

Littleport Community Primary School and Preschool



Littleport Community
Preschool



Intimate Care Policy

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Signed:

Chair of Governors

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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 the Department for Education (DfE) statutory safeguarding guidance:

- [Keeping Children Safe in Education](#)
- [Early Years Foundation Stage \(EYFS\) statutory framework](#)

3. 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 annually, 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.

Parents/carers are expected 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.

The Headteacher will:

- Oversee the implementation of this policy
- Ensure staff receive appropriate training and support
- Oversee the development of individual intimate care plans
- Act as a point of contact for parents/carers/staff regarding intimate care concerns

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

The management of all children/young people with intimate care needs will be carefully planned and should be a positive experience for all involved. The child/young person who requires intimate care is treated with respect at all times; the child's welfare and dignity are of paramount importance.

Staff who provide this care are trained to do so (including Safeguarding and Child Protection and Moving and Handling Training) and are fully aware of best practice, including having read the Guidance for Safer Working Practice for Adults who Work with Children and Young People in Education Settings (2022). Suitable equipment and facilities can be identified to assist with children/young people who need special arrangements by an assessment from an Occupational Therapist. (OT)

It is the school/setting's responsibility to support staff that are carrying out intimate care procedures. Advice can be given by contacting the occupational therapy service, school nurse or the Education Safeguarding Team as required. Whenever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of relationships and sex education to the children/young people in their care as an additional safeguard to both staff and children involved. If staff are involved, care should be taken to ensure that resource materials cannot be misinterpreted and clearly relate to the learning outcomes identified by the lesson plan. This plan should highlight particular areas of risk and sensitivity.

Children/young people will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will ensure each child/young person does 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 as appropriate and shared and agreed by the child/young person and their parents/carers.

Each child/young person's right to privacy will be respected. Careful consideration will be given to each situation to determine how many staff need to be present when the child/young person is being cared for. Where possible, one child will be catered for by one adult unless there is a sound reason for having more adults present. In this case, the reasons should be clearly documented and reassessed regularly. Wherever possible and reasonably practical, intimate care provided to children and young people should be carried out by a staff member of the same gender. The religious and cultural values of children and their families must also be taken into account. 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 when there are no male staff as long as they have an enhanced DBS with barred list check.

It is best practice from a health and safety and safeguarding perspective to have 2 members of staff present. If it is not possible, a senior leader will be made aware of the arrangement and check in with staff member conducting the intimate care once the procedure has taken place. Senior leaders will undertake a risk assessment in relation to the specific nature and implications of one-to-one work. These assessments should take into account the individual needs of the child/young person and the individual worker and any arrangements should be reviewed on a regular basis. If there is a known risk of false allegations by a pupil or the intimate care involves an invasive procedure, 2 members of staff should be present.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan. The needs and wishes of children/young people and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The following positive approaches will assist in promoting good practice for intimate care:

- Staff should get to know the child or young person well beforehand and be familiar with their moods and methods of communication.
- Staff should speak to the child personally by name so that they are aware of being the focus of the activity
- Staff should have knowledge and understanding of any religious and cultural sensitivities related to aspects of intimate care and take these fully into account
- Staff should enable the child or young person to be prepared for or anticipate events while demonstrating respect for their body, e.g. by giving a strong sensory or verbal cue such as using a sponge or pad to signal intention to wash or change.
- Staff should ensure that the child or young person's privacy and modesty is respected and protected
- Staff should agree with the child or young person and their family appropriate terminology for private parts of the body and functions. Best practice in personal safety work would be to use the correct anatomical names for intimate body parts.
- Staff must always communicate in an age-appropriate way taking into account the child or young person's developmental level and their preferred communication method.
- Staff should keep records, which note a child or young person's responses to intimate care and any changes in behaviour.

- If a member of staff has concerns about physical changes in a child or young person's presentation, e.g. unusual anxiety, bruising, soreness etc they will immediately report their concerns to a member of the Designated Safeguarding Team and log them.
- An appropriate written plan for intimate personal care should be agreed with the child or young person and their family.
- Ensure that intimate care is consistent across home, school and other settings as far as possible.
- Staff should be aware of their own limitations, only carrying out procedures they understand and feel competent and confident to carry out. If in doubt staff should ask. Please refer to current protocols.
- Cameras (including mobile phones) must not be taken into or used by staff or children in areas where intimate care is carried out.

Procedures will be carried out in designated first aid rooms. The school has access to showering facilities should this be required.

When carrying out procedures, the school will provide staff with:

- Personal protective equipment (PPE) e.g. gloves, aprons and face shields
- Sanitiser
- 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.

Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely with waste compound being sprinkled on top, and cleaned up by the Site Manager, or member of cleaning staff. If this is not possible, trained staff will deal with the incident. This will be disposed of in a medical waste bin, after double bagging in line with normal practice.

5.1.1 Management of menstrual care

All staff will be sensitive to the fact that:

- Girls at our school may start to menstruate
- While there is no shame or stigma attached to this, those pupils may wish to deal with it discreetly
- The school will offer sensitive and practical information to pupils about:
- Where the sanitary products are
- How to use and dispose of them correctly

Period products available to pupils in the female toilets in both Year 5 & Year 6 as well as the First Aid rooms should staff need to access them discreetly on behalf of pupils.

Products available are limited to sanitary towels.

Staff will not directly assist with the physical act of changing sanitary products unless specifically requested by the child and agreed with parents/carers in an individual care plan due to specific needs.

Age-appropriate education on puberty and menstrual hygiene will be provided as part of the PSHE curriculum.

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.

Any concerns about the safety or welfare of a pupil will be reported immediately to the local authority's children's social care team.

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 a member of the Designated Safeguarding Team.

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.

Where the school notices an increasing pattern of soiling instances, it will first hold a meeting with parents/carers and with any other relevant individuals, such as medical professionals involved with the child to discuss why this might be occurring, and how to help the child. If the pattern continues, the school's designated safeguarding lead (DSL) will be notified. If there is other evidence which indicates a safeguarding concern, the DSL may contact the local authority designated officer (LADO), who will consider whether there is a safeguarding issue.

6. Monitoring arrangements

This policy will be reviewed by the Headteacher and the Health & Safety Committee 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 plan
- Child protection and safeguarding
- Health and safety
- SEND
- Supporting pupils with medical conditions

Appendix 1: Intimate care plan

Littleport Community Primary School: Intimate Care Plan



Name of child:		DoB:	
Date of Meeting:			

Name	Role / Contact		

Details of need:
Facilities / equipment
Staffing (including any training)

LCPS Toileting Plan		
Home Routines	Details	Actions
School Routines		
How procedures will differ if taking place on a trip or outing		
Developing independence		

Level of Assistance		
Hygiene		
Resources		

INTIMATE CARE POLICY PARENTAL AGREEMENT FORM

I agree to support the Intimate Care Policy and practice of Littleport Community Primary School.

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.	☐

Signature of Parent / Carer

Print Name

Date

Signature of School Representative

Print Name

Position

Date

Appendix 2

LCPS Intimate Care Record Form



Name.....

Class.....

Key Details – Nappy Changing – NC

Toileting Support – TS

Location – KS1 Disabled Toilet

Date/Time	Details	No. Adults	Initials	Initials	Comments