care activities. This may include both generic training, and specific instruction in how to assist particular children.
- Staff should have access to a set of procedures which give detailed guidance on how to carry out specific activities related to intimate and personal care and any individual care plan which is in place for a young person.
- Staff should also have attended other relevant training, including safeguarding disabled children, moving and handling (where appropriate), and administration of medication.

### **Safeguarding the dignity of children when providing intimate care**

- The number of adults involved in giving intimate and personal care should be based on individual need. Under usual circumstances, the child's need for privacy would indicate that one adult is sufficient. However, two or more adults may be required on occasion, for example where this is necessary to support a child with behavioural needs, where more than one adult is needed to assist with moving and handling, or where it is known that allegations by a child are likely to be made. Where more than one adult is present, the reasons must be clearly documented.
- A student on placement should not change a child's nappy without supervision.
- There is a need to strike a balance between protecting the child's dignity by not drawing on too large a pool of adults who are involved in intimate care routines, and on protecting the child from over-dependence on one person.
- The child's preferences about gender of carer should be respected wherever possible

## **Developing, documenting, and communicating intimate care procedures**

- Parents/carers must be consulted, and their views respected regarding personal and intimate care.
- Parents/carers are expected to provide settings with information about their child's intimate care needs. This information will be sought as part of the induction process.
- Parents/carers will be expected as part of the plan to supply the setting with a sufficient supply of clean clothing and nappies/pull ups etc. relevant to their child's needs.
- A record of who has been given personal or intimate care will be kept, recording who has provided the care.
- Planning for outings and trips must take into account how the child's intimate and personal care needs will be met when away from the setting.

## **Procedures and facilities for intimate care routines**

- Staff will decide on the changing area for the child, in the children's toilets standing up or in the changing area in the disabled toilet using the lift changing bed.
- If the child needs use of the lift changing bed, then they must be fully inducted to do so at induction time for new staff.
- Staff must wear disposable gloves and an apron while carrying out intimate care tasks
- Soiled nappies should be double wrapped. They can then be placed in the normal waste collection. If the number produced each collection period exceeds 7kg in total then additional nappies should be placed in a hygienic disposal unit and separate collection of these by a suitable contractor will need to be arranged.
- The changing area must be cleaned after use.
- Hot water and liquid soap should be available for adults and children to wash their hands after intimate care routines. A hot air dryer or paper towels must also be available.

## **Guidance for personal and intimate care procedures**

The following general guidance should be followed:

- Children/young people should be enabled to communicate their needs and preferences during personal and intimate care activities.
- When referring to care routines or body parts care should be taken to use appropriate language.
- When staff are not sure how to carry out a personal or intimate care routine, guidance should be sought from their manager.
- Care must be taken to communicate with the child throughout the activity.
- Children should be encouraged to do as much as they can for themselves.
- The utmost care must be taken to ensure dignity and privacy. Adults should also keep the child's body and genital area covered as much as possible.
- For children who present with challenging behaviour who require intimate care, this must be included within their behaviour plan and individual risk assessment.

## **Child Protection**

The normal process of changing a nappy should not raise child protection concerns and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. DBS checks are carried out to ensure the safety of the children with staff employed in childcare and education settings. In exceptional circumstances if there is a known risk of false allegation then a single practitioner should not undertake nappy changing.

School staff remain highly vigilant for any signs or symptoms of improper practice, as they do for all activities carried out on site.

**South Normanton Nursery School is committed to safeguarding and promoting the welfare of children.**

The policy will be reviewed on a regular basis and appropriate changes made.

Signed .....

Dated.....