

St Katharine's CofE Primary School Policy Name Here

From Little Acorns Great Oaks Grow

Date of approval June 2024

Approved by Head of Safeguarding & Wellbeing

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- 1. Aims
- 1.1 This policy aims to ensure that:
 - 1.1.1 Intimate care is carried out properly by staff, in line with any agreed plans.
 - 1.1.2 The dignity, rights and wellbeing of children are safeguarded.
 - 1.1.3 Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010.
 - 1.1.4 Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account.
 - 1.1.5 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.
- 1.2 Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.
- 2. Legislation and statutory guidance
 - 2.1 This policy complies with statutory safeguarding guidance.
- 3. Role of parents
 - 3.1 Seeking parental permission
 - 3.1.1 For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form.
 - 3.1.2 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 (see section 3.2 below).
 - 3.1.3 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.
 - 3.1.4 If the school is unable to get in touch with parents 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 afterwards.
 - 3.2 Creating an intimate care plan
 - 3.2.1 Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.





- 3.2.2 The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.
 - 3.2.3 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 will be consulted.
 - 3.2.4 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.
 - 3.2.5 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 as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

4. Role of staff

- 4.1 Which staff will be responsible
 - 4.1.1 Any roles who may carry out intimate care will have this set out in their job description. This includes: Health Care Assistants, Learning Support Assistants, SMSAs, Teachers, SLT.
 - 4.1.2 No other staff members can be required to provide intimate care.
 - 4.1.3 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

- 4.2.1 Staff will receive:
 - 4.2.1.1 Training in the specific types of intimate care they undertake.
 - 4.2.1.2 Regular safeguarding training.
 - 4.2.1.3 If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible.
- 4.2.2 They will be familiar with:
 - 4.2.2.1 The control measures set out in risk assessments carried out by the school.
 - 4.2.2.2 Hygiene and health and safety procedures, including those related to COVID-19



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

5. Intimate care procedures

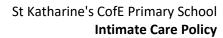
How procedures will happen:

- As a small school, we do not always have enough staff to have 2 members of staff present, although this is desirable and best practice from a health and safety and safeguarding perspective. It will apply where possible. However, when changing takes place by one member of staff, another member of staff will always be informed and the door to the toilet is kept open and unlocked (whilst ensuring privacy to the child). Procedures will be carried out in a toilet and staff will ensure that other children are not around.
- 5.2 When carrying out procedures, the school will provide staff with:
 - protective gloves
 - cleaning supplies
 - bins
- 5.3 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.
- 5.5 Concerns about safeguarding
 - 5.5.1 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.
 - 5.5.2 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 Designated Safeguarding Leader (DSL).
 - 5.5.3 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 SENDCO and DSL, annually. At every review, the policy will be approved by [Niki Jones - Principal].

- 7. Links with other policies
 - 7.1 This policy links to the following policies and procedures:
 - 7.1.1 Accessibility plan.
 - 7.1.2 Child protection and safeguarding.
 - 7.1.3 Health and safety.





7.1.4 SEND.

7.1.5 Supporting pupils with medical conditions.



Appendix 1: template 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 annually.

Next review date:

To be reviewed by:



Appendix 2: template 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 care to my child (e.g. changing soil toileting)						
I will advise the school of anything personal care (e.g. if medication chinfection)						
I understand the procedures that v contact the school immediately if I						
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						