

Trust Intimate Care Policy Statement

Trust Policy & Procedures

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Trust Policies Trust Child Protection and Safeguarding Policy

School Policies School Child Protection and Safeguarding Policy
SEND Policy

External KCSIE

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Contents

1	Introduction	4
2	Definition of intimate care	4
3	Definition of personal care	4
4	Principles of intimate care	5
5	Vulnerability to abuse	5
6	Cross gender care	6
7	Working with parents and carers	6
8	Examples of positive approaches	6
9	Practical considerations for staff	7

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Please note this list may be updated by the responsible officer when change arises in the organisation, without the need for committee meeting review/approval.

1 Introduction

This trust policy statement aims to:

- Safeguard the rights and promote the welfare of children and young people
- Provide guidance and reassurance to staff whose contracts include intimate care
- Assure parents and carers that staff are knowledgeable about personal care and that their individual concerns are considered
- Remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all children and young people as pupils and students

2 Definition of intimate care

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. In some cases, it may be necessary to administer rectal medication on an emergency basis.

Intimate care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping a pupil or student to use the toilet
- Changing continence pads (urine and/or faeces)
- Showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting pessaries

3 Definition of personal care

Personal care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private, or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for pupils and students.

Those personal care tasks specifically identified as relevant here include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care

- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet

Personal care encompasses those areas of physical and medical that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting. This guidance is not prescriptive but is based on the good practice and practical experience of those dealing with such children and young people.

4 Principles of intimate care

Children and young people's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. It is essential that every child and young person is treated with dignity and as an individual, meaning that their care is given with respect and sensitivity. The child or young person should be encouraged to express choice and to have a positive image of his or her body.

Staff should always make sure that:

- Children and young people feel safe and secure
- Children and young people are respected and valued as individuals
- Children and young people have the right to privacy, dignity and a professional approach from staff when meeting their needs
- Children and young people have a right to an education, and schools have a duty to identify and remove barriers to learning and participation for pupils of all abilities and needs
- Children and young people have the right to information and support to enable them to make appropriate choices
- Children and young people have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs
- Children and young people have the right to express their views and have them heard and these views are taken seriously

5 Vulnerability to abuse

Children and young people with disabilities have been shown to be particularly vulnerable to abuse and discrimination. It is essential that all staff are familiar with the school or settings Safeguarding/Child Protection and procedures, with agreed procedures within this policy.

The following are factors that increase the child or young person's vulnerability:

- Children and young people with disabilities often have less control over their lives than is normal
- Differences in appearance, disposition and behaviour may be attributed to the child or young person's disability rather than to abuse

- They are not always able to communicate what is happening to them. Intimate care may involve touching the private parts of the child or young person's body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk, but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

6 Cross gender care

Male and female staff members may be involved in intimate/personal care tasks. Parents, carers and/or pupils may request the same gender staff to attend to toileting or other intimate needs; an emergency plan needs to be agreed if there are human resource restrictions that prevent their requests from happening.

7 Working with parents and carers

Establishing effective working relationships with parents/carers is a key task for all schools and is particularly necessary for children and young people with specific care needs or disabilities. Parents and carers should be encouraged and empowered to work with professionals to ensure the child's needs are properly identified, understood and met. They should be given every opportunity to explain their son or daughter's care in school or early years setting, or for making teaching staff disability aware. Staff have a duty to remove barriers to learning and participation for pupils and students of all abilities and needs.

Plans for the provision of intimate or personal care must be clearly recorded to ensure clarity of expectations, roles and responsibilities. Records should also reflect arrangements for ongoing and emergency communication between home and school, monitoring and review. It is also important that the procedure for dealing with concerns arising from personal care processes is clearly stated and understood by parents and carers and all those involved.

8 Examples of positive approaches

Examples of positive approaches to intimate or personal care which ensure a safe and comfortable experience for the child or young person:

- Have a knowledge of and respect for any cultural or religious sensitivities related to aspects of intimate care
- Speak to the child or young person and ensure they are aware of the focus of the activity
- Address the child or young person in age-appropriate ways
- Give explanations of what is happening in a straightforward and reassuring way
- Respect a child or young person's preference for a particular sequence of care
- Encourage the child or young person to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing

- Seek the child or young person's permission before undressing if he or she is unable to do this unaided
- Provide facilities that afford privacy and modesty
- Keep records noting responses to intimate care and any changes of behaviour

9 Practical considerations for staff

Practical considerations for all staff to ensure health and safety of staff, children and young people:

- All adults assisting with intimate or personal care will hold a DBS and are known to the child/young person. This aspect of their work will be reflected in the job description
- When undertaking intimate care, staff should work in pairs
- Where a routine procedure needs to be established, there will be an agreed care plan, involving discussion with school staff, parents/carers, relevant health personnel and the child or young person, as appropriate
- Volunteers, visiting agencies and temporary staff should not undertake care procedures without appropriate training, even if they hold a DBS
- Staff should receive training in good working practices which comply with Health and Safety regulations such as dealing with bodily fluids, manual handling, Child Protection, HIV and Infection, whistle blowing and risk assessment. Identified staff should also receive training for very specific intimate care procedures where relevant
- Complaints and safeguarding procedures should be known to all, and followed where necessary