Intimate Care Policy

Board Approved Date	July 2026
Version	1.1
Author Initials	RC/MS
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(This policy supersedes all previous Intimate Care policies)

Amendments

Policy Date	New Version Number	Summary of change	Comments
July 2023	1	No change	
July 2026		Corrected author initials	

1. Principles

1.1 Education South West (ESW) acts in accordance with Section 175 of the Education Act 2002, the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) and the Government guidance 'Working Together to Safeguard Children' (2013) to safeguard and promote the welfare of pupils at Academies in ESW.

1.2 ESW takes seriously its responsibility to safeguard and promote the welfare of the pupils in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 ESW 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.

1.4 This intimate care policy should be read in conjunction with each school's policies as below (or similarly named):

- safeguarding policy and child protection procedures
- whistleblowing policy
- confidentiality policy
- health and safety policy and procedures
- Special Educational Needs and Disability policy
- equality policy

1.5. This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2. Practice

2.1 Members of staff are given the choice as to whether they are prepared to provide intimate care to pupils.

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

2.3 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.

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

2.5 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.

2.6 All staff undertaking intimate care are given appropriate training.

3. Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

Every child has the right to be safe.
Every child has the right to personal privacy.
Every child has the right to be valued as an individual.
Every child has the right to be treated with dignity and respect.
Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
Every child has the right to express their views on their own intimate care and to have such views taken into account.
Every child has the right to have levels of intimate care that are as consistent as possible.

4. Definition

4.1 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.

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

5. Best Practice

5.1 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), 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 is 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 is reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They also take into account procedures for educational visits/day trips.

5.2 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.

5.3. Where a care plan or IEP is **not** in place, parents/carers are 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 is treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

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

5.5. Accurate records are also 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 behaviour. It should be clear who was present in every case.

5.6 These records are kept in the child's file and available to parents/carers on request.

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

5.8 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 are fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Staff are aware of the need to wash thoroughly any injuries made by a needle used to inject medicines to a pupil or any contact with bodily fluids. If appropriate the member of staff, or pupil, will seek immediate medical advice.

5.9 Staff are 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.

5.10 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 is sought before starting an intimate procedure.

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

5.12 Every child's right to privacy and modesty is respected. Careful consideration is 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. SEN 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 are sought and taken into account.

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

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

5.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research 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.

5.16 Adults who assist pupils with intimate care are employees of the school, not pupils or volunteers, and therefore have the usual range of safer recruitment checks, including Disclosure and Barring Service (DBS) check.

5.17 All staff are aware of the school's confidentiality policy. Sensitive information is shared only with those who need to know.

5.18 Health & Safety guidelines are adhered to regarding waste products, if necessary, advice is taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

5.19 No member of staff carries a mobile phone, camera or similar device whilst providing intimate care.

6. Child Protection

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

6.2 The college's child protection procedures are adhered to.

6.3 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 is promoted and all adults (including those who are involved in intimate care and others in the vicinity) are encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

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

6.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he immediately reports concerns to the Designated Senior Person for Child Protection. A clear written record of the concern is completed and a referral made to Children's and Young People's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers are asked for their consent or informed that a referral is necessary prior to it being made but this is only done where such discussion and agreement- seeking does not place the child at increased risk of suffering significant harm.

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

6.7 If a pupil, or any other person, makes an allegation against an adult working at the school this is reported to the Principal (or to the Chair of Governors if the concern is about the Principal) who consults the Local Authority Designated Officer in accordance with the School's complaints policy. It is not discussed with any other members of staff or the member of staff the allegation relates to.

6.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice reports this to the Principal or to the Chair of Governors, in accordance with the child protection procedures and 'whistle- blowing' policy.

7. Physiotherapy

7.1 Pupils who require physiotherapy whilst at School have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff undertakes part of the physiotherapy regime (such as assisting children with exercises), then the required technique are demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist observes the member of staff applying the technique.

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

7.3 Any concerns about the regime or any failure in equipment are reported to the physiotherapist.

8. Medical Procedures

8.1 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 are discussed with parents/carers, documented in the health care plan or IEP and are only carried out by staff who have been trained to do so.

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

8.3 Any members of staff who administer first aid is appropriately trained in accordance with LA guidance. 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 dignity

9. Massage

9.1 Massage is 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.

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

9.3 Any adult undertaking massage for pupils is suitably qualified and/or demonstrates an appropriate level of competence.

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

10. Review of Policy

This policy is reviewed on a three-year cycle by the Trust Board or as required by legislation.

APPENDIX 1

RECORD OF AGENCIES INVOLVED

Child's Name……

DOB…….

Name/Role	Address/phone/email
Parent/Carer	
School Nurse/Health visitor	
Continence Advisor	
Physiotherapist	
Occupational Therapist	
Hospital Consultant	
Hospital School Service	
Physical/Sensory Service	
GP	
EP	
Social Worker	

APPENDIX 2

RECORD OF INTIMATE CARE INTERVENTION

Child's Name……..

DOB……..

Name of Support Staff

Involved……

Date	Time	Procedure	Staff Signature	Second signature

APPENDIX 3

WORKING TOWARDS INDEPENDENCE RECORD

Child's Name……..

DOB…….

Name of Support Staff

Involved……..

I can already

Aim: I will try to

Review date……

Parents/Carer……..

Child (if appropriate)……

Personal Assistant……..

Senior Management/SENCo……..

Date…….

APPENDIX 4

TOILET MANAGEMENT PLAN

Child's Name……..

DOB……..

Name of Support Staff

Involved……

Area of need

Equipment required:

Location of suitable toilet facilities:	
Support required	Frequency of support

Working towards Independence

Child will try to	Personal Assistant will do	Target Achieved
Review Date:		

Parents/Carer……..

Child (if appropriate)……..

Personal Assistant……..

Senior Management/SENCo…….

Date…….

APPENDIX 5

AGREEMENT BETWEEN CHILD AND PERSONAL ASSISTANT

Child's Name…….. DOB…….

Personal Assistant's Name……..

Personal Assistant

As the Personal Assistant helping you in the toilet you can expect me to do the following: When I am the identified person I will stop what I am doing to help you in the toilet, as soon as you ask me. I will avoid all unnecessary delays.
When you use our agreed emergency signal, I will stop what I am doing and come and help. I will treat you with respect and ensure privacy and dignity at all times.

I will ask permission before touching you or your clothing
I will check that you are as comfortable as possible, both physically and emotionally
If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.
I will look and listen carefully if there is something you would like to change about your Toilet Management Plan.

Child

As the child who requires help in the toilet you can expect me to do the following:
I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me.
I will try to use the toilet at break time or at the agreed times.
I will only use the agreed emergency signal for real emergencies.
I will tell you if I want you to stay in the room or stay with me in the toilet.
I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed. I may talk to other trusted people about how you help me. They too will let you know what I would like to change.

We will review this agreement on……

Child (if appropriate)……..
Personal Assistant……..

Date…….

APPENDIX 6

PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

Child's Last name	
Child's First name	
Male/Female	
Date of birth	
Parent/carers name	
Address	

I understand that;

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the Principal of any medical complaint my child may have which affects issues of intimate care

Name……

Signature…….

Relationship to child……..

Date…….