



## INTIMATE CARE POLICY

*“We want our children to be happy and healthy today, fulfilled in the future and able to make their world an even better place.”*

Date policy approved	Ali Hall Inclusion Leader - 29 <sup>th</sup> April 2025
Date policy reviewed	30 <sup>th</sup> April 2025
Date for next review	April 2025
Committee responsible	Resources
Authorisation	Rae Snape – Headteacher

### INTRODUCTION

We know that from time to time some pupils will need additional support with intimate care needs, so that they are included, able to participate, and feel happy, healthy and confident in their learning.

Intimate care is defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

Staff who work with children who have particular needs realise that the issue of intimate care requires them to be kind, caring and respectful of children and their needs.

Milton Road Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times and will receive sufficient training and support so that they are able to undertake their duties with competence, care and kindness.

## **OUR APPROACH TO BEST PRACTICE**

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care will be trained to do so (including Child Protection and, if needed, Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.

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. Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex and relationship education to their children as an additional safeguard to all parties involved.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child will be aware of each procedure that is carried out and the reasons for it.

As a basic principle, children are 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. These plans include a full risk assessment to address issues such as moving, handling and personal safety of the child.

Each child's right to privacy is respected. Careful consideration is given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child will be cared for by two adults. If this is the case, the reasons should be clearly documented in the care plan.

Wherever possible the same child is not cared for by the same adult on a regular basis; best practice indicates that there should be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers. Parents/carers are involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents are carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child will be advised on the senior members of staff that are Designated Child protection Leads and who can act as an advocate, to whom they are able to communicate any safety issues or concerns that they may have about the quality of care they receive.

## **THE PROTECTION OF CHILDREN**

Education Child Protection Procedures and Inter-Agency Child Protection procedures are accessible to staff and adhered to.

All children are taught personal safety skills carefully matched to their level of development and understanding. This is reinforced through assemblies where children learn about Personal Boundaries, about Consent and the right to say “No” when they feel uncomfortable about someone else’s touch.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated officer for child protection. The normal procedures are then followed.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter is looked into and outcomes recorded. Parents/carers are contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules may be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice may be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed in line with our Safeguarding and Child protections Policy. Other policies include Whistleblowing and contacting the LADO as necessary.

**Intimate Care Plans**

When a child requires intimate care, plans will be written in partnership with parents and where possible with the young person themselves. These will be reviewed on a Termly Basis.

PARENTS/CARERS	
Name of child	
Description of continence issues	
Type of intimate care needed	
How often care will be given	
Management and description of relevant routines Consider details of drinking, toileting and changing routines, aides required, language used for consistency with home and any reward incentives	

## PARENTS/CARERS

What training staff will be given	
Details of help required for personal care, who will provide this and how	
Where care will take place	
What resources and equipment will be used, and who will provide them	
Disposal on continence products or aids – include arrangements for soiled clothes, underwear, nappies etc	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for making sure care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or	

PARENTS/CARERS	
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	