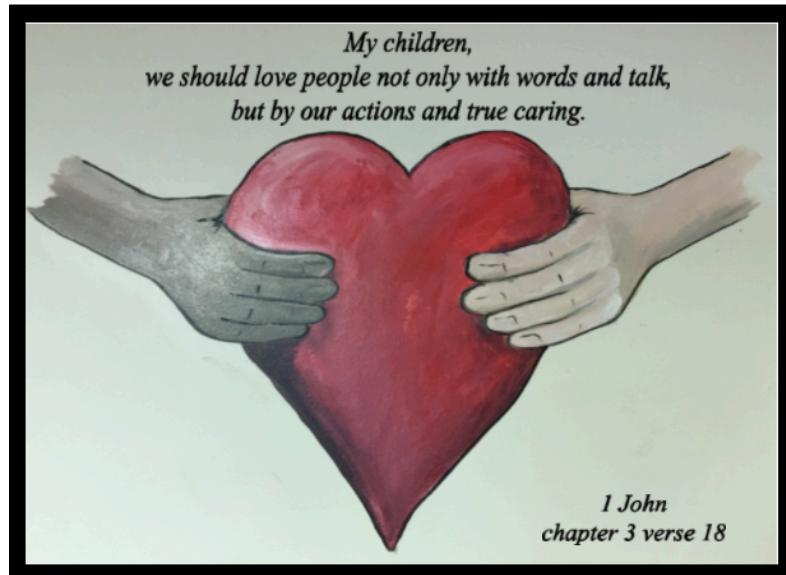




INTIMATE CARE POLICY

ST. LUKE & ST. PHILIP'S PRIMARY, A CHURCH OF ENGLAND ACADEMY



VISION STATEMENT

'The family of St Luke and St Philip's will ensure excellence is encouraged, minds are opened, diversity is embraced, respect is expected and talents are nurtured under the umbrella of God's love.'

ETHOS

Our school provides grounding in the Christian Faith for all its children with emphasis on collective worship as part of its daily life. Our Christian values of trust, truth, love, peace and thankfulness are built into the ethos and teaching of our school with the support of all Governors and staff for its Christian foundation. We also seek to encourage an understanding and respect for other world faiths.

CHRISTIAN SCHOOL VALUES



1) Principles

- 1.1 The Governing Committee and Cidari Multi Academy Trust 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 pupils¹ at this school.
- 1.2 This 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 Committee and Cidari Multi Academy Trust recognise 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 (or similarly named):
 - safeguarding policy and child protection procedures
 - staff code of conduct and guidance on safer working practice
 - 'whistle-blowing' and allegations management policies
 - health and safety policy and procedures
 - Special Educational Needs and Disability (SEND) policy
- 1.5 The Governing Committee and Cidari Multi Academy Trust are 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, consider the principles and best practice guidance in this intimate care policy.
- 1.9 Where it is deemed that intimate care is potentially going to be needed to support a child, the parent will be asked permission and sign to say that they are comfortable with the process.

¹ References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.

- 1.10. All staff involved in intimate care will be observed by another member of staff to protect the pupil and the staff member.
- 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**

The following are the fundamental principles upon which the Intimate Care Policy and Guidelines are 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 considered.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3) **Definition**

- 3.1. Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to the body which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing, applying cream or sensory massage.
- 3.2. It also includes supervision of pupils involved in intimate self-care.

4) **Best Practice**

- 4.1. Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans (if needed) agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. However, if parents and school have an agreed plan in place through meetings then an intimate care plan is not necessary. Any historical concerns (such as past abuse) should be considered. 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 consider procedures for educational visits/day trips.
- 4.2. Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- 4.3. Where a care plan or IEP is **not** in place, parents/carers will be called before intimate care is given if the pupil has needed help with meeting intimate care needs (e.g. has had an

'accident' and wet or soiled him/herself). If parents are not available to take the call, intimate care will be given and parents will be verbally informed at the end of the school day or at their next available time of contact.

- 4.4 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).
- 4.5 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.
- 4.6 These records will be kept in the child's file and available to parents/carers on request.
- 4.7 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 him/herself as possible.
- 4.8 Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.9 Staff will be supported to adapt their practice in relation to the needs of individual pupils considering developmental changes such as the onset of puberty and menstruation.
- 4.10 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, 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. Where a pupil is not able to verbally feedback their wants and needs, a parent will speak on their behalf.
- 4.11 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages. Staff will always inform the pupil of what is happening. E.g. 'Nappy change', or 'changing pants' with visuals if necessary. Where permission cannot be taken from a child, an intimate care plan will be signed by caregivers.
- 4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEND advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and considered.
- 4.13 An individual member of staff should inform another appropriate adult when they are going to take a child for intimate care and another member of staff is not available to observe/support.

- 4.14 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.
- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research² which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- 4.16 Adults who assist pupils 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.
- 4.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.18 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the Blackburn with Darwen Council regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5) Child Protection

- 5.1 The Governing Committee, Cidari Multi Academy Trust and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 The school's child protection procedures will be adhered to.
- 5.3 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 pupil'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.
- 5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection. A report will be completed on MyConcern and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a

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referral is 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.

- 5.6 If a pupil 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.
- 5.7 If a pupil, 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.
- 5.8 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.

6) Physiotherapy

- 6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or 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.
- 6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7) Medical Procedures

- 7.1 Pupils who are disabled might 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 IEP and will only be carried out by staff who have been trained to do so.
- 7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 7.3 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.

8) Massage

- 8.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 8.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.
- 8.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.
- 8.4 Care plans should include specific information for those supporting children with bespoke medical needs.

Policy written by: Natalie Woodhouse
Inclusion Manager

Policy reviewed: January 2026

Agreed by Governors: _____

Next review date: January 2028

Please see intimate care plan below.

PARENTS/CARERS	
Name of child	
Type of intimate care needed	2 members of staff will be needed to change Aurora throughout the day, change her nappy, and support her using the toilet. She may also need to be wiped.
How often care will be given	Whenever necessary/ wet or dirty throughout the school day.
What training staff will be given	Staff will be talked through the most appropriate ways to change Aurora based on her needs.
Where care will take place	Accessible bathroom in school/ reception bathroom.

What resources and equipment will be used, and who will provide them	Toilet/ bed to change her.
How procedures will differ if taking place on a trip or outing	There will be an accessible bathroom used in this case.
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	Sam Crofts
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	2
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	
PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
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)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).	<input type="checkbox"/>

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE

Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).

I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.

Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	