



The Federation of Sacred Heart and St Mary's RC Primary Schools, Battersea

INTIMATE CARE POLICY

Approved By	Governors
Reviewed On	November 2024
Review Due	November 2025
Review Cycle	Annually

Overview

The Federation of Sacred Heart and St Mary's RC Primary Schools is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Unless children have special needs, we will normally expect that parents and carers prepare their pupils for school by showing them how to dress and undress independently and manage their own personal hygiene. Every effort should be made to encourage independence before a child arrives at school. Where children have the need for help with personal intimate care we will ensure that the management of those needs will be carefully planned and that any child who requires such care is treated with respect and the child's welfare and dignity will be of paramount importance at all times.

1 Principles

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education 2024 to safeguard and promote the welfare of children at the Federation of Sacred Heart and St Mary's RC Primary Schools.

1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a child's intimate care needs is one aspect of safeguarding.

1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This Intimate Care Policy should be read in conjunction with the schools' policies as below (or similarly named):

- Safeguarding policy and child protection procedures
- Staff code of conduct and guidance on safer working practice
- 'Whistle-blowing' and allegations management policies
- Health and safety policy and procedures
- Special Educational Needs and Disabilities policy
- Supporting Pupils with Medical Conditions

1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 We recognise that there is a need to treat all children, whatever their age, gender, disability, religion, ethnicity, or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every child is treated as an individual and that care is given gently and sensitively: no child should be attended to in a way that causes distress or pain. PPE will be worn including gloves and aprons. In the instance where physical touch is required it will be for the least amount of time necessary (limited touch)

1.6 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

1.7 Where children with complex and/or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

1.8 All staff undertaking intimate care will be given appropriate training. Supply staff should not provide intimate care.

1.9 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2 Child Focused Principles of Intimate Care

2.1 The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3 Definition

3.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

3.2 It also includes supervision of children involved in intimate self-care.

4 Best Practice

4.1 Children who require regular assistance with intimate care will have written Individual Action Plans (IAP) health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips. Parents of children in our ASD base, may be asked to support children who are not continent on school trips.

4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

4.3 Where a care plan or IAP is not in place, parents/carers will be informed at the same time if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or in writing, (school intimate care form – see appendix).

4.3 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

- 4.4 These records will be kept in the child's file and available to parents/carers on request.
- 4.5 All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual child to do as much for his/herself as possible.
- 4.6 Staff who provide intimate care are trained in personal care, (e.g. health and safety training in moving and handling) according to the needs of the child. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.7 Staff will be supported to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes.
- 4.8 There must be careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- 4.9 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 4.10 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each child's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the child's wishes and feelings should be sought and taken into account.
- 4.11 An individual member of staff will inform another appropriate adult when they are going alone to assist a child with intimate care.
- 4.12 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 4.16 Adults who assist children with intimate care will be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. Supply staff are not permitted to change children.
- 4.16 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.17 Health & Safety guidelines will be adhered to regarding waste products, if necessary, advice should be taken from the School Nurse regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.18 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5 Child Protection

5.1 The Governors and staff at this school recognise that children with special needs and who are disabled are particularly vulnerable to all types of abuse.

5.2 The school's child protection procedures will be adhered to.

5.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

5.4 Where appropriate, children will be taught personal safety skills carefully matched to their level of development and understanding.

5.5 If a member of staff has any concerns about physical changes in a children's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Safeguarding Lead or Deputy. A clear, written Record of Concern will be completed and uploaded to CPOMS and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

5.6 If a child becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this will be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

5.7 If a child, or any other person, makes an allegation against an adult working at the school this will be reported to the Headteacher, or to the Chair of Governors in accordance with the school's Safeguarding Policy.

5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the school's Safeguarding Policy.

6 Occupational Therapy

Children who require occupational therapy whilst at school should have this carried out by a trained Occupational Therapist.

6.1 Under no circumstances will school staff devise and carry out their own exercises or physiotherapy programmes.

6.2 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist and school lead e.g. Hilary House Lead Teacher, Senco.



**Sacred Heart/St Mary's Intimate Care
Parent/Carer Consent Form**

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE

Name of child		
Date of birth		
Name of parent/carers		
Address		
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>	
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or my child has an infection)	<input type="checkbox"/>	
I understand the procedures that will be carried out and I will contact the school immediately if I have any concerns	<input type="checkbox"/>	
<p>I do not give consent for my child to be washed and change in case of a toileting accident.</p> <p>Instead, the school will contact me or my emergency contact and I/they will organise for my child to be washed and changed.</p>	<input type="checkbox"/>	
	<input type="checkbox"/>	
<p>I understand that if the school cannot reach me or my emergency contact, staff will need to wash and change my child, following the school's intimate care policy, to ensure comfort and remove barriers to learning.</p>		
Parent/carers signature		
Name of parent/carers		
Relationship to child		
Date		