

Bushey St James Trust



Intimate Care Policy

Last Reviewed	July 2025	Next Review:	July 2028
Approved by	Trust Board	Date:	10.7.25

Aims

BSJT will adopt a child centred approach with students who have intimate care needs. Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and to have consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs.

BSJT is committed to providing personal care that has been recognised as an assessed need and indicated in the care plan for an individual child, in ways that:

- maintain the dignity of the individual child
- are sensitive to their needs and preferences
- maximise safety and comfort
- protect against intrusion and abuse
- respect the child's right to give or withdraw their consent
- encourage the child to care for themselves as much as they are able and protect the rights of everyone involved

The diversity of individuals and communities is valued and respected. No child or family is discriminated against.

Rationale

Bushey St James Trust (BSJT) is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a 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 dignity of the child will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of safeguarding.

This policy should also be considered as forming the policy and associated guidance towards supporting children and young people who require reasonable adjustments to be made in arrangements for personal care under the relevant legislation, e.g. Early Years Foundation Stage (2012), Equality Act (2015) and statutory guidance, e.g. SEN Code of Practice (January 2015), Keeping children safe in education (Sept 2024) and Working Together to Safeguard Children (March 2015).

Practice

1. Definition

Intimate personal care includes hands-on physical care in personal hygiene, and physical presence or observation during such activities. Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the

staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam). Intimate personal care tasks can include:

- body bathing other than to arms, face and legs below the knee
- toileting, wiping and care in the genital and anal areas
- dressing and undressing
- application of medical treatment, other than to arms, face and legs below the knee
- supporting with the changing of sanitary protection

2. BSJT approach to best practice

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies.

It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff should be present as a chaperone.

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 or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

The child 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 him/herself as they are able.

Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted. Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence, for example female staff supporting boys in school, as no male staff are available.

Intimate care arrangements will be discussed with parents and carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

3. The Protection of Children

Safeguarding Procedures and Multi-Agency Protection procedures will be adhered to. Where parents do not co-operate with intimate care agreements concerns should be raised with the parents in the first instance. A meeting may be called that could possibly include the health visitor and Headteacher or Executive Principal to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the school's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. he or she will immediately report concerns to the appropriate designated person for safeguarding within the appropriate school.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents and carers will be contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

All staff will be required to confirm that they have read the BSJT 'Intimate Care Policy'.

Review

This policy will be reviewed every three years.



Appendix A

INDIVIDUAL INTIMATE CARE PLAN

NAME: _____ DOB: _____

Date plan was written: _____

Was the plan discussed with parent/carers? YES / NO

If NO please indicate reason:

Care plan agreed with parent/carer:

Date: _____

Signature: _____

Please describe here the type of intimate care that requires assistance (eg. child soils and requires assistance/supervision with cleaning themselves, disposing of soiled materials and re-clothing, child needs assistance with feeding, etc)

Does this intimate care procedure require additional training for staff members YES / NO

If YES, please indicate overleaf who will provide the training and how often the staff will need to have refresher training:

Who will provide the care? Please list staff members trained to provide this care.

Name: _____

Position/Job: _____ Date of Training: _____

Communication/Choice

How is the child going to indicate who they want to assist in their care, when they need assistance and if they have any dislikes relating to their intimate care? This may need to involve other disciplines and development of their communication system.

Where will this care be provided? Please be specific about identified area.

Detail here what equipment the child young person may need (ie- continence pad- size? Catheters, toilet seating, gastrostomy equipment etc) and who is responsible for providing it.

What is the child able to do for themselves? This will need to be considered in termly targets as is an area for encouraging learning and promoting independence, no matter how small the participation. Please date each entry.

Any other comments

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Agreed by: Please sign and print name:

Signed: _____

Print Name: _____

Date: _____