

Pye Bank CE Primary School

'Learning Together, Learning to be Together, Sharing God's Love'



Intimate Care Policy

2024-25



THE
DIOCESE OF
SHEFFIELD
ACADEMIES
TRUST

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1. Introduction

1.1 Vision

“Learning together, learning to be together, sharing God’s love”

‘We love, because God first loved us.’ 1 John 4:19

Our vision is to embody the Christian value of ‘**love**’, putting the uniqueness and diversity of our children, our staff, our families and our community at the heart of all we do. This is driven by our belief in the value of every individual as an equal, uniquely made in the image of God and loved by him.

With a focus on excellence and equality, we strive for all children to flourish academically and personally through **‘learning together’, ‘learning to be together’, and ‘sharing God’s Love’**, addressing all disadvantage and enabling them to make a positive contribution to each other, the life of the school and the wider world, now and in the future.

This policy was created with our vision at its heart.

1.2 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 2010

- Parents/carers are assured that staff are knowledgeable about intimate care and 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

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 [statutory safeguarding guidance](#).

It also complies with our funding agreement and articles of association.

3. Role of parent/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 (where 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 twice a year, 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. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

4. Role of Staff

4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description.

No other staff members can be required to provide intimate care.

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

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 Assisting a child to change his / her clothes

This is more common in our Foundation Stage. On occasions an individual child may require some assistance with changing if, for example, they have an accident at the toilet, gets wet outside, or has vomit on their clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.

Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents/carers will be sent for and asked to assist their child and informed if the child becomes distressed.

5.2 Changing a child who has soiled him/herself

If a child soils themselves in school a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In either circumstance, the child's needs are paramount and they should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

- The child will be given the opportunity to change underwear in private and carry out this process themselves.
- School will have a supply of wipes, clean underwear and spare uniform for this purpose. (A supply of clean underwear and spare uniforms are available in school).
- If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
- If the emergency contact is able to come to school within an appropriate period, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
- If the emergency contact can be contacted but cannot attend, school will seek verbal permission for staff to change the child. If none of the contacts can be reached the Head teacher or SENCo is to be consulted and the decision taken on the basis of loco-parentis and our duty of care to meet the needs of the child.
- If a child has a care plan, changing will be built into the plan.
- The member of Staff who has assisted a pupil with intimate care will complete the intimate care form.

5.3 Child Protection/Safeguarding Guidelines

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 Designated Safeguarding Lead.

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.

otherwise or if the child is reluctant. Parents will be contacted as soon as it is practical to do so.

5.4 Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.

Our Administration of Medications Policy outlines arrangements for the management of the majority of medications in school.

Parent/carer permission must be given before any medication is dispensed in school.

A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medications Policy will have an Individual 'Care Plan'. If required, school staff will receive appropriate training.

5.5 Swimming

Our Year 4 and 5 classes participate in a swimming programme at the Swimming Baths (Usually Ponds Forge). Children are entitled to respect and privacy when changing their clothes however, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur.

Discrete supervision and privacy for our children when changing is important. Where a child needs additional support for changing parental permission will be sought and a personal care plan will be drawn up so as to maintain dignity but increase independence.

5.6 Residential Trips

Residential educational visits are an important part of our primary school experience. Particular care is required when supervising pupils in this less formal setting.

As with Extra-Curricular Activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Child Protection procedures, Pastoral Care and Behaviour Policies. Some specific Intimate Care issues may arise in a Residential context but risk assessment and care plans will be in place. If a problem arises outside the context of a care plan, advice would be sought from senior staff at school.

- Showering

Showering would only take place as part of a care plan, with explicit permission from parents if child is at an age appropriate level or during residential visits. Staff would at all times avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour, remaining outside the shower room where at all possible. Any supervision within the shower room or support would only be undertaken in pairs and in line with strict care plan guidance.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. Staff need to be vigilant about their own conduct, e.g. For example on residential activities adults must not change in the same place as children or shower with children.

It is best practice in our school that when an incident has taken place that has necessitated a member of staff to be present when children are changing that an incident report is made.

- Night Time Routines

It is established practice that the children's bedrooms are private spaces and anyone else wanting to enter the room should knock and announce their intention to enter.

At bedtime, children are given a set amount of time to change and prepare for bed and will be told when the supervising teachers will visit the rooms to check all is okay and switch off the lights. A reciprocal arrangement is in place in the mornings.

There are occasions when incidents take place during the night and the need arises to:

1. Assist a child to change his / her clothes
2. Change a child who has soiled him / herself
3. Provide comfort to an upset or distressed child
4. Assist a child who requires a specific medical procedure and who is not able to carry this out unaided. Guidance as above will be followed with the support of an additional member of staff in attendance. Guidelines For Good Practice

5.7 Working with Children of the Opposite Sex

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman. The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

1. When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place;
2. If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
3. Report any concerns to the Designated Safeguarding Lead and log on CPOM's
4. Parents must be informed about any concerns.

6. Monitoring

This policy will be reviewed by the headteacher annually. At every review, the policy will be approved by the Local Trust Board

Appendix 1

Parental permission for Intimate Care

Should it be necessary, I give permission for _____ to receive intimate care (e.g. help with changing or following toileting).

I understand that staff will endeavour to encourage my child to be independent.

I understand that I will be informed discretely should the occasion arise.

Signed: _____

Adult with parental responsibility for: _____

Record of Intimate Care



Date	Name of Child	Time	Comments	Staff Involved	Permission obtained from Parents	Permission obtained from Key Staff (Record who)	Signature

Key Staff would include: *Tania Marsden in FS, Karen Stanley (SBM), Deborah Maskrey and Zabeda Hussain (Pastoral Team), Stephanie Stacey (SENDCO), and Rhea Kurcewicz (HT)*