

Inspire Partnership Academy Trust

Intimate Care Policy



Foxfield Primary School

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1. Introduction

- 1.2. At Foxfield Primary School, we recognise that all children have different rates of development and differing needs during their time at school. Whilst many children in the nursery will need support with personal care, the majority of children will achieve continence before starting full-time school; however, some children fail to become fully independent until a little later. Some children will remain dependent on long term support for personal care, while others will progress slowly towards independence.
- 1.3. It is our intention to develop independence in each child; however, there will be occasions when additional help is required. Our Intimate Care Policy is designed to safeguard children and staff. The principles and procedures apply to everyone involved in the intimate care of children; staff involved with any aspect of pastoral care will be sensitive to a child's individual needs. Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis, or during a one-off incident - these activities include:
- Feeding
 - Oral care
 - Washing
 - Changing clothes
 - Toileting
 - First aid and medical assistance
 - The supervision of a child involved in intimate self-care
- 1.4. Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

2. Aims

- 2.2. This policy aims to ensure that:
- Intimate care is carried out properly by staff, in line with any agreed plans
 - The dignity, rights and wellbeing of children are safeguarded
 - Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
 - Parent/Carers are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
 - Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved
- 2.3. Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

3. Legislation and statutory guidance

- 3.2. This policy complies with [statutory safeguarding guidance](#).

4. Role of Parent/Carers

4.2. Seeking Parent/Carer permission

- 4.2.1. Permission is not required for children in our Early Years settings who need routine or occasional intimate care (e.g. for toileting or toileting accidents) as it is expected children of that age will need some assistance to carry out personal care. Parents/carers will always be informed at pick up if intimate care has taken place.
- 4.2.2. For children in Years 1 to 6, who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parent/carers will be asked to sign a consent form (Appendix 1).
- 4.2.3. For children whose needs are more complex or who need particular support outside of what is covered in the permission form, an intimate care plan will be created in discussion with Parent/Carers (Appendix 2).
- 4.2.4. Where there is not an intimate care plan or parent/carers consent for routine care in place, parent/carers permission will be sought before performing any intimate care procedure.
- 4.2.5. If the school is unable to get in touch with parent/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parent/carers afterwards.

4.3. Creating an intimate care plan

- 4.3.1. Where an intimate care plan is required, it will be agreed in discussion between the school, parent/carers, the child (when possible) and any relevant health professionals for more complex needs.
- 4.3.2. The school will work with parent/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.
- 4.3.3. Subject to their age and understanding, the preferences of the child will also be taken into account. If there is doubt whether the child is able to make an informed choice, their parent/carers will be consulted.
- 4.3.4. The plan will be reviewed at least annually, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

4.4. Sharing information

The school will share information with parent/carers as needed to ensure a consistent approach. It will expect parent/carers to also share relevant information regarding any intimate matters as needed.

5. Role of staff

5.2. Which staff will be responsible

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other mandatory checks as outlined under the Keeping Children Safe in Education statutory guidance.

5.3. How staff will be trained

- 5.3.1. Staff will receive:
- Training in the complex types of intimate care they undertake
 - Regular safeguarding training
 - If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible
- 5.3.2. They will be familiar with:
- The control measures set out in risk assessments carried out by the school
 - Hygiene and health and safety procedures
- 5.4. They will also be encouraged to seek further advice as needed.
- 5.5. It is mandatory that all relevant staff will attend refresher training when requested.

6. Intimate care procedures

6.2. Best Practice

- 6.2.1. 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 are of paramount importance at all times.
- 6.2.2. Staff who provide intimate care are trained to do so (including Safeguarding and Health and Safety training in lifting and moving) 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.
- 6.2.3. 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.
- 6.2.4. 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 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.
- 6.2.5. Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many adults might need to be present when a child is toileted. Where possible, one child will be supported for by one adult with another adult within the vicinity to safeguard the child and staff involved.
- 6.2.6. Wherever possible, staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in a primary school, as no male staff are available.
- 6.2.7. Intimate care arrangements 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.
- 6.2.8. Procedures will be carried out in the school's designated private medical room or accessible hygiene suite. This ensures a private, dignified environment that strictly upholds statutory single-sex space protections. Procedures will be carried out in the medical room
- 6.2.9. When carrying out procedures, the school will provide staff with:
protective gloves, cleaning supplies, changing mats and bins. Parents will provide nappies, wipes and change of clothes for their child.

- 6.2.10. Intimate care will be recorded on the Intimate Care Record (Appendix 3).
- 6.2.11. For pupils needing routine intimate care, the school expects parent/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.
- 6.2.12. Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parent/carers at the end of the day.

6.3. Concerns about safeguarding

- 6.3.1. If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.
- 6.3.2. If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the Designated Safeguarding Lead.
- 6.3.3. If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be assigned to another member of staff immediately and the allegation will be investigated according to the school's safeguarding procedures.

7. Monitoring arrangements

- 7.2. This policy will be reviewed by Trust Education Leaders annually and shared with schools.

8. Links with other policies

- 8.2. This policy links to the following policies and procedures:
 - Accessibility plan
 - Child protection and safeguarding
 - Health and safety
 - SEN
 - Supporting pupils with medical conditions

Appendix 1 – Intimate care: Parent/Carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of Parent/Carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or my child has an infection)	☐
I understand the procedures that will be carried out and I will contact the school immediately if I have any concerns	☐
I do not give consent for my child to be washed and change in case of a toileting accident. Instead, the school will contact me or my emergency contact and I/they will organise for my child to be washed and changed. I understand that if the school cannot reach me or my emergency contact, staff will need to wash and change my child, following the school's intimate care policy, to ensure comfort and remove barriers to learning.	☐
Parent/Carer signature	
Name of Parent/Carer	
Relationship to child	
School staff signature	
Name of school staff	
Date	

Appendix 2 – Intimate Care Plan

PARENT/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for making sure care is carried out according to the intimate care plan	
Name of Parent/Carer	
Relationship to child	
Signature of Parent/Carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	

PARENT/CARERS	
Date	

Appendix 3 – Intimate Care Record

Individual Intimate Care Record								
Child Name								
Class								
Date	Time	Location	No. of adults	Adult initials	Adult initials	Comments	Parent informed? Y/N	Parent signature

Adhoc Intimate Care Record										
Child Name	Class	Date	Time	Location	No. of adults	Adult initials	Adult initials	Comments	Parent informed? Y/N	Parent signature