



# Intimate Care Policy September 2024

Bankside Primary School

<b>Version &amp; Date of Last Review:</b> 25.09.24	<b>Approved by Governors (date):</b>
<b>Authorised by:</b> V. Broughton	
<b>Review Date:</b> September 2025	

## **1) Principles**

- 1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils at this Bankside Primary School.
- 1.2 Bankside Primary School takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 1.4 This intimate care policy should be read in conjunction with the schools' policies as below:
  - Safeguarding policy
  - Staff code of conduct and guidance on safer working practice
  - The whistle-blowing policy
  - Health and Safety policy and procedures
  - Special Educational Needs policy
  - Supporting Children with Medical Conditions
  - Policy for Administrating First Aid
- 1.5 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.
- 1.6 We recognise that there is a need to treat all pupils, 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 his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.
- 1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
- 1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.
- 1.10 All staff undertaking intimate care must be given appropriate training.
- 1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

## **2) Child focused principles of intimate care**

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The following are the fundamental principles upon which the Policy and Guidelines are based:  
*References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.*

- 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.

### **3. Definition**

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. These activities may include help with moving and handling, dressing, eating, drinking, toileting and menstruation, physiotherapy exercise programmes and massage interaction. Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which may demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence, menstrual managements, dressing and moving or handling. Intimate care activities may also include administering first aid and medical assistance.

### **4. Aims**

This policy aims to:

- Safeguard the rights and well-being of pupils with regards to dignity, privacy, choice and safety
- Assure parents/carers that all staff are knowledgeable about intimate care and that individual concerns are taken into account and where possible, acted upon
- Ensure parents/carers and pupils are involved in any decision about the intimate care of their child
- Provide guidance and reassurance to staff
- Ensure that parents/carers and pupils are actively involved in the development of agreed intimate care protocols
- Provide staff with information and appropriate training in intimate care

### **5. Rationale**

It is our intention to develop independence in each child, however there will be occasions when help is required. Our Intimate Care policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our Safeguarding of pupils. The principles and procedures apply to everyone involved in the intimate care of children.

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Children are generally more vulnerable than adults and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

## **6. School Responsibilities**

All members of staff working with children are checked and vetted to ensure they are safe to do so. Only those members of staff who are familiar with the intimate care policy and all school safeguarding documentation can be involved in the intimate care of children.

Anticipated intimate care arrangements which are required on a regular basis are agreed between the school and parents and, when appropriate and possible, by the child.

Intimate care arrangements for any pupil who require this support on a regular basis will be reviewed at the child's annual review or sooner if necessary.

The views of all relevant parties should be sought and considered to inform future arrangements. Any amendments to the arrangements should be recorded and made available for all parties involved.

Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. This act of intimate care would be reported to the class teacher and/ or a member of the Senior Leadership Team at the earliest possible time and the child's parents would be informed at the end of the day or earlier if necessary, following the event.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to one of the Designated Safeguarding Leads; Vicky Broughton (Headteacher), Hayley Walker (Safeguarding Lead and DSL) or Catherine Upton (Deputy Head Teacher).

## **7. Guidelines for Good Practice**

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.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. Members of staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation.

### **7.1. Essential procedures**

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If a child needs to be changed, this must always take place in the designated room that has been agreed by the Headteacher (Care Suite, Nursery Changing Spaces, Reception Changing Spaces). Two members of staff must always be present when changing a child in the Care Suite. If a child needs assistance with cleaning themselves in the toilet beyond a verbal prompt (which can be given by a member of staff from the doorway to the cubicle, where they are propping the door open), this should be done in the Care Suite and two members of staff must be present. All staff administering food or medication to children through gastrostomy tubes must have had the relevant training.

All staff carrying out physiotherapy programmes must have been shown how to do this by the physiotherapist.

### **7.2. Involve the child in the intimate care**

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices.

Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

### **7.3. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.**

Care should never be carried out by a member of staff working alone with a child.

### **7.4. Make sure practice in intimate care is consistent.**

As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent. Please also refer to our Supporting Children with Medical Needs Policy.

### **7.5. Be aware of your own limitations**

School staff must only carry out activities they understand and feel confident to do. If in doubt, ask for guidance.

Some procedures must only be carried out by members of staff who have been formally trained and assessed.

### **7.6. Promote positive self-esteem and body image.**

Confident, self-assured children who feel their bodies belong 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 both efficient and relaxed.

### **7.7. If you have any concerns you must report them.**

If you observe any unusual markings, discolouration or swelling report it immediately to one of the Designated Safeguarding Leads; Vicky Broughton (Headteacher), Hayley Walker (Safeguarding Lead and DSL) or Catherine Upton (Deputy Head Teacher).

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### **7.8. If something happens while you are carrying out intimate care.**

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the SENCO or a member of the Senior Leadership Team. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

### **8. Working with Children of the Opposite Sex**

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- when intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place;
- if the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
- report any concerns to one of the designated safeguarding leads and record your concern on CPOMS;
- inform parents of any concerns

### **9. Communication with Children**

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of special educational need or disability children may communicate using different methods – words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- prepare the child so that they know they are going to the toilet or hygiene room by giving them an object of reference or visual cue and explaining verbally where you are going and what the child is going to do when they get there
- make eye contact at the child's level;
- use simple language and repeat if necessary;
- wait for response/ anticipation of what will happen;
- continue to explain to the child what is happening even if there is no response;
- treat the child as an individual with dignity and respect.

### **10. Recording**

It is the responsibility of the member of staff that has carried out the intimate care to record it. On the record sheet staff must state;

- Who was involved in the intimate care (Adult/s and child).
- When (date and time) it happened
- Where it happened

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- What type of intimate care took place e.g wet/BM/change of pull up etc.
- Any concerns regarding the child and the intimate care must be recorded on CPOMS and reported to a DSL.

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