



Intimate Care Policy

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Approved by:	Board of Directors
Version:	4.2
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Version History

Version	Date Issued	Brief Summary of Change	Owners Name
0.1	15.10.2019	New Policy	Wendy Ainscough
1.1	01.09.2020	Annual Review	Wendy Ainscough
2.1	07.09.2021	Annual Review	Wendy Ainscough
3.1	06.09.2022	Policy Updated	Rachael Sharpe
4.1	05.09.2023	Annual Review	Gail Holmes
4.2	06.09.2025	Reviewed - added appendix for early year settings	Headteachers

1) Principles

This Trust takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

The Board of Directors recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This intimate care policy should be read in conjunction with the Trust's:

- Child Protection and Safeguarding Policy
- Employee Code of Conduct and guidance on safer working practice
- 'Whistleblowing' and Allegations Management Policies
- Health and Safety Policy and procedures
- Special Educational Needs and Disabilities Policy

Plus

- DCC moving and handling policy for Children's Services
- Supporting Pupil with medical condition and the administration of medicines
- Multi-agency guidance for the management of long term health conditions for children and young people

The Board of Directors is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

2) Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

It also includes supervision of pupils involved in intimate self-care.

3) Best Practice

Pupils who require regular assistance with intimate care have written My Plans, health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually.

Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where a care plan or My Plan is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary. This would also be recorded on the school confidential reporting system (CPOMS)

In relation to record keeping, a written record should be kept in an agreed format every time a child has an invasive medical procedure eg support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's conduct. It should be clear who was present in every case.

These records will be kept in the child's file and/or on CPOMS and available to parents/carers on request.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for him/herself as possible.

Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

There is careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEND advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research¹ which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

4) Child Protection

The Board of Directors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

The school's child protection procedures will be adhered to.

From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school, best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead or Headteacher. A clear

¹ National Children's Bureau (2004) *The Dignity of Risk*

record of the concern will be recorded on the Child Protection Monitoring System (CPOMS) and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chief Executive Officer if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the CEO, in accordance with the child protection procedures and 'whistle-blowing' policy.

5) Early Years

Appendix for each school in the Trust with an early years setting.

[Bampton Nursery School](#)

[Little Otters -Combe Martin](#)

[Clawton Nursery School](#)

[Woolacombe Nursery School](#)

6) Physiotherapy

Pupils who require physiotherapy whilst at school should have this prescribed by a trained physiotherapist. If it is agreed in the My Plan or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must

be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7) Medical Procedures

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or My Plan and will only be carried out by staff who have been trained to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained and hold an up to date first aid qualification. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

8) Massage

Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

Care plans should include specific information for those supporting children with bespoke medical needs.

