Intimate Care Policy

September 2025

Signed (Chair of Trustees):	[redacted]
Date:	September 2025
Date of Review:	September 2026

Arbor Academy Trust reviews this policy annually. The Trustees may, however, review the policy earlier than this, if the Government introduces new regulations, or if the Trust receives recommendations on how the policy might be improved. This document is also available in other formats e.g. e-mail and enlarged print version, on request to the School Offices and is displayed on the schools' websites

Introduction

Trust schools are places where everyone is treated equally, encouraged and respected. We believe that all children should be able to achieve their full potential academically, socially and emotionally. We are committed to providing safe and inclusive places where learning is nurtured and encouraged in a happy, caring and fun environment. We all strive for our schools to be a happy place where good behaviour is expected and all children enjoy their educational journey.

This policy has been devised in response to the increasing number of children entering the early years who are not toilet trained. It sets out the procedures we will follow when nappy changing and in the case of a child accidently wetting or soiling themself. All parents in nursery are asked to provide spare clothes in a bag regardless of whether their child is toilet trained. The policy also states the roles and responsibilities of both the home and schools. We are an inclusive school and do admit children who are not fully toilet trained but we feel that it benefits the child if they are out of nappies or at least working towards this by the time they start school. Teachers are happy to offer advice on how to toilet train and the school nurse runs sessions to support parents and staff. Parents are also asked to inform us of any medical condition which requires their child to need a nappy.

Definition

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 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.

Principles

The Local Governing Board will act in accordance with Section 175 of the Education Act 2002 and the Government guidance; 'Keeping Children Safe in Education (2025)', 'Safeguarding Children and Safer Recruitment in Education (2020)' to safeguard and promote the welfare of pupils at our schools.

This schools take seriously their responsibility to safeguard and promote the welfare of the children and young people in their care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

The Local Governing Board recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.

This Intimate Care Policy should be read in conjunction with the schools' policies as below:

- Safeguarding Policy
- Child Protection Policy
- Staff Code of Conduct
- Safer Working Practice
- Whistle-Blowing Policy
- Health and Safety Policy
- Special Educational Needs Policy

Plus

- The Davies Lane, Northwold, Selwyn, Woodford Green and Acacia Staff Handbooks

The Local Governing Board 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.

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 their 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.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

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.

Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils. All staff undertaking intimate care must be given appropriate safeguarding training.

This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children. This is usually only permanent members of staff.

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 ability.
- 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.

Best Practice

Pupils who require regular assistance with intimate care have written Educational Health Care Plans (EHCPs), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally 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.

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.

Where a care plan or EHCP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. 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, not through the home/school diary.

In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

Accurate records should also be kept when a child requires assistance with intimate care. These can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be kept with medical and safeguarding files and available to parents/carers on request.

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 or herself as possible.

Staff who provide intimate care are trained in personal care (e.g. health and safety training in 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.

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.

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.

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.

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 she/he needs help with intimate care. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

No member of staff should be alone when assisting a pupil with intimate care.

The religious views, beliefs and cultural values of children and their families should be taken into account, when it does not breach the safeguarding policy, particularly as they might affect certain practices or determine the gender of the carer.

Adults who assist pupils with intimate care should be employees of the school, not students, agency staff or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's Confidentiality Policy. Sensitive information will be shared only with those who need to know.

Health and safety guidelines should be adhered to regarding waste products. If necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Child Protection

The Local Governing Board and staff at the schools recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

The school's child protection procedures will be adhered to.

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 our schools 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.

Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc., she/he will immediately report concerns to the Designated Lead for Child Protection (DSL). A clear written record of the concern will be completed and appropriate action taken, in accordance with the schools' 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.

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 Heads of School/ Headteacher or Designated Safeguarding Lead. The matter will be investigated at an appropriate level 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 is resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil, or any other person, makes an allegation against an adult working at the schools this should be reported to the Designated Safeguarding Lead and Head of School/ Headteacher (or to the Chair of Local Governing Board if the concern is about the Head of School/ Headteacher) who will consult the Local Authority Designated Officer in

accordance with the school's policy:, Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the schools or about any improper practice will report this to the Head of the School/ Headteacher or to the Chair of the Local Governing Board, in accordance with the child protection procedures and Whistle-blowing Policy.

Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the EHCP or care plan that a member of the school staff could 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.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes. Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Medical Procedures

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 or EHCP and will only be carried out by staff who have been trained to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

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.

Massage

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. 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.

Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence. Care plans should include specific information for those supporting children with bespoke medical needs.