



<b>Policy Name</b>	<b>INTIMATE CARE</b>
<b>Relevant To</b>	<b>Federation</b> <input checked="" type="checkbox"/> <b>Bidwell Brook Only</b> <input type="checkbox"/> <b>Ellen Tinkham Only</b> <input type="checkbox"/>
<b>Type of Policy</b>	<b>Model</b> <input type="checkbox"/> <b>School</b> <input checked="" type="checkbox"/>
<b>Name of Policy Holder</b>	<b>Katy Bradley / Monika Davis</b>
<b>Subject/Department</b>	<b>Head of Sites</b>
<b>Approved By</b>	<b>Full Governing Body</b> <input type="checkbox"/> <b>CBT Governors</b> <input type="checkbox"/> <b>T&amp;L Governors</b> <input checked="" type="checkbox"/> <b>SLT</b> <input type="checkbox"/>
<b>Version Date (if applicable)</b>	<b>n/a</b>
<b>Date of Last Review</b>	<b>Autumn Term 2025</b>
<b>Date of Next Review</b>	<b>Autumn Term 2027</b>

The Learn to Live Federation is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

## 1. Purpose and Aims

- 1.1 The federation takes seriously its responsibility to safeguard and promote the welfare of the children and people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 1.2 The Governing body 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.

## 2. Definition

- 2.1 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. It also includes supervision of pupils involved in intimate self-care.
- 2.2 Intimate care can include:
  - Feeding
  - Oral care
  - Washing
  - Dressing/undressing
  - Toileting
  - Menstrual care
  - Gastrostomy feeding
  - First aid
  - Supervision of a child involved in intimate self-care
- 2.3 This intimate care policy should be read in conjunction with the schools' policies as below:
  - Safeguarding & Child Protection policy
  - Staff Code of Conduct
  - Whistleblowing policy
  - Health & Safety policy
  - Special Education Needs policy
  - Policy for the Administration of Medicines
  - Moving & Handling policy
- 2.4 The Governing Body 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.

- 2.5 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.
- 2.6 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
- 2.7 Where pupils with complex and/or long term health conditions have a personal care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.
- 2.8 There is an expectation all staff will carry out intimate care with pupils, but consideration will be given to those who express they do not wish to undertake this role.
- 2.9 All staff undertaking intimate care must be given appropriate training. This is provided as part of the staff induction programme.
- 2.10 The Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

### **3. Principles of Intimate Care**

- 3.1 The following are the fundamental principles upon which the Policy and Guidelines are based:
- Every child and young person has the right to be safe.
  - Every child and young person has the right to personal privacy.
  - Every child and young person has the right to be valued as an individual.
  - Every child and young person has the right to be treated with dignity and respect.
  - Every child and young person has the right to be involved and consulted in their own intimate care to the best of their abilities.
  - Every child and young person has the right to express their views on their own intimate care and to have such views taken into account.
  - Every child and young person has the right to have levels of intimate care that are as consistent as possible.

### **4. Best Practice - Pupils**

- 4.1 Pupils who require regular assistance with intimate care have written Home:School agreements, personal care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. The aim would be for the plan to 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, and at any time of change of circumstances, eg for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

- 4.2 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.
- 4.3 Where a care 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).
- 4.4 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 his/herself as possible.
- 4.5 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. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
- 4.6 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.

## **5. Best Practice - Staff**

- 5.1 Staff who provide intimate care are trained in personal care (eg 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.
- 5.2 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.
- 5.3 Staff who provide intimate care should speak to the pupil and explain what they are doing and communicate with all children in a way that reflects their ages.

It is the responsibility of all staff to ensure that they are aware of the child's method and level of communication.

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

- 5.5 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.
- 5.6 Adults who assist pupils with intimate care should be employees of the school and have the usual range of safer recruitment checks, including Enhanced DBS checks. Following delivery of intimate care training by a member of the safeguarding team, staff will “shadow” experienced staff until they feel competent to carry out this role. Staff must also have read personal care plans of any pupils prior to providing support.
- 5.7 All staff should be aware of the school’s Confidentiality policy. Sensitive information will be shared only with those who need to know.
- 5.8 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.
- 5.9 Health & Safety guidelines should be adhered to regarding waste products.
- 5.10 All instances of personal care related to toileting must be recorded on the Intimate Care Record. Staff must document the date, time, the member(s) of staff involved and a brief description of the care provided. This ensures accurate monitoring, accountability and consistent safeguarding practices.

## 6. Safeguarding

- 6.1 The Governors and staff across the Learn to Live Federation recognise that pupils with special needs are particularly vulnerable to all types of abuse.
- 6.2 The federation’s safeguarding and child protection procedures will be 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 will be promoted and all adults will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 6.4 If a member of staff has any concerns about physical changes in a pupil’s presentation eg unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead (DSL) or one of the Deputy Designated Safeguarding Leads (DDSL). A clear written record of the concern will be completed and a referral made to the “Front Door” / Multi Agency Safeguarding Hub (MASH) if appropriate, in accordance with the federation’s safeguarding and 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.

- 6.5 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 DSL or DDSL. The matter will be investigated at an appropriate level (usually the Head of Site) 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 need remain paramount. Further advice will be taken from outside agencies if necessary.
- 6.6 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Executive Head (or to the Chair of Governors if the concern is about the Executive Head) who will consult the Local Authority Designated Officer (LADO) in accordance with the federation's policy. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 6.7 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 Executive Head or to the Chair of Governors, in accordance with the federation's child protection procedures and Whistleblowing Policy.

## **7. Working with children of the opposite sex**

- There is a positive value in both male and female staff being involved with children.
- Ideally, every child should have the choice of care worker for all their intimate care.
- The individual child's safety, dignity and privacy are of paramount importance.
- Where possible, same sex staff should provide intimate care, particularly for post puberty young people. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys where there is no male member of staff available

## **8. Medical Procedures**

- 8.1 Pupils who require assistance with invasive or non-invasive medical procedures eg administration of rectal medication, gastrostomy feeding etc. These procedures will be discussed with the parents/carers, documented in the personal care plan or Home:School Agreement and will only be carried out by staff who have been trained to do so.
- 8.2 It is particularly important that these staff should 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 should be 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 privacy and dignity.

## **9. Massage**

- 9.1 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.

- 9.2 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.
- 9.3 Care plans should include specific information for those supporting children with bespoke medical needs.