Oxenhope Church of England Primary School

Intimate Care Policy

If you are worried about the safety of a child, our safeguarding team are:

Mrs Alice Jones – Headteacher
Mrs Laura Woodhead – Inclusion and Diversity Officer
Mrs Jo Brown – Assistant Headteacher
Mrs Nichola Costello – Office Manger
Miss Janet Hopkinson - Learning Support Assistant and Explorers Before and After School Club Staff
Mr Oliver Thurlby – Class Teacher

You can also call the following numbers:

Useful phone numbers:

School: 01535 642271
Social Services Initial Contact: 01274 437500
Police: 999
NSPCC: 0808 800 5000

Created By:	Last reviewed:	Next Review Date:
A Jones	September 25	September 27

School Vision

We provide the rich soil allowing children to flourish and develop deep roots. We nurture **growth**, enabling children to thrive as our Christian values blossom in their lives. We cultivate a sense of pride in our rural **community** where children are **loved** and valued.

May our children flourish in their youth like well-nurtured plants. Psalm 144 v 12.

Throughout our curriculum and school life, along with our school vision, these three golden strands permeate through everything we do.

Community

Jesus often spoke of unity in our communities and encouraging one another on our journey. He spoke of bearing each other's burdens in love and helping those in need.

'Live in harmony with one another.' Romans 12 v 16

Love

It says in the Bible that God is Love and encompasses all that is loving and good. Jesus showed the ultimate unconditional love when he laid down his life for us on the cross. Therefore, this love should lead to a desire to love other people.

'Live a life filled with love, following the example of Christ. He loved us and offered himself as a sacrifice for us.' Ephesians 5 v 2

Growth

Just like a plant, we must endure the difficult times along with the good; but God has sent us his Holy Spirit to help and strengthen us so we can bear fruit and grow in the likeness of Christ.

'Grown in the grace and knowledge of our Lord and Saviour Jesus Christ.' 2 Peter 3 v 18

Principles

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils1 at this school.

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.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- safeguarding policy and child protection procedures
- staff code of conduct and guidance on safer working practice
- 'whistle-blowing' and allegations management policies
- health and safety policy and procedures
- Special Educational Needs policy

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

We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

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

Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

All staff undertaking intimate medical care must be given appropriate training through the reading of this policy and in school support.

This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views considered.
- Every child has the right to have levels of intimate care that are as consistent as possible

Definition

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 pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence as well as more ordinary tasks such as help with washing, toileting or dressing.

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

Practice

Where a child is in nappies, parents/carers will be responsible for ensuring the school has a supply of nappies, wipes and nappy bags.

Parents of children who regularly soil themselves will be required to provide a change of clothes in a named bag daily. Parents will be supported with toilet training by school staff and the school nurse. The school will be responsible for providing gloves, plastic aprons, a bin and liners to dispose of any soiled nappies on site. Pupils who require regular assistance with intimate care have written Individual Intimate Care Plans (IICP) or educational health care plans (EHCPs) agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists.

Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Where relevant, it is good practice to agree with the pupil and parent's/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan – school will promote the use of medically acknowledged terminology in line with their Personal, Social, Health, Education- this will avoid any ambiguity and support the safeguarding of children and staff.

Where a care plan (IICP) or EHCP 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 wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as

confidential and communicated in person at handover, by telephone or by sealed letter, not through the home/school diary or conversation on the playground.

In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. This should be recorded on CPOMS and in an intimate care file.

These records will be kept in the intimate care file and available to parents/carers on request. This information request should follow the correct procedure for release of information.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

There must be careful communication with each pupil 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 pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEND advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding waste products, regular collection of clinical waste is undertaken, and the appropriate receptacles must be used.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care

Practice referencing the Early Years Foundation Stage Framework 2025

The EYFS framework 2025 emphasises providing intimate care with sensitivity and respect, ensuring children feel safe and comfortable. Key aspects include creating individual care plans, involving parents, and encouraging child independence while respecting their choices. Staff should be DBS checked, and procedures should be carried out in designated, private areas with open doors.

Individualised Care Plans:

Child-Specific Needs:

Each child should have a tailored intimate care plan outlining their specific needs, including the type of care required, the number of staff needed (with justifications), and any necessary equipment.

Communication:

The plan should detail the child's preferred communication methods (e.g., visual aids, verbal cues) and the terminology they use for body parts and bodily functions.

Parental Involvement:

Parents should be actively involved in developing and reviewing these plans, ensuring consistency between home and the setting.

Staff and Procedures:

DBS Checks: Only staff with valid DBS certificates should be involved in intimate care procedures.

Designated Areas:

Nappy changing and toileting should occur in designated areas that provide privacy but are not completely enclosed (e.g., door should not be closed).

Staff Ratios:

Ensure appropriate staff ratios are maintained, particularly for younger children, to provide adequate supervision and support. This should be discussed with parents and carers and where possible the child.

Key Person:

The child's key person should be involved in their intimate care wherever possible to build a strong, consistent relationship.

Promoting Child Independence and Respect:

Encourage Independence:

Children should be encouraged to participate in their care as much as possible, promoting independence and self-esteem.

Respectful Approach:

Intimate care should be delivered with sensitivity and respect for the child's dignity, allowing them to exercise choice and develop a positive body image.

Positive Interactions:

Staff should interact positively with children during care, offering reassurance and support.

Addressing Cultural and Religious Sensitivities:

Cultural Awareness: Be aware of and respect any cultural or religious sensitivities related to intimate care practices.

Review and Monitoring:

Regular Review:

Intimate care plans should be regularly reviewed and updated to reflect the child's development and changing needs.

Open Communication:

Maintain open communication between staff and parents regarding toileting and nappy changing, ensuring a consistent approach.

By following these guidelines, settings can create a safe, respectful, and positive environment for children requiring intimate care

Child Protection

The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

The school's child protection procedures will be 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 pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity)

will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Where appropriate, pupils 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 pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection or Headteacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

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

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

6) Medical Procedures

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained in accordance with LA/ Trust guidance. 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 1

Individual Intimate Care Plan (IICP)

INTIMATE CARE PLAN PROFORMA		
Pupil name	Class	Key worker/Lead Professional
Area of Need		
Details of assistance needed. Frequency of support		
Location of toilet		
Liaison with parents/methods of communication		
Staff training needs		
Strategies to support independence		
Review date		