

# URSULA TAYLOR C OF E SCHOOL



## INTIMATE CARE POLICY

March 2026

### Rationale

Ursula Taylor C of E School is responsible for the care of all children, whatever their needs or difficulties, including children with learning and physical difficulties who have an increased dependency and require practical support with their intimate care needs at school.

We have defined Intimate Care as direct care of the child in terms of any personal care activity a child would normally be able to do for themselves.

Intimate care is a high risk activity in terms of abuse and it is particularly important that there are guidelines on Intimate Care, both to protect those being cared for and the staff who care for the children's needs. We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible.

Our guidelines have the following goals:

- To protect the children and the staff who are asked to carry out intimate care tasks
- To outline a system that works effectively for the child, ensuring a consistent approach is undertaken and that approaches to intimate care are not markedly different between individuals

### Guidelines

#### 1. Children and their parents should have confidence in the staff

All staff at Ursula Taylor all have full DBS clearance, therefore anyone involved in Intimate Care routines will have been police checked and will receive appropriate training to carry out this aspect of their work. Parents will receive a copy of the School's Intimate Care policy and will be offered an opportunity to discuss their child's needs with an appropriate member of staff. Volunteers will never be involved in the intimate care of a child in our school.

Parents will be involved in discussing the procedures used to change a child and to share information about strategies and systems used at home. For children who require regular Intimate Care, a Health and Care Plan will be written to detail the support required, the frequency and any relevant information which is specific to the child. The Health and Care Plan will be reviewed at regular intervals.

#### 2. Safeguarding for Children and Adults

Two people are needed for the change, one to do the changing/cleaning and one to ensure the safeguarding of both child and adult.

### **3. Carers should be aware of the abilities of the child**

The child should be enabled and encouraged, as far as is reasonably possible, to contribute to their own intimate care

### **4. Ensure privacy, appropriate to the child's age and gender**

The school takes the view that the issue of privacy is important. All children will be changed in a discreet area with all of the necessary equipment to hand i.e. protective gloves, wipes, change of clothes etc. If a child requires showering to ensure cleanliness this will take place in the staff shower again with the assistance of one member of staff and one member of staff to ensure the safe-guarding of the child and staff member. If a child needs to go home to be showered, a parent will be contacted and asked to do this, returning the child to school, if this is appropriate.

### **5. A strong focus should be evident on choice and decision making skills**

Wherever appropriate, decision making should be an integral part of the process – e.g. Do you want to go to the toilet or not? Should we wash your hands or face first? Would you like me to help fasten your trousers?

### **6. Pupils will be prepared and involved in what is going to happen**

Staff will raise the child's awareness of the process. Objects of reference, symbols, signs, gesture and verbal explanation will be given as appropriate

### **7. If you are concerned – report it**

Intimate Care tasks should never be approached light heartedly. If a child has unexplained soreness or something to cause concern, follow School's Safeguarding Procedures.

### **8. Health and Safety Issues**

Barrier materials / PPE will always be used e.g. disposable gloves. Appropriate Lifting and Handling Procedures will be followed when necessary.

## **RESOURCES**

School will seek parental views on practices at home. Preferred materials will be used and parents will be encouraged to resource their child's needs whenever possible.

Policy to be reviewed March 2028