



**Quality First** Education Trust

# **Intimate Care Policy**

Approved by Board of Trustees on: 20<sup>th</sup> June 2019

Policy in effect from: 1<sup>st</sup> July 2019

Date of next scheduled review: June 2022

**This policy is reviewed every three years by the board of trustees.**

## **1.0 Introduction**

### **1.1 Purpose**

To set out a clear policy for managing intimate care tasks with or for children, as part of the school's wider approach to safeguarding and in line with relevant legislation and government guidance. This policy applies to all staff undertaking personal care tasks with children including but not limited to those that have SEND.

### **1.2 Definition**

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, and physical presence or observation during such activities. Tasks considered relevant to this policy are: toileting, wiping and care in the genital and anal areas; dressing and undressing; application of medical treatment, other than to arms, face and legs below the knee; supporting with the changing of sanitary protection; washing/cleaning other than to arms, face and legs below the knee.

### **1.3 Principles**

The school aims to provide an inclusive, supportive and positive learning environment, where every child is treated as an individual. It is important to remember the following principles:

- Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care is part of facilitating participation in daily life.
- The child should be encouraged to do as much as they can for themselves.
- Any necessary care must be given as gently and as sensitively as possible.
- Children have the right to feel safe and secure; the right to privacy and dignity; the right to express their views and have them heard; and the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.

### **1.4 Linked policies**

This policy should be considered in conjunction with:

- Q1E Child Protection and Safeguarding Policy

Other related policies include:

- School SEND policy
- Q1E Medical Needs Policy
- Q1E Whistleblowing Policy
- Q1E Concerns and Complaints Policy
- Q1E Data Protection Policy

## **2.0 Intimate care contact procedure**

Staff should adhere to the following:

- a. Always log any intimate care contact(s).
- b. When a member of staff is undertaking intimate care, they should ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken, and that, wherever possible, they are visible and/or audible.
- c. In the event of an injury/soreness in an area of the body that could be described as intimate, a first aider and one other staff member will assess the issue and will provide advice. No physical examination will take place at school.
- d. Never be alone with a child who has to remove underwear for whatever reason.
- e. In the event of wetting or soiling, help the child get changed as soon as possible.
- f. Where necessary, get to know the child in a range of contexts to gain an appreciation of his/her moods and verbal/non-verbal communication.
- g. Take care (both verbally and in terms of body language) to ensure that the child is never made to feel insecure.
- h. Speak to the child personally by name and give explanations of what is happening in a straightforward and reassuring way. Enable the child to be prepared for and to anticipate events while demonstrating respect for his/her body, e.g. providing verbal or visual indications of how they will be supported.
- i. Allow or guide the child to change themselves where able.
- j. Staff should complete a neutral notification if they have to undertake intimate care without informing another adult of the task, or without another adult being in the vicinity during the task.

## **3.0 Facilities**

The school will provide facilities which afford privacy and modesty e.g. separate toileting. Checks should be made beforehand to ensure that there are suitable facilities for intimate care available on school trips/excursions where they are likely to be necessary and staff should consider how intimate care can be dealt with in relation to PE, swimming etc.

## **4.0 Communication with parents**

Regular communication is important. Issues around toileting should be discussed at a meeting with parents/carers prior to admission to the school. Senior leaders must be made aware of these at this point. Parents/carers should be told about any intimate care which has been carried out. Communication relating to intimate care should be made in person or by telephone.

## **5.0 Records**

A log should be kept of all intimate care interventions. All records should be stored in accordance with the UK's Data Protection Act and the school's Data Protection Policy. At each school site, the Designated Safeguarding Lead/Designated Members of Staff for safeguarding will be able to advise staff as to the location of the intimate care log.

## **6.0 Reporting any incidents**

Any incidents or accidents during the delivery of intimate care must be formally recorded and reported immediately to the SENCO. A formal discussion with the parent/carer must also take place on the same day to share this information. See also details on 'Neutral Notification' in the Safeguarding Policy.

## **7.0 Confidentiality**

Sensitive information about a child should be shared only with those who need to know, such as parents or other members of staff who are specifically involved with the child. Other staff members should only be told what is necessary for them to know to keep the child safe. The child's right to privacy and dignity should be maintained at all times.

## **8.0 Certification and training**

All staff have up to date DBS clearance, safeguarding certification and/or training. Staff in positions where they are more likely to undertake intimate care (e.g. early years or resource base classes) should receive specific induction on the intimate care procedures and protocols outlined in this policy.

## **9.0 Terminology**

Staff will use medically correct terminology for private parts of the body and functions.

## **10.0 Intimate care plans**

Should a child have particular and routine needs for support with intimate care, an intimate care plan will be agreed with the child's parents/carers. This will be formal agreement to define the responsibilities of the school and the parents/carers. This might include for example:

- Agreeing how often the child should be routinely supported with intimate care
- Agreeing who will provide this support
- Parents/carers agreeing to change/toilet the child at the latest possible time before coming to school, or to provide a change of clothes
- Discussing and taking appropriate actions to respect the cultural practices of the family
- For a child with SEND, the management of any personal care needs may need to be further clarified through the Education Health Care Plan.

## **11.0 Concerns or complaints**

Parents/carers: Parents/carers with any concern about an intimate care matter should follow the procedure set out in the Q1E Concerns and Complaints Policy. In the first instance, any concern should be discussed with the member of staff most closely associated with the incident (for example the class teacher).

Staff: Concerns or complaints from staff should be raised with their line manager in the first instance. If the concern relates to safeguarding, staff should refer to the Q1E Child Protection and Safeguarding Policy. Staff also have the option of raising issues through the whistleblowing procedure and should refer to the Q1E Whistleblowing Policy.