



INTIMATE CARE POLICY

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1. Introduction

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 contact with or exposure of the genitals.

Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

Children who need regular intimate care will have an:

- Intimate care plan; or an
- Individual healthcare plan.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them.

Staff who provide intimate care to children have a high awareness of safeguarding issues.

Staff behaviour is open to scrutiny, and staff will work in partnership with parents/carers to provide continuity of care to children wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

The Mount School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times.

The school recognises that there is a need to treat all children with respect when intimate care is undertaken. No child should be attended to in a manner which may cause distress or pain.

2. Our approach to best practice

In the EYFS, Key Stages 1 and 2, intimate care may be appropriately delivered by cross gender support (where all parties feel comfortable with that arrangement).

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are fully aware of best practice. Staff will be trained in moving and handling if necessary and apparatus will be provided to assist with children who need special arrangements, following assessment from physiotherapist/ occupational therapist as required, e.g. hoists and slings.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes.



There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, sign, symbolic, etc.) to discuss the child's needs and preferences.

The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities.

Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

Parents/carers alongside the class teacher will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded through an intimate care agreement and may include a full risk assessment to address issues such as moving and handling, health and personal safety of the child and the carer.

The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible a child will be cared for by an adult or adults with whom the child has a good relationship. Attempts will be made to restrict daily contact to the same familiar faces.

A signed record will be kept by staff of all intimate and personal care tasks undertaken which will include times completed and any observations noted.

If a child has a concern, or displays a feeling of being uncomfortable, they will have an allocated member of staff on the senior leadership team to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

3. Safeguarding the Child

Local Authority Safeguarding Procedures and Inter-Agency Safeguarding procedures will be accessible to staff and adhered to.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ Designated Safeguarding Lead. A clear record of the concern will be completed and referred to social services and/or police if necessary.



Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at increased risk of harm by doing so.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules may be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice may be obtained from external agencies as necessary.

If a child makes an allegation against a member of staff, the school will follow the procedures set out in the government guidance document, Keeping Children Safe in Education and the school's safeguarding and child protection policy.