Intimate Care Policy

Document Control

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Related Policies:	Supporting Children with Medical Conditions Policy Safeguarding & Child Protection Policy Special Educational Needs Policy Physical Restraint Guidance & Procedure Gender Questioning Children

Revisions

Version	Page/Para No.	Description of Change	Approved On
5	Doc Control	Gender Questioning Children reference updated	January 2025
5	Annex A	Date of review added	January 2025
5	Throughout	Some clarity added regarding inclusion of the child in the plan and process.	January 2025

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Introduction
Staff who work with young people who have special needs will realise that the issue of intimate care is complex and will require staff to be respectful of children's needs.

Intimate care can be defined as care tasks of an intimate nature associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with drying, changing or dressing following physical activity.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff from The Academy will often work in partnership with parents/carers to provide continuity of care to young people wherever possible.

The Academy is committed to ensuring that all staff responsible for the intimate care of children will always undertake their duties in a professional manner and 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.

2 Application
All children who require intimate care are treated respectfully at all times; the child's welfare and dignity are of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist and trained moving and handling trainers as required. Regular competency and renewals of training will be undertaken.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible, staff who are involved in the intimate care of young people will not usually be involved with supporting the child in lessons during the delivery of sex and relationship education as an additional safeguard to both staff and the young people involved.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, social stories etc.) to discuss the child’s needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle, children 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 themselves as they can. Individual intimate care plans will be drawn up for particular children, as appropriate, to suit the circumstances of the child and shared/approved by child/families.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be actively involved when a child needs help with intimate care. Wherever possible, one child will be cared for by one adult unless there is a sound reason for having two adults in attendance. A second adult can be in place if required.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will 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, while at the same time guarding against the care being carried out by a succession of completely different carers.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child/young person will have an assigned a suitable member of staff, for example, their Form Tutor, to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

3 Protection of Children

Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc., they will immediately report concerns to the Designated Safeguarding Lead/person for child protection. A clear record of the concern will be completed and logged using the school's safeguarding system. If a referral is going to be made, Parents will be asked for their consent unless doing so is likely to place the child at greater risk of harm.

If a child makes an allegation against a member of staff, all necessary procedures will be followed in line with The Safeguarding & Child Protection Policy.

Annex A: Intimate Care Plan

Name Tutor Group/ Class		Date Agreed Date to Review Monthly / termly	

Description of Intimate Care Needs

- 2 trained staff (familiar staff)
- Required support whilst using the 'Return' to help him into the toilet chair
- X uses the disabled toilet in school in KS corridor

Task: - identify one part of the intimate care procedure which gives the pupil an opportunity to have a little more independence. If so the plan can then assist in the development of this part of the whole task.

- Staff will give time and privacy for X to sit on the toilet and will wait for his call if he needs help.

Routine – Describe the steps needed to achieve this task

1. X needs to turn off their electric wheelchair.
2. Disconnect feeding tube.
3. An adult unclips X's feet and move the arm rest back.
4. (Remove X's pommel from between his legs and release the side support.)
5. Place Red safety handling belt around X's waist.
6. Put the 'Return' in position in front of X and make sure the brakes are on.
7. Ensure that X's feet are in correct position on the footplate, with their shins against the support.
8. Encourage X to release their own lap strap.
9. Ask X to hold onto the top bar of the 'Return'.
10. Help to guide X to a standing position and support them by holding the side safety loops on the handling belt.
11. Clip the safety belt using the strap around the middle bar and ensure X is secure.
12. Take the brakes off the 'Return' and move X over to the toilet and ensure they approaches the toilet from their back.
13. Ensure the return footplate is against the toilet pedestal.
14. Encourage X to stand tall and apply the brakes to the 'Return'.
15. An adult can help X to take down their trousers and pants.
16. Unclip the handling belt strap and support X using the safety loops to sit on the toilet.
17. Strap X in using the lap strap or bar on the toilet chair.
18. Ensure the footplate is out and X's feet are on.
19. Remove the handling belt from around X's waist and move the 'Return' away.
20. Give X some toilet paper and remind X to position their penis down into the toilet.
21. Staff to leave them alone in the toilet and check on them frequently (5mins).
22. Reverse the procedure when X has finished.

The following named staff will be assisting in the above activities:

-

Additional people who may be involved to cover when the named people are absent:

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The following staff have been trained by the PT/OT or moving and handling trainer and are up to date with their training in line with the individual's care plan?

Yes/No/N/A

Review date of training:

Parent signature

I am in agreement with the above procedures being undertaken: (Please sign as appropriate)

Parent signature Date	

Staff signatures

I will follow this plan in practice

Staff signatures Date	