

Dare to flourish

Intimate care policy

APPROVED

Governor Committee	School standards and performance
Reviewed on	27th February 2024
Next review	27th February 2026

Contents

Section 1: Aims and our approach	2
2. Legislation and statutory guidance	2
3. Role of parents/carers	2
3.1 Seeking parental permission	2
3.2 Creating an intimate care plan	2
3.3 Sharing information	3
4. Role of staff	3
4.1 Which staff will be responsible	3
4.2 How staff will be trained	3
5. Intimate care procedures	4
5.1 How procedures will happen	4
5.2 Concerns about safeguarding	4
6. Monitoring arrangements	4
7. Links with other policies	
Appendix 1: template intimate care plan	
Appendix 2: template parent/carer consent form	

Section 1: Aims and our approach

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

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.

The 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 washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

2. Legislation and statutory guidance

This policy complies with <u>statutory safeguarding guidance</u>.

3. Role of parents/carers

3.1 Seeking parental permission

Any children with identified needs requiring intimate care will have an intimate care plan in place.

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. The DSL will be informed of any such occasions.

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 1 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 roles who may carry out intimate care will have this set out in their job description. This includes the welfare officer, LSAs, the inclusion officer, or any other trained staff.

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.

Wherever possible, staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence; for example, female staff supporting boys in our schools because of a lack of suitably trained male staff.

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. Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

5. Intimate care procedures

5.1 How procedures will happen

In line with both a health and safety and safeguarding perspective, any intimate care will be carried out by two trained members of staff.

Procedures will be carried out in the medical room, or any other suitable space as defined in a student's individual intimate care plan.

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 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.

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 school business manager and the welfare officer.

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.

6. Monitoring arrangements

This policy will be reviewed by the DSL every three years. At every review, the policy will be approved by the governing body.

7. Links with other policies

This policy links to the following policies and procedures:

- <u>Accessibility</u>
- Child protection and safeguarding
- Health and safety
- <u>SEND</u>
- Medical and first aid

Appendix 1: template intimate care plan

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 ensuring 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	
This plan will be even two years	

This plan will be every two years.

Next review date: 27.02.2026

To be reviewed by: ATO and SSP

Appendix 2: template parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE				
Name of child				
Date of birth				
Name of parent/carer				
Address				
I give permission for the school to pro my child (e.g. changing soiled clothing				
I will advise the school of anything th care (e.g. if medication changes or if				
I understand the procedures that will school immediately if I have any conc				
 I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning. 				
Parent/carer signature				
Name of parent/carer				
Relationship to child				
Date				