



**MOORHILL PRIMARY SCHOOL  
INTIMATE CARE POLICY  
REVIEWED 5.12.20**

This policy should be read in conjunction with the school's current risk assessment and other policies, in particular; Accessibility Policy, Child Protection and Safeguarding Policy, Covid-19 Safeguarding Policy, Health & Safety Policy.

### **RATIONALE**

Moorhill Primary 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. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

### **DEFINITION OF INTIMATE CARE**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Care may involve help with drinking, eating, dressing and toileting. It may also require the administration of rectal medication.

In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

### **AIMS**

The aims of this document and associated guidance are;

- To provide guidance and reassurance to staff
- To safeguard the dignity, rights and well-being of children and young people
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

### **PRINCIPLES**

This document embraces principles of:

Every child has the right to feel safe and secure

- Every child has the right to be treated as an individual
- Every child has the right to remain healthy
- Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs

- Every child has the right to information and support that will enable him or her to make informed and appropriate choices
- Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs
- Every child has the right to information and procedures for any complaint or queries he or she may have regarding intimate care

## **WORKING WITH PARENTS**

Moorhill will work closely with parents to ensure the sharing of information and making sure the process of intimate care is as comfortable as possible including knowledge and understanding of any religious/cultural sensitivities.

## **PUPIL VOICE**

Allow the child, subject to their age and understanding, to express a preference regarding the choice of his/her carer and sequence of care.

Agree appropriate terminology for private parts of the body and functions to be used by staff. It may be possible to determine a child's wishes by observation of reactions to the intimate care.

Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols and body movements.

To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the agreed Health Care Plan.

## **Our Approach to Best Practice**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from physiotherapist and/or occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to the children in their care as an additional safeguard to both staff and children involved.

The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual Health Care Plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

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 is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived, for example, female staff supporting boys in our school, if no male staff are available at KS1.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's Health Care Plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

### **The Protection of Children**

Child Protection Procedures and Multi-Agency Child Protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of ability, 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. they will immediately report concerns following the schools 'My Concern' procedures and informing a designated safeguarding lead immediately for appropriate action to be taken.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated 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 will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Multi - Agency Child Protection Procedures for details)

All staff will be required to confirm that they have read the Guidance for Safer Working Practices for Adults who work with children and Young People.

<https://www.moorhill.staffs.sch.uk/wp-content/uploads/2020/09/SCHOOL-RISK-ASSESSMENT-updated-17.9.20.pdf>

<https://www.moorhill.staffs.sch.uk/wp-content/uploads/2020/10/Equality-Policy-and-Accessibility-Plan-SEP-2020.pdf>

<https://www.moorhill.staffs.sch.uk/wp-content/uploads/2020/10/NEW-SAFEGUARDING-MODEL-POLICY-2020-21.10.20.pdf>

<https://www.moorhill.staffs.sch.uk/wp-content/uploads/2020/03/Covid-19-safeguarding-policy-March-2020.pdf>

<https://www.moorhill.staffs.sch.uk/wp-content/uploads/2020/10/Health-and-Safety-Policy-August-2020.pdf>

### **Guidelines for Intimate Care**

- 1- Appendix 1 working towards independence, to be used with any child who has intimate care needs linked to a health issue, and this will be linked to their Health Care Plan.
- 2- Appendix 2 record to be used in any classroom where Intimate Care is necessary.
- 3- Appendix 3 to be completed for any child with ongoing Intimate Care Needs  
All parents to give permission for appropriate care to be given.

**Appendix 1**

**Working towards independence**

**Record Child's Name .....**

**DOB.....**

**Name of support staff involved .....**

I can already

I will try to:

**Review**

**date.....**

**Parent/Carer.....**

**Child .....**

**SENCo.....**



**Appendix 3**

**PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE**

Child's Last name	
Child's First name	
Male/Female	
Date of birth	
Parent/carers name	
Address	

I give my permission for ..... to receive intimate care (for example helping with changing or following toileting) should the need arise.

I understand the staff are doing this on a voluntary basis. I will work with the school to encourage my child to achieve independence in this area with dignity and respect.

I will provide the necessary clothes/resources.

I understand I will be informed discretely on each occasion this happens.

Name .....

Signature .....

Relationship to child .....

Date .....