



St Stephen's RC Primary School

Intimate Care Policy

Vision

A world class school for children that want to make the world a better place as God intended

Mission Statement

'Love one another, as I have loved you.'
John 13:34

Our Values - St Stephen's CARES

Compassion, Ambition, Rejoice, Excellence, Service

Compassion	<i>be compassionate in all of our actions</i>
Ambition	<i>be ambitious – better ourselves and those around us</i>
Rejoice	<i>be rejoiceful – celebrate the Good News</i>
Excellence	<i>be excellent in everything we do – work hard always</i>
Service	<i>be a steward of the Lord – a service to the community</i>

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1. Aims

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 who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/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
- Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

2. Legislation and statutory guidance

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

3. Role of parents/carers

3.1 Seeking parental permission

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there isn't an intimate care plan in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/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 parents/carers afterwards.

3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (when possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 1 for a blank template plan to see what this will cover.

3.3 Sharing information

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

4. Role of staff

4.1 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 checks on their employment history.

4.2 How staff will be trained

Staff will receive:

- Training in the specific 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 possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures
- They will also be encouraged to seek further advice as needed.

5. Intimate care procedures

5.1 How procedures will happen

Definition:

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas.

Intimate personal care tasks can include:

- Body bathing other than to face, arms, and legs below the knee
- Toileting, wiping and care in the genital and anal areas
- Dressing and undressing
- Application of medical treatment other than to arm, face and legs below the knee
- Supporting with the changing of sanitary protection

Scope:

This policy applies to all staff undertaking personal care tasks with children but particularly to those who are in the Early Years Foundation Stage. The normal range of development for this group of children indicates that they may not be fully toilet trained. Due to parenting issues, it may be that some may not even have commenced toilet training at this age.

In addition to this there are other vulnerable groups of children and young people that may require support with personal care on either a short, longer term or permanent basis due to SEN and disability, medical needs or a temporary impairment. This could include:

- Children and young people with limbs in plaster
- Children and young people needing wheelchair support
- Children and young people with pervasive medical conditions

Best Practice:

- The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.
- Staff who provide intimate care are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies.
- It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff should always be present. In addition, a record should be kept of all intimate care tasks undertaken and, where they have been carried out in another room, include a record of times left and returned. These records should be treated as confidential in individual folders that are available for parents / carers to view upon request.
- Staff will wear disposable gloves and aprons where appropriate.
- 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.
- Staff involved in the meeting of intimate care needs will not usually be involved with the delivery of sex education to the same children wherever possible.
- There will be careful communication with each child, with their preferred means communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- Staff will encourage each child to do as much for his/herself as possible.
- Children who require regular assistance with intimate care have written care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Any historical concerns (such as past abuse) should be noted and taken into account.
- Where a care plan is not in place, parents/carers will be informed the same day (prior to changing where possible) if their child has needed help with meeting intimate care needs (eg: has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person - telephone or by sealed letter.
- Every child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care.
- Wherever possible the child will not be cared for by the same adult on a regular basis apart from when this adult is the child's named 1:1 support. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing.
- The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Medical Procedures:

Children with SEN or disability may require assistance with invasive or non-invasive medical procedures. These procedures will be discussed with parents / carers, documented in the care plan and will only be carried out by staff who have been trained to do so.

Any members of staff who administer first aid will be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present.

Toilet Training:

Starting school or nursery has always been an important and potentially challenging time for both the children and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in EYFS there is a wide variation in the time at which children master the skills involved in being fully toilet trained. For a variety of reasons children in EYFS may be:

- Fully toilet trained
- Be fully toilet trained but regress for a little while in response to the stress and excitement of beginning at a new setting / full time school
- Be fully toilet trained at home but prone to accidents in new settings
- Not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme
- Be fully toilet trained but have a serious disability or learning difficulty
- Have delayed onset of full toilet training in line with other development delays but will probably master these skills during EYFS
- Not be toilet trained at all due to parenting issues

Parents should be encouraged to train their child at home as part of their daily routine, and schools should reinforce these routines whilst avoiding any unnecessary physical contact. Parents and schools should work together to form a toilet management plan where appropriate to further support this.

Parents / carers should provide spare pull-ups (rare occasions), wet wipes and a change of clothes, agree to change the child at the latest possible time before coming to school and inform the school if the child has any marks / rashes. It should also be agreed on a minimum number of changes and how often the child should be routinely changed and by who.

For pupils needing routine intimate care, the school expects parents/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.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

5.2 Concerns about safeguarding

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.

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 Miss Dempsey, Deputy Headteacher.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

Safeguarding Procedures and Multi-Agency Protection procedures will be adhered to. Where parents do not cooperate with intimate care agreements concerns should be raised with the parents in the first instance. A meeting may be called that could possibly include the health visitor and head teacher to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the school's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for safeguarding.

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 the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

6. Monitoring arrangements

This policy will be reviewed by the Headteacher annually. At every review, the policy will be approved by the Governing Body.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility Policy
- Child protection and safeguarding
- Health and safety
- SEND
- Supporting pupils with medical conditions

Appendix One: Template 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/equipment will be used, and who will provide them?	
How procedures will differ if taking place on a trip or outing?	
Name of SLT member responsible for ensuring care is carried out according to the intimate care plan	
Name of parent/carer	
Relationship to child	
Signature of parent/carers	
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?	
Date	

The plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Appendix Two: Parent/Carer Consent Form

Permission for School to provide intimate care	
Name of child	
Date of birth	
Name of parent/carers	
Address	
Please tick	
<input type="checkbox"/>	I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)
<input type="checkbox"/>	I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)
<input type="checkbox"/>	I understand the procedures that will be carried out and will contact the school immediately if I have any concerns
<input type="checkbox"/>	I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.
Parent/Carer sign	
Name of parent/carers	
Relationship to child	
Date	