



# Intimate Care Policy

Adopted by (body): CELT Trustees

PROTECTION PARTNERSHIP  
 ACCOUNTABILITY  
 CARE SAFEGUARDING EMPOWER  
 STRENGTHEN IMPROVE  
 ENABLE EVERYONE VULNERABLE  
 RESPONSIBILITY

- Collaborate** Ability to work effectively as a team
- Empower** Ability to take initiative and problem solve in order to improve performance
- Lead** To lead by example and achieve shared goals
- Transformation** Ability to recognise a need for change and adapt accordingly



## CELT Vision

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**Our vision is for our trust to be a learning organisation in the truest sense.**

At the heart of our vision for education is a self-improving school-led system which has the best evidence-led practice and in which every child fulfils their potential. This is a learning community in which:

- Our leaders are driven by moral purpose. They are outwards focused and not afraid to take risks to achieve system transformation. The focus of policy is on continually improving the quality of teaching.
- Our teachers strive to be outstanding. They work across organisational boundaries to promote a collective sharing of knowledge, skills, expertise and experience in order to deepen pupil learning.
- The individual talents and strengths of our pupils are recognised and nurtured. A passion and curiosity for learning is sustained in every child from the moment they join us. A CELT pupil leaves our family of academies with a purpose, and the confidence to fulfil that purpose.
- Our parents are engaged in our learning community and actively work in partnership with us to raise the level of attainment and aspiration of every child.

## CELT Mission

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**“Learning together to help every child achieve more.”**

We believe there is no limit to what every child can achieve, and that every child deserves the chance to fulfil their potential.

As a learning community we are on an ambitious journey. We want to deliver a model for education in the 21st century which instils curiosity and a love for learning in every child so that they develop into young adults who contribute to humanity, follow their passions, and think for themselves.

By learning and improving together – as part of a global learning community – we create much richer and more sustainable opportunities for rigorous transformation than can be provided by any one of our academies alone.

**COLLABORATE  
EMPOWER  
LEAD  
TRANSFORM**

Should you require further information, please contact  
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## **“Safeguarding is everyone’s responsibility”**

At Cornwall Education Learning Trust (CELT) we are committed to safeguarding and promoting the welfare of children and we expect all Trustees, Governors, staff and volunteers to share this commitment. This policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

## **Introduction**

CELT is aware that all learners need open access to clean, well-stocked and safe toileting provision and that some students may require assistance from members of staff for personal care, including toileting, either due to the age and developmental level of the student, or as a result of disability or medical need.

## **Aims**

CELT is committed to include all students - no student is excluded from participating in activities who may, for any reason, not yet be toilet trained and who may be wearing pads or equivalent. When students have medical or developmental needs we provide intimate care that has been recognised as an assessed need and indicated in the care plan for an individual student.

Staff will be supported to adapt their practice in relation to the needs of individual students taking into account developmental changes such as the onset of puberty and menstruation.

There is careful communication with each student who needs support in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the students needs and preferences. The student is aware of each procedure that is carried out and the reasons for it.

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 students are safeguarded
- Students with continence management are not discriminated against, in line with the Equalities Act 2010
- Parents/carers are assured that staff are knowledgeable about personal care and that the needs of their children are taken into account
- Staff carrying out personal care do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved
- Students are provided with consistency of care as far as possible

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

## **Legislation and statutory guidance**

This policy complies with statutory safeguarding guidance. It also complies with our funding agreement and articles of association.

# Aims and Objectives

## **Responsibilities**

### **School Responsibilities**

We will work with students, parents/carers to promote bladder and bowel health and maximum possible continence.

Where students are not able to be fully continent, we will ensure that an intimate care plan is written to ensure their needs are clarified and met. The students will be included in discussions about the care plan, unless this is clearly inappropriate, as will their family. Relevant healthcare professionals including the school nurse may also be consulted. The care plan will be reviewed at least annually or sooner if the student's needs change.

School will work with all students to promote positive self-esteem and body image and independence with self-care as far as is appropriate and practical.

School will ensure that all staff are aware of the need for confidentiality. Personal and sensitive information will only be shared with those who need to know.

School will act according to their safeguarding policy and procedures if there are any concerns for the learner's wellbeing.

### **Which staff will be responsible**

All staff who carry out intimate care will be an employee of the school and 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.

Only those staff named on the individual care plan will be involved in providing support with intimate care to a learner. School will ensure that sufficient staff are named on care plans and available to provide the required support in all foreseeable circumstances. If, in exceptional circumstances, none of the named staff members for an individual are available, school will contact the family for consent to involve a different member of staff.

Only in an emergency would staff undertake intimate care that has not been agreed with the parents/carers. This act of care would be reported to a senior member of school staff and to the parents/carers as soon as possible after the event. The reasons for this and the care undertaken would be documented by the staff member who had delivered the care.

### **How staff will be trained**

Staff will receive:

- Regular safeguarding training
- Training in the specific types of intimate care they undertake where complex support is required
- 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
- They will also be encouraged to seek further advice as needed.

### **Record Keeping**

A written record will be kept of all support with intimate care. This will include the date and time of the care, who was present and any care given that has differed from the care plan, together with the reason for this. Any changes in the student's behaviour or appearance will be documented and reported to a senior member of staff, in line with the safeguarding policy.

### **Role of parents**

Parents/carers must ensure that they provide all relevant information to school, as soon as possible, so that the needs of their child can be met. This includes the nature of their child's needs, details of any healthcare professionals involved including specialist nurses, as well as any changes in their medication, care or condition.

Parents/carers must ensure that they work towards their child achieving the maximum possible level of independence at home.

Parents/carers should work with school to develop and agree a care plan.

Parents/carers must make sure that school always has required equipment available for their child's intimate care or toileting needs.

### **Seeking parental permission**

For students whose needs are more complex or who need particular support, an intimate care plan will be created in discussion with parents

Where there isn't an intimate care plan 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.

### **Intimate care plan**

It is advised that a care plan is completed for all students who have continence difficulties that affect their school day. As the intimate care plan is a working document designed to assist school in their care for a student, it should include all the information they require.

If school have any concerns, if the student's condition or treatment is complex, or if there are any disagreements, schools may consult the school nurse, or the relevant healthcare professional.

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. Staff will communicate carefully with the student, using their usual communication method, to discuss their needs and preferences. If there's doubt whether the student is able to make an informed choice, their parents will be consulted.

School will take into account the religious views, beliefs and cultural values of the student and their family, as well as the learners gender identification and individual physical needs (e.g. periods, catheterisation, stoma care etc) as far as possible in provision of appropriate toileting facilities and when undertaking or supporting required individual personal care.

These plans include a full risk assessment to address the personal safety and health of the student and the carer e.g. moving and handling, infection control etc.

The plan will be reviewed annually, 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 blank template for early years and appendix 2 for all other students.

### **Sharing information**

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

### **Intimate care procedures**

Procedures will be carried out in the student's toilets or accessible toilet.

As a basic principal, students 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 possibly can. This may mean, for example, giving the child responsibility for washing themselves.

Each students' right to privacy will be respected. Careful consideration will be given to each student's situation to determine how many carers might need to be present when a child needs help with intimate care. This will be documented in the intimate care plan and a record of support will be maintained.

Wherever possible, the same student will not be cared for by the same adult on a regular basis; there will be a minimal rota of carers known to the student 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.

When carrying out procedures, the school will provide staff with protective gloves, cleaning supplies and bins.

For students needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as pads, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

### **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 SENDCo and DSL.

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.



### **Monitoring arrangements**

For all monitoring of local policies, we adopt a rigorous and reflective approach. We take into account multiple perspectives on the effectiveness and success of the policy and procedures in question, including:

- the experience of the member(s) of staff designing and delivering the provision;
- feedback from our pupils
- observations and feedback from staff – both internal and external
- engagement in research, relevant literature, and continuing professional development (e.g. relevant training/workshops).

These perspectives inform our action plans for each aspect of our school provision – with an emphasis on meaningful reflection, improvement and enabling everyone to flourish.

### **Links with other policies**

This policy links to the following policies and procedures:

- Accessibility plan
- CELT Safeguarding suite of policies
- Health and safety
- SEND

## Appendix 1 – Intimate Care Plan – Nursery or Reception




Intimate Care Plan	
Name of child	
Care requirements, including frequency.	
Name of staff members who will be responsible for carrying out your child's intimate care plan, as well as the member of staff responsible in their absence.	
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	
What disposal procedures are in place?	
What actions will be taken if any concerns arise?	
What do parents need to provide?	
What are the reporting procedures for parents?	
I give permission for the school to provide appropriate intimate care to my child as described above. I will advise the school of anything that may affect their personal care (e.g. if medication changes or if my child has an infection). I understand the procedures that will be carried out and will contact the school immediately if I have any concerns.	

	Name	Role/Relationship	Signature	Date
Parent/carer				
School representative				
Next review date:				

Appendix 2 – Students who have medical or developmental needs that require an intimate care plan

<b>Intimate Care Plan</b>		
Name of student		
Date of plan		Planned review date: (the plan should be reviewed at least annually or more frequently if the child's situation changes)
<b>DETAILS:</b>		
<b>Description of continence difficulty</b>		
<b>Student's understanding of the difficulties and the support they need</b>		
<b>Working towards independence and individual goals;</b> such as taking student to toilet at timed intervals, using preferred method of communication (verbal, sign, symbol...) any rewards used		
<b>Management and description of routine</b>		
e.g. details of toileting and changing routines, aides used and any reward schemes		
<b>Language to be used;</b> agreed terminology for body parts and bodily functions so that a common language is shared between home and school		

	Type of intimate care given	Urination	Bowel Movement	Menstruation	Other
<p><b>Arrangements for personal care and level of assistance needed;</b> such as who, where and how, arrangements for privacy, such as dressing/undressing, hand washing, talking/signing to student</p>	How often care will be given				
	Where care will take place				
	What resources and equipment will be used, and who will provide				
	How procedures will differ if taking place on a trip or outing				
<p><b>Possible difficulties that could arise and actions to be taken;</b> such as missing key staff, preferred toilet occupied etc..</p>					
<p><b>Infection control and disposal of PPE;</b> such as disposal of PPE and soiled items</p>					
<p><b>Use and disposal of continence products and aids</b> Include arrangement for soiled clothes and underwear, provision or new/spare equipment eg catheters).</p>					

Child Views;		
		
		

Key staff to support	
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Parent/Carer Consent	I give permission for the school to provide appropriate intimate care to my child as described above. I will advise the school of anything that may affect their personal care (e.g. if medication changes or if my child has an infection). I understand the procedures that will be carried out and will contact the school immediately if I have any concerns.
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AGREED BY:			
	Name	Role/Relationship	Date
Parent/carer			
School representative			
Student			

# History of Changes

Version	Date	Page	Change	Origin of Change
1.0	30.11.2022		Original Draft	
	11.05.2023	17	Home Visits added	Trustees Agreed