

MOSAIC SCHOOLS LEARNING TRUST



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INTIMATE CARE POLICY

All schools in Mosaic Schools Learning Trust are committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers to share this commitment.

Staff Responsible:	Trust Governance Manager
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VERSION CONTROL

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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 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 taken into account
- 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

Intimate care refers to any care that 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. Definition of Intimate Care

Intimate Care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a child after they have soiled themselves) to intimate personal areas.

In most cases, such care will involve supporting a child to clean themselves as part of a staff member's duty of care. In addition to this, we have identified other Intimate Care needs, such as:

- feeding and oral care;
- washing, toileting and dressing;
- care associated with continence and menstrual management
- hand-on-hand teaching approaches and some therapeutic work, such as physiotherapy and occupational therapy-based interventions which require staff to hold or touch children in a variety of ways.

Some children may require a high level of emotional wellbeing support and comfort, for example, hand-holding to support emotional regulation.

4. Approach to Best Practice.

We are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Each child's right to privacy will be respected. Any child with intimate care needs 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 they can. This may mean, for example giving the child responsibility for washing and dressing themselves. Individual intimate care plans will be drawn up for particular children as appropriate (see appendix 1) to suit the circumstances of the child.

The issue of intimate care is a sensitive one and requires staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There will always

be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

5. The Protection of Children

Safeguarding policies and procedures will be adhered to by all staff. All children will be taught personal safety skills carefully matched to their level of development and understanding. Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. Intimate care arrangements will be discussed with parents on a regular basis and recorded on the child's care plan. All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. The expectation is that when staff make physical contact with children it will be:

- For the least amount of time necessary (limited touch)
- Appropriate, given their age, stage of development and background
- In response to the pupil's needs at the time.

Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported. If a staff member has any concerns about a child's physical changes (bruises, marks etc.) they will immediately report concerns as per 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 Inclusion Manager or Head teacher. 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.

(See Safeguarding Policy and Allegations Against Staff policy for further information)

6. Role of parents/carers

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 sign a consent form – see appendix 2.

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

Where there is not 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/carers 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/carers afterwards.

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 taken into account. If there is any doubt whether the child is able to 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 1 for a blank template plan to see what this will cover.

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.

7. Role of staff

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.

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.

8. Intimate care procedures

How procedures will happen

The following steps will be taken to ensure the health and safety of both staff and children:

1. Alert another member of staff. All intimate care will be carried out by two members of staff.
2. The child will be escorted to a changing area, such as the designated nappy changing area/toilet areas.
3. All adults should wear gloves.
4. Staff will always talk to the child about what they are doing and give choices where possible.

5. Used nappies are disposed of in the designated area for this.
6. Soiled clothes should be placed inside plastic bags (double wrapped) and given to parents/carers at the end of the day.
7. Plastic gloves must be disposed of in the designated bin.
8. The child should wash their hands before returning to class.
9. The area must be cleaned and disinfected by an adult before anyone else is allowed access to it.
10. Adults should wash their hands thoroughly after administering intimate care.
11. Intimate care provided must be recorded including date, time, name of child, adult(s) in attendance, the support required, action taken and any concerns or issues. This will enable staff to monitor progress made. (See appendix 2 for recording sheet)

Procedures will be carried out in the Medical Room.

When carrying out procedures, the school will provide staff with:

- protective gloves
- cleaning supplies
- bins

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, wipes, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents/carers at the end of the day.

9. Monitoring arrangements

This policy will be reviewed by Mrs Walsh (SENCo) twice annually. At every review, the policy will be approved by the Governing Body.

10. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEND
- 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 ensuring care is carried out according to the 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	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by

Appendix 2: Template Parent/Carer Consent Form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carers	
Address and contact details	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>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).</p> <p>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).</p> <p>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.</p>	<input type="checkbox"/>
Parent/carers signature	
Name of parent/carers	
Relationship to child	
Date	