



Intimate Care Policy

St Botolph's Church of England Primary School

Approved by:	Mrs D Wilson	Date: 9 th October 2024
Last reviewed on:	October 2024	
Next review due by:	October 2027	

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Appendix A: Intimate Care Plan

1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010

- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are considered
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved
- The Governing Body is 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.

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out a procedure to children's intimate personal areas 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.

2. Legislation and statutory guidance

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

- The Governing Body will act in accordance with 'Keeping Children Safe in Education 2024' to safeguard and promote the welfare of pupils¹ at this school.

3. Links with other policies

This intimate care policy should be read in conjunction with the schools' policies as below:

- safeguarding children policy
- staff code of conduct and guidance on safer working practice
- 'whistle-blowing' policy
- health and safety policy and procedures
- Special Educational Needs policy
- policy for the administration of medicines
- accessibility plan

4. Child focused principles of intimate care

The following are the fundamental principles upon which the 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 taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

5. Role of parents/carers

5.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to read and agree to the schools' intimate care policy.

For children whose needs are more complex or who need particular support, an intimate care plan will be created in discussion with parents/carers (see appendix A).

5.2 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 (where 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 considered. If there's doubt whether the child can make an informed choice, their parents/carers will be consulted.

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

See appendix A for a blank template plan to see what this will cover.

5.3 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.

Where intimate care has taken place, parents/carers will be informed the same day via Medical Tracker.

6. Role of staff

6.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

No other staff members, volunteers or students will be required to provide intimate care.

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.

For occasional intimate care, two members of staff will be present. Where an intimate care plan is in place, one adult will be present, but this will be discussed with parents/carers as part of the plan.

6.2 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.

7. Other requirements

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

All staff should be aware of the school's confidentiality policy.

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 always be vigilant, to seek advice where relevant and take account of safer working practice.

An individual member of staff should inform another appropriate adult if they are assisting alone with intimate care.

8. Physiotherapy

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

9. Medical Procedures

- 9.1 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 EHCP and will only be carried out by staff who have been trained to do so.
- 9.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 9.3 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.

10. Massage

- 10.1 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.
- 10.2 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.
- 10.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

- 10.4 Care plans should include specific information for those supporting children with bespoke medical needs.

11. 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 designated safeguarding lead or the Headteacher.

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.

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.

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.

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 'whistleblowing' policy.

Appendix A: Intimate Care Plan Template



St Botolph's C of E Primary School Intimate Care Plan

Child's name:	
Date of Birth:	
Name of Support Staff involved:	
Care required and how often during the day:	
Equipment required:	

Location of suitable facilities:
How intimate care will be communicated to parents/carers:

Working towards independence:

The child will try to:	
Staff assisting will support by:	
Review date:	

Agreed and signed:

Parents/Carer	_____	Date: _____
Child (if appropriate)	_____	Date: _____
Staff involved	_____	Date: _____
SENDCo	_____	Date: _____