



Intimate Care Policy

'...these three remain: faith, hope & love; and the greatest of these is love.' 1 Cor 13:13

Rooted in faith, family & friendship.
Growing in hope & aspiration.
Flourishing in love.

friendship ★ hope ★ compassion ★ forgiveness ★ trust ★ thankfulness

1. Aims

This policy aims to ensure that:

- intimate care is carried out properly by staff, in line with any agreed plans
- the dignity, rights and wellbeing of children 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 children are taken into account
- 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 Advice

This policy complies with [statutory safeguarding guidance](#).

3. Role of Parents/Carers

3.1 Seeking Parental Permission

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 permission 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.

3.2 Creating An Intimate Care Plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (when 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 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. See appendix I for a blank template plan to see what this will cover.

3.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

4. Role of Staff

4.1 Which Staff will be Responsible

Any personnel who may carry out intimate care will have this set out in their job description. This includes:

- teaching staff
- teaching assistants
- midday supervisory assistants.

No other staff members can be required to provide intimate care.

All staff at the school 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.

4.2 How staff will be trained

Staff will receive:

- training in the specific types of intimate care they undertake
- 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

5.1 How Procedures will Happen

Intimate care will always be conducted professionally and sensitively. Staff who provide intimate care will have access to personalised intimate care plans for the children in their care, which will be adhered to and will be shared with parents regularly.

Unless it is an invasive procedure, which requires two members of staff to be present, intimate care will be provided by one member of staff. The staff member who is carrying out the care must inform another relevant member of staff what they will be doing, including details of the care required. Relevant members

of staff are: class teachers during lesson times and the midday controller or the relevant class teacher of the child at lunchtimes.

Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Using the Intimate Care Record found in each classroom, accurate records should be kept when any child requires assistance with intimate care. As a minimum, this must 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 and the record made at the point of care. Records must be regularly monitored by all class teachers.

Procedures will be carried out in the Medical Room/Disabled Toilet where necessary, unless it can effectively be carried out in the children's toilet areas. Staff must be conscious of maintaining the dignity of pupils at all times.

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 themselves as possible.

When carrying out procedures, the school will provide staff with: gloves, aprons, wipes & nappy bags, cleaning supplies, a changing station and appropriate bins.

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.

Where an intimate care plan is not in place, parents/carers will be informed the same day, via telephone/face to face, if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled themselves).

5.2 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 designated safeguarding lead (DSL), or deputy 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.



INTIMATE CARE POLICY

6. Monitoring Arrangements

This policy will be reviewed annually by Lauren Birch. At every review, the policy will be approved by the headteacher.

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

Any questions or concerns regarding this policy should be made to:

Name: Miss Lauren Birch

Role: EYFS/KSI Lead Teacher & Deputy DSL

Date: February 2024

Next review date: January 2025