Intimate and personal care policy

Date of Last Review:	**April 2025**
Date agreed by Governors:	**March 2025**
Date shared with all staff:	**April 2025**
Date of next review:	**April 2027**
Origin/Author:	**AWNS**

Introduction

Abbey Wood Nursery 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. Our practice permits and promotes the greatest level of self-care and independence for every child.

Definition of intimate care

Intimate Care is any care that involves washing, touching, changing or carrying out an invasive procedure that younger children are not able to do independently, for example:

- Dressing
- Changing soiled or wet clothes
- Changing Nappies or pull ups
- Toileting
- Washing
- Application of topical medicines (e.g. sun creams. Eczema creams)
- First Aid and medical assistance

Principles of Intimate Care

The provision of personal care may be routine for some of the younger children who are not yet toilet trained. It may also be part of the routine care for some children with a disability.

The following statements are the fundamental principles of intimate care on which our policy is based.
Every child has the right:

- To be safe
- To personal privacy
- To be valued as an individual; to be treated with dignity and respect
- To be involved and consulted in their intimate care and to the best of their abilities
- To express their views on intimate care and to have such views taken into account
- To have levels of intimate care that is appropriate and consistent.

All staff working with children at Abbey Wood Nursery School will hold up to date Disclosure and Barring Service checks (DBS). Staff designated to carry out intimate care will be properly trained, receive appropriate guidance and know the school's child protection policy and other relevant policies. Students, Agency staff and volunteers are NOT permitted to carry out any intimate care. Staff behaviour is open to scrutiny and staff will work in partnership with parents/carers and [provide continuity of care whenever possible. The 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.

Management of Intimate care

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance. Children will be encouraged to attend to their own needs whenever possible and safe to do so – depending on their age and stage of development. It maybe possible to provide supervision and guidance, intervening only where necessary or if the child asks for help. The expectation is that the staff will use limited touch, and when physical contact is made it will be in response to the needs of the child and be of limited duration. Staff will encourage children to be as independent as they can.

Each child's right to privacy will be respected. Personal care should always be provided in an appropriate area so that the child is afforded privacy. An adult that the child is familiar with should only ever carry out intimate care. Whenever possible this will be a key person or a member of the shelter team. If there are, concerns for the child when they are being changed e.g. nappy rash. Then a second familiar adult may support the child and adult.

To ensure effective communication

- Make eye contact at the child's level
- Use simple language and repeat if necessary
- Wait for response
- Continue to explain to the child what is happening even if there is no response
- Treat the child as an individual with dignity and respect

If a member of staff has any concerns about physical changes in a child's presentation e.g. marks, bruises, soreness etc. they will immediately report concerns to the DSL, following the school's child protection procedures.