



Policy Document for: Intimate care
Approved: T4 2023
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Additions/amendments in this version

	<i>Updated to changes references to include HT and changing to BA MAT policy</i>
	<i>Policy re-written in line with latest guidance</i>

Introduction

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 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.

This policy complies with [statutory safeguarding guidance](#) and our articles of association and funding agreement.

It is our intention to develop independence in each child, however there will be occasions when help is required. Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a child after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member’s duty of care.

The issue of intimate care is a sensitive one and will require staff to be respectful of a child’s needs and any child protection issues. A child's dignity should always be preserved with a high level of privacy, choice and control. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

Bourne Alliance MAT is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Our schools recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Role of parents

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 (appendix 1). 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 appendix 2).

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.

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 nappies, 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.

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. This will use the form in appendix 2.

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.

The intimate care plan will be uploaded to Arbor as a medical document and pinned to the pupil profile.

Role of staff

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.

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
- They will also be encouraged to seek further advice as needed.

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 a member of the DSL team.

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.

What is intimate care?

'Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child.' (9.26, ACPC Regional Policy and Procedures).

In school this may occur on a regular basis or during a one-off incident. All children are always encouraged to be independent therefore the child should be encouraged to do as much cleaning and removal of clothes as is practical. If a child needs intimate care parental permission must be obtained and an agreement signed (appendix 2). The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Intimate care is any care which involves one of the following:

1. Assisting a child to change their clothes
2. Changing or washing a child who has soiled themselves
3. Children wearing nappies
4. Supervising a child involved in intimate self-care
5. Providing comfort to an upset or distressed child and limited touch
6. Swimming trips and lessons
7. Residential trips
8. Periods
9. Positive handling
10. Providing first aid assistance
11. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. *

* In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure. Parents have the responsibility to advise the school of any known intimate care needs relating to their child.

Assisting a child to change their clothes

On occasions an individual child may require some assistance with changing if, for example, gets wet outside, or has vomit on their clothes etc. Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.

Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing for safeguarding reasons and will always give the child the opportunity to change in private.

Changing a child who has soiled themselves

If a child soils themselves in school the child's needs are paramount and they should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

- The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- School will have a supply of clean underwear and spare uniform for this purpose. (A supply of clean underwear and spare uniforms are available)
- These are held in
 - Iwade: The Inclusion office and Child's Play office
 - Bobbing: School Office
 - Aspire: in classrooms and in the school supply cupboard
 - Grove Park: classrooms and in disabled toilets
- If a child is not able to complete this task unaided, school staff will offer support to the child in the most appropriate way for the age and understanding of the child involved. This is in accordance with acting in loco-parentis and our duty of care to meet the needs of the child
- 2 members of staff will be present for safeguarding purposes
- The parent/carer collecting the child later in the day will be informed of the support the child has been given
- Staff can take the decision to contact the parents should the child be very distressed, unwell or under a Health Care Plan

Children wearing nappies

On occasions children may be in nappies or disposable underwear. Parents are asked to complete the Health Care Plan which also sets out who will be responsible in school for changing their child, when and how this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset.

All staff should follow the procedure for changing (appendix 3). This should be attached to the Health Care Plan where this is needed to remind staff. As part of our good practice staff will have a home/school book to record who changes a child, how often this task is carried out and the time it occurred. This provides reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow. Once the child has been changed, the home/school book will be completed to note when the child was changed and by whom.

Aspire: In classes when several or all children require support with intimate care and toileting, the class teacher will agree the best way to communicate this with each family to meet their needs. All procedures (as in Appendix 3) will be followed as part of the Health Care Plan/Care Plan.

Supervising a child involved in intimate self-care

Some children may to be supervised while using the toilet. Children are encouraged to toilet themselves independently, however at times they may need assistance. This will have been discussed ahead of the child starting school with the parents. Where necessary a Health Care Plan will be completed where there is a medical need, or parents will be clear on how the school offers assistance to their child which will be documented on a care plan. There will always be 2 adults present for safeguarding reasons when a child needs support.

Providing comfort to an upset or distressed child and limited touch

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that

when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Children with additional needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation. Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Particular care must be taken in instances which involve the same pupil over a period of time. Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Ensuring that a witness is present will help to protect staff from such allegations.

Swimming trips and lessons

Any class participating in a swimming programme at the local swimming pool is entitled to respect and privacy when changing their clothes however there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur. The local swimming pool has group male and female changing rooms with single changing cubicles. This supports effective and discrete supervision and privacy for our children when changing. Where a child needs additional support for changing parental permission will be sought and an individual care plan will be drawn up so as to maintain dignity but increase independence.

Residential trips

Staff should take particular care when supervising children in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's policy regarding out of school activities.

Periods

Some girls will develop periods during their Primary Education. They should be supported and encouraged to keep their own supply of sanitary protection without having to request it from staff/carers. A central bank of sanitary protection will be stored in each year 5 & 6 classroom and School Office.

However, it should be recognised that some children will not know how to deal with menstruation and they will need guidance and support to manage their periods appropriately. This should be provided by female staff or carers in a positive manner and is taught through the PSHE/SRE curriculum. It is important that we address period poverty for all children and so both boys and girls are taught about menstruation and we have adequate supplies to support girls. There should also be adequate provision for the private disposal of used sanitary protection. If a child needs further assistance they should seek advice from the Head of School or Assistant Head Teachers in each school.

Positive handling

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property. In all cases of Positive Handling the incident must be documented on CPOMS (Bobbing/Iwade), My Concern (Grove Park) or Sleuth (Aspire) and reported according to the school's **Positive Handling** policy which is part of the **Positive Behaviour Principles Handbook**.

10. Providing first aid assistance

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing, blankets to screen), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

11. Assisting a child who requires a specific medical procedure

Our **Pupils with medical needs** policy outlines arrangements for the management of the majority of medications in school. Parental permission must be given before any medication is dispensed in school- this form is available in the school offices. A small number of children will have significant medical needs and will have an individual Health Care Plan. If required, school staff will receive appropriate training.

Nobody should be delivering intimate care on their own.

Individual Health Care Plan

Individual Health Care plans will be drawn up for children requiring ongoing intimate care to suit their individual circumstances. It is vital that these plans are prepared prior to admission, and where possible opportunities are made for the child and family to meet the staff who will be providing intimate care. The plan should be signed by all who contribute and reviewed on a regular basis. When writing a plan, whole school and classroom management considerations should be taken into account, for example:

- The importance of working towards independence
- Arrangements for home/school transport, sports days, school visits, swimming etc
- Substitutes in case of staff absence
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc.)

Any plan should be clearly recorded to ensure clarity of roles, responsibilities and expectations. A procedure should be included to explain how concerns arising from the intimate care process will be dealt with. This is the responsibility of the child's teacher. These will be reviewed on a termly basis and discussed with the parents/carers.

Responsibility of staff

The management of all children with intimate care needs will be carefully planned. Staff will be supported to adapt their practice in relation to the needs of individual children. The child will be

supported to achieve the highest level of independence that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can.

Any member of staff may provide intimate care, provided it does not require unusual procedures or techniques (e.g. lifts or hoists). Volunteers are not to provide intimate care, but they may be used as a witness. Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. Wherever possible staff should only care intimately for an individual of the same sex. However, this principle may need to be waived where failure to provide appropriate care would result in negligence for example, the constraints of staffing e.g. female staff supporting boys in a primary school, as few or no male staff are available.

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment. Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation. Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

Meetings with pupils away from the school premises where a chaperone will not be present, are **not permitted** unless specific approval is obtained from the Head or another senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child. If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their line manager or other appropriate person.

Resources

The dignity and privacy of the child is of paramount concern. An area will be made private when a child is to be changed. If a changing mat is being used, it should not be situated in a thoroughfare, as it will have to be used on the floor when a child is to be changed. This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury.

The Trust will ensure that staff have:

- hot running water and soap
- paper towels
- aprons and gloves
- nappy bags
- cleaning equipment
- bin
- a supply of spare nappies and wipes (provided by the child's parent/ carer)
- spare clothes

Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a daily or weekly basis (as appropriate)

and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's **Health and Safety** policy.

Safeguarding

- Safeguarding remains the highest priority within the Trust. Any member of staff or volunteers will challenge any adult in school who is not complying with BA MAT safeguarding policies and report this to the Trust DSL leads. 2 members of staff **MUST** be present in any incident requiring intimate care.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. they will immediately report concerns to the DSL team and a CPOMS/My Concern incident logged (in accordance with the **Safeguarding and child protection** policy).

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed according to the **safeguarding and child protection** policy.

Appendix 1: Permission for the school to provide intimate care

Please print this form and once complete, add to Arbor for the child.

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"/>

What feedback is agreed between home and school in the event of intimate care being given?

<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). 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). 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"/>
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Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

Appendix 2: 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	
What daily feedback is agreed between home and school?	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for making sure 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 (as age and stage appropriate)	
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	

Appendix 3: Procedure for changing

Reassure child throughout

1. Consider whether the child can be changed in a toilet cubicle (standing up)
 2. Wash your hands
 3. Assemble the equipment
 4. Put on gloves
 5. Remove wet/ soiled nappy/clothing
 6. Either place waste in toilet and then place the soiled underwear in a bag to go home. If using disposable undergarments these can be disposed of using appropriate bags and in the 'offensive' waste bin.
 7. Using wipes, clean the child of any urine or faecal matter and put the clean clothing
- Used wipes and gloves are to be disposed of in a bin with a disposable liner
 - The bin should be emptied at least once a day and the liner replaced
 - Once the child has been changed and returned safely to the class clean the changing area with a detergent spray or soap and water
 - Hands should be washed thoroughly.