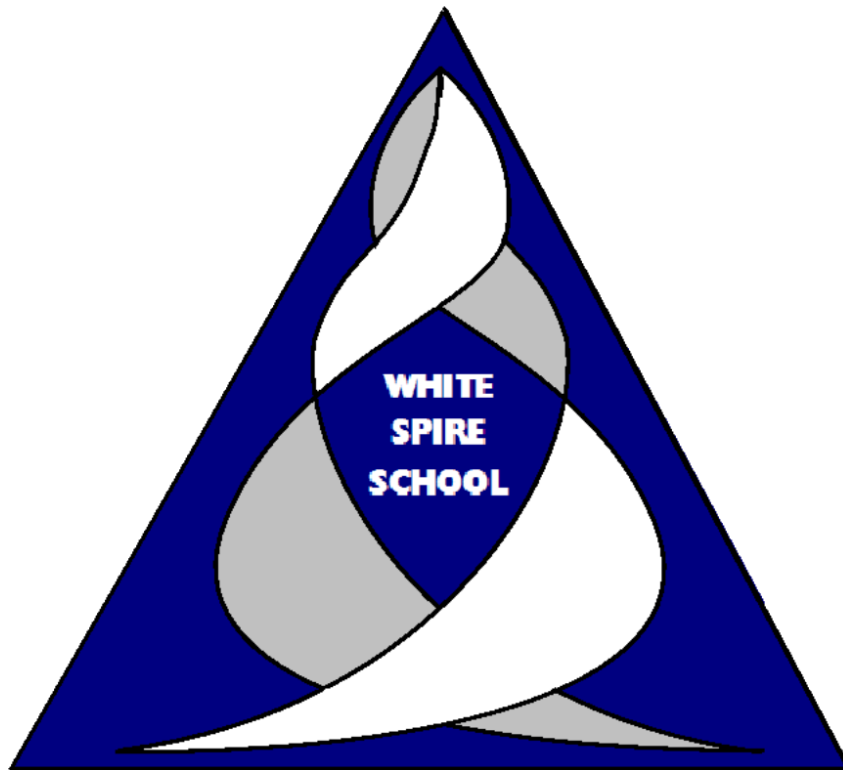


Intimate Care

White Spire School



Written by:	K Richards
Last reviewed on:	Sept 2025
Next review due by:	Sept 2026

Name	Role	Contact details
Headteacher	Michelle Bartle	01908 373266
Chair of governing body	Shanie Jamieson	01908 373266
Medical Lead	Karen Richards	01908 373266
Designated safeguarding lead (DSL)	Anton De Beer	01908 373266
Out of hours contact for DSL	Safeguarding Team	safeguarding@whitespire.milton-keynes.sch.uk
Deputy DSL	Michelle Bartle	01908 373266
Other members of the safeguarding team (DSLs')	Sophie Lunn Sally Elton Karen Richards Laura Halsey Katie Marlborough	01908 373266
Prevent lead	Anton De Beer	01908 373266
Child sexual exploitation lead	Anton De Beer	01908 373266
Child Looked After/ Previously Looked After	Anton De Beer	01908 373266
Mental health lead	Anton De Beer	01908 373266
Designated governor for safeguarding	Tanya Stevens	01908 373266
Designated governor for mental health and well being	Tanya Stevens	01908 373266
Safer recruitment governor	Shanie Jamieson	01908 373266

1. Introduction

This policy applies to all staff involved with intimate care regardless of their position within the school. White Spire School provides education for children aged 5 to 19 years. The majority of these children will not need additional support, but White Spire School recognises that there may be children who may need additional support on a regular basis or on a one off basis due to individual needs.

These guidelines should be read in conjunction with

- Child protection policy
- Staff code of conduct
- Managing health care needs
- Positive handling and restraint policy
- Accessibility Statement
- Anti-Bullying Policy
- Individual pupils care plan
- Complaints Procedure for Schools
- Disciplinary policy

White Spire School identifies that if this support is required that staff will:

- maintain the dignity of the individual child.
- be sensitive to their needs and preferences.
- maximise safety and comfort.
- protect against intrusion and abuse.
- respect the child's right to give or withdraw their consent.
- encourage the child to care for themselves as much as they are able and protect the rights of everyone involved.

The school is committed to ensuring that all staff responsible for the intimate care of a child, will undertake their duties in a professional manner at all times. These guidelines on Intimate Care aim to protect both those being cared for, and the staff providing the care.

2. Definition of Intimate Care:

'Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual parts of the body'

Intimate care tasks specifically identified as relevant include:

- dressing and undressing (underwear).
- helping someone use a potty or toilet.
- changing nappies / sanitary wear.
- cleaning / wiping / washing intimate parts of the body.

3. Definition of Personal Care:

'Although it may involve touching another person, it is less intimate and usually has the function of helping with personal presentation'

Personal care tasks specifically identified as relevant include:

- feeding
- administering oral medication
- hair care
- dressing and undressing (clothing)
- washing non-intimate body parts
- prompting to go to the toilet.

Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

All children have the right to be safe and to be treated with dignity and respect. Children with disabilities can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to the settings policy and procedure guidelines should safeguard children and practitioners.

4. Considerations

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- Staff who provide intimate care are trained to do so and are fully aware of best practice. Equipment 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 taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.
- 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 the child's needs and preferences. The child is 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 autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for

washing themselves.

5. Care Plans

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the staff and health.

The school's medical lead will inform the Senior DSL of all intimate care plans and will liaise with the child/parents'/ carer's/health professionals to provide a suitable care plan.

The medical lead will monitor the care plans and inform the Senior DSL immediately if there are any concerns.

6. Right to Privacy

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff might need to be present when a child needs help with intimate care. Where possible one child will be cared for by two adults. If not possible then staff member will inform the Designated Safeguarding Lead that intimate care is being provided.

Wherever possible the same child will not be cared for by the same adult on a regular basis unless specified in the care plan; there will be named staff members 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 staff.

7. Parents/Carers as partners in care

Parents/carers/staff 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 legislation (Equality Act 2010).

In the event of an emergency/one off occasion parents give consent to intimate care. Parents would be informed via telephone/school diary. However, if a child requires continued support a comprehensive plan would need to be compiled and agreed with the parent/carer.

Safeguarding responsibilities

Each child/young person will be made aware of the safeguarding team and DSL to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

Staff must record what intimate care has been given, date, time, who was present. This information should be shared with the parents on a regular basis.

Note should also be made of how the child presents - Are they distressed? Are there any unusual physical marks or have they made an allegation?

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.

Any child protection concerns will be raised with the DSL and the Child Protection Policy followed.

If a child makes an allegation against a member of staff, all necessary procedures will be followed - Please see Complaints Procedures for Schools and Disciplinary Policy.

RECORD OF INTIMATE CARE INTERVENTION

Name of Child	
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Date	Time	Intervention How does the child present?	Name of support staff involved	Staff Signature	Name of second support Staff involved	Staff Signature



APPENDIX 2

White Spire School
Rickley Lane, Bletchley, Milton Keynes, MK3 6EW.
E-mail admin@whitespire.milton-keynes.sch.uk
www.whitespireschool.org.uk
Telephone 01908 373266

Headteacher: Michelle Bartle

APPENDIX 2

PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

Dear Parent/Carer

I am writing to you regarding occasions when your child may need support with intimate care while at school. We have drawn up the attached Policy to ensure that your child's needs are met in a professional and dignified manner at all times.

I would be grateful if you could sign and return the slip below once you have read the guidelines and agree to the school carrying out intimate care procedures when necessary.

If you have any queries, please do not hesitate in contacting the school on 01908 373 266.

Yours sincerely,

Anton DeBeer

Deputy Headteacher

I have read a copy of the School's Intimate Care Policy.

I agree to the school carrying out intimate care on my son/daughter when necessary.

Signed:

Name:

Name of child:

Date:



Intimate Care/Strategy Plan

Student Name:

Parent/Carer Signature:

Print Name: Date:

School Signature:

Print Name: Date:

Social Care/External Agency Signature:

Print Name: Date:

Review Date: (Half termly or sooner if strategies need changing)

