



Lakelands
Academy

INTIMATE CARE POLICY

NEXT REVIEW:

Autumn 2025

Principles

- 1.1. The Governing Body and Headteacher will act in accordance with the additional guidance: 'Safe Working Practices in Education Settings' (2015) and 'Working Together to Safeguard Children' (2018)
- 1.2. This academy 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.
- 1.3. The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act, which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 1.4. This intimate care policy should be read in conjunction with the following
 - Lakelands Academy's Child Protection policy
 - Health and Safety policy and procedures
 - Medical Needs policy
 - Special Educational Needs policy
 - procedures and policy on use of force and restraint
 - Staff Code of Conduct.
- 1.5. Lakelands Academy 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. It is acknowledged that these adults are in a position of great trust.
- 1.6. Lakelands Academy recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.
- 1.7. 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.
- 1.8. 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.
- 1.9. 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.
- 1.10. 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.

Sharing information

2.0. 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.

Definition

3.0. 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 children 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 children involved in intimate self-care.

Best Practice

4.0. Staff who provide intimate care at Lakelands Academy have training including in child protection and health and safety, training in moving and handling, and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

4.1. 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.

4.2. As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.

4.3. There is careful communication with each child 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 child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

4.4. All children 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 his/herself as possible.

4.5. Children who require regular assistance with intimate care have written EHCPs, agreed by staff, parents/carers and other professionals actively

involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.

- 4.6. Where a care plan or EHCP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg: has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the homework diary.
- 4.7. Every 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 needs help with intimate care. Adults who assist children one-to-one should be employees of the academy and be DBS checked at the appropriate level.
- 4.8. It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.
- 4.9. Wherever possible the same child will not be cared for by the same adult on a regular basis; 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, while at the same time guarding against the care being carried out by a succession of completely different carers.
- 4.10. Wherever possible staff should care for a child of the same gender. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect children and to protect staff from allegations of abuse.
- 4.11. The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 4.12. All staff should be aware of the academy's confidentiality policy. Sensitive information will be shared only with those who need to know.

- 4.13. If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

Working With Parents

- 5.0. Staff will work in close partnership with parent/carers to share information and provide continuity of care.

Child Protection

- 6.0. The Governors and staff at Lakelands Academy recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.
- 6.1. The academy's child protection policy and procedures will be accessible to staff and adhered to.
- 6.2. From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but, in this school, best practice will be promoted and all adults will be encouraged to be vigilant at all times.
- 6.3. Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 6.4. If a member of staff has any concerns about physical changes in a child's presentation, e.g., unexplained marks, bruises, soreness etc s/he will immediately report concerns to the designated senior lead for child protection (Mark Hignett). A clear written record of the concern will be completed, and a referral made to the Initial Contact Team if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.
- 6.5. If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the SENCO, designated Lead for CP, or Headteacher. The matter will be investigated at an appropriate level 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.

- 6.6. If a child makes an allegation against an adult working at the academy, this will be investigated in accordance with the academy's safeguarding policies and procedures.
- 6.7. Any adult who has concerns about the conduct of a colleague at the academy or about any improper practice will report this in accordance with the academy's safeguarding policies and procedures.

Physiotherapy

- 7.0. Children who require physiotherapy whilst at the academy should have this carried out by a trained physiotherapist. If it is agreed in the EHCP that a member of the academy staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.
- 7.1. Under no circumstances should academy staff devise and carry out their own exercises or physiotherapy programmes.
- 7.2. Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of the academy.
- 7.3. Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Medical Procedures

- 8.0. Children with disabilities 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 EHCP, and will only be carried out by staff who have been trained to do so.
- 8.1. Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Massage

- 9.0. Massage is now commonly used with children who have complex needs in order to develop sensory awareness, tolerance to touch and as a means of

relaxation. Staff at **Lakelands Academy** may be involved in delivering aspects of programmes devised by therapists.

- 9.1. It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and children.

Record Keeping

- 10.0. It is good practice for a written record to be kept in an agreed format every time a child has physiotherapy or requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.
- 10.1. These records will be kept in the child's file and available to parents/carers on request.

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/carer	
Address	
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/carer signature	
Name of parent/carer	
Relationship to child	
Date	