



# **Benedict Biscop CE Academy**

## **Intimate Care Policy**

**October 2023**  
**Next Review October 2025**  
**Head Teacher: Sarah Armstrong**  
**Chair of Governor: Gordon Petrie**  
**Safeguarding Governor: Judith Thompson**

## Statement of Intent – Intimate Care

Benedict Biscop CE Academy School 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. We 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. Intimate care is carried out properly by staff, in line with agreed plans.

The dignity, rights and wellbeing of children and young people are safeguarded. Benedict Biscop CE Academy ensure that pupils who require intimate care are not discriminated against, in line with the Equality Act 2010. Parents and carers 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 the guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved.

## Introduction

Intimate care is any care which involves toileting, washing, touching or carrying out an invasive procedure (such as cleaning up a pupil 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. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

The issue of intimate care is a sensitive one and requires staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There will always be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible. This policy is based on best practice.

## Definition of Intimate Care

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Most children can carry out these functions themselves, but we recognise that some are unable due to a physical disability, learning difficulties, medical needs or needs arising from the child's stage of development. Parents must advise school of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

- Feeding
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

## Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Any child with intimate care needs will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as s/he can. This may mean, for example, giving the child responsibility for washing themselves.

Each child's right to privacy will be respected.

We will work in partnership with parents/carers and individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child and needs. Parents/carers will be asked to sign an intimate care consent agreement. This should be reviewed twice throughout the year to ensure any changes are updated.

Staff members who are known to the child will take on that responsibility for changing children. Ideally also, staff should only care intimately for an individual of the same sex. However, at Benedict Biscop CE Academy this principle may be waived due to the lack of male staff and where failure to provide appropriate care would result in negligence. At Benedict Biscop an individual member of staff will carry out the intimate care but other colleagues will be aware and staff will fully adhere to the Intimate care policy and all relevant safeguarding procedures and policies.

Intimate care arrangements will be discussed with parents on a regular basis and our intimate care agreement will be provided to parents. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing.

### Staff Training

Staff will receive and be aware of:

- Training in any specific types of intimate care they undertake ie Enteral feeds
- Regular Safeguarding training
- If necessary manual handling training that enables them to remain safe and for the pupils to have as much participation as possible in the care
- Hygiene and health and safety procedures
- Control measures as set out in specific risk assessments carried out by the school.

### The Protection of Children

Child Protection Procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding. If a staff member has any concerns about a child's physical changes (bruises, marks etc.) they will immediately report concerns as per school procedures.

If a child becomes distressed or unhappy regarding being cared for by a particular member of staff, the matter will be looked into, parents will be consulted and outcomes recorded. Staffing schedules will need to be altered until the issue is resolved as the child's needs remain paramount. If a child makes allegations against a member of staff, Safeguarding procedures will be followed.

### Children Wearing Nappies

Any child wearing nappies will have an intimate care agreement which must be signed by the parent/carer. This agreement will outline who is responsible in school for changing the child. This agreement allows school and parents to be aware of all issues surrounding the task from the outset.

### Medical conditions

Any child with a medical condition should have a care plan in school, outlining the condition, the need for support and intervention and the process for undertaking the intimate care. This may require additional training for staff. The parents and the child must be part of this process and plan and every one should be in agreement with how the intimate care will be provided. Medical conditions just as any other reason for intimate care must not be allowed to disguise any risk. For example, any cause for concern when providing intimate care must be reported and recorded and not automatically attributed to the medical condition.

## Soiling/Urinating incidents

Any child who may have a soiling/urinating incident should be supported consistently and not made to feel embarrassed or ashamed for the incident. Where possible they should be involved in as much responsibility for providing their own self-care and supported by a member of staff. Children should be supported with spare changes of clothing or advised to bring them to school with them in the event of such an incident.

Regular incidents of this nature from the same child, should be monitored, recorded and reviewed for a medical condition or a safeguarding concern.

When carrying out procedures, the school will provide staff with:

- PPE such as protective gloves, aprons, cleaning supplies, changing mats and bins.
- For pupils needing routine intimate care, the school requests parents/carers 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/carers at the end of the day.

## Menstrual cycles

Any child who may have an incident during their menstrual cycle should be supported consistently and not made to feel embarrassed or ashamed for the incident. Again, where possible they should be involved in as much responsibility for providing their own self-care and supported by a member of staff. Children should be signposted to where spare menstrual products are available or can be purchased and also advised to bring additional changes of clothing with them in the event of a reoccurrence.

Staff should be vigilant of children particularly in regards to incidents of Female Genital Mutilation which may be masked through menstrual cycle as well as any suspicion of concern of a child bleeding from their genitals which may not be a menstrual cycle. All staff must report concerns directly to the Designated Safeguarding leads.

## Health & Safety Guidance

Staff should always wear an apron and gloves when dealing with a child who is soiled or when changing a nappy. Any soiled waste should be placed in a polythene waste disposal bag and sealed. The bag should then be placed in a bin, (with a liner) specifically designed for such waste. This bin should be collected on a weekly basis as part of the usual refuse. It is not classed as clinical waste. Parents should supply nappies, wipes and disposable nappy sacks for their child. Once the child has been changed and removed from the changing area, the surface should be cleaned with an antibacterial detergent spray or wipe and left to dry.

## Special Needs

Children with special needs have the same rights to privacy and safety when receiving intimate care. Additional vulnerabilities (any physical disability or learning difficulty) must be considered when drawing up care plans for individual children. Regardless of age and ability, the views and emotional responses of children with special needs should be actively sought when drawing up or reviewing a care plan.

## Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny.

The expectation is that when staff make physical contact with pupils it will be:

- For the least amount of time necessary (limited touch)
- Appropriate, given their age, stage of development and background in response to the pupil's needs at the time

Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported.

Extra caution may be needed where a child has previously suffered abuse or neglect.

This may lead to staff being vulnerable to allegations of abuse. Many such children are needy and seek out inappropriate physical contact. In such circumstances staff should deter the child, seek witnesses and document and report the incident.

## Appendix 1 - INTIMATE CARE PLAN (INDIVIDUAL PLAN)

Agreed on – Date.....

PARENTS/CARERS	
<u>Name of child</u>	
<u>Type of intimate care needed</u>	
<u>How often will care be given</u>	
<u>Where care will take place</u>	
<u>What resources and equipment will be used and who will provide them</u>	
<u>How will procedures differ if taking place on a trip or outing</u>	
<u>What training if necessary will staff be given</u>	
<u>Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan</u>	
<u>Name of parent/carer</u>	
<u>Relationship to child</u>	
<u>Signature of parent/carer</u>	
<u>Date</u>	

- I understand that as the parent/carer it is my responsibility to inform the school of any changes needed to the intimate care plan.
- I understand the plan will be reviewed twice a year

Next Review Date: .....

To be reviewed by: .....

Signatures after review: .....

## Appendix 2 - PARENT/CARER CONSENT FORM

<b>PARENTS/CARERS</b>	
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"/>
<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)</p> <p>Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. washed and changed)</p> <p>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"/>
<b>Parent/carer signature</b>	
<b>Name of parent/carer</b>	
<b>Relationship to child</b>	
<b>Date</b>	