



The Castle School

Intimate Care Policy

Rationale

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding. There are also duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against. In meeting a child's intimate care needs it must be recognised that staff will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust. Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

The following are the fundamental principles upon which the school practice is based:

- Every child/young person has the right to be safe.
- Every child/young person has the right to personal privacy.
- Every child/young person has the right to be valued as an individual.
- Every child/young person has the right to be treated with dignity and respect.
- Every child/young person has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child/young person has the right to express their views on their own intimate care and to have such views taken into account.
- Every child/young person has the right to have levels of intimate care that are as consistent as possible.

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some students are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of students involved in intimate self-care.



Aims

- To ensure that all intimate care needs for students is carried out in lines with the agreed plans.
- To ensure that staff are aware of agreed practice and the planning process involved, and are able to implement them.
- To ensure that where possible all intimate care plans are written involving the student, family and agencies involved.

Agreed Practice

All students who require regular assistance with intimate care have written intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which key staff, parent(s) and the student should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, and at least annually. It should also be reviewed when there is a change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care) or when the child/young person goes through any developmental changes. They should also take into account procedures for educational visits/day trips. Intimate Care Plans and reviews are to be shared with staff and made available to review. Staff should feel able to express any concerns to their team leader or Key Stage leader at any time.

In exceptional circumstances, such as school trips, staff should use appropriate means to preserve dignity and privacy whilst not limiting a child's/young person's opportunities.

Where relevant, it is good practice to agree with the student and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

All students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual student to do as much for his/herself as possible.

Staff who provide intimate care are trained to carry out personal care (eg health and safety training in moving and handling) according to the needs of the student. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual students taking into account developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each student who needs help with intimate care in line with their preferred means of communication (verbal, symbolic,



etc) to discuss their needs and preferences. Where the student is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the student personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

An individual member of staff should inform another appropriate adult when they are going alone to support or supervise a student with carry out their own intimate care.

The religious views, beliefs and cultural values of children/young person and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Whilst safer working practice is important, such as in relation to staff caring for a student of the same gender, there is research (1) which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every student should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a student. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

**1 National Children's Bureau (2004) The Dignity of Risk*

Adults who assist students with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

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

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

Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child/young person is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's/young person's privacy and dignity.



Policies which directly relate to the Intimate Care Procedures

- 'Safeguarding Policy including Child Protection' procedures
- 'Staff Code of Conduct' and 'Guidance on Safer Working Practice'
- 'Whistle-blowing' and 'Allegations Management' policies
- Health and Safety Policy and Procedures
- 'Manual Handling' procedures

Monitoring of the Procedure

To ensure that all intimate care needs for students are carried out in lines with the agreed plans. Plans are in place for all students who are identified as needing intimate care and are updated annually in September by class teachers and updated in the year if additional changes are required. Senior Leadership to review intimate care plans annually unless significant changes are identified. Where necessary advice may be sought from other professionals such as the School Nurse, Occupational Therapist, Physio Therapist or Continence Service.

Senior Leaders ensure that all staff have access to all school documents and related policies and receive appropriate training and induction.

All staff have been given training in order to implement a child's intimate care plan, to ensure that where possible all intimate care plans are written involving the student, family and agencies involved. Plans are shared and those involved sign to acknowledge agreement with the plan. Senior Leaders to review plans with regards to who has been involved in its creation, reporting to the Headteacher.

Rights Respecting School

This policy adheres to the principles of the United Nations Convention of the Rights of the Child (UNCRC) specifically articles: 2,3,5,8,12,13,16,19,23,28

Last review: Spring 2025

Next review: Spring 2028



Intimate Care Plan

Persons Name	
D.O.B.	
School Site	

Reason for plan	
Level of Supervision	
What assistance is required?	
When?	
Where?	
By?	
Communication strategies with student	
Arrangements when off-site	

Plan completed by:

Name	Role	Date
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Plan agreed by:

Designation	Name	Signature	Date
Parent/Carer			
Senior Leadership			
Teacher			