**Intimate Care Policy**

Kielder Primary School & Nursery



**POLICY STATUS**

| **Date approved** | **September 2024** |
| --- | --- |
| **Review cycle** | **Annual** |
| **Next review** | **September 2025** |
| **Approval level** | **Heateacher** |

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# **1. Rationale**

Kielder Primary School and Little Squirrels Nursery is responsible for the care of all children, whatever their needs or difficulties, including children with learning and physical difficulties who have an increased dependency and require practical support with their intimate care needs at school.

We have defined Intimate Care as direct care of the child in terms of any personal care activity a child would normally be able to do for him/herself. Or in the case of nursery age children, where nappy changing is required.

Intimate care is a high-risk activity in terms of abuse and it is particularly important that there are guidelines on Intimate Care, both to protect those being cared for and the staff who care for the children’s needs. We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible.

The staff at Kielder Primary School and Little Squirrels Nursery have recognised the need to design guidelines that encompass all aspects of procedures. They apply to every member of staff involved in the intimate care of the children and they aim to support good practice.

Therefore, our guidelines have the following goals:

* To outline good practice during intimate care tasks so we can distinguish between good and poor care practice
* To protect the children and the staff who are asked to carry out intimate care tasks
* To outline a system that works effectively for the child, ensuring a consistent approach is undertaken and that approaches to intimate care are not markedly different between individuals

**Guidelines**

1. **Children and their parents should have confidence in the staff**

All staff involved in Intimate Care routines will have had a DBS check and will receive appropriate training to carry out this aspect of their work. Parents will receive a copy of the School’s Intimate Care policy and will be offered an opportunity to discuss their child’s needs with an appropriate member of staff.

2. **Carers should be aware if the abilities of the child**

The child should be enabled and encouraged, as far as is reasonably possible, to contribute to his/her own intimate care

3. **Ensure privacy, appropriate to the child’s age and gender**

The school takes the view that the issue of privacy is important. Many intimate care tasks are carried out by one person. This practice is actively supported unless the task requires two people.

4. **Children have the right to be respected**

Respect of the child’s body and integrity should be included in all care procedures. Ideally, someone who has a positive long-term relationship with the child should carry out intimate care tasks. New members of staff should get to know the children in the classroom context before getting involved in Intimate Care tasks.

5. **A strong focus should be evident on choice and decision making skills**

Wherever appropriate, decision making should be an integral part of the process – e.g. Do you want to go to the toilet or not? Should we wash your hands or face first? Can I help fasten your trousers?

6. **Pupils will be prepared and involved in what is going to happen**

Staff will raise the child’s awareness of the process. Objects of reference, symbols, signs, gesture and verbal explanation will be given as appropriate

7. **Intimate Care tasks are not an interruption to the timetable**

These practices should be valued as part of each child’s essential curriculum. They are an opportunity to develop independent and age appropriate skills, increase dignity and to raise self-esteem.

8. **Never do any task unless you are confident in your ability to do it** Never guess; ask a colleague to help.

9. **If you are concerned, report it**

Intimate Care tasks should never be approached light heartedly. If a child has soreness or something to cause you concern, follow School’s Child Protection Procedures.

10.**Health and Safety Issues**

Barrier materials will always be used e.g. disposable gloves. Appropriate Lifting and Handling Procedures will be followed when necessary.

# **2. 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.

# **3. Legislation and statutory guidance**

This policy complies with [statutory safeguarding guidance](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2).

# **4. Role of parents/carers**

**3.1 Seeking parental permission**

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

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 or parental consent for routine care 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.

# **5. Role of staff**

**4.1 Which staff will be responsible**

Any roles who may carry out intimate care will have this set out in their job description. This includes teachers and teaching assistants.

No other staff members can be required to provide intimate care.

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.

# **6. Intimate care procedures**

**5.1 How procedures will happen**

The nature of our school is such that it is not always possible for 2 members of staff to be present. However, where there is a known risk of false allegations by a pupil, or if it is an invasive procedure, a second member of staff must be present.

Procedures will be carried out in the pupil toilets.

When carrying out procedures, the school will provide staff with protective gloves, cleaning supplies, changing mats and bins.

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 the DSL or Deputy DSL.

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.

# **7. Monitoring arrangements**

This policy will be reviewed by Lee Ferris, Headteacher annually. At every review, the policy will be approved by the headteacher.

# **8. Links with other policies**

This policy links to the following policies and procedures:

* Accessibility plan
* Child protection and safeguarding
* Health and safety
* SEND
* Supporting pupils with medical conditions

### **Appendix 1: Intimate care plan**

| PARENTS/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 ensuring care is carried out according to the intimate care plan |  |
| Name of parent or carer |  |
| Relationship to child |  |
| Signature of parent or 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 |  |
| Date |  |

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

### **Appendix 2: 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 if my child has an infection) | □ |
| I understand the procedures that will be carried out and will contact the school immediately if I have any concerns | □ |
| 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 signature |  |
| Name of parent/carer |  |
| Relationship to child |  |
| Date |  |