



The Park
Academies
Trust



Intimate Care Policy

June 2023

Version Control

Reviewer / owner (role)	Executive lead (role)	Approving body	Meeting date when the policy was approved
Director of Primary	CEO and Executive Board	EPSC	16 October 2023

This policy is reviewed every three years. The next review is due by October 2026.

Contents

1. Introduction

- 1.1 Aims and Scope
- 1.2 Other Linked Policies

2. Policy Statement

- 2.1 Legislation and Statutory Guidance

Roles and responsibilities

- 2.2 Role of parents / carers
- 2.3 Creating an intimate care plan
- 2.4 Sharing information
- 2.5 Which staff will be responsible
- 2.6 How staff will be trained
- 2.7 How procedures will happen
- 2.8 Concerns about safeguarding

1. Introduction

The Trust intends and expects that all decisions, policies and procedures will be underpinned at all times by its vision and values:

Our aim:

To create centres of educational excellence that inspire all pupils to turn their potential into performance.

To achieve this our schools will:

- Provide a broad and balanced curriculum that allows pupils to develop their talents and ambitions.
- Deliver the highest quality learning opportunities facilitated by excellent teachers.
- Inspire our pupils to become confident, motivated and respectful individuals ready to make a positive contribution to society.

The Trust will support our schools by:

- Maximising the resources and expertise available to individual schools.
- Providing a platform for the sharing of excellent practice.
- Challenging and developing staff to turn their potential into performance.

1. Introduction

There are times when a child may require a change of clothes whilst at school. The purpose of this policy is to provide clear guidelines and procedures for providing the intimate care of all children. These guidelines and procedures apply to changing a child in a range of circumstances, for example:

- When a child has wet or soiled themselves due to having not reached continence as part of a specific medical condition or global developmental delay.
- When a child has vomited, is wet or soiled themselves.
- When a child has become dirty or wet from involvement in play activities, for example; painting or water play.
- When a child requires support and assistance changing for physical activities.

These guidelines are designed to promote good practice and safeguard children and practitioners within our school. These apply to everyone involved with the intimate care of children.

1.1 Aims and Scope

Aims:

- To include all children in activities regardless of their ability to manage their own personal care.
- To safeguard the rights and promote the welfare of children.

- To provide guidance and reassurance to staff whose role includes intimate care.
- To assure parents that staff are knowledgeable about personal care and that their individual concerns are taken into consideration.
- To ensure that no child is discriminated against.

A definition of Intimate Care: 'Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual parts of the body'.

Intimate care tasks specifically identified as relevant include: dressing and undressing (underwear) helping someone use a toilet cleaning / wiping / washing intimate parts of the body. The application of medical treatment, other than to arms, face and legs below the knee.

This policy is designed to act as a guideline for anyone with responsibility for the intimate care of the children at all academies within The Park Academies Trust. It outlines the guidelines for best practice.

1.2 Other Linked Policies

This policy should be read in conjunction with:

- Safeguarding and Child Protection policy
- Medical Policy / Supporting Pupils with Medical Conditions
- Safe Touch Policy

2. Policy Statement

2.1 Legislation and Statutory Guidance

This policy complies with [statutory safeguarding guidance](#).

It also complies with our funding agreement and Articles of Association.

2.2 Role of parents / carers

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents / carers will be asked to sign a consent form. When a child enters in Nursery / Reception or Year 1, the parent / carer will be asked to give consent for intimate care should it be required.

For children whose needs are more complex or who need particular support outside of what is covered in the permission form (if used), an intimate care plan will be created in discussion with parents / carers (see section 2.3 below).

Where there is not an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents / carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents / carers afterwards.

All intimate care will be recorded on CPOMS.

2.3 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents / carers, the child (when possible) and any relevant health professionals.

The school will work with parents / carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there is doubt whether the child is able to make an informed choice, their parents / carers will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

2.4 Sharing information

The school will share information with parents / carers as needed to ensure a consistent approach. It will expect parents / carers to also share relevant information regarding any intimate matters as needed.

Role of Staff

2.5 Which staff will be responsible

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

2.6 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake.
- Regular safeguarding training.
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible.

They will be familiar with:

The control measures set out in risk assessments carried out by the school
Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

2.7 How procedures will happen

Always tell another member of staff when you are doing a change or accompanying a child to the toilet. Staff must also be aware of their own personal safety whilst changing pupils and not put themselves in a vulnerable position.

It is best practice from a health and safety and safeguarding perspective to have 2 members of staff present. If it is not possible, state your protocol for carrying out checks with the member of staff once the procedure has taken place.

The child should be involved as much as possible in his or her intimate care; they are allowed to be as independent as possible. This can be for tasks such as removing clothing or washing private parts of a child's body. We support the children in doing everything that they can for themselves. If a child is fully dependent on an adult, then we will talk to him / her about what we are doing and give choices where possible.

We will always make sure that a familiar adult supports a child in intimate care.

We will be responsive to a child's reactions.

We will encourage the child to have a positive body image of his / her own body; confident, assertive children who feel their body belongs to them are less vulnerable to abuse.

Always wash hands thoroughly after supporting a child with intimate care using antibacterial handwash.

Record any incidents of intimate care on CPOMS, indicating why the care was necessary and what level of intimate care was given. It is the responsibility of the Designated Safeguarding Lead to ensure that all records are kept up to date and that all procedures are followed.

Procedures will be carried out using school toilet / changing facilities.

When carrying out procedures, the school will provide staff with: protective gloves, aprons, cleaning supplies, changing mats and bins.

For pupils needing routine intimate care, the school expects parents / carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and / or a spare set of clothing.

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

2.8 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the DSL and record on CPOMS.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

The school understands it is a legal obligation to meet the needs of children with any delays or medical reasons in any area of their development. We work in partnership with parents on an individual basis to make reasonable adjustments to meet the needs of each child.

We seek to find out religious and cultural views around intimate care.