



St Mary's Church of England Primary School
Intimate Care Policy

Therefore encourage one another and build one another up.

Just as you are also doing

Thessalonians 5:11

Intimate care is the direct care of a child in terms of any personal care activity a child would normally be able to do for themselves. It is our intention to develop independence of each child, however there may be occasions when help is required.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 219 which requires that any pupil with an impairment that affects their ability to carry out day to day activities must not be discriminated against. The Intimate Care policy has been developed to safeguard both children and staff in accordance with Keeping Children Safe in Education (September 2020) The principles and procedures apply to everyone involved in the intimate care of children.

This policy should be read in conjunction with the following school policies and procedures:

- Safeguarding
- SEND
- Staff Code of Conduct
- Health and Safety
- Administration of Medicines
- Whistleblowing

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

Children are generally more vulnerable than adults, and staff involved in any aspect of intimate care need to be sensitive to their individual needs.

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities may include;

- washing
- changing clothes
- toileting
- first aid and medical assistance
- supervision of a child involved in intimate self-care

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

School Responsibilities

- All staff are DBS checked and undertaken regular safeguarding training

- One staff member present is recommended when undertaking intimate care practice in consideration of the privacy of the child.
- Where anticipated, intimate care arrangements are agreed between the school and parents/carers and, if appropriate, by the child. Consent forms see (APPENDIX 1) are signed by the parent/carer and stored in the child's file. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents/carers and school. Parents/carers would be contacted immediately.
- Intimate care arrangements should be reviewed at least every six months. The views of all relevant parties should be sought and considered to inform future arrangements. Under the Whistleblowing Policy, if a staff member has a concern over a colleague's intimate care practice, they must report this to the DSL.

Guidelines for Good Practice

All the children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

1. Involve the child

- Encourage the child's independence as far as possible. Where a situation renders a child fully dependent, talk about what is going to be done, and give choices where possible.
- Check your practice by asking the child or parent/carer about any preferences while carrying out the intimate care.
- If the child appears distressed or uncomfortable, stop immediately. Ascertain the reasons, provide alternatives and provide reassurance.

2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age.

- Intimate care should be carried out in an accessible toilet.
- The child should be appropriately covered, with restricted view from others.

3. Make sure practice in intimate care is consistent

- As a child may have multiple carers, a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.

4. Be aware of your own limitations

- Only carry out activities you know and understand and feel competent with. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

5. If you have any concerns you must report them immediately to the DSL such as:

- If you observe any unusual markings, discolouration or swelling.

- If the child is accidentally hurt during the intimate care or misunderstandings or misinterprets something during intimate care.
- If the child has unusual emotional or behavioural response.
- Concerns must be discussed with Parents/carers and a written report kept on the child's file.

6. Communication with children

- Staff must understand the child's method and level of communication. Depending on their maturity and levels of stress, children may communicate using different methods such as words, sign, symbols, body movement and eye pointing. To ensure effective communication:
 - Make eye contact on the child's level.
 - Use simple language, repeat if necessary and wait for a response.
 - Continue to explain to the child what is happening
 - Always treat the child as an individual and with dignity and respect

Head teacher

Mr Richard Moss

Chair of Governors

Mrs Glynis Ashford

Date

July 2024

Review

September 2026

APPENDIX 1



St Mary's Church of England Primary School
Intimate Care Plan

Child's name

Class

Staff primarily responsible for care

Nature of intimate care required

Agreed procedures for administering required care

Resources required - to be provided by school and/or parents /carers

Signed (parent/carer)

Signed (school)

Date