



# Springvale Primary School

**Policy Title: Intimate Care**

**Date of Review: Autumn 2021**

**Review by: Review Autumn 2024**

**Signed by:**

**Chair of Governors**

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[www.springvaleprimary.org](http://www.springvaleprimary.org)**

# SPRINGVALE PRIMARY SCHOOL

## Intimate Care Policy



### A. Introduction

This policy was created after a period of consultation with relevant stakeholders within school. It has been formally adopted by governors and reflects our approach at Springvale Primary School.

### B. Aims and Principles

The policy is underpinned by the central aims of Springvale Primary and values held by the school community:

### C. Aims of the school

- Springvale is committed to promoting high standards of academic achievement for all learners in all subjects.
- As a school we will continue to develop and instil key life skills and values in our pupils.
- We will encourage positive relationships and communications between home, our community and the wider world.

In particular, Springvale School has an inclusive approach to our provision. Our aim is always to involve all our children and stakeholders in all areas of the curriculum and school life. In accordance with our **Disability Equality Scheme** we recognise that this may mean making special adaptations or arrangements from time to time for children with specific disabilities. We welcome the involvement of disabled adults in all areas of school life.

### D. Background Information

Springvale Primary School is a caring and open school, where parents, children, staff and the wider school community all know that their views and needs will be listened to, in both education and personal areas.

## **E.Procedure**

- Staff who work with children or young people, particularly those who have Special Education Needs and/or a Disability (SEND), will realise that the issue of intimate care is a delicate one which will require staff to be respectful of a child's personal needs.
- There cannot always be an agreed and pre-planned procedure regarding intimate care. It may be that emergencies arise or, for example, on residential visits.
- Intimate care can be defined as 'care tasks of an intimate nature, associated with bodily functions and personal hygiene which demand direct or indirect contact with or exposure to a child's body.' Examples are incontinence and menstrual management as well as more ordinary tasks such as help with washing and bathing.
- Children's dignity will be preserved and a high level of privacy, choice and control will be provided. Staff who provide intimate care will have a high awareness of child protection issues and have had safeguarding training through BMBC and school policies and systems. Staff at Springvale Primary work in partnership with parents/carers to provide continuity of care wherever possible.
- Staff deliver a full personal safety programme as part of our Personal, Health, Social and Emotional curriculum to all children as appropriate.
- Springvale Primary is committed to ensuring that all staff responsible for intimate care will undertake their duties in a professional manner at all times. Springvale recognises that there is a need to treat all children equally and with respect. No child should be supported in a way that causes distress or pain.

## **F.Our Approach to Best Practice**

- All children who require intimate care are treated respectfully at all times: the child's welfare and dignity is of paramount importance.
- All staff are trained in line with safeguarding and health and safety and are fully aware of best practice through regular updates, training and staff briefings. Please note the updated advice following COVID-19 (H).
- Staff will be supported in their practice in relation to their needs and those of the children, taking into account developmental changes such as the onset of puberty. Wherever possible staff who deliver intimate care will not be involved with the delivery of sex and relationship education to the children who they support daily.
- There will be careful verbal/written communication with each child (and their family) who needs help with intimate care in line with their preferred means of communication to discuss their needs and preferences. The child/family will be made aware of each procedure that is carried out and the reasons for it.
- As a basic principle children will be supported to achieve the highest level of independence that is possible. Staff will encourage each child to do as much as possible for themselves with an ultimate aim of supporting children to become adults who can live an active and

independent life and support themselves. This may mean giving the child responsibility for washing themselves. Individual intimate care plans will be devised in partnership with their family and, where appropriate, with the support of external agencies like the school nursing team or a health visitor, for example. The plans will be devised on an individual basis and reviewed annually when a child moves from one class to another. They should be signed by the teacher and the child's family/carer. These plans will include a full risk assessment to address issues such as moving and handling and the personal safety of the child and the carer.

- Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will be needed when a child needs intimate care. **An adult will never support a child's intimate care needs without the presence of another appropriate adult.**
- Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints e.g. staffing and equal opportunities. The care plan should record all salient points that have been agreed by the school and the family/carers. This should be copied for the family/carer and copy should be placed in the safeguarding file for future reference.
- Each child or young person will have a senior member of staff to act as advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive. Unless otherwise stated with the child/family, this person will be the school's SEND co-ordinator.

## **G.The Safeguarding Of Children**

- Safeguarding procedures will be available to staff at all times to read and adhere to.
- Where appropriate, all children will be taught personal safety skills matched to their level of development.
- If a member of staff has any concerns about physical changes in a child's presentation e.g. marks, bruises, soreness etc, it will be reported immediately to the appropriate designated person for child protection, in our case the headteacher or deputy. A clear record will be completed and referred to the appropriate authorities, if this is deemed necessary, in-line with our Safeguarding Policy. Parents will be informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.
- 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 in order to reach a resolution. Staffing schedules will be altered if necessary and possible.
- If a child makes an allegation about a member of staff all necessary procedures will be followed, again in-line with our Safeguarding Policy.

## **H. COVID-19 adaptations**

- Staff will be fully briefed about changes to best practice and health and safety guidance in relation to the latest COVID-19 guidance and our school's risk assessment. They will have training in how to handle any incident involving intimate or bodily fluids as well as how to use, and dispose of, Personal Protection Equipment effectively and safely. Aprons, gloves, goggles/face masks and/or face shields will be available. The school's disabled toilet should always be used for any such first aid/intimate care to allow for appropriate space and ease of cleaning surfaces afterwards. All surfaces should be cleaned and equipment destroyed/disposed off in sealed yellow clinical waste bags. Where required, the caretaker should be asked for assistance with the cleaning of the area afterwards.
- We will risk assess which staff are best placed to provide intimate care and ensure that they are protected and safeguarded by suitable resources and training.
- Staff should report any concerns about the suitability of the allotted duties, space or materials provided to a member of the Senior Leadership Team as soon as possible.