



Brize Norton Primary School

Intimate Care Policy

We **SHINE** for ourselves and each other with Kindness

Striving, Helping, Inspiring, Nurturing, Excelling

Policy adopted by Governors on:	Date for Review:	Signed by Chair of Governors:
January 2025	January 2028	A. Doran

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

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 children 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.

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

The Governing Body recognises its duties and responsibilities about the Disability Discrimination Act which requires that any child with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.

This Intimate Care Policy should be read in conjunction with the following:

- The school's Child Protection and Safeguarding policy.
- Health and Safety policy and procedures.
- Policy for the administration of medicines.
- Special Educational Needs policy.
- Positive Handling Policy

Brize Norton Primary School is committed to ensuring that all staff responsible for the intimate care of children will professionally undertake their duties at all times. It is acknowledged that these adults are in a position of great trust.

Brize Norton Primary School recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

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

Best Practice

Staff who provide intimate care at Brize Norton Primary School are trained to do so including in child protection and health and safety training in moving and handling and are fully aware of best practice regarding infection control, including the need to wear masks, disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as the onset of puberty and menstruation.

As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.

There is 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.

All children will be supported to achieve the highest level of autonomy given their age and abilities. Staff will encourage each child to do as much for themselves as possible.

Children who require regular assistance with intimate care have written Pupil Profiles or Care Plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and considered.

Where a Pupil Profile or Care Plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg: has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone/Dojo or by sealed note, not through the reading record.

Every child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Adults who assist children one-to-one should be employees of the school and be DBS checked at the appropriate level.

It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.

Wherever possible the same child will not be cared for by the same adult regularly; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for girls. This is a safe working practice to protect children and to protect staff from allegations of abuse.

The religious views and cultural values of families should be considered, particularly as they might affect certain practices or determine the gender of the carer.

All staff should be aware of the school's Staff Code of Conduct Policy. Sensitive information will be shared only with those who need to know.

If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

Intimate Care in Key Stage 1 and Key Stage 2

Key Stage 1 - We will inform all parents of Reception children before they start school of the policy, highlighting that we will change children for odd 'accidents' but not routinely as part of day-to-day personal care. This will be applicable for the time a child is in KS1 (unless a parent informs us differently in writing).

Key Stage 2 – Any child that soils or wets will not be changed by any member of staff, unless there are exceptional circumstances such as an SEN need, in which case an Intimate Care Management Plan will be written (Appendix B) and agreed with parents (Appendix A). However, we will provide a private, safe space (disabled toilet/main building toilets) where the child may change on their own. If children are entering these key stages with intimate/personal care needs that have not been addressed, staff are advised to contact the specialist community nursing service for support.

The school should:

- ✓ Have written Intimate Care Management Plan in place for any pupil who could be expected to require intimate care which has been agreed by the parent/carer; (Appendix A and B);
- ✓ A record kept of when Intimate Care has been carried out (Appendix C)
- ✓ Ensure that pupils are actively consulted about their own care plan.

Staff should:

- ✓ Adhere to the Intimate Care Policy;
- ✓ Make other staff aware of the task being undertaken;
- ✓ Always explain to the pupil what is happening before a care procedure begins;
- ✓ Consult with colleagues where any variation from agreed procedure/care plan is necessary;
- ✓ Record the justification for any variations to the agreed procedure/care plan and share this information with the pupil and their parents/carers;
- ✓ Avoid any visually intrusive behaviour;
- ✓ Always consider the supervision needs of the pupils and only remain in the room where their needs require this.
- ✓ Record date, time and intimate care given and who by in record book.
- ✓ Inform the parent at the end of the day in the agreed format.

This means that adults should not:

- ✓ Change or toilet in the presence or sight of other pupils;
- ✓ Assist with intimate or personal care tasks that the pupil can undertake independently.

Child Protection

The Governors and staff at Brize Norton Primary School recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

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 child's body. It may be unrealistic to expect to eliminate these risks completely but in this school best practice will be promoted and all adults will be encouraged to be vigilant at all times.

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

If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc they will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed and the Designated Safeguarding Lead will consider seeking advice or making a referral. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.

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

If a child makes an allegation against an adult working at the school, this will be dealt with according to the school's Managing Allegations policy. Any adult who has concerns about the conduct of a colleague at the school or about any improper practice has a duty to report this to the Headteacher or to the Chair of Governors if the concern is about the Headteacher.

Physiotherapy

Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the Pupil Profile or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.

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

Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of the school.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Medical Procedures

Children with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the Pupil Profile or care plan and will only be carried out by staff who have been trained to do so.

Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Appendix A

Partnership Agreement and Consent for Intimate Care for a Child/Young Person

Brize Norton Primary School

Child's Name:

Child's Date of Birth:

Child's School Year:

Child's Class Teacher & Support Staff:

The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with the intimate care to be provided and that staff have receive appropriate training. Teaching of certain care procedures may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professionals are agreed that the procedure has been learned or where routine intimate care is to be provided, the details will be recorded fully below and all parties must sign this record and be provided a copy; an additional copy is to be retained on the child's file in school and where appropriate a copy is to be provided for the child's medical record.

Reasons why intimate care will be provided:

Who will provide this care (please details names and designation of those staff who will be providing care):

Detail of care to be provided:

Parent/ carer Agreement:

I/ We give permission for the school to provide intimate care to child's name.

I/ We agree to this plan and consent to procedures identified.

I/ We will inform the school of any changes that may affect my/ our child's intimate care (e.g. if medication has changed or my/ our child has an infection).

I/ We will contact the school immediately if there are any concerns.

Name of Parent/ Carer(s):

Relationship to child:

Signature of Parent/ Carer(s)

Date:

Schools Agreement:

We agree to inform parents/ carer(s) of any concerns we have with regard to intimate care of their child.

We agree to inform parents/ carers of any changes in staff, procedure or any changes to this plan or our school intimate care policy.

We agree to treat all children with dignity and respect by providing appropriate support with intimate care professionally and with sensitivity.

Name of Headteacher:

Signature Headteacher:

Date:

A review of this agreement will be made on:

Outcome of review: (please detail any changes to the plan moving forward and produce a new

Intimate Care Plan as required):

Individual Intimate Care Management Plan

Name of Pupil:		Date of Birth:	
Name of Parent/Carer:		Name of Key Staff:	
Name of School:		Year Group:	

Identified toileting/changing area	
Method of changing (eg standing or lying down)	<i>*If a pupil can weight bare it is health and RCT recommendation that the pupil be changed standing up</i>
Resources provided by the parent/carers <ul style="list-style-type: none"> • Nappies (including spares) • Pull ups • Pads • Wipes • Spare clothing • Cream (if required) 	
Resources provided by the school: e.g. antibacterial spray, disposable hygiene roll, bio-hazard bin liners, step, paper towel, hand wash, gloves, masks, aprons.	
Communication - can the pupil communicate that they need support with intimate care? How? What signs do staff need to look out for? How will staff communicate with the pupil that it is time to go to the toilet/changing room? Any code words to use/words to avoid?	
Level of assistance needed: e.g. undressing, dressing, hand washing, washing, wiping, drying, application of	

cream, talking/signing to child/young person.	
Storage of soiled clothing	
<p>Frequency/toileting pattern</p> <p>How often? e.g. how often in the morning/afternoon/timed intervals/agree the limited amount of times to support with intimate care per day.</p>	
Method of recording/monitoring Personal Care	
<p>Encouragement/Reassurance: e.g. how will staff positively encourage/reassure pupils whilst meeting their intimate care needs/ any rewards used?</p> <p>What the member of staff will do if the child or young person is unduly distressed?</p>	
Procedures for recording/ reporting concerns	
Disposal arrangements	
Considerations for off-site visits	
<p>Any other comments/ important information: e.g. medical information, pupils own views/preferences/specific names for body parts. (It is recommended that, where possible, proper names are used for body parts)</p> <p>Sensory information</p>	

