

Intimate Care Policy

Approved by: PDBW **Date:** January 2023

Next review due by: January 2025

1. 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 student are safeguarded
- Students 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 child 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 students involved

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 intimate personal areas of the body.

Intimate care tasks include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads/nappies (faeces and urine)
- Washing / cleaning intimate parts of the body
- Changing sanitary wear
- Bathing/ showering

All students who require intimate care are treated respectfully at all times; the welfare and dignity of students is of paramount importance. The management of all students with intimate care needs will be carefully planned.

2. Legislation and statutory guidance

This policy complies with [statutory safeguarding guidance](#).

3. Role of parents

3.1 Seeking parental permission

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

For students 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 3.2 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 student is comfortable, and the school will inform parents afterwards.

3.2 Creating an intimate care plan

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

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

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

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

See appendix 1 for a blank template plan to see what this will cover.

3.3 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.

4. Role of staff

4.1 Which staff will be responsible

All staff members can be required to provide intimate care and have this set out in their job description.

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.

4.2 How staff will be trained

Staff will receive:

- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the student 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.

5. Intimate care procedures

5.1 How procedures will happen

It is best practice from a health and safety and safeguarding perspective to have 2 members of staff present. Where this is not possible, staff will ensure they follow the below;

→ For primary age students, male and female staff will be able to conduct personal care until girls reach puberty.

→ In the secondary setting, and after primary age girls reach puberty, male staff will not be involved in the personal care of girls.

→ Male and female staff may work together to support the personal care needs of boys throughout the school.

The student will be supported to achieve the highest level of autonomy that is possible, given their age and abilities. Staff will encourage each student to do as much for themselves as they can. This may mean, for example, giving the student responsibility for washing themselves.

We will do our best to meet students and parent's wishes relating to personal care, but we may be constrained as we employ significantly more female than male staff (this is out of our control as job vacancies usually attract a significantly higher number, if not only, female candidates).

Procedures will be carried out in a COVID-safe way according to the school's risk assessment and COVID-19 protocol.

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

- protective gloves
- masks
- aprons
- cleaning wipes (wet wipes or water wipes)
- yellow bin for soiled wipes and cleaning items
- red dissolvable bags for soiled clothing items to be placed in and then sent home
- cleaning supplies

For students 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 in red dissolvable bags, clearly labelled, and discreetly returned to parents at the end of the day. The red dissolvable bags can be placed into a washing machine directly, so parents do not need to handle any soiled items. The bags will dissolve in the wash.

5.2 Concerns about safeguarding

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

If a student 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 (DSL)/Deputy Designated Safeguarding Lead (DDDL) and will add this information to the intimate care plan.

If a student makes an allegation against a member of staff, the responsibility for intimate care of that student will be given to another member of staff as quickly as possible, and the allegation will be investigated according to the school's safeguarding procedures.

6. Monitoring arrangements

This policy will be reviewed by Phoebe Buret (DDSL and Medical Lead) annually. At every review, the policy will be approved by the PDBW committee.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Student protection and safeguarding
- COVID-19
- Health and safety
- Supporting students with medical conditions

Appendix 1: Template intimate care plan

Appendix 1: Template intimate care plan	
Name of student	
Type of intimate care needed	
How often care will be given	
What training staff will be given (if needed)	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How many of staff are typically required to help	
What is the preferred method of communication with the student	
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	
Signature of parent or carer	
Date	

This plan will be reviewed annually.

Next review date:

To be reviewed by:

Appendix 2: Template parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of student	
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 student 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. be 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"/>
Parent/carer signature	
Name of parent/carer	
Date	

Appendix 3 – Template letter

Hammersmith & Fulham College Gliddon Road

LONDON W14 9B Tel: 020 8741 1400

Email: H.Bristow@parayhouse.com

V.Carnevale@parayhouse.com

Dear Parents/ carers,

Following queries relating to intimate care we are re-sending our Intimate Care Policy with some additional information, including a new consent form to be completed and returned. The consent form needs to be added to this letter

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 intimate personal areas of the body.

Intimate care tasks that students may need support with could include:

- Helping someone use the toilet
- Changing continence pads/nappies (faeces and urine)
- Washing / cleaning intimate parts of the body
- Changing sanitary wear
- Dressing and undressing (underwear)

Students who require intimate care are treated with respect at all times; their welfare and dignity is of paramount importance, and all safeguarding procedures are followed.

If a student requires intimate care, they will be supported to achieve the highest level of autonomy that is possible, given their age and abilities. Staff will encourage each student to do as much for themselves as they can. This may mean, for example, giving the student responsibility for washing themselves.

If intimate care has been given, parents will be informed by letter with details of what care was provided and by whom (see appendix: Intimate Care Recording Form).

If parents do not give consent for their child to be given intimate care (e.g. to be washed and changed if they have a toileting accident), the school will contact the parent or emergency contact, and it will be the parents' responsibility to organise for their child to be given intimate care (e.g. be washed and changed).

However, if the school cannot reach a parent or the emergency contact and a student needs urgent intimate care, staff will need to provide this, following the school's Intimate Care Policy, to make them comfortable and remove barriers to learning.

For students who require regular intimate care, an intimate care plan will be formulated. If such a plan is necessary, we will contact the family directly.

If you have any questions, please let us know

Many thanks.

Miss Buret



Intimate Care Recording Form

Please complete this form & send a photocopy home with student

Date intimate care was administered :

Time intimate care was administered :

Details of child needing intimate care

Name :

Class :

Details of staff member who administered intimate care

Name :

Role :

Details of other person present (if applicable)

Name :

Role :

Description of intimate care administered

Comments (include any changes in the child's behaviour)

How the parents were initially informed (copy of form / telephone / email)

Form completed by (name and role):

Date form completed:

Signature:
