



FRAYS

Academy Trust

Frays Academy Trust Intimate Care Policy

Date Ratified: May 2022
Review Date: May 2025



Approval

Signed by Chair of Board	
Date of Approval/Adoption	May 2022
Date of Review	May 2025

Notes on Document

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Contents

1	Aims	3
2	Legislation and statutory guidance	3
3	Role of parents	3
	3.1 Seeking parental permission	3
	3.2 Creating an intimate care plan	4
	3.3 Sharing information.....	4
4	Role of staff	4
	4.1 Which staff will be responsible	4
	4.2 How staff will be trained	4
5	Intimate care procedures	4
	5.1 How procedures will happen.....	4
	5.2 Respect and dignity when procedures take place.....	5
	5.3 Concerns about safeguarding.....	5
	5.4 Monitoring arrangements	6
6	Links with other policies.....	6
	Appendix 1: Template – Parent/carer consent form	7
	Appendix 2: Template – Intimate care plan	8
	Appendix 3: Template – Intimate care record sheet	9

1 Aims

This policy aims to ensure that in schools in the Frays Academy Trust:

- 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 Equality 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.

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves but we recognise that some are unable to due to physical disability, learning disability, medical needs or needs arising from the child's stage of development.

We believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene; we welcome all children to participate in our school and we provide appropriate support for each child on an individual basis. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. The religious views, beliefs and cultural values of children and their families will be taken into account.

2 Legislation and statutory guidance

This policy complies with statutory safeguarding guidance as set out in [Keeping Children Safe in Education](#).

3 Role of parents

3.1 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 (a template form is included as Appendix 1).

For children whose needs are more complex or who need particular support outside of what's covered in the permission form, an intimate care plan will be created in discussion with parents (see section 3.2 below).

We appreciate that sometimes children have toileting 'accidents' which are out of character for them. In the event of this, and in the absence of a personal intimate care plan, the child would be fully encouraged and supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage the child to do as much for his/herself as possible and parents will be informed the same day. On the rare occasion that a child is soiled to a point where they are unable to clean themselves to a comfortable state and 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.

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 child (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 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 2 for a template intimate care plan.

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

Any roles who may carry out intimate care will have this set out in their job description. This includes [each school to add in a list of relevant roles here, such as teaching assistants].

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.

4.2 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.

5 Intimate care procedures

5.1 How procedures will happen

Two members of staff will be present when intimate care takes place.

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

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: [Include a list of the equipment your school provides to staff, such as protective gloves, cleaning supplies, changing mats and bins].
- If possible children should be changed standing up or using the variable height changing table (hygiene suite) to avoid staff lifting children.
- The child's skin should be cleaned with disposable wipes. If a child is extremely soiled it may be necessary to help them to wash/shower to ensure they are fully clean.
- Nappy creams/lotions should be labelled with the child's name and used only if prescribed for that child (by their parents) and they must not be shared.
- Disposable gloves should be worn when changing nappies. The nappy should be folded inward to cover faecal material and double wrapped in a nappy bag. Soiled nappies should be disposed of into the bin provided. The disposal bin should be lined and emptied daily, replacing the used bin liner. Any soiled or damp clothing should be placed in a plastic carrier bag in the bin provided in the hygiene suite.
- Once the child has been changed and removed from the changing area, the surface should be cleaned with an antibacterial detergent spray or wipe and left to dry.
- Gloves, apron and any items used for cleaning the changing area will be wrapped and disposed of via domestic waste.
- Hands should be thoroughly washed afterwards.
- The intimate care record will be completed.

A template intimate care record is included as Appendix 3.

Further information on infection prevention and control is available within our Health and Safety Policy & Manual.

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.

5.2 Respect and dignity when procedures take place

For pupils needing intimate care, staff will always show the child respect and dignity. Staff will show an awareness for the child's personal space, boundaries and consent by acknowledging them and asking permission before attempting to check and change a child's nappy, or change their clothes. If a child refuses to be checked or changed, we will still need to meet their basic intimate care needs. Staff will involve them in the decision-making process and give them the choice to be changed now or in two minutes. Asking a child's permission before proceeding with intimate care builds trust, their autonomy and reinforces their understanding of personal space, boundaries and consent, which helps to keep them safe.

5.3 Concerns about safeguarding

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 safeguarding procedures.

5.4 Monitoring arrangements

This policy will be reviewed every three years. At every review, the policy will be approved by the Board of Directors.

6 Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Code of conduct
- COVID-19
- Health and Safety
- Special educational needs
- Supporting pupils with medical conditions

Appendix 1: Template – Parent/carer consent form

Permission for school to provide intimate care	
Name of child	
Date of birth	
Name of parent/carer	
Address	
<p>I do 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>I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)</p> <p>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)</p> <p>I understand the procedures that will be carried out and will contact the school immediately if I have any concerns</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>OR: 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). 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	
Relationship to child	
Date	



Appendix 2: Template – Intimate care plan



Parents/Carers	
Name of child	
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	
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	
Child	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

