WeST Intimate Care Policy

Mission Statement

WeST holds a deep-seated belief in education and lifelong learning. Effective collaboration, mutual support and professional challenge will underpin our quest to ensure that all of the children and adults we serve are given every opportunity to fulfil their potential and succeed in life.

Person(s) responsible for updating the policy:	Director of Safeguarding
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Status:	Guidance

WeST Core Values

WeST holds four core values which underpin the engagement, motivation and retention of employees, no matter what their role in the organisation.

- **Collaboration**
  Creating a shared vision and working effectively across boundaries in an equitable and inclusive way to skilfully influence and engage others. Building and securing value from relationships, developing self and others to achieve positive outcomes.
- **Aspiration**
  Having high expectations, modelling the delivery of high-quality outcomes. Showing passion, persistence and resilience in seeking creative solutions to strive for continuous improvement and excellence.
- **Integrity**
  Acting always with the interests of children and young people at our heart, and with a consistent and uncompromising adherence to strong moral and ethical principles. Communicating with transparency and respect, creating a working environment based on trust and honesty.
- **Compassion**
  Recognising need in others and acting with positive intention to promote well-being and improve outcomes.

Providing Accessible Formats

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Executive Summary[1]

Intimate care is physical care that may be a potential source of embarrassment to the pupil, parent[2] or carer[3]. Pupils at our school may require occasional or regular intimate care. The views of individual pupils and their parents will be sought regarding the most appropriate normal routine.

All intimate care procedures should promote the health, safety, independence, and welfare of pupils and ensure that their dignity and privacy are respected. Arrangements for intimate and personal care should be open and transparent and accompanied by robust recording systems.

Pupils should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. When assistance is required, this should normally be undertaken by one member of staff, however, they should ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible.

A signed record should be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times left and returned.

Any vulnerability, including those that may arise from a physical or learning difficulty should be considered when formulating the individual pupil's care plan. The views of parents, carers and the pupil, regardless of their age and understanding, should be actively sought in formulating the plan and in the necessary regular reviews of these arrangements. Any changes to the intimate care plan should be made in writing and without delay, even if the change in arrangements is temporary, e.g. staff shortages, changes to staff rotas.

Intimate and personal care should not be carried out by an adult that the child does not know. Anyone undertaking intimate care in an education setting is in regulated activity and must have been checked against the relevant DBS barred list, even if the activity only happens once.

Principles

This policy is written on the following principles:

- 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 have levels of intimate care that are appropriate and consistent
- All children have the right to be involved and consulted in their own intimate care and to express their views on it to the best of their abilities
- Every pupil has the right to consent and to withdraw consent.

Aims

- To protect pupils who require intimate care and ensure they are cared for in a respectful manner which safeguards their individual dignity and privacy

[1] This introduction is based on the Safer Recruitment Consortium Guidance "Safer Working Practice" (Feb 2022)

[2] The definition of a parent can be found in the Education Act 1996, and this applies to the legislation to which this policy relates. In addition to the child's birth parents, references to parents in this policy include any person who has parental responsibility (which includes the local authority where it has a care order in respect of the child) and any person (for example, a foster carer) who has care of the child. To reflect this, this policy uses 'parent' to refer to both parents and carers.

[3] In this policy 'carer' is meant as the staff member providing the intimate care

- To ensure all adults providing intimate care are aware of pupils' individual need and routines.
- To ensure all adults providing intimate care are protected by the knowledge that the parents' and pupil's views have been sought.
- To provide the appropriate guidance, information and training for staff regarding the manual handling of children when intimate care is needed.
- To ensure that in an emergency, any available member of staff will carry out appropriate actions.

School Responsibilities

The management of all pupils with intimate care needs will be carefully planned and should be a positive experience for all involved. The pupil who requires intimate care will be always treated with respect. Their welfare and dignity is of paramount importance. Staff who provide this care will be trained to do so (including Safeguarding and Child Protection) and made aware of effective practice. Suitable equipment and facilities will be provided to assist pupils who need special arrangements following assessment and training from a specialist, e.g. physiotherapist or occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes such as puberty. Whenever possible, staff who are involved in the intimate care of pupils will not usually be involved with the delivery of sex and relationships education to the pupils in their care as an additional safeguard to both staff and pupils involved. If staff members are involved, care should be taken to ensure that resource materials cannot be misinterpreted and clearly relate to the learning outcomes identified by the lesson plan, which should highlight areas of risk and sensitivity.

Pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. This may mean, for example, giving the pupil responsibility for washing themselves. Individual intimate care plans[4] will be drawn up as appropriate and shared and agreed by the pupil and their parents.

Each pupil's right to privacy will be respected. Careful consideration will be given to each situation to determine how many carers need to be present when the pupil is being cared for. Where possible, one child will be catered for by one adult unless there is a sound reason for having more adults present. In this case, the reasons should be clearly documented and reassessed regularly. There should always be a second adult within sight or earshot of where the intimate care is being undertaken to act as a witness. Both adults should sign the recording sheet.

Intimate care arrangements will be discussed with parents on a regular basis and recorded on the care plan. The needs and wishes of pupils and parents will be considered wherever possible within the constraints of staffing and equal opportunities legislation.

Working with children of the opposite sex

There is positive value in both male and female staff being involved with pupils. Ideally, every pupil should have the choice for intimate care but the typical ratio of female to male staff means that assistance will more often be given by a woman. The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy

[4] Typically, these will be managed using the Edukey Provision Map system

- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately, and the carer should provide reassurance and try to ascertain why the child is distressed
- Any concerns must be reported to the designated safeguarding lead (DSL) and a written record made following the usual safeguarding procedures
- Parents must be informed about any concerns

Communication with Pupils

It is the responsibility of all staff caring for a pupil to ensure that they are aware of the pupil's method and level of communication. Depending on their maturity and levels of stress pupils may communicate using different methods, e.g. words, signs, symbols, body movements or eye pointing. To ensure effective communication:

- Make eye contact at the pupil's level
- Use simple language and repeat if necessary
- Wait for response
- Continue to explain to the child what is happening even if there is no response
- Treat the child as an individual with dignity and respect.
- Use step-by-step visuals.
- Use a toileting social story.
- Use transition cards (which can also be a form of consent for preverbal pupils)

Sensory Needs

Some pupils may have sensory needs that are triggered by the environment of the toilets, e.g. aversions to smells, noise from hand dryers and interoception difficulties (challenges with the sensation of going to the toilet). To mitigate this the following can be used:

- Toilet bombs (like a bath bomb)
- Play music
- Don't allow the use of hand dryers while the pupil is in the toilet
- Alternative lighting
- Put toilet paper in the toilet first to reduce splashing and sounds

Physical Contact

All staff engaged in the care and education of pupils 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.

Staff should be aware that even well-intentioned physical contact might be misconstrued directly by the pupil, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny. Physical contact which is repeated with an individual pupil 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.

Pupils 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 pupil. The arrangements must be understood and agreed by all concerned, justified in terms of the pupil'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.

Restraint[5]

There may be occasions where it is necessary for staff to use positive handling strategies to prevent pupils from inflicting damage on either themselves, others or property. In such cases only the minimum force necessary should be used for the minimum length of time required for the pupil to regain self- control. In all cases of restraint, the incident must be documented and reported. Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can and is likely to constitute a criminal offence.

Pupils in Distress

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 always remain self-aware to ensure that their contact is not threatening or intrusive and not subject to misinterpretation. 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 pupil's relative or school's counsellor. Particular care must be taken in instances which involve the same pupil over a period of time. Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their line manager or other appropriate person.

Showers/Changing Clothes

Young people are entitled to respect and privacy when changing clothes or taking a shower. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur. This means that adults should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour. Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children.

Some pupils will require support with changing, relevant to their needs. Where this involves the child being helped with underwear or pull-ups/nappies there should be a written plan in place that has been co-produced and signed by the school's responsible officer (e.g. Headteacher, DSL or SENDCO) the carer and the parent(s).

Out of School Trips/Clubs

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Staff involved in such activities should also be familiar with their school's policy and guidance regarding out of school activities. To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

Child Protection

Child Protection Procedures and Multi-Agency Child Protection procedures will be adhered to. All pupils will be taught personal safety skills carefully matched to their level of ability, development and understanding. If a member of staff has any concerns about physical changes in a pupil's presentation,

[5] Further detail is in the Positive Handling policy

e.g. marks, bruises, soreness etc., they must report their concerns to the designated safeguarding lead according to safeguarding procedures.

If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into, and outcomes recorded. Parents will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the pupil's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil makes an allegation against a member of staff, all necessary procedures[6] will be followed.

Pupils without an intimate care plan

Although this policy is written primarily about pupils with Special Educational Needs, medical or developmental needs, there will be occasions when other pupils require intimate care and the school staff have agreed the following policy, adopting best practice as detailed above:

- If a pupil wets themselves, they will be taken to a suitable area away from other pupils and given clean clothes to put on. Help will be given as appropriate to their age. Adults will not clean pupils, but may give wipes or tissues for the pupil to do this. Wet clothes will be put in a carrier bag, the class teacher will be privately informed, and the parent notified away from other parents at the end of the day.
- If a pupil is to soil themselves, in the first instance the parent will be contacted and asked to come to school to clean their child. If a parent cannot be contacted or is unable to attend promptly and an adult in school is willing to help, the pupil will be cleaned and changed. Again, the emphasis will be on encouraging the pupil to wipe themselves, with assistance as needed. A parent would be expected to come to school to collect the pupil as soon as possible as the soiling may indicate a health issue.

Guidelines for Intimate Care

- A pupil's privacy and dignity must be maintained at all times.
- Intimate care should be undertaken with tact, sensitivity and in an unhurried manner, appropriate to individual needs.
- An appropriately trained or knowledgeable carer should deliver the intimate care required.
- The carer should select an appropriate environment to deliver intimate care/meet the pupil's toileting needs.
- Wherever possible pupils should be encouraged to perform their own intimate care, and given the necessary support and encouragement to enable them to do this.
- Any special requirements or concerns relating to intimate care should be identified, documented and closely followed by staff. This should take the form of an individual care plan (typically on Edukey Provision Map.)
- Informed consent for a carer to deliver intimate care should be obtained from the pupil and the parent. Parents should sign the individual care plan
- The care to be delivered should be explained to the child in a manner appropriate to their age and level of understanding.
- The highest standards of hygiene should be maintained throughout the delivery of intimate care, and appropriate materials should be available.
- The carer should document any adverse or unusual reactions exhibited by the pupil during any intimate care procedures. These concerns should be reported to the designated

[6] See Safeguarding and Child Protection policy

safeguarding lead, and the delivery of further intimate care should be re-assessed if necessary.

- Should the carer have cause for concern regarding child protection issues, the Safeguarding and Child Protection Policy procedure must be followed.
- All intimate care must be carried out with due regard to the manual handling requirements and in such a way that the carers remain safe.
- Any adult involved in intimate care is in regulated activity and must have an enhanced DBS check with barred-list check.
- Any adult involved in intimate care should be a member of the school staff or the pupil's parent, **not** a volunteer or parent helper. They must be aware of the Safeguarding and Child Protection Policy and procedures in place within the school.
- Pupils who need changing during lesson time, lunch and break times due to a toileting accident and/or the child is not toilet trained, should be changed in the nearest appropriate toilet or the disabled toilet to allow for privacy and/or supervision. Parents should be informed via telephone or in person.
- Use the nature of the accident/incident and the knowledge of the pupil to make a judgement on how many adults should be involved in intimate care. It is advisable to have two adults in attendance. This is because there may be cases where the pupil is identified as vulnerable, is on the Child Protection Register or where knowledge of the child or family indicates that there could be difficulties or allegations made.
- A pupil's refusal to allow themselves to be changed will result in an immediate telephone call to inform parents. Parents can choose to visit the school to change the pupil or take them home to change-then return to school.
- Ensure spare clothing is readily available e.g. classroom or disabled toilets.
- If washing is required, use a disposable cloth. Encourage the pupil to wash any intimate parts of the body with antibacterial flushable wipes.
- Gloves should be used in assisting in any form of intimate care (kept with wipes).
- Dispose of any used items appropriately in tied plastic bags.

Regular Occurrences

- If the pupil has an ongoing problem that requires intimate care procedures parents should be invited to work with the appropriate staff (e.g. Headteacher, SENDCO, school nurse) to produce a plan to support the child.
- Pupils with special medical needs who need changing on a daily basis will have an individual intimate care plan which will typically be maintained in Edukey Provision Map. A separate record where the date and time is noted, and the signature of the staff member is kept on record.

Record Keeping

- All incidents of intimate care should be recorded, including: the names of the pupil, carer(s), the adult witness; care carried out; date and time.
- For pupils who have an individual care plan that requires regular changing an individual logbook, that is kept in the room with the care materials, should be used to record all incidents of intimate care.
- The logbook(s) for all intimate care should be monitored half-termly by Headteacher or Designated Safeguarding Lead and over-signed to show that this has taken place.

Version History

Date	Notes
Dec 2022	New template policy for WeST schools
Dec 2024	• Language corrected to be consistent around use of pupil(s) • Addition of text emphasising pupils can give and withdraw consent • Addition of section on supporting pupils with sensory needs • Addition of requirement for a written plan where a pupil requires help with getting changed following a toileting accident

APPENDIX 1

Intimate Care: Guidelines for Good Practice

1) Involve the child in the intimate care
Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent talk about what is going to be done and give choices. Check your practice by asking the child or parent about any preferences while carrying out the intimate care. Ensure the pupil's communication method preferences are adhered to.

2) Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
Care should not be carried out by a member of staff working alone with a child.

3) Make sure practice in intimate care is consistent.
As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.

4) Be aware of your own limitations
Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

5) Promote positive self-esteem and body image.
Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

6) If you have any concerns, you must report them.
Report and record any unusual emotional or behavioural response by the child according to normal safeguarding procedures. If you observe any unusual markings, discolouration or swelling, report it immediately to the designated safeguarding lead (DSL). If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL.

APPENDIX 2

Record of Agencies involved for pupil requiring intimate care

Pupil's Name:
DoB:

Name and Role	**Address/phone/email**
Parent/Carer	
School Nurse/Health visitor	
Continence Advisor	
Physiotherapist	
Occupational Therapist	
Hospital Consultant	
Hospital School Service	
Physical/Sensory Service	
GP	
EP	
Social Worker	

APPENDIX 3

Record of Intimate Care

Pupil's Name:

DoB:

Name of Support Staff Involved:

Date	Time	Procedure	Staff Signature	Second signature

APPENDIX 4

Toilet Management Plan

Pupil's Name:
DoB:

Name(s) of staff Involved:

Area of need:

Equipment required:

Location(s) of suitable toilet facilities:

Working towards Independence

Pupil will try to	Teaching Assistant will	Target Achieved
Review Date:		

Parents/Carer: ……..

Pupil (if appropriate): ……..

Teaching Assistant: ……..

SENDCO: ……

Date: ……

APPENDIX 5

Agreement between pupil and staff member providing intimate care

Pupil's Name:

Name of staff member providing care:

Staff providing care
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 always ensure your privacy and dignity.
- 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.

Pupil
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: ……

Pupil (if appropriate): ……..

Personal Assistant (staff member providing care): ……..

Date: ……

APPENDIX 5

Permission to Provide Intimate Care

Pupil's Last name	
Pupil's First name	
Male/Female	
Date of birth	
Parent/carer(s) name	
Address	

I understand that:

- I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.
- I will advise the Headteacher of any medical complaint my child may have which affects issues of intimate care or any medical advice received.

Name: ……

Signature: ……

Relationship to child: ……..

Date: ……