



Intimate Care Policy

Person(s) Responsible:	Headteacher / Inclusion Manager
Formally adopted by the Governing Body:	April 2022
Last review:	April 2023
Next review:	April 2024

This policy also applies to the Early Years Foundation Stage (EYFS)

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Legal Framework

The Governing Body will act in accordance with **Section 175 of the Education Act 2002**; Government guidance **Safeguarding Children and Safer Recruitment in Education (2006)** to safeguard and promote the welfare of pupils at this school and [Keeping Children Safe in Education 2022](#).

Principles

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a child's intimate care needs is one aspect of safeguarding. This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any child with an impairment that affects their 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;
- Health and safety policy and procedures;
- Special Educational Needs and Disabilities (SEND) policy;
- Guidance for the administration of medicines.

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

We recognise that there is a need to treat all children, 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 their experience of intimate and personal care should be a positive one. It is essential that every child is treated as an individual and that care is given gently and sensitively: no child 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.

If a child has complex and/or long term health conditions or care needs, then they will have a [Pupil Care Plan](#) as stated in this intimate care policy.

All staff undertaking intimate care must be given appropriate guidance and if appropriate to procedure they should receive training.

Child focused principles of intimate care

The following are the fundamental principles upon which the Policy is 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 taken into account.
- 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 some children are unable to do because of their young age, physical difficulties or other special needs. This can include washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of children involved in intimate self-care.

Best Practice

Children who require regular assistance with intimate care must have Pupil Care Plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. The plan should be agreed at a meeting at which all key staff and if possible/appropriate, the child, be present. Any historical concerns (such as past trauma) 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 child and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where a Pupil Care Plan is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. 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 where possible, communicated in person or by telephone.

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.

These records will be either copied to parents/carers or kept in the child's file as arranged and discussed with parents/carers.

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 that provide intimate care ensure care procedures are carried out according to the individual needs of the child. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

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.
- Their preferred means of communication (verbal, visual, 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 child 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 child's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the child's wishes and feelings should be sought and taken into account. All children requiring intimate care will have two members of staff named on their Pupil Care Plans.

An individual member of staff should inform another appropriate adult, usually the class teacher, when they are going alone to assist a child 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.

Adults who assist children 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, if necessary; advice should be taken from Bromley LA regarding disposal of large amounts of waste

products or any quantity of products that come under the heading of clinical waste. Note that used nappies and pads may be double wrapped and disposed of in a non-specialist manner. No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Child Protection

The Governors and staff at this school recognise that children 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 child'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, children 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 child's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead or Deputy Safeguarding Lead, reported and then actioned in line with the school's Safeguarding procedures. Parents/carers will be asked for their consent or informed that a referral may be 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 child 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 child, 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.

Physiotherapy

Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the child's Support Plan or Pupil Care Plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Medical Procedures

Children who are disabled may require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or pupil care plan 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 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.

Pupil Care plans should include specific information for those supporting children with bespoke medical needs.