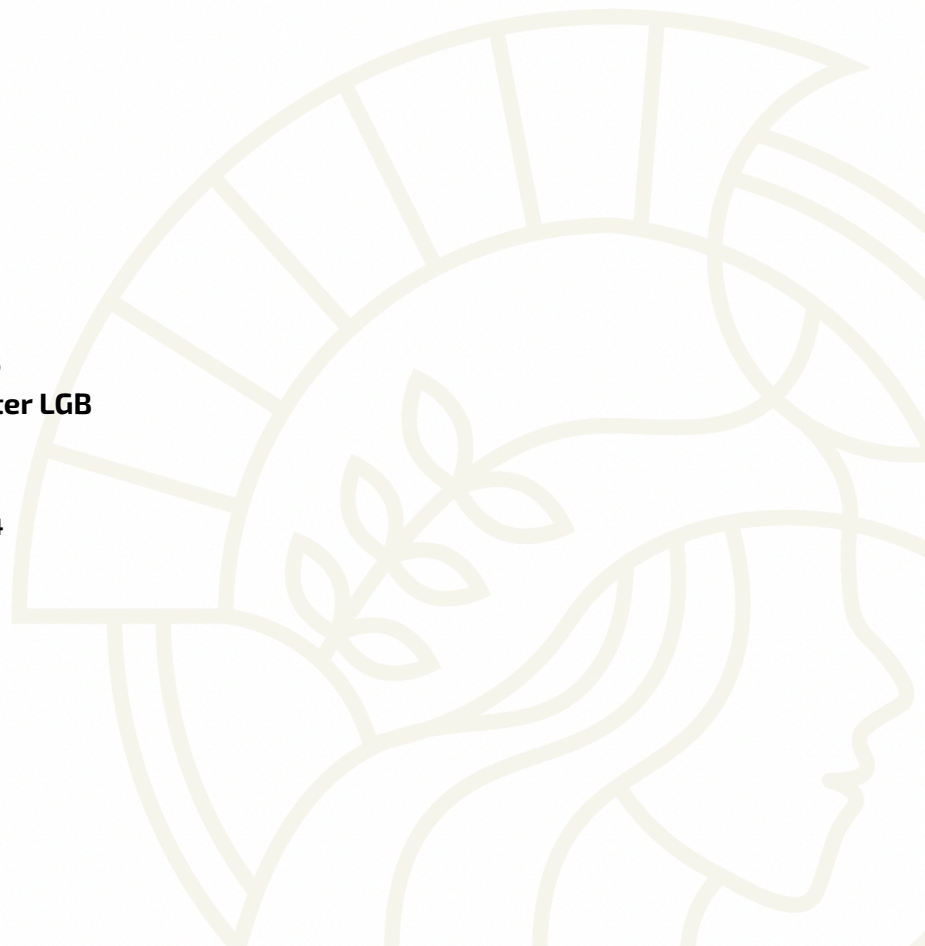




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# Primary Cluster Intimate Care Policy

<b>Adopted on:</b>	<b>October 2023</b>
<b>Ratified by:</b>	<b>Primary Cluster LGB</b>
<b>Status:</b>	<b>Ratified</b>
<b>Review period:</b>	<b>Annually</b>
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**Implementation of this policy supports the duties to promote equality of opportunity and positive attitudes in relation to disability, gender and race and to eliminate discrimination on the grounds of age, disability, gender, race, religion or belief and sexual orientation.**

Intimate care can be defined as 'Care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect exposure of the genitals and/or other private parts of the body'.

Examples include:

- Exposing genitals and/or other private parts of the body to administer medicines in accordance with (2014/09) DoE 'supporting children with medical conditions'
- Managing incontinence and providing toileting support
- Administration of medication, including in emergency situations
- Help with personal hygiene - washing and bathing
- Menstrual management
- Supervision of children involved in intimate self-care

In our school we have children with disabilities and medical needs. Some may require assistance with intimate care tasks, especially incontinence support and toileting. Children are entitled to respect and privacy at all times and especially when in a state of undress, changing clothes, bathing or undertaking any form of personal care. There are occasions where there will be a need for an appropriate level of supervision in order to safeguard young people and/or satisfy health and safety considerations. It is important that all adults working with children understand the responsibilities and procedures associated with providing intimate care, including supported toileting.

## **1. Aims**

- Keep children safe by clarifying which behaviours constitute safer practice and which behaviours should be avoided.
- Setting clear expectations of behaviour and/or codes of practice relevant to the provision of intimate care.
- Assist adults working with children to establish what safe, respectful and appropriate intimate care involves and the importance of regular line management, supervisory support and needs led training.
- Strengthen safeguarding procedures.
- Minimise the risk of misplaced or malicious allegations made against adults who work with children and young people.
- Ensure that processes are in place so that pupils, parents and carers can easily influence intimate care policy and procedures, in particular, personal intimate care plans.

- Support staff to respectfully and safely teach or consolidate autonomy for the children or young people with whom they work. Staff will enable each child or young person to do as much for themselves as possible.

## 2. Guidelines for Appropriate Intimate Care

Every intimate care procedure must be completed within an environment and atmosphere of total respect and dignity both for the individual receiving care and for the person involved in providing care.

Every plan supporting intimate care must demonstrate how the child can be enabled to develop their independence as far as is reasonably practical for the child.

The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of children and staff depending on the needs of the child.

## 3. Underpinning Principles

Intimate care should be a positive experience for both the child or young person and staff. It is essential that care is given gently, respectfully and sensitively and that every child or young person is treated as an individual.

These principles of intimate care can be put into practice by:

- Taking into account the child's method and level of communication which may include words, signs, symbols, body movements and eye pointing.
- Ensuring that the child's methods of communication are clearly identified in the care plan and carers have the ability to understand and communicate.
- Ensuring a sufficient number of staff, both male and female are available to provide intimate care as required throughout the school day.
- Avoiding a situation where intimate care relies on one or two members of staff, thus improving choice for the child and capacity for trained staff able to provide intimate care.
- Allowing the child or young person to care for him/herself as far as possible.
- Being aware of and responsive to the child/young person's reactions.
- Given the right approach, intimate care should provide opportunities to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem. Whenever children can learn to assist in carrying out aspects of their own intimate care they should be encouraged to do so.

## 4. Intimate Care in School

- Informed consent to deliver intimate care should be obtained from the pupil and the parent/carer (see Appendix 1).
- The care to be delivered should be explained to the pupil in an age appropriate manner.
- All staff clearly understand that cameras (including mobile phones) are not to be taken into areas where intimate care is carried out.
- Planning for learning outside the classroom takes into account how safe and dignified intimate care can be provided at venues outside of the school/educational setting. Planning also ensures that appropriate staff are present and suitable materials for cleaning and changing are available.
- Staff keep records which detail any intimate care provided and inform parents/carers when a child has needed support with their intimate care.
- The highest standards of hygiene should be maintained throughout the delivery of intimate care, and appropriate materials should be available. Waste materials must be disposed of appropriately.
- Staff should document any adverse or unusual reactions exhibited by a child during any intimate care procedures. These concerns should be reported to the designated lead for safeguarding. The delivery of further intimate care should be reassessed if necessary. Should staff have cause for concern regarding child protection issues, the Child Protection Policy procedures must be followed.
- All intimate care must be carried out with due regard to Manual Handling requirements and in such a way that the child and staff remain safe.

## 5. Individual needs

Should a consistent and regular level of intimate care be required an Individual Intimate Care Plan needs to be created. The first plan should be created through discussions with the pupil (where appropriate), parents/carers, pupil's teacher and SENCO. The plan should ensure a consistent approach between home and school. The needs and wishes of pupils and parents/carers will be carefully considered alongside any possible constraints e.g. staffing. After the first plan is agreed appropriate and regular reviews of the plan will take place between the pupil, parents/carers and class teacher.



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## Appendix 1

### Permission Form for the Provision of Intimate Care

If a child wets or soils themselves while they are at school it is important that measures are taken to have them changed (and if necessary cleaned) as quickly as possible.

Staff are experienced and guided by school policy and advice to carry out this task if you wish them to do so or, if you prefer, the school can contact you or your emergency contact who will be asked to attend without delay.

Our Intimate Care Policy is available to view on our website or on request at the school office. Please fill out the consent slip below stating your preference.

**Name of Child:** ..... **Year:**.....

***(Please delete one of the follow as appropriate)***

I give consent for my child to be changed and cleaned by staff if they wet/soil themselves while in the care of the Primary Cluster.

**OR**

I do not give consent for my child to be changed and cleaned if they wet/soil themselves while in the care of the Primary Cluster.

The school will contact me or my emergency contact who will arrange for my child to be cleaned and changed. I understand that in the event that I or my emergency contact cannot be reached, staff will act appropriately and may need to come into some level of physical contact in order to support the child as part of our basic duty of care.

Signature of Parent/Carer: ..... Date: .....