



**St Francis**  
CofE Primary School



# Intimate Care Policy

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Statutory or Best Practice Policy	Best Practice
School or Trust Policy	School

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If you would like this information in any other format, please contact us on  
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## St Francis School – Intimate Care Policy

St Francis 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. St Francis recognises 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 or pain.

### Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

The issue of intimate care is a sensitive one and will require 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 shall 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.

### 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 Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as the onset of puberty and menstruation. 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 intimate 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. 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. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

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

### **The Protection of Children**

Safeguarding procedures will be adhered to. 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 Designated Safeguarding Lead. 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 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.

### **Health and Safety**

Health and Safety advice can be found in the school's policy and in the Health and Safety Handbook, available to schools through [www.cornwall.gov.uk](http://www.cornwall.gov.uk)

### **Additional Guidance Changing facilities**

When children need to be changed in school the designated First Aid room offers the appropriate facilities. Depending on the need of the child, sometimes the individual staff toilet is assessed as the most appropriate place for that child to be changed.

### **Equipment Provision**

Where relevant the parent should provide spare underwear/nappies, disposal bags, wipes etc. and parents should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste and anti-bacterial spray to sanitise the changing area. Used nappies/pull ups should be double bagged and placed in specified bins.

### **Health and Safety**

Some schools are concerned about health and safety issues when staff are changing children or dealing with a child who has had an accident and is bleeding. Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste.

## **Special needs**

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the organisation should be easily understood and recorded. Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

## **Guidance to safeguard children and education staff with regard to situations which may lend themselves to allegations of abuse**

### **Physical Contact**

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in a 'limited touch' culture and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. Staff should be aware that even well-intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility. Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

### **Restraint**

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property. In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control. In all cases of restraint, the incident must be documented and reported. Kernow Learning have a Safe Touch policy and many staff have received specific training (TeamTeach) – all incidences of restraint must be recorded in the relevant folder maintained in the Headteacher's office.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to constitute a criminal offence.



### **Pupils in distress**

There may be occasions when a distressed pupil such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation. Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Particular care must be taken in instances which involve the same pupil over a period of time. Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their line manager or other appropriate person.

### **First Aid and intimate care**

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for. Agreements between the school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed. Parents and the school agree to work together towards developing independent self-care when the child is ready.

### **Physical Education and other skills coaching**

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment.

Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation. Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

### **Out of school trips, clubs etc.**

Staff should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities must also be familiar with St Francis' policy and all LA Guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, camps etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

Meetings with pupils away from the school premises where a chaperone will not be present, are not permitted unless specific approval is obtained from the head teacher or other senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

## Intimate Care Plan

**Child's Name:** .....

**Class/ Year Group:** .....

**Name of Support Staff Involved:**.....

**Date of Record:**..... **Review Date:** .....

<b>Area of Need</b>	
<b>Equipment required/by whom</b>	
<b>Location of suitable toilet facilities</b>	
<b>Support required</b>	<b>Frequency of support</b>

### Working towards independence

School will	Parents will	Child will try to	Target achieved (date)

This plan was written in consultation with the following people:

Parents/ Carers Signed: .....

Teacher Signed: .....

TA Signed: .....

Designated Safeguarding Lead: .....

### Intimate Care Agreement

In order to best meet the needs of your child when they are in our care we would like to set up an individual agreement between parents and the school with regard to intimate care.

Intimate care is any care which involves washing, touching or carrying out duties on an intimate procedure which children are unable to do for themselves, arising from the child's stage of development.

Intimate care may involve helping with drinking, eating, dressing, toileting or comforting. In most cases at school intimate care will involve procedures to do with personal hygiene.

Staff at St Francis providing intimate care are aware of the need to adhere to good safeguarding practice in order to minimise the risks for both the children and themselves. All school staff are supported and trained so that they feel confident in their practice.

**Name of child:**

- I give permission to St Francis C of E School to provide appropriate intimate care to *child's name*.
- I understand that this will be generally be carried out by staff from *child's name* class but may also be carried out by another member of staff.
- I will contact my *child's name* teacher if there are any issues I would like to discuss.

Signed ..... Parent/carer ..... Date Signed .....

SENCO ..... Date .....

(on behalf of St Francis C of E Primary School)



**Record of Personal Care Intervention**      **Name**.....

<b>Date</b>	<b>Time</b>	<b>Procedure</b>	<b>Staff signature</b>	<b>Comment (if necessary)</b>