







Intimate Care Policy

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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.

Principles

Waterton Academy Trust believe it is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child's position. Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem. Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is always maintained. Should your child require regular intimate care assistance the needs will be discussed and documented with the relevant professionals, including the SENCO and/or school Nurse and the child's parents.

Definition

Intimate care is one of the following:

- Supporting a pupil with dressing/undressing
- Providing comfort or support for a distressed or sick pupil
- Assisting a pupil requiring medical care, who is not able to carry this out unaided.
- Cleaning a pupil who has soiled/wet him/herself, has vomited or feels unwell.

2. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance and statutory guidance around children's rights...

- The Children Act 1989
- Equality Act 2010
- Children and Families Act 2014
- The United Nations convention on the Rights of the Child 1992
- The Human Rights Act 1998
- Keeping Children Safe in Education 2019
- Working Together to Safeguard Children 2018

It also complies with our funding agreement and articles of association.

3. Role of parents/carers

Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents) and 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 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.

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.

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

Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. 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.

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

How procedures will happen

All 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.

- Involve the child in their intimate care. Encourage a child's independence as far as possible in their intimate care. Where the child is fully dependent, talk with them about what is going to be done and give them choice where possible.
- All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual child to do as much for his/herself as possible.
- Check your practice by asking the child / parent any likes/dislikes while carrying out intimate care and obtain consent.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- All intimate care activities require two persons for the greater comfort/safety of the child. This should be decided in consultation with the child and family.
- Make sure practice in intimate care is consistent. As a child can have multiple carers a consistent approach to care is essential. Effective communication between parents / carers / agencies ensures practice is consistent.

- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be relaxed, enjoyable and fun.
- 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.

6. 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 trusts' 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 their line manager.

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 trust's safeguarding procedures.

7. Monitoring arrangements

This policy will be reviewed annually by The Head of SEND and Inclusion.

8. 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

Appendix 1: template intimate care plan

Next review date:

To be reviewed by:

PARENTS/CARERS		
Name of child		
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		
Name of parent of care		
Relationship to child		
Signature of parent or carer		
Date		
This plan will be reviewed twice a year.		

Appendix 2: Template PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE

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 provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)			
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)			
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns			
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:			

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New Policy

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March 24

L Thresh