# **Oaklands School**



## **Intimate Care Policy**

| Approved by:        | Julie Smith   | Date: November 2023 |
|---------------------|---------------|---------------------|
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## 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 children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (ie. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

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

## 2. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance.

## 3. Role of parents

#### 3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents (see section 3.2 below).

Where there isn't 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 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 afterwards.

#### 3.2 Creating an intimate care plan

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

The school will work with parents 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's doubt whether the child is able to make an informed choice, their parents 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.

See appendix 1 for a blank template plan to see what this will cover.

#### 3.3 Sharing information

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

## 4. Role of staff

#### 4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This may include School Nurse, Teachers and Teaching Assistants.

No other staff members can 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.

#### 4.2 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 is 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, including those related to COVID-19

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

## 5. Intimate care procedures

#### 5.1 How procedures will happen

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

There is careful communication with each child and young person who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, sign or AAC) to discuss the child's and young person's needs and preferences, as appropriate to their developmental level and degree of understanding.

As a basic principle children and young people will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child and young person to do as much for themselves as they can. This may mean, for example, giving the child/young person responsibility for washing themselves. Intimate care will be carried out with reference to individual risk assessments (including issues such as moving/handling and personal safety of child/carer) for particular children/young people as appropriate to suit the circumstances of the child/young person.

Where possible 2 members of staff will be present. Where possible, children over the age of 8 will be cared for by a member of staff of the same gender as themselves. In all cases, male and female members of staff who undertake intimate care tasks must have an enhanced DBS with a barred list check.

Parents will be consulted about their child's/young person's intimate care arrangements as required, for example with regard to onset of puberty, cultural practice and toilet training.

Procedures will be carried out in toilets with appropriate equipment and in a COVID-safe way according to the school's risk assessment and COVID-19 protocol. When carrying out procedures, the school will provide staff with protective gloves, cleaning supplies, changing mats and bins.

For pupils needing routine intimate care, the school expects parents 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 at the end of the day.

#### 5.2 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 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.

## 6. Monitoring arrangements

This policy will be reviewed by the Headteacher annually. At every review, the policy will be approved by the governing board.

## 7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- COVID-19
- Health and safety
- SEN
- Supporting pupils with medical conditions

## Appendix 1: template intimate care plan

| PARENTS/CARERS  |  |
|---|--|
| Name of child   |  |
| Type of intimate care needed  |  |
| How often care will be given  |  |
| What training staff will be given   |  |
| Where care will take place  |  |
| What resources and equipment will be used, and who will provide them  |  |
| How procedures will differ if taking place on a trip or outing  |  |
| Name of senior member of staff responsible for<br>ensuring care is carried out according to the<br>intimate care plan |  |
| Name of parent or carer   |  |
| Relationship to child   |  |
| Signature of parent or carer  |  |
| Date  |  |
| CHILD   |  |
| How many members of staff would you like to help?   |  |
| Do you mind having a chat when you are being changed or washed?   |  |
| Signature of child  |  |
| Date  |  |

## Appendix 2: template parent/carer consent form

| PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE  |  |  |  |  |
|---|--|--|--|--|
| Name of child   |  |  |  |  |
| Date of birth   |  |  |  |  |
| Name of parent/carer  |  |  |  |  |
| Address   |  |  |  |  |
| I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)  |  |  |  |  |
| I will advise the school of anything the care (e.g. if medication changes or if   |  |  |  |  |
| I understand the procedures that will be carried out and will contact the school immediately if I have any concerns   |  |  |  |  |
| <ul> <li>I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</li> <li>Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</li> <li>I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</li> </ul> |  |  |  |  |
| Parent/carer signature  |  |  |  |  |
| Name of parent/carer  |  |  |  |  |
| Relationship to child   |  |  |  |  |
| Date  |  |  |  |  |