**

Intimate care policy

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# Introduction

The Diocese of Bristol Academies Trust (DBAT) is a multi-academy trust with a faith designation and a Christian religious ethos that is both distinctive and inclusive.  Distinctive in the sense that all decisions about the nature and purpose of the Academy are taken through the lens of Christian values, inclusive in the sense that all students and staff are equally valued for their uniqueness in the eyes of God and their belonging to the school community.

# Ethos statement

**Vision**

The Diocese of Bristol Academies Trust (DBAT) shares the Church of England’s Vision for Education 2016, “Deeply Christian, Serving the Common Good”, which includes four basic elements wisdom, hope, community and dignity. We aim to deliver values-led education with the very best outcomes for children and young people.

**Purpose**

To provide high quality education enabling young people to flourish and grow: spiritually, in love and in understanding.

# Scope/ 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 children 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 children 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.

# Legislation and Statutory Guidance

This policy complies with [statutory safeguarding guidance](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2).

It also complies with our funding agreement and articles of association.

# 5. Role of parents/carers

5.1 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.

For children whose needs are more complex or who need support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there isn’t 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.

5.2 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 (when 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 child's preferences will also be considered. If there’s doubt the child can make an informed choice, their parents/carers will be consulted.

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.

5.3 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.

# 6. Role of staff

6.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes all teaching assistants. No other staff members can be required to provide intimate care.

All staff at the school who provide intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment and other checks on their employment history.

6.2 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

# 7. Intimate care procedures

7.1 How care procedures will happen

[‘Safer Working Practice](https://www.saferrecruitmentconsortium.org/)’ says:-

‘When assistance is required, this should normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate or personal care procedures should not involve more than one member of staff unless the pupil’s intimate care plan specifies the reason for this.’

Procedures will be carried out in the toilet area.

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

protective gloves, cleaning supplies, changing mats and bins. There is a raised changing table.

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, 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.

7.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child’s appearance (e.g. marks, bruises, soreness), they will report this using 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 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.

# 8. 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

# 9.Our Ethos and Values

As identified at the opening of this policy, our structure and approach here is underpinned by our Christian ethos and values, focused on an ethos that is both distinctive and inclusive.

In our adoption and subsequent adaptation of this policy we have asked ourselves two clear questions: “Is this policy and practice underpinned by our vision and values?” and “What is the impact of our vision and values on those subject to the policy?”. This is a key focus of our ongoing development of policy and practice.

# 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) | | □ |
| 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) | | □ |
| I understand the procedures that will be carried out and will contact the school immediately if I have any concerns | | □ |
| 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).  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).  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. | | □ |
| Parent/carer signature |  | |
| Name of parent/carer |  | |
| Relationship to child |  | |
| Date |  | |

# History of most recent policy changes and review period

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Page** | **Change(s) made** | **Origin of Change (e.g. TU request, change in legislation)** |
| November 2023 | All | New Policy |  |
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| --- | --- | --- |
| Policy Owner | | **Education Directorate** |
| Date Adopted | | **October 2024** |
| Latest Review Date | |  |
| Next Review Date | | **Nov 2026** |
| Level | | **Level 2** |
| *DBAT Policy levels:* | | |
| LEVEL 1 | DBAT policy for adoption (no changes can be made by the Academy Council; the Academy Council must adopt the policy) | |
| LEVEL 2 | DBAT policy for adoption and local approval, with areas for the Academy to update regarding local practice (the main body of the policy cannot be changed) | |
| LEVEL 3 | DBAT model policy that the Academy can adopt if it wishes | |
| LEVEL 4 | Local policy to be approved by the Academy Council | |