



INTIMATE CARE POLICY

SHINE Multi Academy Trust

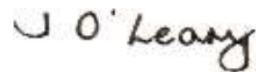
Management log

Document	Intimate Care Policy
Author	Gemma Barlow DSL
Person responsible for the document	CEO
Date approved	11 th March 2025
Date issued	4 th April 2025
Review period	2 Years
Next review	Spring 2027

Signed



Signed



Chair of the board

CEO

Related Policies

- Accessibility plan
- Child Protection and Safeguarding
- Complaints
- Equality
- Safeguarding Disabled Children: Practice Guidance
<https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance>

All above policies are available through our academies local servers, directly through SHINE or through the Trust website www.shine-mat.com

Contents

1.	Equality	3
2.	Introduction	3
3.	Aims.....	4
4.	Definitions of Personal and Intimate Care.....	4
5.	Protection of Children and Staff	5
6.	Procedures and facilities for intimate care routines.....	6
7.	Assisting a child to change his/her clothes.....	7
8.	Changing a child who has soiled him/herself	7
9.	Appendix One – Intimate Care Plan.....	9
10.	Appendix Two – Consent Form	10
11.	Appendix Three - Record of Intimate Care.....	11

1. Equality

The SHINE Multi Academy Trust (SHINE) and its academies are committed to promoting equal opportunities and all stakeholders¹ will receive equal treatment regardless of age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation (Protected Characteristics).

2. Introduction

SHINE and its academies, are committed to the provision of care that is high quality and meets the individual needs of children and young people. This policy provides the outline for the development of guidance and procedure with regard to personal and intimate care.

This policy applies to all staff undertaking personal and intimate care tasks with children and young people. In the context of this policy staff will include approved volunteers.

SHINE and its academies are committed to providing personal and intimate care where it has been recognised as an assessed need and indicated in the personal and intimate care plan, in ways that embrace the United Nations Convention on the Rights of the Child.

- Every child and young person has the right to feel safe and secure
- Every child and young person has the right to be treated as an individual
- Every child and young person has the right to remain healthy
- Every child and young person has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs.
- Every child and young person has the right to information, in a format that is understandable, and support relevant to their needs, which will enable him or her to make informed and appropriate choices.

¹ SHINE defines stakeholders as anyone who is invested in the welfare and success of SHINE and its pupils, including premises staff, administrators, teachers, support staff, pupils, parents/carers, families, community members, businesses, and elected officials such as school board members, city councillors, and state representatives.

- Every child and young person has the right to be accepted for who they are, which is inclusive of their age, gender, ability, race, culture, religion or belief and sexual orientation
- Every child and young person has the right to information and procedure, in a format that is understandable, for any complaint or queries he or she may have regarding their personal and intimate care.

3. Aims

The aims of this policy are:

- 3.1 To ensure that children and young people are consulted and encouraged to participate in decisions about their personal and intimate care. Particular attention must be given to those children and young people who have disabilities/conditions who may need additional support to be able to do this.
- 3.2 To safeguard the rights of children and young people, and staff who are involved in their personal and intimate care.
- 3.3 To ensure that service specific guidance is developed. This must inform all staff, whose role includes personal and intimate care, of good working practice and procedures.
- 3.4 To ensure there is a system for producing Intimate Care Plans for children and young people who require personal and intimate care.
- 3.5 To ensure that all staff who are involved in personal and intimate care have access to training enabling them to implement the child or young person's intimate care plan and all relevant procedures.
- 3.6 To remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people.
- 3.7 To ensure the continuity of care through the sharing of information between parents/carers/legal guardian/involved professionals.

4. Definitions of Personal and Intimate Care

4.1 **Personal Care** is defined as those tasks which involve touching, which is more socially acceptable, as it is non-personal and intimate and usually has the function of helping with personal presentation and enhance social functioning. This includes shaving, skin care, applying external medication, feeding, administering oral medication, hair care, brushing teeth, applying deodorant, dressing and undressing,

(clothing), washing non-personal body parts, prompting to go to the toilet.

4.2 Intimate Care is defined as those care tasks associated with bodily functions, body products, and personal hygiene which demand direct or indirect contact or with exposure to the genitals including dressing or undressing (underwear), helping with the use of the toilet, changing continence pads (faeces and/or urine), bathing/showering, washing personal and intimate parts of the body, changing sanitary towels or tampons, inserting suppositories, giving enemas.

5. Protection of Children and Staff

5.1 Parents/carers/legal guardian have the prime responsibility for their child's health and must provide the school with information about their child's intimate care needs. This information will be sought through an assessment of the child's needs and subsequent personal and intimate care plans will be drawn up with review dates.

5.2 The personal and intimate care plan must be written in consultation with parents/carers/legal guardian, children and young people and appropriate consent given for procedures within it. Every effort must be made to assist those children and young people who are not able to communicate easily to participate in their care planning.

5.3 Where a personal and intimate care plan exists this information must be shared with all relevant services upon request.

5.4 Where a personal and intimate care plan does not exist, the initial service identifying the need must ensure that an assessment and plan are completed prior to accessing the service, or where the child or young person's needs or circumstances change.

5.5 Parents/carers/legal guardian must be consulted and their views respected in terms of the personal and intimate care provided for their child or young person. Procedures must be discussed with the family to ensure consistency of care and support to encourage the development of personal and intimate care skills for their son or daughter.

5.7 There is no legal or contractual duty that requires all staff to undertake personal and intimate care procedures. However, this may already be a specific requirement in an individual job description or staff may formally elect to support children and young people in this way. In these circumstances staff will be informed of the specific types of personal and intimate care that they will be required to carry out and be appropriately trained.

5.8 Relevant staff will have access to guidance and ongoing training that supports good working practice which complies with health and safety legislation.

Staff will have access to a set of procedures detailing individual personal and intimate care tasks

including how to manage children and young people who refuse to comply with previously agreed interventions.

- 5.9 All staff working with children and young people must have been through an appropriate safer recruitment process.
- 5.10 In recognition of the vulnerability of disabled children and young people all services must ensure that they follow the Local Authority Safeguarding Children Board Safeguarding Children Procedures. The Safeguarding Disabled Children: Practice Guidance must be accessible to all staff and adhered to.
- 5.11 Each child and young person's right to privacy must be respected. Careful consideration must be given to each child and young person's situation to determine how many carers might need to be present and which carers may be involved when a child or young person needs help with personal and intimate care. Under normal circumstances, one child or young person will be cared for by one adult, unless there is a sound reason for having two or more adults present. If this is the case, the reasons must be clearly documented. (The United Nations Convention on the Rights of the Child: Article 12 Children have the right to say what they think should happen, when adults are making decisions that affect them, and have their opinions taken into account).
- The number of adults involved with giving intimate and personal care should be indicated in the pupil's care plan. Ironville and Codnor Park Primary School have made the decision for two carers to be present when intimate care is undertaken for safeguarding reasons.
- 5.12 The number of staff required will be indicated in the child or young person's intimate care plan. The number of staff may also be influenced by the preference of the child or young person, or specified in a manual handling or behavioural risk assessment.
- 5.13 The school will make provisions for emergencies i.e. a staff member on sick leave.

6. Procedures and facilities for intimate care routines

If it is not possible to provide a purpose-built changing area any alternative changing arrangements must give due consideration to protecting both the posture of staff and the child from injury. Where appropriate and possible it is perfectly acceptable for children to be changed whilst standing up (staff should be provided with suitable seating at an appropriate height to avoid stooping where this is a regular occurrence). It may be necessary to contact the Physical Disability Specialist Service for further advice and support.

Staff must wear disposable gloves and an apron while carrying out intimate care tasks

The changing area must be cleaned after use.

Hot water and liquid soap should be available for adults and children to wash their hands after intimate

care routines. A hot air dryer or paper towels must also be available.

7. Assisting a child to change his/her clothes

This is more common in our Foundation Stage. On occasions an individual child may require some assistance with changing if, for example, he/she has an accident at the toilet, gets wet outside, or has vomit on his/her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.

Staff will always ensure that they give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.

8. Changing a child who has soiled him/herself

If a child soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount and he/she should be comforted and reassured throughout.

The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

1. The child will be given the opportunity to change his/her underwear in private and carry out this process themselves.
2. School will have a supply of water wipes, clean underwear and spare uniform for this purpose.
3. If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
4. If the emergency contact is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.

Where anticipated, intimate care arrangements are agreed between the school and parents and, when appropriate and possible, by the child. Consent forms are signed by the parent and stored in the child's file. Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

The views of all relevant parties should be sought and considered to inform future arrangements.

If staff have any concerns, they must report them. If they observe any unusual markings, discolouration or swelling report it immediately to the Designated Safeguarding Lead.

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the Designated Safeguarding Lead. Report and record any unusual emotional or behavioural response by the child.

If a staff member has concerns about a colleague's intimate care practice, he or she must report this to the Designated Teacher for Child Protection.

Appendix One – 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 making sure 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.

Appendix Two – Consent Form

Changing a child who has soiled him/herself

If a child soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount and he/she should be comforted and reassured throughout.

The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

1. The child will be given the opportunity to change his/her underwear in private and carry out this process themselves.
2. School will have a supply of water wipes, clean underwear and spare uniform for this purpose.
3. If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
4. If the emergency contact is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
5. If the emergency contact cannot attend, I give permission for

_____ to receive intimate care (e.g., help with changing or following toileting).

I understand that staff will endeavour to encourage my child to be independent. I understand that I will be informed discretely should the occasion arise.

Signed: _____ Date: _____

Appendix Three - Record of Intimate Care

Name of child: _____

Date	Time Went/Returned	Comments	Staff involved	Signature

Monitoring and reviewing

Personal and intimate care plans should be reviewed as a minimum annually or when there are any significant changes in a child child's