The Park Federation Academy Trust

Montem Academy

Intimate Care Policy 2026-2027

Approval History

Signed by Principal	
Date of review	September 2026
Date of next review	September 2027

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MONTEM ACADEMY

Intimate Care Policy 2026 - 2027

Guiding Principles

The Academy Council will act in accordance with Section 175 of the Education Act 2002, and the Government guidance 'Keeping Children Safe in Education 2026' to safeguard and promote the welfare of pupils at this school.

Montem Academy takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

The Academy Council recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This intimate care policy should be read in conjunction with the schools' policies and procedures below:

- Child Protection Policy
- Staff code of conduct and guidance on safer working practice
- 'whistle-blowing' and allegations management policies
- Health and Safety policy and procedures
- Special Educational Needs policy

The Academy Council is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

Members of staff are asked at interview if they would be prepared to provide intimate care to pupils and their views must be respected.

All staff undertaking intimate care must receive appropriate training/advice.

This Intimate Care Policy has been developed to safeguard children and staff.
It applies to everyone involved in the intimate care of children.

Child Focused Principles of Intimate Care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but which some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

It also includes supervision of pupils involved in intimate self-care.

Invasive care is an aspect of personal care where a procedure used for the care of the individual requires a further proximity to the body. This is to the point where equipment or medication needs to enter the body space, e.g. medication to be administered anally or by injection or the replacement of a catheter. These procedures should only be carried out by a person who has been appropriately trained by medical personnel and must be supported by a Health Care Plan.

Best Practice

If a child wets or soils themselves they will be given privacy and provided with dry, clean clothing and a bag to put in any wet or soiled clothing. The child will be encouraged to change and clean themselves. If the child requires assistance in undressing, dressing or cleaning themselves an adult can offer help. Gloves, aprons, and wet wipes are available and should be worn/used. There should be 2 adults present if the child requires assistance in being cleaned and changed. All soiled items should be disposed of in the yellow bin. If a child refuses to be changed or cleaned, the parents will be contacted. It is the parents' responsibility to provide nappies/pull ups, creams, wipes, and nappy sacks for their child which will be stored in the classroom.

Pupils who require regular assistance with intimate care have health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the home/school diary.

In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.

Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include the child's name, full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

These records will be kept in the child's file and available to parents/carers on request.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully

aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

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
- They will also be encouraged to seek further advice as needed.

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

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there may be times when this is not possible. Ideally, every pupil should have a choice regarding the member of staff who will be responsible for their intimate care. It is important that the planning process is transparent so that all issues and wishes can be respected; this can best be achieved through a meeting with all parties, to agree what actions will be taken, where and by whom.

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Moving and Handling

Assisting personal care tasks may present challenges for moving and handling. At all times the child's wishes and choices should be considered wherever possible, but procedures must also take into account the safety of the staff who are assisting.

Manual handling risks need to be assessed and identified and measures put in place to reduce the risk as required. This may involve the use of equipment such as grab rails or steps, or more complex equipment such as hoists and changing benches.

Advice must be sought as to the best moving and handling procedures required to support the child from an Occupational Therapist or Physiotherapist.

A clear protocol for the moving and handling procedures identified needs to be drawn up. The plan should be reviewed regularly and training for the identified staff provided annually.

Child Protection

The Academy Council members and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

The school's child protection procedures will be adhered to.

From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Where appropriate, pupils 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 pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead or the Principal. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this

should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher, the SENDCo or the Principal. The matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Principal (or if the concern is about the Principal; to the Chair of the Academy Council) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Principal or to the Chair of the Academy Council, in accordance with the child protection procedures and 'whistle-blowing' policy.

Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is advised by the Physiotherapist and agreed in the IEP or health care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique until they are satisfied that it can be done appropriately.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Medical Procedures

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Massage

Massage is commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

Care plans should include specific information for those supporting children with bespoke medical needs.

Visits and 'Out of School' Activities

Further consideration needs to be given to the provision of intimate care when school trips and visits are planned. A specific risk assessment needs to be carried out with regard to the facilities provided at the venue and actions required to overcome any difficulties identified.

Appendix

Montem Academy
Intimate Care Plan

Child:				**School:**	
DOB:		M/F	**Date:**	**Class:**	

Description of Intimate Care Needs
Task: If practical, it may be possible to identify one part of the intimate care procedure which gives the child/young person 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.
Action Plan – Describe the steps needed to achieve this task

The following people will be assisting in the above activities:

Named Person/s:
1)
2)

Additional people who may be involved to cover when the named people are absent:
1)
2)

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

Parent/Carer …….. SENDCO ……

Named Person 1) …….. Named Person 2) ……

Date: Date for review: