



**BLUE COAT C E (AIDED) INFANT AND JUNIOR SCHOOLS' FEDERATION**

## **Intimate Care Policy**

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'I will bless you with a future filled with hope—a future of success, not of suffering.'

Jeremiah 29:11

## 1. Rationale

Blue Coat Federation is responsible for the care of all children, whatever their needs or difficulties, including children with learning and physical difficulties who have an increased dependency and require practical support with their intimate care needs at school.

We have defined "Intimate Care" as direct care of a child in terms of any personal care activity a child would normal be able to do for him/herself. These needs are no different to the needs of a child who is not disabled but there are differences in nature, method and principles of fulfilling those needs.

Intimate care is a high-risk activity in terms of potential abuse and it is particularly important that there are guidelines on intimate care, both to protect those being cared for and the staff who care for the children's needs. We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible.

Therefore, our policy has the following aims:

- To ensure that intimate care is carried out properly by staff, in line with any agreed plans.
- To ensure the dignity, rights and wellbeing of every child is safeguarded
- To ensure that pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- To ensure that parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account.
- To ensure that staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols) that protect themselves and pupils involved.

## 2. School responsibilities

We will work with parents/carers to promote toilet training, unless there are medical reasons why this is not appropriate.

Where learners are not able to be fully continent, we will ensure that a care plan is written to ensure their needs are clarified and met. The learner will be included in discussions about the care plan, unless this is clearly inappropriate, as will their family. Relevant healthcare professionals including the school nurse may also be consulted. The care plan will be reviewed at least annually or sooner if the learner's needs change.

School will ensure that anyone who undertakes intimate care is an employee of the school and has had appropriate safeguarding checks and follow this policy. Only those staff named on the individual care plan will be involved in providing support with intimate care to a learner. School will ensure that sufficient staff are named on care plans and available to provide the required support in all foreseeable circumstances. If, in exceptional circumstances, none of the named staff members for an individual are available, school will contact the family for consent to involve a different member of staff.

Only in an emergency would staff undertake intimate care that has not been agreed with the parents/carers. This act of care would be reported to a senior member of school staff and to the parents/carers as soon as possible after the event. The reasons for this and the care undertaken would be documented by the staff member who had delivered the care.

A written record will be kept of all support with intimate care. This will include the date and time of the care, who was present and any care given that has differed from the care plan, together with the reason for this. Any

changes in the learner's behaviour or appearance will be documented and reported to a senior member of staff, in line with the safeguarding policy.

Staff will communicate carefully with learners, using their usual communication method, to discuss their needs and preferences. Wherever possible, the learner's wishes and preferences will be taken into account.

School will take into account the religious views, beliefs and cultural values of the learner and their family as far as possible when undertaking personal care.

School will work with the learner to promote positive self-esteem and body image and independence with self-care as far as is appropriate and practical.

School will ensure that all staff are aware of the need for confidentiality. Personal and sensitive information will only be shared with those who need to know.

School will act according to their safeguarding policy and procedures if there are any concerns for the learner's wellbeing.

## **2.1 Governors Responsibilities**

- To ensure that sufficient staff are trained to meet the needs of their learners.
- The governing body will ensure that this policy is monitored and reviewed at least every three years.

## **2.2 Parent/carers Responsibilities**

- Parents/carers must ensure that they provide all relevant information to school, as soon as possible, so that the needs of their child can be met. This includes the nature of their child's needs, details of any healthcare professionals involved including specialist nurses, as well as any changes in their medication, care or condition.
- Parents/carers must ensure that they work towards their child achieving the maximum possible level of independence at home.
- Parents/carers should work with school to develop and agree a care plan.
- Parents/carers must make sure that school always has required equipment available for their child's intimate care or toileting needs.
- Parents/carers must ensure that school always has their emergency contact details.

**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. The 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. Some pupils may have medical equipment such as catheters or stoma bags. Where necessary, we will work with any healthcare professionals involved with the pupil to tailor the plan to their needs.

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.

A care plan will be written for children that need regular care, such as those:

- With special educational needs and disabilities (SEND) who need an intimate care procedure on a regular basis
- Who are not toilet trained yet (if a setting has a high proportion of children not yet toilet trained, such as our nursery school, we will request general consent form from parents or carers – See [Appendix 2](#))
- With incontinence conditions
- With injuries that make independent toileting difficult

If the school are unable to follow the plan, due to a change in the child's behaviour or refusing to receive personal care, parents will be notified to decide the next course of action.

#### **4. How to plan intimate care for a pupil**

If a pupil doesn't yet have a care plan but is soiling themselves, first a member of staff will meet with the parents to find out if there's a diagnosed medical reason. If there is, they will find out what specific needs the pupil has that are associated with this condition.

If this is not known, ask them for input from the child's GP or a community paediatrician, on what support the pupil might need.

Then, work with the parents to decide what should be in the pupil's care plan (see below).

You must get parents' written permission to provide intimate care for their child. You should also get the parents' agreement on how the school plans to support the child (see below).

#### **5. Nursery and Reception**

For younger children (mostly in EYFS) we will not provide an intimate care plan for all children, but will seek general consent from parents/carers to help children with toileting, washing and changing as needed.

However, if we have children with SEND or injuries, for example, use our intimate care plan above – even if they're not toilet trained, as they may need a specific approach or particular considerations.

Where pupils are starting school without having been toilet-trained, staff are not be expected to deliver toilet training. Instead, staff should report the matter, and you work with parents/carers to agree on a care plan.

#### **6. Intimate Care Procedures**

##### **Safeguarding for Child and Adults**

**Two people** will be needed for the change, one to do the changing and one to ensure the safeguarding of both child and adult.

The child should be enabled and encouraged, as far as possible, to contribute to his/her own intimate care.

Ensure privacy, appropriate to the child's age and gender:

The school takes the view that the issue of privacy is important. All children will be changed in a discreet area (wherever possible the designated toilet area for the child's year group/classroom) with all of the necessary equipment to hand, e.g. wipes, protective gloves, clean nappies, change of clothes, etc.

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.

Children have the right to be respected :

Respect of the child's body and integrity should be included in all care procedures. Ideally, someone who has a long-term positive relationship with the child should carry out intimate care tasks.

A strong focus should be evident on choice and decision making skills:

Wherever appropriate, decision making should be an integral part of the process, e.g. Do you want to go to the toilet? Should we wash your hands or face first? Can I help fasten your trousers?

Pupils will be prepared and involved in what is going to happen:

Staff will raise the child's awareness of the process. Objects of reference, symbols, signs gestures and verbal explanation will be given as appropriate.

## **7. 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.

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 DSL Mr. A Orlik or in his absence one of the identified DDSs.

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.

## **8. Health and Safety Issues**

Barrier materials should always be used, e.g. disposable gloves and disposable aprons. Appropriate Lifting and Handling Procedures should be followed when necessary. All soiled clothing and nappies should always be double bagged.

## **9. Related Documentation**

When reading this policy please be aware of and refer to the following related documents:

- The safeguarding policy
- Confidential reporting policy
- Managing medical needs in school policy
- First aid policy
- Health and safety policy
- Inclusion policy

*(add other policies/documents as appropriate to school)*

## Appendix A: Intimate Care Guidelines

### Children and their parents should have confidence in the staff.

All staff involved in intimate care routines will have been police checked. All parents will have access to this policy. The parents of children for whom this policy applies will receive a copy of this policy and will be offered an opportunity to discuss their child's needs with an appropriate member of staff. Notices regarding "Intimate Care" are displayed in all toilet areas as a point of reference for all staff (see attached).

### Safeguarding for Child and Adults

Staff providing intimate care **must** have an enhanced DBS check with barred list information. This is because intimate or personal care counts as [regulated activity](#) – even if they only provide intimate care once. This is explained in paragraph 242 of [Keeping Children Safe in Education 2024](#).

**Two people** will be needed for the change, one to do the changing and one to ensure the safeguarding of both child and adult.

Teachers will not be asked to resolve intimate care issues, because:

- This provision doesn't require the professional skills of a teacher
- Providing intimate care would involve the teacher having to leave the class, which wouldn't be practical

Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to the children in their care as an additional safeguard to both staff and children involved.

### Carers should be aware of the abilities of the child

The child should be enabled and encouraged, as far as possible, to contribute to his/her own intimate care.

### Ensure privacy, appropriate to the child's age and gender

The school takes the view that the issue of privacy is important. All children will be changed in a discreet area with all of the necessary equipment to hand, e.g. wipes, protective gloves, clean nappies, change of clothes, etc.

### Children have the right to be respected

Respect of the child's body and integrity should be included in all care procedures. Ideally, someone who has a long-term positive relationship with the child should carry out intimate care tasks.

### A strong focus should be evident on choice and decision making skills

Wherever appropriate, decision making should be an integral part of the process, e.g. Do you want to go to the toilet? Should we wash your hands or face first? Can I help fasten your trousers?

### Pupils will be prepared and involved in what is going to happen

Staff will raise the child's awareness of the process. Objects of reference, symbols, signs gestures and verbal explanation will be given as appropriate.

### Intimate care task are not an interruption to the timetable

These practices should be valued as part of each child's essential curriculum. They are an opportunity to develop independence and age-appropriate skills, increased dignity and to raise self-esteem.

**Never do any task unless you are confident in your ability to do it**

Never guess; ask a colleague to help.

**Monitor the situation**

Document the number of soiling incidents in school, and keep in touch with parents or 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

**If you are concerned- report it**

Intimate care tasks should never be approached light heartedly. If a child has soreness or something to cause you concern, following our Child Protection Procedure.

**Health and Safety Issues**

Barrier materials should always be used, e.g. disposable gloves and disposable aprons. Appropriate Lifting and Handling Procedures should be followed when necessary. All soiled clothing and nappies should always be double bagged.



## (Appendix B) Guidelines Poster for Intimate Care Procedures

Please ensure that you adhere to the following guidelines when changing children:

- Always ensure that **TWO** members of staff are present.
- Encourage independence (where possible).
- Always wear disposable gloves.
- Always wear a disposable apron.
- Always ensure the changing bed is clean before and after use, e.g. fresh piece of couch roll/disinfectant spray, etc.
- If possible children should be changed standing up or using the variable height changing table, to avoid staff lifting children.
- Always ensure that the curtain is closed to ensure the dignity of the child.
- Always ensure that wet nappies are put in a bag and disposed of in the provided bin.
- Always ensure that soiled nappies are double bagged and disposed of in the provided bin.
- Ensure that soiled clothes are also double bagged.
- Following changing a child, encourage them to wash their hands as they would usually do so after going to the toilet.
- Always ensure that you wash your hands thoroughly after changing.
- Always report stock shortages well in advance of a shortage.
- After every change complete the child's "Intimate Care Log".

If you are concerned about the child in away please speak to one of our Designated Safeguarding Officers.

**NEVER** take your mobile phone/iPod/iPad into the toilet with you - this breaches our Safeguarding and **Child protection policy.**

## (Appendix C) Intimate Care: Parent/Carer Consent Form for children not toilet training

Use this general permission form if you're a setting with a high proportion of children not yet toilet trained.

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 <b>do not</b> give consent for my child to be washed and changed 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> <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>	<input type="checkbox"/>
Parent/carers signature	
Relationship to child	
Date	

## Appendix D: Intimate care plan (for children with pupils who need regular support with toileting, washing and/or changing.)

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 making sure 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	
SCHOOL	
Name of school representative	
Role/job title of school representative	
Signature of school representative	
Date	

## Appendix E: Intimate Care Policy – Intimate Care Log

[illegible]

## Appendix F: School Toilet Charter

Access to clean, appropriately stocked toilets whenever the need arises, is a fundamental human right and necessary for good health and wellbeing. This reflects the [United Nations Convention on the Rights of the Child \(UNCRC\)](#), which upholds all children's rights to their best interests being of primary consideration, to healthy development, to participation in decision making, to privacy, to special care and support if they have a disability and to education.

This School Toilet Charter is designed to assist schools in meeting these rights.

### **All schools should provide:**

1. Unrestricted access to a toilet, whenever the need arises. This means no school should have a policy of not allowing learners to use the toilet during lesson times.
2. Adequate numbers of facilities for all, which ensure privacy.
3. Dedicated female and male toilet cubicles, properly equipped, for users with additional needs. This includes provision of appropriate waste bins and integral washbasins.
4. Properly designed toilet and washroom facilities, suitable for the range of anticipated users, with adequate lighting, ventilation, fixtures and fittings.
5. Hot water, ideally from mixer taps, with adequate provision of soap and hand drying facilities.
6. Toilet tissue dispensers provided at a convenient height, replenished as needed throughout the day.
7. An effective toilet cleaning/inspection regime to ensure adequate standards of hygiene, behaviour and cleanliness, throughout hours of usage.
8. A published school toilet management policy approved by school governors and learners and communicated to all learners, parents/carers and staff.
9. A child friendly comments/complaints/suggestions procedure, for learners, parents/carers and staff to communicate toilet concerns or grievances to the head teacher and/or school governors.