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# Easton Church of England Academy

## Intimate Care Policy

**Type of Document:** Statutory policy

**DBAT Level:** 4

**Approval delegated to:** LB

**Date Adopted by LB if applicable:**

**Review Period:** 3 years

**Next Review Date:** T4 2026

Date	Page	Change	Origin of Change e.g. TU request, Change in legislation
26.3.19	3	Change of wording to clarify procedure includes one-off events	LB committee
08/02/2023			Review date updated

## **Rationale**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most, one-off cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained should undertake the procedure.

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

## **Aims**

Children's dignity is respected at all times

Children are encouraged to take personal responsibility for their own intimate care wherever possible

Staff are appropriately trained to provide intimate care as appropriate

Careful thought is given to who provides intimate care for whom

## **Guidelines**

The management of all children with intimate care needs will be carefully planned. A care plan will be written by the school nurse or other health care professional, in conjunction with the child's parents or carers where necessary. The child who requires intimate care is treated with respect 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 lifting and moving) 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/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. 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 is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Wherever possible we will have more than one adult trained to work with a child. This means there is back up if one person is not available and this will ensure, as far as possible,

that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, a female staff member supporting a boy if no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

### **The Protection of Children**

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

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. s/he will immediately report concerns to the Designated Safeguarding Lead (DSL).

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 arrangements will be altered until the issue is resolved.

If a child makes an allegation against a member of staff then this is recorded and dealt with in line with the guidance in our Safeguarding Policy.