



Brook Primary School

Intimate care policy

Approved by:

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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, privacy, 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 considered
- 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

Seeking parental permission

For children who need routine intimate care (e.g. for nappy changes or toileting accidents), parents will be asked to:

- Sign a consent form – via a general online form when starting school
- Provide an adequate supply of necessary items (e.g. nappies, wipes, creams, changes of clothing)

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 consent 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.

Creating an intimate care plan:

Where an intimate care plan is required, for individual children with SEND or a medical need, 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 considered. If there's doubt whether the child can make an informed choice, their parents/carers will be consulted.

The plan will be reviewed termly, even if no changes are necessary, and updated whenever there are changes to a pupil's needs.

See Appendix 1 for a template plan.

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

Which staff will be responsible

Any roles in school / nursery 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, Mrs. M Fellows, the EY lead, Mrs. S Waterworth, the DSL, Miss S Nicklin, Nursery Lead, Mrs. R Joliffe-Jones and EY Hub Lead, Miss L Humphries 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

How staff will be trained

Staff will receive:

- All staff working with children must be trained in the setting's intimate care policy as part of their induction. This training ensures that all practitioners understand the procedures school takes in providing intimate care.
- Training in the specific types of intimate care they undertake as appropriate
- 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

During nappy changes, toileting and any intimate care procedure, Brook Primary School will balance children's privacy with safeguarding and support needs.

Staffing

All members of staff performing intimate care procedures have an enhanced DBS with a barred list check.

In general, 2 members of staff will be present with each child.

In cases where a pupil needs regular intimate care, where possible, the same member of staff will assist the same pupil each time they need support. Where possible, we will ensure that these backup members of staff are also people known to the child.

At Brook Primary School, male members of staff may be allocated to change female pupils or vice versa. The decision to allocate a member of staff of a different gender to the pupil will be discussed with the parents/carers and pupil, if appropriate.

Arrangements

All children who require intimate care are always treated respectfully; the child's welfare and dignity are of paramount importance. Relevant information regarding a child needing intimate care will be gathered from the parents/ care giver to ensure that needs are met appropriately. Each child's right to privacy will be respected.

Staff who provide intimate care are fully aware of best practice. Young children will be changed in an appropriate environment – care rooms, using appropriate equipment, e.g. changing mats, use of a potty, use of the care room facilities. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required and staff will be trained accordingly.

Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as potty training, the onset of puberty and menstruation. Wherever possible staff involved in the intimate care of children will not usually be involved with the delivery of sex and relationship education to the same children as an additional safeguard to both staff and children involved.

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 the child's needs and preferences. The child should be made aware of each procedure that is carried out and the reasons for it.

As a basic principle child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for wiping/washing themselves. Individual intimate care plans/risk assessments will be drawn up for children, with SEND as appropriate, to suit the circumstances of the child.

Parents/carers of young children will be made aware of the changing arrangements should their child wet or soil themselves. Parents/carers of children with SEND will review their child's intimate care arrangements with the school on a termly basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Before going to perform intimate care on a child, the member of staff allocated to that child will inform another member of staff of where they are going, and leave doors open as much as privacy allows. Where possible, they should be within earshot of other members of staff, but the comfort and care of the child should be the priority when choosing a location.

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.

Any intimate care changes will be recorded on an intimate care record form which includes date/time, staff involved, and any relevant observations such as skin integrity and reported to parents/carers, if appropriate.

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 school's DSL and 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 SLT and/or a school DSL.

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.

Specific procedures for nappy changing in nursery/early years

Early Years nappy changing requires a strict, hygienic, and child-centered approach. Key staff must wear fresh gloves/aprons for each change, using sanitised, designated changing areas with antibacterial spray and disposable mats. Soiled items are disposed of in clinical waste bins. Procedures involve cleaning front-to-back, encouraging independence, and recording every change (type, time, staff initials) to monitor health.

Specific procedures for toileting accidents

Where pupils are starting school without having been toilet-trained, parents up to the end of Y2 sign an online consent form to agree to staff changing their child. For children who need changing due to SEND or medical needs, staff will work with the pupil's parents/carers to agree on a more specific intimate care plan.

School will record the number of soiling incidents in school, and liaise with the pupil's parent/carers about:

- The outcomes of relevant medical appointments attended by the child
- Whether there is a change in the pattern of soiling incidents, at home or at school
- Whether the current plan is working

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 can be found at the main school office and in the Pastoral Hub.
- Products available include sanitary towels and tampons.

Staff will not directly assist with the physical act of changing sanitary products unless specifically requested by the child and agree 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.

6: Monitoring arrangements

This policy will be reviewed annually. At every review, the policy will be approved by the governing body and the head teacher.

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
- PSHE policy

Appendix 1: template intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care 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 members of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship with child	
Signature of parent or carer	
Date	
CHILD	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed termly.

Next review date:

To be reviewed by:

