


Intimate Care Policy Summer 2024

[0.3 Business Committee 09052024](#)

THE
C  **MPASS**
PARTNERSHIP OF SCHOOLS

Introduction

Staff who work with young children or children who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Intimate care can be defined as care tasks of a **personal** 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.

Children's dignity will be preserved, and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Our schools work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

The **Compass Partnership of Schools** are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

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 are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice **including refraining from negative comments about waste etc.** 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/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people 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 is aware of each procedure that is carried out and the reasons for it.

- As a basic principle, children 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, including communicating their needs for intimate care where this is appropriate. 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 and handling, personal safety of the child and the carer and health.
- Each child's right to privacy will be respected. Careful consideration will be 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 catered for by one adult unless there is a sound reason for having more adults present. Staff will ensure privacy by using screens and curtains appropriately and knocking before entering a room to preserve the dignity of the child;
- Wherever possible, we will ensure continuity in the staff providing intimate care and will guard against intimate care being carried out by a succession of completely different carers.
- Parents/carers will be 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 will be taken into account wherever possible to ensure social, ethnic and cultural perspectives are valued within the plan. Staff are open to discussion about intimate care arrangements as appropriate.
- Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.
- The school recognises that there is a positive value in both male and female staff working with children.
- The school delivers a personal safety curriculum as part of Personal, Social and Health Education. For some children individual progress in self-care is regularly assessed and recorded.
- Where a child may need intimate care due to an adhoc situation permission will be sought from parents, where possible, before the care is provided. Where this is not possible they will always be informed that it has been required, with consideration given to future reoccurrence.
- Where the usual intimate care routine may be affected due to school trips / off site activities and an interim plan will be agreed with the parents ahead of time.

Health and Safety

Staff follow best practice hygiene procedures when providing intimate care. The school provides gloves, aprons, wipes, tissue roll and spray in all hygiene areas. Any soiled waste is placed in a plastic sack, which can be sealed. This bag is placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin is emptied regularly.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

The area used for personal care will be effectively maintained and warm.

Staff are aware of the school's Health and Safety policy.

The protection of children

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

Where appropriate, all 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. marks, bruises, soreness etc., they will immediately report concerns to the appropriate designated person for child protection. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. [See the E Child Protection Procedures].

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

If a child makes an allegation against a member of staff, all necessary policies and procedures will be followed.

Whilst the aims and values of this policy are fully supported by staff at Willow Dene School, additional or other policies and procedures may be in place in order to ensure best practice in meeting the complex needs of the children on role.

Monitoring, evaluation and review

The Board of Trustees will assess the implementation and effectiveness of this policy. The policy will be promoted and implemented throughout all Trust schools.

This Policy will be reviewed by the Board of Trustees on a three yearly cycle. Adherence to the policy will be monitored by the School's Local Committee.

Policy adopted:	Summer 2024
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Other related policies:	Supporting children with medical needs Inclusion Safeguarding including Child Protection
Next Review:	Spring 2027

Appendix 1

Consent form for the delivery of intimate care

Child's Name:

DOB:

Emergency Contact:	
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School nurse (If applicable)	
Date of plan Date to be reviewed	
Storage and accessibility of equipment	
Type of intimate care Please give details of care to be given and how often	
Agreed words used by the child/adult for intimate body parts	
Name of practitioners to deliver care. All staff should be experienced with DBS checks	
Place of changing	
Emergency	In case of any concerns, notes should be made on the record sheet and the supervisor and parent informed
Record keeping	When staff within the setting/group/school carry out intimate care they will record and file in child's file

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.

Signature of parent

Signature of SLT

Date:

Review Date:

Appendix 2

Record of intimate care

Name of child:

Name of staff member	Day	Time	Any comments