



**Bishop  
Hogarth**

Catholic Education Trust

## **INTIMATE CARE POLICY**

**THIS POLICY APPLIES TO ALL SCHOOLS WITHIN THE  
BISHOP HOGARTH CATHOLIC EDUCATION TRUST**

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# 1 Principles

- 1.1 Bishop Hogarth Catholic Education Trust will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils<sup>1</sup> at this School and within the Trust, as well as the following relevant legislation and guidance:
- DfE (2020) 'Keeping children safe in education'
  - The Children and Families Act 2014
  - The Education Act 2011
  - The Health Act 2006
  - The Equality Act 2010
- 1.2 The Trust takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 1.3 The Trust 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 the Schools' policies as below:
- safeguarding policy and child protection procedures
  - staff code of conduct and guidance on safer working practice
  - 'whistle-blowing' and allegations management policies
  - health and safety policy and procedures
  - Special Educational Needs policy
- 1.5 The Trust 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.
- 1.6 It is generally expected that most children will be toilet trained and out of nappies before they begin at school or nursery. However it is inevitable that from time to time some children will have accidents and need to be attended to. In addition to this an increasing number of children and young people with disabilities and medical conditions are being included in mainstream settings. A significant number of these pupils require adult assistance for their personal and intimate care needs. 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.
- 1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
- 1.8 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.

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<sup>1</sup> References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment and the Bishop Hogarth Catholic Education Trust.

- 1.9 It is expected that the intimate care of a child will be undertaken by the nominated employee as part of their duties and responsibilities.
- 1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

## **2 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.

## **3 Definition**

- 3.1 Intimate care can be defined as any care which involves washing, touching, feeding 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.
- 3.2 It also includes supervision of pupils involved in intimate self-care.
- 3.3 Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads, nappies or medical bags such as colostomy bags, menstrual hygiene, helping someone use the toilet, or washing intimate parts of the body

## **4 Best Practice**

- 4.1 Pupils who require regular assistance with intimate care have written educational health care plans agreed by staff, parents/carers and any other professionals actively involved, such as the school nurse or physiotherapists. The plan should 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, e.g. 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). It is recommended practice that information on intimate

care should be treated as confidential and communicated in person by telephone or by sealed letter.

- 4.4 Accurate records should also be kept when a child requires assistance with intimate care; it should be clear who was present in every case. **(Appendix 1)**
- 4.5 These records will be kept in the child's file and available to parents/carers on request.
- 4.6 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.
- 4.7 All staff undertaking intimate care must be given appropriate safeguarding training. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.8 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.
- 4.9 There must be 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 should be sought before starting an intimate procedure. Where possible, the changing of soiled clothes should be completed while the child is standing up.
- 4.10 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 4.11 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. 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 should be sought and taken into account.
- 4.12 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- 4.13 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.
- 4.14 Where possible, only same-sex intimate care will be carried out.
- 4.15 Adults who assist pupils with intimate care should be employees of the School, not students or volunteers, and therefore have the usual range of safer recruitment checks, including DBS checks.
- 4.16 Health & Safety guidelines should be adhered to regarding waste products.
- 4.17 Names of staff authorised to provide intimate care can be requested from the school.
- 4.18 Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the pupils in their care as an extra safeguard to both staff and pupils involved.

- 4.19 Regular consultations will be arranged with all parents/carers and pupils regarding toilet facilities.
- 4.20 Members of staff will react to accidents in a calm and sympathetic manner.
- 4.21 When appropriate, a Toilet Management Plan (**Appendix 2**) will be agreed with the parent, personal assistant, the pupil, and a second member of staff.
- 4.22 An agreement between the pupil and personal assistant will be agreed (**Appendix 3**)
- 4.23 The First Aid Policy lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids.
- 4.24 Any member of staff that is required to assist a pupil with changing a medical bag will be trained to do so and will carry out the procedure in accordance with the Supporting Pupils with Medical Conditions Policy.

## **5 Child Protection**

- 5.1 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.
- 5.2 The School's child protection procedures will be adhered to.
- 5.3 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 (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead or Head of School. A clear written record of the concern will be completed and a referral made to the Head of School if appropriate. 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.
- 5.6 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 Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) 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 needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 5.7 If a pupil, or any other person, makes an allegation against an adult working at the School this should be reported to the Headteacher (or to the Trust if the concern is about the Headteacher) It should not be discussed with any other members of staff or the member of staff the allegation relates to.

- 5.8 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 Headteacher or to the Trust, in accordance with the child protection procedures and 'whistle-blowing' policy.

## **6 Parental responsibilities**

- 6.1 Parents/carers will change their child, or assist them in going to the toilet, at the latest possible time before coming to school.
- 6.2 Parents/carers will provide spare nappies, incontinence pads, medical bags, wet wipes and a change of clothing in case of accidents.
- 6.3 Parents/carers will inform the school should their child have any marks/rashes.
- 6.4 Parents/carers will come to an agreement with staff in determining how often their child will need to be changed, and who will do the changing.

## **7 Physiotherapy/Occupational therapy**

- 7.1 Pupils who require physiotherapy/occupational whilst at School should have this carried out by a trained professional. If it is agreed in the care plan that a member of the School staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe 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 should be 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 will be discussed with parents/carers, documented in the health care plan 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 HSE 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 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.
- 9.4 Care plans should include specific information for those supporting children with bespoke medical needs.

## 10 **Safeguarding**

10.1 Intimate care is a regulated activity; therefore, only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.

10.2 Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the pupils in their care as an extra safeguard to both staff and pupils involved.

10.3 Individual intimate care plans will be drawn up for pupils as appropriate to suit the circumstances of the pupil.

10.4 Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers will need to be present when the pupil requires intimate care.

10.5 If any member of staff has concerns about physical changes to a pupil's presentation, such as marks or bruises, they will report the concerns to the **DPO** immediately.

10.6 All members of staff will receive safeguarding training on an **annual** basis, and receive child protection and safeguarding updates as required, but at least annually.

## 11 **Swimming**

11.1 Pupils in Years 6 and 7 may regularly participate in swimming lessons. During these lessons, pupils are entitled to privacy when changing; however, some pupils will need to be supervised during changing.

11.2 Parental consent will be obtained before assisting any pupils in changing clothing before and after swimming lessons.

11.3 Special consideration will be taken to ensure that cases of bullying or teasing do not occur.

11.4 Details of any additional arrangements will be recorded in the pupil's individual care plan.

## 12 **Offsite visits**

12.1 Before offsite visits, including residential trips, the pupil's individual intimate plan will be amended to include procedures for intimate care whilst off the school premises.

12.2 Staff will apply all the procedures described in this policy during residential and off-site visits.

12.3 Meetings with pupils away from the school premises, where a chaperone is not present, will not be permitted, unless approval has been obtained by the headteacher.

12.4 Consent from a parent/carer will be obtained and recorded prior to any offsite visit.

## **12 PE & Extra-Curricular Activities**

12.1 Pupils are entitled to privacy when changing; however, some pupils will need to be supervised during changing.

12.2 Parental consent will be obtained before assisting any pupils in changing clothing.

12.3 Special consideration will be taken to ensure that cases of bullying or teasing do not occur

12.4 Details of any additional arrangement will be recorded in the pupil's educational health care plan.



**Appendix 2**  
**Toilet Management Plan**

Pupil's name:		Class/year group:	
Name of personal assistant:			
Date:		Review date:	
<b>Area of need</b>			
<b>Equipment required</b>			
<b>Locations of suitable toilet facilities</b>			
<b>Support required</b>		<b>Frequency of support</b>	

**Working towards independence**

<b>Pupil will try to</b>	<b>Personal assistant will</b>	<b>Parents will</b>	<b>Target achieved date</b>

Signed \_\_\_\_\_ Parent  
 Signed \_\_\_\_\_ Personal assistant  
 Signed \_\_\_\_\_ Second member of staff  
 Signed \_\_\_\_\_ Pupil (where appropriate)

### **Appendix 3**

#### **Agreement between Pupil and Personal Assistant**

Pupil's name: \_\_\_\_\_ Class/year group: \_\_\_\_\_

Name of support staff involved: \_\_\_\_\_

Date: \_\_\_\_\_ Review date: \_\_\_\_\_

#### **Support staff**

As the personal assistant helping you with intimate care, you can expect me to do the following:

- When I am the identified person, I will stop what I am doing to help you. 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 listen carefully if there is something you would like to change about your Intimate Care Plan.

#### **Pupil**

As the pupil who requires help with intimate care, 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 help with intimate care, 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.

Signed: \_\_\_\_\_ Personal assistant

Signed: \_\_\_\_\_ Pupil