



Truro and Penwith
Academy Trust

Intimate Care Policy

Document Control

Version	Date Approved	Approved By	Summary of Changes	Next Review Date
1.0	November 2025	Trust Board	Changes to bring in line with updated statutory guidance	November 2027

Intimate Care Policy

1) Principles

1.1 The school will act in accordance with the Equality Act 2010 and Keeping Children Safe in Education (updated yearly) which is statutory guidance from the Department for Education issued under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014, the Non-Maintained Special Schools (England) Regulations 2015, and the Education and Training (Welfare of Children) Act 2021. Schools and colleges in England must have regard to it when carrying out duties to safeguard and promote the welfare of children.

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

1.3 The school 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.

1.4 This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- Child Protection and Safeguarding Policy and Safeguarding Procedures
- Staff Code of Conduct
- 'Whistle-Blowing' Policy
- Health and Safety Policy and Procedures
- Special Educational Needs Policy
- Managing medical conditions policy
- Physical handling policy

1.5 The head teacher or head of school will be responsible, with appropriate advice from medical professionals, for authorising a member of staff as competent and ensuring that procedures and plans are in place in order 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 All staff must always treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The pupil'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.

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

1.8 An intimate care plan should be drawn up with the consent of all involved including the pupil where they are able to express their opinion.

1.9 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.

1.10 All staff undertaking intimate care must be given appropriate training e.g. Safeguarding, Disability Awareness, Health and Safety, Infection Control, Bladder and Bowel Care and Moving and Handling if necessary.

1.12 This Intimate Care Policy has been developed to safeguard pupils and staff. It applies to everyone involved in the intimate care of any pupil.

2) Child / Young Person Focused Principles of Intimate Care

The following are the fundamental principles upon which this policy is based:

- Every child / young person has the right to be safe.
- Every child / young person has the right to personal privacy.
- Every child / young person has the right to be valued as an individual.
- Every child / young person has the right to be treated with dignity and respect.
- Every child / young person has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child / young person has the right to express their views on their own intimate care and to have such views taken into account.
- Every child / young person 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 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. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

3.2 It also includes supervision of pupils involved in intimate self-care.

3.3 It could also include swimming, physiotherapy and massage depending on the activity as well as first aid and medical procedures as well as supporting a distressed child.

4) Best Practice

4.1 Pupils who require regular assistance with intimate care will have written health care plans and / or intimate care plans, agreed by staff, parents / carers and any other professionals actively involved. Ideally the plan should be agreed at a meeting which all key staff attend, and the pupil is consulted 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 procedure or 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 off-site visits / day trips.

4.2 Where relevant, it is good practice to agree with the pupil and parent's / carers appropriate terminology for private parts of the body and functions and this should be noted in the plan. Safeguarding / sex education guidance generally states this should be anatomically accurate/factual words, and not "family words".

4.3 Where a 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 themselves). It is recommended practice that information on intimate care should be treated as confidential and communicated in person or by telephone.

4.4 If there are unforeseen changes to the agreed plan, this would be recorded in a format pre agreed by parents, staff and pupil.

4.5 Wherever possible intimate care should be undertaken with two adults present. In addition, where possible there should be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

4.6 Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys where there are no male staff are available.

4.7 All pupils will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will encourage each individual to do as much for themselves as possible.

4.8 Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

4.9 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.

4.10 There must be careful communication with each pupil who needs help with intimate care using their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Permission should always be sought before starting an intimate procedure.

4.11 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate in a way that reflects the pupil's age and cognitive ability.

4.12 Every pupil'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 they need help with intimate care. Reducing the numbers of staff involved goes some way to preserving the pupil's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

4.13 The religious views, beliefs, cultural values of children and their families and sexual identity of children / young people should be taken into account when writing the intimate care plan, particularly as they might affect certain practices or determine the gender of the carer.

4.14 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 enhanced DBS checks.

4.15 Health & 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 or any quantity of products that come under the heading of clinical waste.

4.16 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care. If the nature of the site requires being able to contact someone in an emergency, consider using walkie talkies or a school mobile phone without camera capability.

4.17 Staff must be confident to refuse to participate in a potentially intimate care / intimate contact situation if they feel unhappy with this. Concerns should immediately be reported to the line manager / SENCO or head teacher / head of school.

5) Safeguarding

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 safeguarding procedures will be adhered to.

5.3 From a safeguarding perspective it is acknowledged that intimate care involves risks for pupils 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 Pupils will be taught personal safety skills 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 they will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed, and a referral made to Children's Social Care (MARU) if appropriate, in accordance with the school's safeguarding 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 pupil 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 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 issues are resolved so that the pupils' 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 Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's safeguarding policy. 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 Chair of Governors, in accordance with the safeguarding procedures and 'whistle-blowing' policy.

6) Physiotherapy/Occupational Therapy

6.1 Pupils who require Physiotherapy / Occupational Therapy support whilst at school must follow a plan written by a trained Physiotherapist / Occupational Therapist. If it is agreed in the plan that a member of the school staff should undertake part of the Physiotherapy/exercise regime (such as assisting children with exercises), then the required technique must be demonstrated by the Physiotherapist / Occupational Therapist personally, written guidance given and updated regularly. The Physiotherapist / Occupational Therapist should observe the member of staff applying the technique.

6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

6.3 Any concerns about the regime or any failure in equipment should be reported to the Physiotherapist / Occupational therapist.

7) Medical Procedures (including first aid)

7.1 Pupils might require assistance with invasive or non-invasive medical procedures such as tube feeding, tracheostomy care, suction, 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 intimate care plan and will only be carried out by staff who have been trained to do so.

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

7.3 Any members of staff who administer first aid should be appropriately trained and one of the school's registered first aiders. If an examination of a pupil is required in an emergency aid situation it is advisable to have another adult present, with due regard to the pupil's privacy and dignity.

8) Massage

8.1 Massage can be 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.

8.2 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.

8.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

9) Physical Contact

9.1 All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background

9.2 Staff should be aware that even well-intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to explain actions and accept that all physical contact be open to scrutiny

9.3 Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility

9.4 Pupil with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported

9.5 Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead

to staff vulnerable to allegations of abuse. Additionally, many such pupils are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations

10) Pupils in distress

10.1 There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation. This should be of limited duration and appropriate given age, stage and known background. This should be side on to older students and for young students crouched down with the child not sat on laps.

10.2 Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the pupil needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative

10.3 Particular care must be taken in instances which involve the same pupil over a period of time.

Appendix 1 Residential Trips:

Residential Trips

Residential educational visits are an important part of our school experience. Particular care is required when supporting pupils with intimate care needs pupils in this less formal setting.

Informal relationships can be more common in residential trips, but staff must still adhere to our Safeguarding, Pastoral Care and Positive Behaviour Policies. Some specific Intimate Care issues may arise in a residential context.

If a child with intimate care needs is sharing a room with other pupils, consideration should be given to the privacy of both the individual and the peers they are sharing a room with.

A Risk Assessment of the residential trip must be undertaken well in advance and uploaded to the local authority platform. Any changes to the Moving and Handling Plan, Intimate Care Plan and Personal Emergency Evacuation Plan should be made to reflect the different venues and activities.