Putteridge Primary School

Intimate Care Policy – January 2024

INTRODUCTION

The Intimate Care Policy has been developed to safeguard children and staff. All staff in schools are required to work according to the Local Authority's Guidelines for Safe Working Practice; this policy should be read in this context. It applies to all staff involved in the intimate care of children.

Intimate care may be defined as any activity required to meet the personal care needs of an individual child. Intimate care may include feeding, oral care, washing, dressing or undressing, toileting, changing nappies, menstrual care, treatments such as enemas, suppositories, enteral feeds, catheter and stoma care. It also includes the supervision of a child involved in intimate self-care.

PRINCIPLES OF INTIMATE CARE

The following are the fundamental principles on which the policy is based:

- Every child has the right to feel safe and have their personal privacy respected
- Every child has the right to be involved in and consulted about their own intimate care to the best of their abilities, the right to express their views on their own intimate care and to have their views considered
- Intimate care should be delivered as consistently and in as caring and respectful a manner as possible.

OBJECTIVES OF THIS POLICY

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed care plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equalities Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their children are considered
- Staff carrying out intimate care work do so with guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved.

LEGISLATION AND STATUTORY GUIDANCE

This policy complies with statutory safeguarding guidance.

ROLE OF STAFF

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.

How staff will be trained

Staff will receive:

- Training in the specific forms of intimate care they have been asked to undertake before commencing work with individual children
- 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.

SHARING INFORMATION

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

WETTING OR SOILING

Young children may have toileting accidents and, at some point during the early years, there may be a need for an adult to support them with their toileting needs. Parents will be informed in the written information packs given to them on enrolling their child that staff will provide this support. Parents will be given the choice to opt out of this if they object to staff providing toileting support for their child. If a child wets themselves, two members of staff will be present to offer as much supervision or support as necessary to enable the child to change their clothes. If a child has soiled themselves, again two staff members will support the child to get clean and change their clothes. Staff will endeavour to promote the child's independence in toileting and, wherever possible, will offer verbal encouragement to the child before intervening physically to clean or change them. Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents/carers at the end of the day.

If a parent **does not give consent** for staff to clean or change their child, in the event of the child being soiled, the school will contact the parents/carers or other emergency contact giving specific details about the necessity for cleaning them. If the parent/carer or emergency contact is able to come within a few minutes, the child will be supervised by a member of staff and kept away from the other children to preserve their dignity until the adult arrives. The child will remain dressed at all times and never left partially clothed. If a parent/carer or emergency contact cannot attend, the school will seek to obtain verbal consent from parents/carers for staff to clean and change the child. When the child is collected, parents will be asked to sign to confirm consent was given. This consent will be sought on each occasion that the child soils him or herself. If no one can be contacted, the Head Teacher will direct staff to act in the best interests of the child in the circumstances as they are at the time.

If a child has a tummy upset and develops diarrhoea, then the best outcome for the child is for them to go home and have a shower or a bath. Parents/carers will be contacted and asked to take the child home to ensure their comfort. School does not have the facilities to clean a child in these circumstances.

If a child has medical, physical or developmental needs which affect their ability to attend to their own toileting needs without adult support, then an intimate care plan will be written.

For pupils needing routing intimate care, the school expects parents/carers to provide, when necessary, a good supply (at least one week's worth in advance) of necessary resources such as nappies, underwear and/or a spare set of clothing.

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 in attendance will report the incident immediately to the 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.

OFFSITE VISITS / RESIDENTIALS

When children requiring intimate care and/or with an intimate care plan are taken offsite for school visits, individual risk assessments will be undertaken regarding their care and the care plan updated to reflect the facilities available. If staff members accompanying the trip are different from those who usually undertake the child's intimate care, appropriate training will be provided prior to the visit taking place.

MONITORING ARRANGEMENTS

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

LINKS WITH OTHER POLICIES

This policy links with the following policies and procedures:

- Accessibility plan
- Child Protection
- Safeguarding
- Health and Safety
- Supporting Children with Medical Needs
- SEND

Date for review: Sept '26

APPENDIX 1

GUIDELINES FOR GOOD PRACTICE

Adhering to these guidelines should safeguard children and staff. Disabled children or those with additional learning needs can be especially vulnerable to abuse. Staff involved with their intimate care need to be sensitive to their individual needs. It is important to bear in mind that some care tasks/treatments can be open to misinterpretation. Staff also need to be aware that some adults may use intimate care as an opportunity to abuse children. If a staff member has concerns about a colleague's intimate care practice, they must report this to the Head Teacher.

- Involve the child in their intimate care. Try to encourage a child's independence as far as possible in their intimate care. Where the child is fully dependent, talk with them about what is going to be done and give them choice where possible. Check your practice by asking the child or their parent/carer about any likes/dislikes while carrying out intimate care.
- Be aware of the child's method and level of communication. Use simple language and repeat if necessary. Make eye contact at the child's level. Continue to explain to the child what is happening even if there is no response.
- Ensure privacy appropriate to the child's age and situation. A suitable location for carrying out intimate care should be specified on the care plan.
- Where possible, ensure two members of staff are present for intimate care to safeguard the child and adults concerned.
- If a child's intimate care is delivered by several different members of staff, a consistent approach to care is essential. Effective communication between school staff, parents or carers and external agencies ensures practice is consistent.
- Be aware of own limitations. Only carry out care activities you understand and feel competent and confident about. If in doubt, ask. Some procedures must only be carried out by staff who have been formally trained and assessed, e.g. enteral feeding.
- There is a positive value in both male and female staff being involved with children of either sex. The intimate care of boys/girls can be carried out by a member of staff of the opposite sex. Wherever possible, the child's and parent's preferences will be respected and, if a member of staff of the same sex is preferred to perform intimate care, this will be offered. It must be noted though that the school staff team at present is predominantly female so it may not be possible to offer a male member of staff for boys' intimate care.
- Promote positive body image and self-esteem. Confident, self-assured children who feel their body belongs to them are less vulnerable to abuse.
- If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance. If necessary, the Intimate Care Plan should be reviewed with further advice sought from parents/carers or health care professionals as required.

APPENDIX 2

INTIMATE CARE PLAN

CHILD'S NAME:		
DATE:		
NAMED STAFF TO PROVIDE INTIMATE CARE:		
DETAILS OF INTIMATE CARE NEED:		
SPECIFIC SUPPORT REQUIRED:	**FREQUENCY OF SUPPORT:**	
EQUIPMENT REQUIRED/LOCATION:		
ANY ADDITIONAL INFORMATION:		
INTIMATE CARE PLAN SIGNED BY ALL STAFF/PROFESSIONALS INVOLVED IN ITS CREATION OR DELIVERY:		
NAME:	**ROLE:**	**SIGNATURE:**

PARENT/CARER CONSENT:

I give permission to school to provide appropriate intimate care support to my child as detailed above. I understand that the staff concerned have received the necessary training and have discussed the procedures with me. I will advise the Head Teacher or staff responsible of any medical condition or change in my child's needs which may have an effect on the provision of intimate care.

Name:

Relationship to child:

Signature: **Date:**

INTIMATE CARE PLAN REVIEW DATE:

(in 6 months' time or sooner if required)

APPENDIX 3

RECORD OF INTIMATE CARE

Child's Name:

Staff Named on Intimate Care Plan (if applicable):

Date	Time	Procedure	Staff Signature