BDMAT
Birmingham Diocesan
Multi-Academy Trust

# Intimate Care Policy

**Issued: May 2023**
**Updated: July 2026**
**Next Review Date: Summer 2029**

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## Contents


1. Definition of Intimate care ..... 3

2. Aims..... 3

3.Legislation and statutory guidance..... 3

4. Role of parents ..... 4

5. Role of staff..... 5

6. Intimate care procedures..... 5

7. Monitoring arrangements..... 7

8. Links with other policies ..... 7

Appendix 1: template intimate care plan ..... 8

Appendix 2: template parent/carer consent form ..... 11

Appendix 3: template record of intimate care intervention ..... 12

Appendix 4: template iworking towards independence plan..... 13

Appendix 5: template toilet management plan ..... 14

Appendix 6: template agreement between child and support staff..... 15

## 1.0 Definition of Intimate care

1.1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

1.2 Care may involve help with drinking, eating, dressing and toileting.

1.3 Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.

1.4 In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent by a health professional should undertake the procedure.

## 2.0 Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans.
- The dignity, rights and wellbeing of children are safeguarded.
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010.
- Parents 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 guidelines (i.e., health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved.

## 3.0 Legislation and statutory guidance

3.1 This policy complies with statutory safeguarding guidance.

3.2 It also complies with BDMAT's funding agreement and articles of association.

## 4.0 Role of parents

### 4.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g., for toileting or toileting accidents), parents will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents (see section 4.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.

## 4.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.

The school will work with parents and where appropriate pupils and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

The plan will take into account:

- The individual needs of the child and how these needs may impact on the health and safety of the child and the staff members involved.
- Any historical concerns (such as past abuse).
- Likelihood of allegations against staff being made.
- The religious views, beliefs and cultural values of children and their families particularly as they might affect certain practices or determine the gender of the support staff.
- The preferred means of communication (verbal, symbolic, etc) of the pupil to enable staff to discuss their needs and preferences with them at the time.
- Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- The need for every child's right to privacy and modesty to 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 they need help with intimate care. It is best practice from a health and safety and safeguarding perspective to have 2 members of staff present. However, 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.
- 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.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 1 for a blank template plan.

### 4.3 Sharing information

The school will share information with parents as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

## 5.0 Role of staff

### 5.1 Which staff will be responsible.

Any roles who may carry out intimate care will have this set out in their job description.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

All staff will follow risk assessments put in place by the school to safeguard against injury to themselves and the pupils whilst carrying out any intimate care procedure.

### 5.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake.
- Regular safeguarding training.
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible.

They will be familiar with:

- The control measures set out in risk assessments carried out by the school.
- Hygiene and health and safety procedures, including those related to COVID-19.

They will also be encouraged to seek further advice as needed.

## 6.0 Intimate care procedures

### 6.1 How procedures will happen

Staff administering intimate care should ensure that the child is treated respectfully at all times. No child should be attended to in a way that causes distress or pain.

The child should be aware of each procedure that is carried out and the reasons for them and these should be clearly recorded (see 6.3).

The number of staff present for intimate care will be decided on an individual basis determined on need and preference as discussed at 4.2 of this policy.

Procedures will be carried out in [explain where in your school procedures will take place].

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.

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

- Aprons
- Protective gloves
- Changing mats
- Cleaning supplies
- Bins

For pupils needing routine intimate care, the school expects parents 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 at the end of the day.

### 6.2 Refusal of Intimate Care

Where intimate care is required, parents and the child (as far as possible) should be consulted and agreement sought regarding how personal care needs will be met.

Where a child refuses assistance, staff should seek to understand the reasons for the refusal, reassure the child where appropriate, and record the incident.

If the refusal places the child at immediate risk of significant harm or serious deterioration in health, staff should take appropriate action in accordance with safeguarding procedures and seek advice from the Headteacher without delay.

Where a child regularly refuses intimate care, and/or the wishes of the child differ from those of the parent, the Headteacher, with support from the Trust and other relevant professionals (where applicable), should review the child's individual intimate care plan. The review should take into account the child's wishes, parental views, any medical or SEND needs, and safeguarding or health risks, to agree the safest and most appropriate approach. The agreed plan should be shared with parents and consistently followed by all staff.

This policy acknowledges that the child and parent may have opposing wishes. In such an instance resolution should be sought. If agreement is not found the trust shall make a decision in the child's best interests.

### 6.3 Recording

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 (a model form can be found at appendix 3).

These records will be kept in the child's file and available to parents/carers on request.

Where an intimate 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 (e.g., has had an 'accident' and wet or soiled themselves). 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.

### 6.4 Concerns about safeguarding

BDMAT trustees, Governors and staff recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g., marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the Designated Safeguarding Lead.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's Dealing with Allegations of Abuse against Staff policy and advice will be sought from the LADO in all cases.

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 CEO, in accordance with the BDMAT Staff Code of Conduct.

## 7.0 Monitoring arrangements

7.1 This policy will be reviewed every three years by the full board of BDMAT.

7.2 SENCOs at each school should monitor the implementation of the policy annually and report any concerns / suggested amendments to the Local Academy Board.

## 8.0 Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEN
- Supporting pupils with medical conditions

## Appendix 1: template intimate care plan

| PARENTS/CARERS | |
|---|---|
| Legal name of child | |
| Preferred name of child | |
| Date of birth | |
| Type of intimate care needed | |
| How often care will be given | |
| What training staff will be given | |
| Where care will take place | |
| What resources and equipment will be used, and who will provide them | |
| Any religious views, beliefs and cultural values to be considered | |

| PARENTS/CARERS | |
|---|---|
| | |
| Any safeguarding concerns to be accounted for | |
| Preferred means of communication (verbal, symbolic, etc.) of the pupil | |
| Agreed appropriate terminology for private parts of the body and functions t o be noted in the plan. | |
| How procedures will differ if taking place on a trip or outing | |
| Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan | |
| Name of parent or carer | |
| Relationship to child | |
| Signature of parent or carer | |
| Date | |

| PARENTS/CARERS<br><br>CHILD | |
|---|---|
| How many members of staff would you like to help? | |
| How would you like the staff to communicate with you? | |
| Signature of child | |
| Date | |

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

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## Appendix 2: template parent/carer consent form

| PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE | |
|---|---|
| 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) | ☐ |
| 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) | ☐ |
| I understand the procedures that will be carried out and will contact the school immediately if I have any concerns | ☐ |
| I **do not** consent to my child to be given intimate care (e.g., to be washed and changed if they have a toileting accident).<br>Instead, the school will contact me, or my emergency contact, and I will organise for my child to be given intimate care (e.g., be washed and changed).<br>*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.* | ☐ |
| Parent/carer signature | |
| Name of parent/carer | |
| Relationship to child | |
| Date | |

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## Appendix 3: template record of intimate care intervention

Child's Name .....

Date of birth .....

Names of support staff involved.....

| Date | Time | Procedure | Comments | Staff Signature | Second Signature |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## Appendix 4: template working towards independence record

Child's Name .....

Date of birth .....

Names of support staff involved .....

| I can already |
| --- |
| |

| Aim:<br>I will try to |
| --- |
| |

Review date .....

Parent/carer .....

Child (if appropriate) .....

Support staff .....

SLT/SENDCo ..... Date .....

## Appendix 5: template toilet management plan

Child's Name .....

Date of birth .....

Names of support staff involved .....

| Area of need |
|---|
| |

| Equipment required. |
|---|
| |

| Location of suitable toilet facilities: | |
|---|---|
| Support required | Frequency of support. |
| | |

Working towards independence

| Child will try to | Personal Assistant will do | Target Achieved |
|---|---|---|
| | | |
| Review Date: | | |

Parent/carer .....

Child (if appropriate) .....

Support staff .....

SLT/SENDCo .....Date .....

## Appendix 6: template agreement between child and support staff

Child's Name .....

Date of birth .....

Names of support staff involved .....

### Support staff

As the Personal Assistant helping you in the toilet you can expect me to do the following:

- When I am the identified person, I will stop what I am doing to help you in the toilet, as soon as you ask me. 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 look and listen carefully if there is something you would like to change about your Toilet Management Plan.

### Child

As the child who requires help in the toilet 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 the toilet 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.

We will review this agreement on.....

Child (if appropriate) .....

Support staff ..... Date.....