

Intimate Care Policy

Policy Code:	SW1
Policy Start Date:	December 2024
Policy Review Date:	December 2026

Please read this policy in conjunction with the policies listed below:

- HR6 Data Protection Policy
- HR9 Positive Handling and Safe Touch Policy
- HR16 DBS Policy
- HR24 Allegations of Abuse Made Against Adults
- HR29 Code of Conduct
- HR42 Low-Level Concerns Policy
- HS2 Medical Treatment Policy
- SW5 Safeguarding and Child Protection Policy
- SW11 Educational Visits Policy
- TL6 Special Educational Needs and Disability Policy

1 Policy Statement

- 1.1 It is The Priory Federation of Academies Trust's (The Trust's) intention to develop independence in each pupil; however, there will be occasions when help is required. Our intimate care policy has been developed to safeguard pupils and staff. The principles and procedures apply to everyone involved in the intimate care of pupils.
- 1.2 This policy sets out how The Trust is carrying out its statutory responsibility to safeguard and promote the welfare of children in accordance with Section 157 of the *Education Act 2002*, *Working Together to Safeguard Children* and *Keeping Children Safe in Education*.
- 1.3 References to the Trust or Academy within this policy specifically include all primary, secondary and special academies within the Trust, as well as the Early Years setting at the Priory Witham Academy, Priory Apprenticeships and Lincolnshire SCITT.
- 1.4 This policy does not form part of any member of staff's contract of employment and it may be amended at any time.

2 Roles, Responsibilities and Implementation

- 2.1 The Education and Standards Committee has overall responsibility for the effective operation of this policy and for ensuring compliance with the relevant statutory framework. This committee delegates day-to-day responsibility for operating the policy and ensuring its maintenance and review to the Director of Safeguarding.
- 2.2 Leaders and Managers have a specific responsibility to ensure the fair application of this policy and all staff are responsible for supporting colleagues and ensuring its success.

3 Aims

- 3.1 To ensure intimate care is carried out in line with statutory guidance, providing guidance and reassurance to staff, pupils and parents/carers.
- 3.2 To safeguard and respect the dignity, rights and wellbeing of children.
- 3.3 To encourage a child's independence as far as possible in their intimate care.

4 Definition of intimate care

- 4.1 Intimate care may be defined as any activity that is required to meet the personal care needs of an individual child on a regular basis or during a one-off incident. It can be defined as any care that 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. Such activities can include:

- oral care;
- washing;
- changing clothes;
- toileting;
- first aid and medical assistance (for intimate personal areas); and
- supervision of a child involved in intimate self-care.

5 Principles of Intimate Care

5.1 The following are the fundamental principles of intimate care upon which our policy 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;
- all children have the right to be involved and consulted in their own intimate care to the best of their abilities;
- all children have the right to express their views on their own intimate care and to have such views taken into account; and
- every child has the right to have levels of intimate care that are appropriate and consistent for their needs.

5.2 There is a need to treat all children, whatever their age, gender, disability, religion or ethnicity with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

6 Parent/Carer Responsibilities

6.1 Parents/carers have a responsibility to advise the setting of any known intimate care needs relating to their child, and to support the setting to write the pupil's care plan.

6.2 If, during their time at the academy, the child's care needs change then parents/carers should advise the academy as soon as possible.

7 The Trust's Approach to Intimate Care

7.1 Staff who are involved in intimate care, even if only once, must be subject to a satisfactory enhanced DBS check with Children's Barred List Check, in line with the Trust's procedures. Please refer to HR16 DBS Policy. Where temporary staff, e.g., agency staff, are required to carry out intimate care, the Head of Setting must first discuss this with the Trust DSL (or, in their absence, the Head of HR).

7.2 Engagement in intimate care by a member of staff must be with their agreement, and the Trust cannot make this an expectation for all staff, unless it is specified in the member of staff's job description. However, any staff member who does engage in intimate care must be trained in the specific types of care that they carry out and

fully understand this policy and the welfare policies it sits alongside. Staff will receive training in good working practices, which comply with Health and Safety Regulations where necessary.

- 7.3 Where anticipated, intimate care arrangements are agreed between the setting and parents/carers and, wherever possible, with the pupil. Settings should always ensure that, wherever possible, pupils are actively consulted about their care plan even when this cannot be done verbally. For all pupils requiring intimate care, a Personal Intimate Care Plan will be drawn up (see Appendix A) and, if appropriate, an Individual Medical Care Plan (please refer to HS2 Medical Treatment Policy). External agencies may contribute to the plan if appropriate.
- 7.4 The Personal Intimate Care Plan should include:
- clear information regarding the assistance to be provided;
 - the method of communication to be used by the child;
 - the agreed terminology the named person(s) will use with the child;
 - the named person(s) with responsibility to assist the child;
 - the care timetable;
 - arrangements in the absence of the named person(s); and
 - when the plan will be reviewed.
- 7.5 If staff are undertaking intimate care, then they should be named in the child's care plan. The exception to this may be in specialist settings where trained staff, other than those named on the care plan, are used to provide cover. However, the member of staff providing intimate care will be known to the child and parents/carers will be aware that this might be the case.
- 7.6 Pupils should be encouraged to act as independently as possible, and to undertake as much of their own personal care as possible and practicable. When planned assistance is required, this should normally be undertaken by one member of staff. In this situation, the staff member who is assisting the child must make another member of staff aware that they are supporting a child with intimate care, and where this will be taking place. However, there should always be more than one member of staff present during intimate care for pupils who cannot communicate or for pupils with a profound and multiple learning disability (PMLD). In specialist settings, if intimate care for pupils who are non-verbal and/or PMLD is carried out by only one member of staff, this will only be done with the consent of parents/carers and practices will be reviewed by the DSL and Headteacher on a regular basis. A pupil's right to privacy must be respected, and so if intimate or personal care procedures involve more than one member of staff, the reason for this should be documented on the pupil's care plan.
- 7.7 Teachers (and any other relevant staff, e.g., pastoral) should be made aware of the care timetable, particularly if the child needs to be absent from lessons, and should be aware of the approximate time the procedure should take.

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- 7.8 Staff should not undertake any aspect of intimate care that has not been agreed between the setting, parents/carers and the pupil. The only exception to this is outlined in 7.9.
- 7.9 Only in an emergency, for example, if a pupil's health or safety is at risk, would staff undertake any aspect of intimate care that has not been agreed by parents/carers and the setting. In this circumstance, intimate care must not be carried out by a lone member of staff, there should be another member of staff present in the area who is aware of what is taking place. Parents/carers would then be contacted and informed as soon as possible.
- 7.10 Provision should be made for cover if the trained member of staff is not available, e.g., they are on sick leave. Additional trained staff should be available to undertake specific intimate care tasks where required.
- 7.11 Intimate care arrangements should be reviewed at least once per year, or immediately if the pupil's circumstances change between reviews. The views of all relevant parties should be sought and considered to inform future arrangements.
- 7.12 As an additional safeguard, staff involved in meeting intimate care needs should not usually be involved with the delivery of the relationship, sex and health education (RSHE) curriculum to the same pupil(s), wherever possible.
- 7.13 Any changes made to the care plan must be done in writing, and communicated to relevant parties as soon as possible.
- 7.14 In line with SW5 Safeguarding & Child Protection Policy, staff are prohibited from taking any personal or work device into an area where intimate care is carried out.

8 Records

- 8.1 A record will be kept of all intimate care tasks undertaken. See Appendix B for the Trust template. The only exception to this is in specialist settings, whereby staff will only record any intimate care that is not outlined and agreed in the child's Intimate Care Plan.
- 8.2 Staff are asked to record any variations to the agreed procedure/care plan and this information will be shared with parents/carers as soon as possible.
- 8.3 The setting's DSL will monitor intimate care records.

9 Child Protection

- 9.1 If a staff member has a concern about a colleague's intimate care practice, they must follow HR24 Allegations of Abuse Made Against Adults Policy and report any concerns immediately to the Academy Headteacher. If the Headteacher is absent, or the concern involves the Headteacher, this must be reported to the Trust DSL.

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- 9.2 If a pupil becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported immediately to Academy Headteacher or Trust DSL.
- 9.3 If a pupil makes an allegation against an adult working at the setting, this must be reported in accordance with The Trust's safeguarding procedures. Please refer to HR24 Allegations of Abuse Made Against Staff Policy.
- 9.4 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g., unexplained marks, bruises, then the member of staff should follow their setting's safeguarding procedures and report any concerns immediately.
- 9.5 If a pupil is accidentally hurt during the intimate care, or misunderstands or misinterprets something, or appears distressed or uncomfortable, the care should stop immediately. The member of staff must try to ascertain why they are distressed, if possible, and provide reassurance. Staff should report the incident immediately using the setting's safeguarding procedures. The pupil's parents/carers must be informed immediately. Staff must report and record any unusual emotional or behavioural response by the pupil (any records must be kept in the pupil's child protection file).
- 9.6 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 9.7 Young pupils and pupils with special educational needs are especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs and their care plan should take these needs into account.
- 9.8 Staff need to be aware that some adults may use intimate care as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard pupils and staff:
- treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation;
 - wherever possible, actively involve the pupil in the intimate care arrangements so that they know what should be happening;
 - try to encourage a pupil's independence as far as possible in their intimate care. Where a situation renders a pupil fully dependent, talk about what is going to be done and give choices where possible. Check practice by asking the pupil or parent/carer about any preferences while carrying out the intimate care. Where the pupil is of an appropriate age and level of understanding, permission should always be sought before starting an intimate procedure;
 - make sure practice in intimate care is consistent. As a pupil may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent;
 - staff should be aware of their own limitations and only carry out activities they understand and feel competent with. If in doubt, they must ASK. Some

procedures must only be carried out by members of staff who have been formally trained and assessed;

- promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach staff take to intimate care can convey lots of messages to a pupil about their body worth. A member of staff's attitude to a pupil's intimate care is important. Keeping in mind the pupil's age, routine care can be relaxed, enjoyable and fun. Staff should be mindful of not making a pupil feel embarrassed or ashamed of their body;
- be culturally sensitive. The religious views and cultural views of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer; and
- always consider the supervision needs of the pupils and only remain in the room where their needs require this.

9.9 Staff are not permitted to take personal or academy devices, e.g., mobile phones, tablets, smart watches, laptops, into the area/room where intimate care is taking/will take place.

10 Working with Children of the Opposite Sex

10.1 There is positive value in both male and female staff being involved with the intimate care of pupils. Ideally, every pupil should have the choice of who works with them. If the pupil is unable to make their own choice then, wherever possible, staff should care for a pupil of the same sex.

10.2 Any decision over which member of staff is involved in caring for a specific pupil must be agreed with the parents/carers and the pupil (where appropriate).

11 Communication with Pupils

11.1 It is the responsibility of all staff caring for a pupil to ensure that they are aware of the pupil's method and level of communication. Depending on their maturity and levels of stress, a child may communicate using different methods – words, signs, symbols, body movements, eye pointing, etc.

11.2 To ensure effective communication:

- make eye contact at the pupil's level;
- use simple language and repeat if necessary;
- always explain what you are doing, e.g. I am going to remove your shoes;
- wait for response;
- continue to explain to the pupil what is happening even if there is no response; and
- treat the pupil as an individual and with dignity and respect.

12 Physiotherapy

- 12.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the Personal Intimate Care Plan or the Individual Medical Care Plan that a member of staff should undertake part of the physiotherapy regime (such as assisting the pupil with their exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.
- 12.2 Under no circumstances should setting staff devise and carry out their own exercises or physiotherapy programme.
- 12.3 Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be members of staff at the academy.
- 12.4 Any concerns about the regime should be reported to the physiotherapist, and the setting's Headteacher.

13 Medical Procedures

- 13.1 Any members of staff who deliver first aid should be appropriately trained. If an examination of a pupil is required in an emergency first aid situation it is advisable to have another adult present, with due regard to the pupil's privacy and dignity. Please refer to HS2 Medical Treatment Policy for further information.
- 13.2 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures, e.g., managing a catheter. These procedures will only be carried out by staff who have been trained to do so and only with the agreement of parents/carers (and the pupil where possible). Guidance may be provided by medical professionals where necessary.
- 13.3 Staff will adhere to appropriate infection control guidelines and will ensure that any medical items are disposed of correctly.

14 Massage

- 14.1 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.
- 14.2 It is recommended that massage undertaken by academy staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both staff and pupils. Please refer to HR9 Positive Handling and Safe Touch Policy. The exception to this is in specialist settings, whereby massage is an integral part of the sensory and communication curriculum delivered by specialist staff, for example, through TACPAC or Story Massage. In these instances, massage is used on any body area that is appropriate for the child, e.g., shoulders, back, arms, head, face, legs, hands and feet.

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- 14.3 Massage is only to be carried out by trained staff in agreement with parents/carers (and the pupil where possible). Any use of massage must be outlined in the Personal Intimate Care Plan or the Individual Medical Care Plan.

15 Educational Visits

- 15.1 If a pupil who requires intimate care, or supervision of intimate care, is due to participate in an educational visit then the visit leader must take into account, and plan for, any special arrangements which will be needed to ensure the pupil can still participate in the visit. This may mean trained members of staff will need to accompany the pupil on the visit.
- 15.2 The visit leader will need to work closely with the parents/carers and pupil to ensure appropriate provision is in place. For further information please refer to SW11 Educational Visits Policy.

16 Policy change

- 16.1 This policy may only be amended or withdrawn by The Priory Federation of Academies Trust.



The Priory Federation of Academies Trust

Intimate Care Policy

This Policy has been approved by the Priory Federation of Academies Trust's Education and Standards Committee:

Signed: Name: Date:

Trustee

Signed: Name: Date:

Chief Executive Officer

Signed: Name: Date:

Designated Member of Staff

Please note that a signed copy of this agreement is available via Human Resources.

Appendix A

Personal Intimate Care Plan

Setting:			
Name of pupil:		Year Group/Class:	
<u>Details</u> of assistance required:			
Facilities and equipment needed:			
Who will provide the required facilities and equipment:			
Where will the care take place:			
Care timetable:			
Pupil voice: <i>Child's wishes/feelings</i>			
Named member(s) of staff:	<i>If more than one member of staff will be carrying out the intimate care, please state the reasons for this.</i>		
Back up member(s) of staff:			
Training needs: (If applicable)			
What can the student do independently / what can be done to promote independence:	<i>State supervision needs if required.</i>		
Arrangements for PE:			

Arrangements for educational visits (including any transport considerations):	
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To be completed alongside, and in line with, the Trust's SW1 Intimate Care Policy

Agreement of Personal Intimate Care Procedures			
Parents/Carers			
I agree with what has been written in the Personal Intimate Care Plan with regard to: what care is given, who is providing the care and the training which is needed. I will inform the setting immediately if there are any changes to my child's needs and/or if the plan needs amending. I recognise that The Priory Federation of Academies Trust is not legally bound to provide this service, and it may be withdrawn at any time. I will ensure I can be contacted during academy hours.			
Print name:		Date:	
Signature:			
Pupil (if appropriate)			
I agree with what has been written in the Personal Intimate Care Plan with regard to: what care is given, who is providing the care and the training which is needed. I will inform a member of staff at the setting if I am unhappy in any way with the care which is provided or I feel anything needs changing. I agree to take control of my own care needs if I am able to and I will ask staff for support if it is needed.			
Print name:		Date:	
Signature:			
Lead member of staff			
I agree with what has been written in the Personal Intimate Care Plan with regard to: what care is given, who is providing the care and the training which is needed. If any aspect of intimate care which has not been agreed to on this plan is delivered by a member of staff in an emergency then the setting will contact parents/carers immediately. If there are any safeguarding concerns raised during the delivery of this student's intimate care then they will be raised with the setting's Designated Safeguarding Lead immediately.			
Print name:		Date:	
Signature:			

