



Intimate Care Policy

Policy Information	
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Approving Committee	Safeguarding
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Adoption of the Policy

This Policy has been adopted and reviewed by the Trustees of Transforming Futures Trust

Signed - CPG Members

Date: 18.10.23

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1. 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 with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010

Parents and 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 which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

2. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance.

3. Role of parents and carers

3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form.

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

3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.

The school will work with parents 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 preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents 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.

3.3 Sharing information

The school will share information with parents as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

4. Role of staff

4.1 Which staff will be responsible

Any staff who may carry out intimate care will have this set out in their job description. This includes teachers, teaching assistants (including those who are employed on a long-term agency basis or on countdown to becoming a TFT member of staff).

Agency staff should not be involved in the intimate care of pupils, the rationale for this is set out in 4.34.

No other staff members can be required to provide intimate care.

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

4.2 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 is 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, including those related to COVID-19
- They will also be encouraged to seek further advice as needed.

4.3. Staff responsibilities

Staff will encourage pupils to have a positive image of their own body

4.3.1 Confident, assertive pupils who feel their body belongs to them are less vulnerable to sexual abuse. As well as privacy, the approach taken to a pupil's intimate care can convey lots of messages about what his or her body is 'worth'. The attitude to the pupil's intimate care is important. As far as appropriate and keeping in mind the pupil's physical age and their comprehension of the care required, routine care should be enjoyable and relaxed.

4.3.2 Staff will treat every pupil with dignity and respect and ensure privacy appropriate to their age and the situation.

Staff will involve the pupil as far as possible in his or her own intimate care.

4.3.3 Staff will avoid doing things for pupils that they can do alone and if the pupil is able to help, staff will let them do so. This is as important for tasks such as removing underclothes. Staff will support pupils in doing all that they can themselves. If a pupil is fully dependent on staff for their intimate care, staff will talk with them about what they are doing and give choices where possible.

Staff will be responsive to a pupil's reactions

4.3.4 it is appropriate to 'check' practice by asking pupils "Is it OK to do it this way?" if a pupil expresses dislike of a certain person carrying out their intimate care, we will try and find out why and ensure staff is aware of this.

Staff will make sure that practice in intimate care is as consistent as possible

4.3.4. Staff have a responsibility for ensuring that they follow a consistent approach. This does not mean that everyone has to do things in an identical fashion. But it is important that approaches to intimate care are not markedly different between individuals.

5. Intimate care procedures

5.1 How procedures will happen

Pupil care plans will determine the specific practice for individual children. The procedures for intimate care are covered within the intimate care plans for all children who require one. These are individualized plans. The template is found in appendix 1. Intimate care plans are reviewed three times annually along with the child's IEP reviews.

Where it is appropriate or required, 2 members will be present of staff present and when this will be done (such as if there is a known risk of false allegations by a pupil, or if it is an invasive procedure).

Staff may change pupils of the opposite sex as long as they have an enhanced DBS with a barred list check.

Procedures will be carried out in the designated toileting and changing areas within class bases

Procedures will be carried out in a COVID-safe way according to the school's risk assessment and COVID-19 protocol.

5.1.2 Nappy changing

We endeavour to use language that reduces confusion and is familiar with what families use at home. With that in mind the term 'nappy' rather than 'pad' is used. We aim to draw least attention to it and respect the people's dignity. Parents and carers will be asked to sign a healthcare plan following discussion and agreement with staff. The form will specify that they are responsible for providing pads disposal sacks and wipes. The setting will provide disposable gloves, aprons and a waste bin. Staff must wear an apron and gloves when changing a pupil and the changing area will be wiped down with a bacterial spray afterwards.

5.2 Soiling

5.2.1 If a pupil soils themselves every effort will be made to reassure the pupil and remove them to a place where the appropriate action can be taken. The pupil should be showered if needed and changed by a member of staff and the parent or carer informed of the incident.

For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as pads, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

5.2 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 DSL or DDSL's.

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.

6. Sensitive Issues

6.1 Staff and parents need to provide a clear and consistent approach to sensitive issues to safeguard themselves and to give clear guidelines on socially acceptable behaviour

6.2 intimate contact touch is encouraged as part of healthy interaction it is vital to wellbeing and comforting pupils. However, carrying and cuddling them excessively and for your own convenience should not be encouraged the school has set out positive and appropriate touch expectations for all staff

6.3 menstruation the individual management and care of each people when they have their period should be discussed with parents and carers if students on work placement are also involved in their intimate care it is important to discuss the sensitive issue of menstruation with them.

6.4 these are general guidelines for use by parents and carers and staff with peoples across the school however we recognise their individual differences and needs including culture and religious beliefs and will adapt our procedures accordingly.

6.5 Masturbation

In exploring their bodies some pupils will masturbate this is quite natural and as set out in our relationships and behaviour and regulation policies, they should not be punished or chastised for doing so. There are however situations and settings where masturbation is not appropriate, and intervention is necessary. We suggest the following:

Distraction, for example another activity or interaction

- calmly and gently removing hands
- specific teaching on 'public' and 'private' (clothes, places, actions, and body parts)
- verbal reminders. 'We don't touch, that's private.'

7. Monitoring arrangements

This policy will be reviewed by the Designated Safeguarding Lead and Headteacher at least twice each academic year in December and July.

8. Links with other policies

This policy links to the following policies and procedures:

Accessibility plan

Child protection and safeguarding

COVID-19

Health and safety

SEN

Supporting pupils with medical conditions

RSE policy

Relationships Policy

Behaviour regulation Policy

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)	<input type="checkbox"/>
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)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>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).</p> <p>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).</p> <p>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.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	