

Intimate Care Policy

Boughton Primary School September 2024



PERSON RESPONSIBLE FOR POLICY:	MRS MARY JAMES
TO BE REVIEWED:	SEPTEMBER 2025

The senior staff responsible for the monitoring of this policy are:

Designated Safeguarding Lead	Deputy Designated Safeguarding Lead(s)	Safeguarding Governor and Chair of Governors
Mrs Mary James	Mrs Jodie Hartwell Mrs Rachel de Pass Mrs Rachael Allen	Mrs Karen Wilson

Legislation and statutory guidance

This policy has been written with reference to the following legislation and statutory documents:

Equality Act 2010

Supporting Pupils at School with Medical Conditions

SEND Code of Practice

Keeping Children Safe in Education

In line with all statutory guidance, schools are expected to make reasonable adjustments to meet the needs of individuals.

The guidance for Supporting Pupils at School with Medical Conditions states that it is not generally acceptable practice to:

- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.

Only employees of the school, in partnership and discussion with parents, will be asked to attend to intimate care. All employees have an enhanced DBS with barred list checks.

Other guidance:

Managing Bladder and Bowel Issues in Nurseries, Schools and Colleges

This policy complies with our funding agreement and articles of association.

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1. Definition

'Intimate care' means doing tasks involving close personal contact that someone can't do independently. This includes changing nappies, helping a pupil use the toilet, or helping them wipe themselves after a toileting accident.

Providing intimate care **counts as a reasonable adjustment** for pupils who are not toilet trained, not able to use a toilet independently, or need other help with intimate tasks. This is because failing to do so would infringe upon those pupils' rights to access education due to a disability, under the <u>Equality Act 2010</u>.

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 every child are safeguarded
- > Pupils who require intimate care are not discriminated against, in line with the Equality Act
- > Parents/carers are assured that staff are knowledgeable about intimate care
- Parents/carers are assured that the needs of their child 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

Children have the right to:

- Assistance that respects their privacy and dignity
- Feel safe and comfortable with the adults providing their care
- ➤ Be encouraged to engage in the care procedure, know what's happening and give permission at each stage
- Have their feelings about the care they receive recognised and respected
- Be encouraged and supported to work towards becoming independent where possible.

3. Role of parents/carers

3.1 Seeking parental permission

Some children may need occasional intimate care, e.g. for toileting accidents, for which we do not seek specific consent.

We expect that the majority of children will be able to attend to their own needs with minimal support or intervention.

Staff will use professional judgement and may telephone parents/carers in the event of a significant toileting accident.

If the school is unable to get in touch with parents/carers and intimate care is urgently needed, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

For children whose needs are more complex or who need particular support with toileting, an intimate care plan will be created in discussion with parents/carers (see section 3.2 below), and written consent will be sought.

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 (where possible) and any relevant health professionals, as appropriate.

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 whenever there are changes to a pupil's needs.

See appendices 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. For example, if a child starts a toilet training plan at home, it would be helpful for this to be shared with school.

4. Role of staff

4.1 Which staff will be responsible?

Intimate care will, in the main, be needed by children in the early years at school. Therefore, any staff working with children in Reception and/or Year 1 could be responsible for intimate care.

In the case of children with complex needs, it will usually be the key staff working closely with the child, in any year group.

4.2 How staff will be trained

Staff will receive:

- Guidance re: 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 the risk assessment (see appendices)
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice or support as needed.

5. Intimate care principles and procedures

5.1 Principles

Children will be encouraged to participate in their own personal care, to promote independence.

They will be treated as individuals and be allowed to express choices in the way care is administered.

5.2 How procedures will happen

In Reception and/or Year 1:

The cubicle at the far end of the toilets has been annexed specifically for intimate care, i.e. nappy/pull-up changing.

One member of staff will attend to the child. They will tell a colleague that they are going to change a child.

The toilet area is open and a low screen will be used to protect the child's dignity, whilst still enabling the adult to be visible.

The child should be encouraged to undertake as much of the task as possible, e.g. undressing, dressing, wiping, washing and drying hands.

On occasion, the adult attending may seek support from an additional member of staff, usually in the vicinity (e.g. a TA working in Reception may seek support from a TA working in Y1). Teachers cannot leave classes to attend to intimate care. In the event of no additional staff being available in the vicinity, a message will be sent to the office and an available member of the office team will attend.

The adult conducting the intimate care will complete a record after each occasion (see appendices), which will be checked and initialled by the class teacher. Each week, the record will be signed by the class teacher and copied, with a copy signed and kept by the DSL and a copy sent home.

Equipment:

The school will provide protective gloves, aprons, cleaning supplies, a changing mat and nappy bin.

For pupils needing routine intimate care, the school will ask parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies or pull-ups, 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.

5.3 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, record this on My Concern and on the written intimate care record.

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.

6. Monitoring arrangements

This policy will be reviewed by the Head Teacher annually, approved by the Safeguarding Governor and reported to the full board.

7. 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: Risk Assessment for Intimate care

Significant hazards and identification of risk	Control measures	Risk rating once control measures are in place
Arrangements in place are unacceptable and: - affect pupil dignity - impair independence - put pupil at risk - put staff member at risk - risks infection/cross infection	School to ensure: > Partnership with parents, including written consent and regular discussion regarding toileting stages and routines > Safeguarding and child protection procedures are followed in the event of noticing any marks/bruising > Additional adult support is sent for from a nearby class or the office team, if or when needed. > Informing parents when more nappies/pull-ups are required > Provision of appropriate changing area, to preserve dignity and ensure safeguarding of child & adult > Toileting is built into daily routines > Independence is encouraged by use of schedule, visual and verbal cues > Children able to stand unsupported are changed standing up where possible > PPE is worn by staff conducting intimate care > Toilet or changing area is left clean for the next user > Soiled nappies are disposed of in the nappy bin provided > Hot water & soap is available for handwashing for child and adult, which is done as soon as changing is finished	Low



Boughton Primary School

Moulton Lane, Boughton, Northampton.

NN28RG

Tel: (01604) 842322

Head Teacher: Mary James BEd (Hons) Senior Leaders:

Jodie Hartwell (Deputy Head) Elaine Webster (School Business Manager)

An Academy

Email: admin@boughtonacademy.co.uk

Appendix 1: Template intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	School to provide:
·	Parents to provide:
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	Mary James – DSL Copy of record to be passed to DSL (or DDSL in the event of absence)
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by: Class staff and SENCo



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Appendix 2: Template parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE			
Name of child			
Date of birth			
Name of parent/carer			
Relationship to child			
I give permission for the school to prochild (e.g. changing soiled clothing, w			
I will advise the school of anything the care (e.g. if medication changes or if			
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns			
OR			
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			
Date			

Appendix 3: Intimate Care record (for use in conjunction with individual plan)

Child's nar				
Week Con	nmencing			
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Date	Time	Adult	Comment, e.g. action taken	Teacher initials

Copy to parents and DSL

Signature - Class Teacher